What is the High Dependency Unit?

This leaflet provides information about our children’s and young people’s high dependency unit (HDU). What to expect when your child stays and what happens when your child no longer needs high dependency care.

The HDU is a self-contained area with four cubicles and a large open plan area. It is mainly for children and young people who have had spinal or orthopaedic surgery but we also care for children having other types of operations.

The aim of the HDU is to offer closer monitoring and nursing to children who have had complex or major surgery. It acts as an intermediate or “step down” to the children’s and adolescent unit.

For security reasons, the doors to the unit are kept locked. Please ring the bell for assistance.
There are many reasons why your child might need a stay in HDU:

- Your child may have had a complex or major surgical procedure which may mean they need closer monitoring for a while after their operation.
- Sometimes, before a complex or major operation, your child may have a short stay on HDU as a precautionary measure, especially if they have particular health issues or risk factors.
- Children and young people who have an artificial airway, such as a tracheostomy, or are using breathing support such as CPAP or iPAP at home, may need closer monitoring after their anaesthetic.
- If your child is already staying on the Children & Adolescent Unit, they may need to be transferred to the HDU if they become unwell and need closer monitoring.

We will explain the particular reasons why we think your child will benefit from a stay on HDU.
The aim of the HDU is to be a “stepping stone” back to the Children & Adolescent Unit. Most children leave HDU and finish their recovery back on their host unit before being discharged. In some cases, only one night in HDU is needed after an operation, but in others, particularly after complex or major surgery, children may need to stay a number of nights in HDU.

Each day, the unit team will assess your child in HDU to review whether they still require closer monitoring or whether they can be transferred back to their host ward.
The nursing team includes a modern matron, ward managers, sisters and charge nurses, staff nurses and students at various points in their nurse training.

There are five consultant anaesthetists on the unit. There is one consultant on duty each day, supported by an anaesthetic registrar.

There is a team of paediatric doctors who will also review all children on the HDU daily.

The multidisciplinary team based on the unit who are also involved in your child’s care include physiotherapists, occupational therapists, a pharmacist, dietician, housekeeper, support workers and the hospital chaplain. We can also access the play specialist and hospital school.

The nursing staff have specialist experience in high dependency care and the majority have had training in intensive care. Your child will still be under the same surgical team as previously, who will continue to visit.
Children on the unit will be nursed by qualified nurses on a one-to-one basis. You will see a number of newly qualified nurses and students who will always be supervised by a qualified nurse.

We encourage you to take part in your child’s care as much as you feel able. Talk to your child’s nurse about what you would like to do, such as washing and feeding. As long as it is safe to do so, you should be able to help the nurses look after your child.
Parents/carers can visit at anytime but visiting times for other relatives and friends are between 09.00 and 21.00. As space is limited and the nurses need to be able to access your child, we ask that only two visitors are at the bedside at any time. You are welcome to bring siblings to visit up to 21.00 but they should always be supervised by a responsible adult. Parents/carers should be the only visitors after 21.00. You are welcome to telephone at any time.

We are working hard to reduce the risk of infection so we ask that you and your visitors take off your coats and use the sink to wash your hands and use the alcohol gel before you see your child and afterwards as well.

If you or any visitor has been in contact with coughs, colds, tummy bugs, chicken pox or measles, we respectfully request that you wait until you are better before visiting. If in doubt, please speak to the nurse in charge.
We recognise that having a child in HDU can be stressful and you want to be near them at all times. We can offer overnight accommodation for one parent/carer. Each cubicle has a fold-out bed allowing you to rest by your child’s bedside. This is free and basic bed linen is provided, i.e. sheets & blanket, but you will need your own toiletries, towels and other supplies.

Facilities for patients/carers
There is a family room on the unit which is equipped with refreshment facilities.

Meals are not provided for parents/carers, but food and drink can be bought from various catering facilities within the hospital. There is also a hospital shop which sells refreshments and gifts.

Food and drink MUST not be brought into your child’s cubicle.

The family room is also equipped with a television which you are welcome to use.
Facilities for the child/young person
We can arrange for the play therapist to provide age-appropriate play/distraction opportunities. The play specialist will also help to make sure that siblings’ needs are met and can provide games, puzzles, books etc.

You are welcome to bring in a favourite toy or game for your child as long as it does not take up a lot of space nor stop the nurses caring for your child. Everything you bring in should be washable to reduce the risk of infection. You can also bring in a recent photograph of your child and their family to be put by his/her bed. Please note that the RNOH cannot accept liability for damage to or loss of any personal property.
What do I need to bring?

You can use your mobile phone within the grounds of the hospital but please avoid using it on the unit as it could cause interference with our medical equipment, and can also be disruptive to other families. If friends or relatives call, we will take a message but please ask that these calls are kept to a minimum. Nurses cannot give information about a patient to anyone except his or her parents/carers. A public phone is half way up the main hospital corridor.

Please limit the amount of clothes, toiletries and personal belongings you bring to the unit as space is limited. If your child uses equipment such as a CPAP or BiPAP machine or a feeding pump at home, please bring them with you. If you have additional equipment at home, please discuss this with us before you bring it to the unit.
Regulations on the unit

The following are NOT allowed on the unit:

- Flowers – water in the vase can develop a bacterium that can cause infection
- Latex balloons – due to potential allergy
- Hot food or drinks of any kind
What happens when my child leaves the HDU?

We will let you know once the team has decided that your child is ready to be transferred back to their host unit. The transfer is a short distance and the same nurse will hand over care. There will be fewer nurses looking after your child, but they will, of course, continue to monitor your child’s recovery along with other children and young people on the unit. All children who have been an inpatient on Paediatric HDU for over 48 hours will be followed up on the children’s ward by an Outreach High Dependency nurse until clinically stable.

Please remember …
Everybody on the unit is here to help you and your child. You should feel free to ask any questions or query anything you don’t understand or you are uncomfortable with.

Phone Switchboard: 0208 954 2300
Phone Direct Dial: 020 8385 3303/3304

Royal National Orthopaedic Hospital
NHS Trust, Brockley Hill, Stanmore, Middlesex. HA7 4LP.
www.rnoh.nhs.uk
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Author: L M Larkin – CNM