



Letter to the Editor

The real heroes in PICUs

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Pediatric intensive care is undoubtedly one of the most challenging of all other pediatric sub Specialities. Most children admitted to the PICU are critically ill with the prognosis being grave. Of course, it is immensely fulfilling to diagnose accurately, treat on time, and save a life, yet there are situations when things go beyond our purview. Even with the best intentions and right interventions, we sometimes fail to save a life. Yes, life as an intensivist is challenging, but the real hero who I want to talk about today is not the doctor, but that person who silently bears it all and helps us treat the child, the mother.

A petrified yet brave woman hovering around the child is a common sight in all pediatric wards. We see her often standing silently by the side, sponging the head of a child with fever, feeding a morsel to a reluctant kid, caressing the hand with the iv line or wiping froth off a convulsing baby. It is the mother who faces the biggest of all challenges when her child is sick. While she bears the brunt of seeing her kid suffer, she also remains the main pillar of support in treating the child in more ways than one.

To us pediatricians, the mother is often a valuable resource. I remember our professor once told us, "Never ignore the story given by a mother; however, trivial or overly detailed, it may sound. It often leads us to the diagnosis." It is rightly so because no one observes the child as much keenly as a mother. A little change in the behavior, a minor fluctuation of temperature, a slowly progressing weakness, a faint lethargy, a tad poor feeding, every little detail is precisely noticed by the mother and spending some time talking to her even in the busy ER will definitely yield tremendous clues about the diagnosis.

Like this, 11-year-old child once came to our PICU in shock. While we resuscitated, did the needful, no positive history was forthcoming from the father who insisted that the child was totally alright a day back. However, on careful probing, the mother revealed that he had been waking up at nights frequently to urinate and had been losing weight despite eating very well. It clinched the diagnosis. Although the clinical signs such as acidotic breathing and GRBS that are routinely done as the first thing while inserting a line would have told that it was DKA, the history from the observant mother sealed it and saved our time from contemplating other differential diagnoses.

So was it in another case that I recall? In my early PG years, when I was on a night duty and was all by myself in the PICU, there arrived a 12-year-old girl with active generalized convulsions. I did panic. The nurses around helped me with securing a line, and after two loading doses of anticonvulsants, she stopped seizing. There was no significant history. No fever, headache, or vomiting and no head injury. When I was contemplating imaging and other complex investigations the following day after sending the basic laboratories, the mother dropped in to

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say, she had looked a little puffy that morning. A bell just rang. The high blood pressure on a second recording and the high colored urine, we found later, everything did clinch the diagnosis, but I knew it right when the mother told that little history that it was indeed acute glomerulonephritis with hypertensive encephalopathy.

Not just with diagnosis but mothers are invaluable in managing the children, while we get busy with our procedures as well. In our PICU set up, we allow the mothers to stay by the kids. While all awake kids protest painful interventions, sick kids resent even harmless procedures such as nebulization or HFNC or even a simple oxygen mask or a pulse oximeter. Mothers again turn out to be a boon in such situations, pacifying the child to bear it and comforting him or her in the best possible way she can. Some bright mothers even alert us when the infusion pump is not working consistently or when the monitor is alarming, or an iv line shows a mild swelling. Many mothers are keen listeners and are well versed with the names of the medications and even their dosage and schedule. I have seen some mothers, even from the humble background, write down the recorded temperature, the BP readings, and the urine output meticulously and turn out to be the best monitors in PICU. It only goes on to show that mothers can don any role when it comes to caring for their child.

Surprisingly, even when it is the question of the end of life care, mothers turn out to be the bravest. While I see fathers either panic and mortify or go on to get wild and violent, mothers remain heroes until the end. I remember a mother of a child with astrocytoma who had undergone multiple surgeries and chemo and radiotherapy sessions and had come to our PICU in the end for palliative care. I observed that she never cried when in front of the child and till the night he died, she cheerfully brought his favorite dish masala dosa to feed him though he managed to take just a mouthful of it. She played his pet songs and even made him call his

friends and talk over the phone, making sure till the end that he had a peaceful farewell. Of course, the fact that she howled uncontrollably and fell unconscious later is another heart-wrenching story.

I have seen mothers who have unfortunately had more than one kid with the same genetic abnormality or rare disease who miraculously manage to remain cheerful and care for their children with equal zeal during all their repeated admissions. There are also mothers of children on long days of ventilation who sit by their sedated kids and talk to them continuously, even telling them about their plans for the kids after discharge. While it is very moving, it, in a way, keeps our hopes up and pushes us to try till the very end.

Mothers, to me, appear to be the real warriors who fight for their child incessantly. We are mere facilitators in their recovery. As I see the brave mothers in the PICU, I admire and salute the inherent astounding strength of every woman in handling adversities.

May God give us the strength to save the kids for these wonderful mothers.

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