

# The ROYAL MARSDEN

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## Should children visit?

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Information for families considering whether children should visit a relative in critical care



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## **Introduction**

It is often difficult to decide whether or not to bring a child or young person to visit a relative in hospital. The decision can be even more difficult if their relative is being cared for in a critical or intensive care unit. This leaflet offers information which may help you make that decision.

## **Is there research about whether it is good or bad for children to visit a relative in intensive care?**

Psychological research suggests that, as long as the child wants to visit and is supported throughout, they are reassured by visiting.

## **What are the concerns you may have about the child visiting?**

- You may worry the child might catch an illness.
- You may worry the child might give someone an illness.
- You may worry the visit might distress the patient.
- You may worry the child might be distressed by the visit.
- You may worry the child might misbehave during the visit.
- You may worry the child might be too young to understand.

## **What might the benefits be?**

A younger child may be frightened that their relative has gone away or is cross with them. They will be reassured to see where they are and that they are being cared for.

Older children appreciate being more included in what is happening to their family.

Visiting gives children a better understanding of what is going. It gives them an opportunity to comfort and show affection to their relative.

## **Things to consider when deciding if a child should visit**

- Does the patient want the child to visit them?
- Does the child want to visit?
- Is there an adult available to accompany the child while they visit?

- Is the child emotionally vulnerable or easily overwhelmed?
- Does the child have any current illnesses, for example, coughs or colds?

### **Things to remember if the child does visit**

- Explain to the child beforehand how their relative looks and what medical equipment there is around them.
- Ensure a supportive adult accompanies the child while they visit.
- Plan for a short visit (10-15 mins) but let the child leave sooner if they wish, or if they appear overwhelmed.
- Do your best to answer their questions during the visit.
- Seek the help of staff to help answer their questions.
- Be aware that after the visit, and in the following days, the child may have more questions.

### **If you think the child may be unwell?**

If the child has active signs of an infection, like a cough, runny nose or temperature, or has been in contact with anyone who has a communicable disease in the previous 72 hours (particularly gastroenteritis, respiratory infections and measles, mumps and chicken pox) the visit should be postponed until you are certain they are well.

### **Precautions that the child must take before visiting**

Like all visitors the child must use the hand cleanser on entering and leaving the ward or unit, and wear an apron in the Critical Care Unit.

The bedside nurse will guide you on any further precautions as necessary.



## Planning visits according to the age of the child

*Infants and toddlers* - Time the visit to fit in with the child's routine (naps and meals) so that they are rested and calm.

The child may appreciate having toys or other play materials available in the waiting area.

*Primary school age* - Explain to the child that they may need to wait awhile to see their relative, for example if a medical procedure is under way.

The child may be curious about the medical equipment.

Younger children are often more-matter-of-fact about the patient than the family expects.

*Teenagers* - A teenager may appreciate some time on their own with their relative.

Teenagers ask fewer questions than younger children, but may not fully understand what is going on, and might appreciate more information.

## What if the child does not visit?

Suggest that they draw pictures or make 'thinking of you' cards regularly to be brought in to their relative. Consider whether it is possible for them to keep in touch by text or voicemail.

More information on the research in this area is available from:

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