



## Pediatric Intensive Care Unit- An Overview

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### DESCRIPTION

A paediatric intensive care unit (also known as a paediatric intensive care unit), commonly abbreviated as PICU (/pkju/), is a hospital unit that specializes in the care of critically ill newborns, children, teenagers, and young adults aged 0-21. A PICU is directed mainly by one or more paediatric intensivists or PICU consultants and manned by paediatric intensive care-trained doctors, nurses, and respiratory therapists. Nurse practitioners, physician assistants, physiotherapists, social workers, child life specialists, and clerks may also be on staff, though this varies greatly depending on geographic location. The professional-to-patient ratio is generally higher in the PICU than in other departments of the facility, reflecting the acuity of PICU patients and the risk of existence complications, Complex technology and equipment, particularly mechanical breathing apparatuses and patient monitoring systems, are frequently used. As a result, PICUs have a larger operating budget than many other healthcare organizations. There are several PICU features that enable healthcare providers to provide the best care possible. One of the very first characteristics is the PICU's physical environment. The unit's layout should allow the staff to keep a constant eye on the patients they are caring for. Staff should also be able to respond to patients quickly if there is a transition in their clinical status. The next critical component of a successful PICU is proper staffing. The nursing staff has extensive experience caring for the most critically ill patients. The nurse-to-patient ratio should be kept low, which means that nurses should only be caring for 1-2 patients at a time, depending on the patients' clinical status. If the patient's clinical condition is critical, they will necessitate more monitoring and interventions than a stable physician. In most cases, nurses and doctors care for the same patients for an extended period of time. This enables the providers to establish rapport with the patients and meet all of their needs. To provide optimal care, nurses and physicians must work as a collaborative team. The successful collaboration between nurses and physicians has re-

sulted in lower child mortality in all intensive care units, not just PICUs. Physician assistants, registered nurses, health workers, pharmacists, physical therapists, therapists, speech therapists, nutritionists, dietitians, social services, clergy, child life experts, palliative care, rapid response team, transport team, independent commission, as well as medical students are all part of the care team, Since the development of the AAP and SCCM guidelines in 1993, and as medicine has matured over moment, the paediatric intensive care unit has grown to include a level I as well as a level II PICU. These levels are determined by the resources available and the variety of medical conditions treated. As medical care breakthroughs and facilities expand, these guidelines have been revised and updated in 2004 and 2019. A level I PICU is one that appears to care for the most critically ill children. Members of the health care team has to be capable of providing a wide range of care, which typically entails a focused, rapidly changing, and progressive approach. This includes a board-certified critical care medicine medical director, a full range of post available within one hour, hemodialysis capabilities, a transport team and system, committed PICU respiratory therapists, dedicated PICU nurses, resuscitation abilities in the emergency room, and dedicated physicians covering in the PICU 24 hours a day.

### CONCLUSION

The criteria for a level I PICU are not met by a level II PICU. Patients will typically present with less complex acuity and will be more stable. Level II units have very well relationships with level I units, allowing for timely transport for greater levels of care when necessary.

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### CONFLICT OF INTEREST

The author's declared that they have no conflict of interest.

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