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### **Learning About Medical Procedures**

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\*Note: Scripts for each procedure are located at the end of each tabbed section.

## **EEG script**

- Your doctor has ordered a test called an EEG. This stands for Electroencephalogram. This test will help the doctor see how your brain is working.

### Picture 1

- You will go to a special room and the technologist and your caregiver will help you to lie on the bed comfortably.
- Your caregiver can stay beside you during this test.
- Once you're lying down, the technologist will use a special crayon and a tape measure to put some marks on your head that will wash off with water later.

### Picture 2

- On the marked areas, flat discs called "electrodes" will be put on the crayon marks with some cream to help them stay in place.
- This machine does not hurt because it takes only pictures of your brain.
- Your important job is to stay very still. Sometimes children wear a seatbelt to remind them to be still.

### Picture 3

- Some colourful wires will clip onto these discs and will attach to the special machine that is beside you. These wires help to give the machine the necessary information about how your brain is working.

### Picture 4 (IF procedure is done in the clinic)

- The lights can be dimmed in your room as you lie quietly and still. The technologist may ask you to take some deep breaths, open and close your eyes at different times and show you some flashing lights.
- During the test the machine makes some squiggly lines on a sheet of paper to show how your brain works. It is reading your special brain waves.
- This test might take about 30 minutes to 1 hour (as long as one or two cartoon shows). Once it is done the discs, wires, and cream will be taken off of your head.

### Picture 5 (ONLY if having in-patient video monitoring)

You and your caregiver will go to the room where you will stay overnight. You will wear a hip pack like this one so that you can go to the bathroom or sit on the chair or couch in the room.



## ECG script

- This is a special test that your doctor has ordered to get a 'reading' of your heartbeat.
- ECG stands for electrocardiogram.

### Picture 1

- The nurse will put twelve blue stickers on your chest, arms, and legs. Then she or he will attach wires and clips to the stickers. The clips do not attach to your skin. The clips then connect to a computer on wheels. The nurse will type your name into the computer.

### Picture 2

- You must lie very still for less than 1 minute so the computer can read your heartbeat. You will not feel anything while the computer is working. The computer will print out a pink piece of paper with a lot of squiggly lines. When it is done the nurse will take the clips and stickers off.



## **Echocardiogram script**

- An echo (or echocardiogram) is a moving picture of your heart.
- Some young children may require a sedative to help them lie still for the procedure. In this case the child cannot eat or drink anything before the test.

### Picture 1A

- You and your caregiver will go to a room with a bed and a computer that looks like this one.
- In the room you will meet a technologist who will help you to lie on a bed.
- She or he will place three stickers on your chest or arms that have clips that attach to the sticker and connect to the computer.

### Picture 1

- Jelly is placed on your chest (this might feel a bit cold), and a probe that looks like a wand is moved around on your chest.
- Sometimes you will hear a loud swooshing sound from the computer. This is the sound of blood flowing through your heart.

### Picture 2

- The test lasts about an hour, and your important job is to lie very still.
- You might be able to see the picture of your heart on the computer screen.
- After the pictures are taken, the jelly is cleaned off of your chest.

**IV script**

Picture 1

- At Sick Kids we have a special group of nurses whose job it is to give children IVs (or intravenous). This nurse is part of this “IV Team”.

Picture 2

- In her basket she carries all the things she needs to do her job. The long band is called a tourniquet. It is tied around your arm to help make your veins easier to see. The square white package has a wipe to clean your skin. The little yellow tube is part of the IV needle. The needle part will be taken out and the straw will be left inside your vein. Your job at all times is to keep your arm as still as you can. This will help the nurse do her or his job faster. The big bag of water that you see will hang from a pole and be connected with a long, skinny tube to your arm. The little pillow, cotton, tapes, and cap are all used to keep the straw safe while you have the IV in. When you don't need your IV anymore, the nurse will take the straw out. You will feel the tape come off first.

Picture 3

- This little girl has an IV. The blue machine and pole beside her tells the nurses how much fluid she is getting through the tube. She can play with her Barbies and do many activities while she has her IV.

## NG tube script

### Picture 1A

- The nasal-gastric tube (or NG Tube, for short) is made out of special rubber that is very soft. It goes into your nose and down into your tummy.
- The nurse will first measure how far to put the tube in by putting it against your skin on your face, around your ear, and down to your tummy. She/he will then mark it with tape so they will know how far to go when they put the tube in.
- The nurse will then put some slippery stuff (called Muco) on the end of the tube- this makes it go in more easily. With you sitting up in bed, the nurse will begin to put the tube into one of your nostrils. It is really important that you stay still and allow them to put it in. While you may want to pull away or move it will make it a lot easier if you can stay still. It might tickle a bit or feel a bit like poking- this won't last long. Lots of kids like to hold their caregiver's hand while the nurse is doing this.
- Once it is in a little way, the nurse might ask you to swallow or to take small sips of water to help the tube slide down into your tummy.
- When it is in far enough, the nurse will tape the NG tube to your face so that it will not move around. It might feel uncomfortable at first but it will feel better soon.
- The nurse will then check that the tube is in the right place. They do this by taking a syringe and squirting some air into the tube. While doing this they will listen to your tummy with a stethoscope. If they hear a gurgle of the air in your tummy, they will know it is in the right place. You might even feel the bubbles of air tickle the inside of your tummy.
- You might be able to feel the tube a little at the back of your throat, but it won't be painful. You will still be able to play and do activities.

### Picture 1 (Suction Tube)

- This tube helps to take fluid out or put special medicine in to prepare your body for tests. The tube might be connected to a container on the wall while it takes the fluid out.

### Picture 2 (Feeding Tube)

- This tube puts liquid food right into your stomach. It has a guide wire and a small weight at the end to help the nurse insert the tube. When it is in far enough, the nurse will pull out the guide wire. The tube will then be connected to a special pump.

## **Lumbar Puncture script**

### Picture 1

- At least 45 minutes before the procedure a nurse will put Cream on the child's back to numb the area where the procedure will be.

### Picture 2

- Lumbar Punctures sometimes take place in the anaesthetic procedure room. It is located on 8D. It is decorated in the style of the Toronto Maple Leafs dressing room. There are several supply carts, machines, and monitors.

### Picture 2A

- Everyone who is in the procedure room wears a mask and gown. The child does not have to wear a mask.

### Picture 3

- Sometimes children are given sleep medicine before the LP begins. This is the machine that helps to give the sleep medicine.

### Picture 4

- The child will be helped onto the bed and the nurse will help get ready by putting on a blood pressure cuff, EKG monitors (sticky circles), and an Oxygen Saturation monitor (clip on finger).

### Picture 4A

- These are the items the team uses for this procedure. There are sponges, soap, paper cloths, gauze cloths, a needle, syringes, and a bandaid.

### Picture 5

- If the child is receiving sleep medicine, the anaesthetist will help the child fall asleep using a mask like this one. The caregiver may stay with their child until s/he falls asleep. \*\*\*Occasionally, for different reasons, children are not completely sedated, they may be relaxed by one of a variety of drugs, the doctors/nurse will talk them through, and (usually) their caregiver can stay with them throughout the procedure.\*\*\*

### Picture 6

- Sometimes children are given the sleep medicine through their IV.

### Picture 7

- The nurse will also help the child get into the proper position. The child might be asked to turn on to their left side and make a tight curl.

#### Picture 7A

- Sometimes the child is asked to sit up hunched over a pillow for the procedure.
- The nurse will remove the cream and a paper cloth is placed over the child's back.

#### Picture 8

- The back of the child's shirt will be lifted up and their pants will be pulled down a little to keep them clean from the soap. The doctor will clean their back with a brown soap that may feel a little cool.
- \*\*\* IF anaesthetic, During their sleep the child will not feel the procedure and will wake up soon after the doctor is done the procedure when the anaesthetist stops giving them "sleep medicine".

#### Picture 9

- The doctor touches the child's back first with his/her finger to find the right spot for the needle. Then the needle is gently put into the spot. It is very important to be very still.
- \*\*\*IF awake, the doctor will use a small needle to put more freezing medicine into the child's back before the LP needle is inserted. Some children say this feels very warm.

#### Picture 10

- Then fluid is gathered into clear tubes like this one. These tubes are then sent to the lab for testing.

#### Picture 11

- Sometimes medicine is put into the tube using a syringe.
- Once the procedure is finished, the tube is removed, the child's back is cleaned, and a bandaid covers the spot where the needle was inserted.



## **Port Access script**

### Picture 1

- Many children use Emla Cream (or other) to numb the skin over their port. The cream is put on at least 45 minutes before accessing.
- The child can sit on their caregiver's lap or on the chair. The nurse and caregiver will wear masks and the child can choose to wear one if they wish.
- The cream is removed and the area cleaned. Often children say that the smell of the cleaning solution is very strong and "the worst part". Plugging their nose, wearing a mask, or sucking on a candy (if not NPO) have helped.

### Picture 2

- These are the items the nurse needs to access your port. There are syringes, tubing, a needle, and gauze cloths.

### Picture 3

- The child will be asked to sit straight up with their shoulders back. A clean white paper is put on the child's chest and it is very important not to touch it. The nurse will feel for and then steady the port with one hand and insert the needle with the other hand. It is okay to look or look away and count to three or ask for quiet. It is a very good idea to take a deep breath and blow. It usually will only take one or maybe two breaths to put the needle in and the child will likely feel some pressure as the needle is inserted.

### Picture 3A

- The nurse will then check for blood return and maybe take some syringes of blood for testing.

### Picture 3B

- Then the nurse will flush the tube with water and either "push" the chemotherapy in using a syringe or hook up an IV to the pole to administer the chemotherapy over time. \*\*\*Sometimes children can "taste" the chemotherapy as it is pushed in and say that having a candy or chewing gum can help (as long as they are not NPO)\*\*\*.

### Picture 4

- If the needle is staying in the nurse will put a clear "window" dressing over the port needle and wrap the end of the tube with gauze to make a "sausage". Children can choose to have the tubing taped on their chest or contained in elastic gauze to keep it from moving around.

### Picture 5

- When it is time to remove the needle, the nurse will steady the port with one hand and remove the needle with the other. Again, one deep breath and blow out will help.