

Moving to the Respiratory Ward

Information for parents and carers



Leeds children's
hospital

caring about children

Who will look after my child?

The paediatric respiratory team are specialists who look after children of all ages with various conditions that affect their airways, lungs, and breathing. This includes babies who have been on the neonatal unit who have ongoing need for breathing support or monitoring and need to stay in hospital.

Many other professionals will be involved in your child's care such as dieticians, physiotherapists, speech and language therapists, occupational therapists and play specialists. These teams also care for patients on several wards and will be around mostly during normal working hours.

Where will my child be looked after?

The main respiratory ward is Ward 38 on B floor in Clarendon wing, however respiratory patients can be looked after on several other wards within Leeds Children's Hospital. If your child needs more support with their breathing or becomes more unwell they may be looked after on the Paediatric High Dependency or Intensive Care unit until they can be safely managed on the respiratory ward. As the main respiratory ward is less 'intensive' than the neonatal unit, you will find that there will be one nurse looking after several patients at the same time, but the nurses can be reached by a buzzer if they are not with your child.

The respiratory doctors look after patients on other wards as well. Whilst on other wards they will always be contactable. The ward round usually takes place in the morning and is the best time to see the doctors.

You will be able to do more to care for your child such as bathing and feeding them, and you should have your own space and will be able to stay in a bed beside your child's cot overnight.

How long will my child be in hospital?

This will vary from child to child so it is difficult to say exactly how long your child may be in hospital. The aim is for your child to be able to be managed by you, safely and comfortably at home.

This may involve taking your child home with some form of breathing support, which could include low flow oxygen or non-invasive ventilation.

Recently stays have ranged from a few weeks to a few months. We do everything we can to get you home as soon as is safely possible.

What treatment will my child need?

Many children with respiratory conditions will require support for their breathing and this can be done in a number of ways:

- **Low flow oxygen** - extra oxygen is given by plastic tubing which sits in the child's nose, some children may go home with low flow oxygen which would require oxygen cylinders and / or an oxygen concentrator in their home.
- **High flow oxygen** - warmer, humid and faster flowing than low flow oxygen. You may have seen this on the neonatal unit.
- **Non-invasive ventilation** - air, with or without extra oxygen, is blown through a mask or tracheostomy (a breathing tube inserted through the front of the neck) to help children breath more deeply. Most children who need this may only need it overnight. If a child is starting this treatment they may need to be looked after on the Paediatric Intensive Care Unit initially.

Support with feeding

We know that many children with respiratory conditions may be affected by reflux or may struggle to gain weight. Growth is really important for all babies but especially babies with breathing problems and so your child may require additional support with feeding which again can be done in a number of ways:

- **Nasogastric (NG) tube** - a tube which passes through a child nose into their stomach through which milk feeds can be given, your child may have had one on the neonatal unit.
- **Gastrostomy** - where a child has an operation to pass a tube from the outside of their tummy into their stomach, this can be used similarly to a nasogastric tube to give milk feeds but is more permanent and may be used if feeding support may be required for a long time.
- **Jejunostomy** - this is where a child has an operation to pass a feeding tube from the outside of their tummy into their bowel, this can sometimes help children with severe reflux.



You can see more of what is happening on the ward by following Ward L38 on twitter using the handle **@WardL38LCH**.



Where possible, ward visits can also be arranged.

What did you think of your care?

Scan the QR code or visit bit.ly/nhsleedsfft

Your views matter



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