

COMMON MEDICAL EQUIPMENT



A photo glossary of common equipment a PCH volunteer may see, and what you need to know.

Also, how a volunteer should call for assistance when with a patient.

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100% FOR CHILDREN

IV POLE

- Keep the IV pole upright at all times.
- Be aware of container(s) that are hanging from the pole.
- Help small children move the pole and keep it balanced and tubes untangled.
- Keep them close to the pole, have them push a cart, pull a wagon, ride in it, or something similar to help keep them close.



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IV PUMP

- An IV pole may have multiple pumps on it.
- A volunteer may NOT touch any buttons on a pump. Call a nurse.



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IV SITE

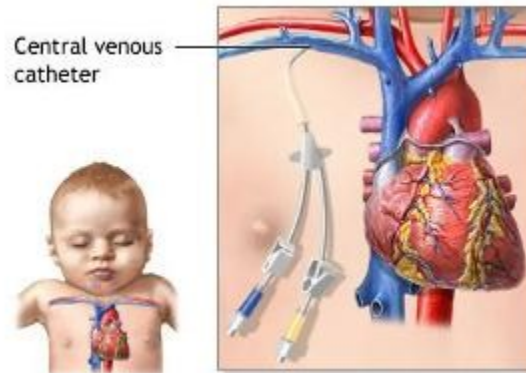
- Can be located almost anywhere on the patient. Usually located on the limbs or scalp.
- Observe that it is well taped and dry. Keep it free of water, glue, paint, etc.
- Call a nurse if there seems to be any problem - the patient complains of pain with the site, you see swelling, blood in the tubing, or the dressing is damp or wet.



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CENTRAL VENOUS CATHETER (CVC)

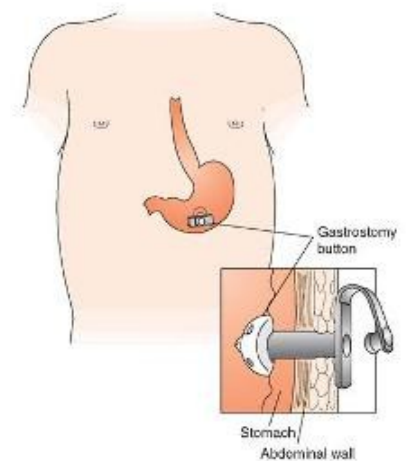
- An intravenous line surgically placed in a large vein in the chest.
- Used for giving medicine and drawing blood.
- Be careful to not pull or place pressure on it.



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GASTROSTOMY BUTTON (GT)

- A feeding tube surgically placed into the stomach.
- Used for giving a patient formula/liquid feeding or medication. (Note: also see Nasogastric NG tube)
- Be careful to not pull or place pressure on it.



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NASOGASTRIC TUBE (NG)

- A tube inserted in the nose and it goes all the way to the stomach.
- Used for feeding, suction, or medications.
(Note: Also see Gastrostomy Button)
- Infants often pull on the NG tube. If the patient has removed it, or even partially, don't panic - simply call the nurse to replace it.



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FEEDING PUMP

- Pump used to regulate the rate that formula or liquid feeding is given to a patient with a GT button or NG tube.
- Often referred to as a 'Kangaroo pump', which is the brand name printed on the pump.



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TENCHKOFF CATHETER

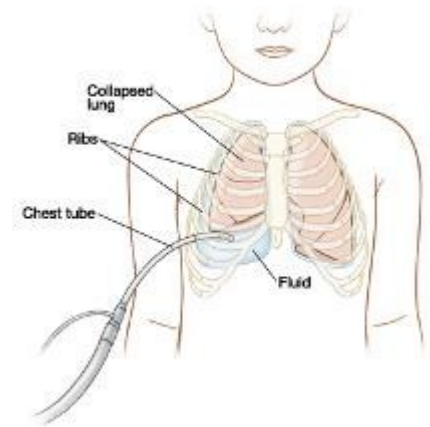
- Special catheter inserted into the wall of the abdomen.
- Used for peritoneal (in the belly) dialysis when a child's kidneys are not working.
- Be careful it is not pulled or pressure placed on it, and the dressing site needs to remain clean and dry. Call the nurse if you notice any issues.



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CHEST TUBE

- A tube inserted into the chest to drain blood, fluid, or air from around the lungs.
- Be careful to keep the patient from pulling on the tube.
- The tube will be attached to a collection device called an Atrium Chamber.



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PULSE OXIMETER MONITOR

- Device attached to a child's finger or toe that monitors the pulse rate and how much oxygen is circulating in the blood.
- Small patients often remove these. Don't panic - simply call the nurse to replace it.



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HEART MONITOR (HP MONITOR)

- Device attached to a child's chest that monitors their heart beat.
- If they remove it, simply call the nurse to re-attach it.



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APNEA MONITOR

- Device attached to a child's chest that monitors their breathing rate.
- If they remove it, simply call the nurse to re-attach it.



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TRACHEOSTOMY (TRACH)

- A tube surgically placed into the throat to help a child breathe
- If a child has mucous coming out of it, help wipe it clean with a tissue - remember to use gloves and wash your hands.
- A nurse should always accompany you and help you get situated with the patient if you are going to hold or spend time with the patient.
- Position yourself away from the front of the TRACH opening to avoid being sprayed if the patient coughs or sneezes.
- If a TRACH patient has difficulty breathing for any reason, call the nurse right away. (This is true for any patient. Also, do not transport or get on an elevator with a child who is having difficulty breathing - call a nurse to come to the child.)



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SPICA CAST

- A cast used to immobilize a bone such as a thigh or hip bone.
- This can be a full, 1½ or single spica cast
- Do not lift the child.



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EXTERNAL FIXATOR

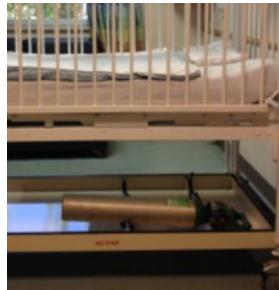
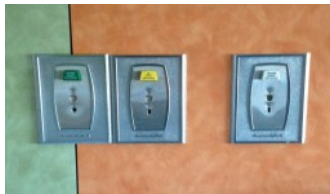
- Used to immobilize a bone such as a thigh, arm, or hip bone.
- Pin sites may be tender especially in the first few weeks after placement. Avoid bumping or pressing against the Fixator.
- Protect the pin sites from any glitter, glue, paint, etc.



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OXYGEN (O₂)

- Can be a mask or a tube attached to the patient via the mouth or nose.
- Small patients often remove the mask or the nose attachment.
- Simply re-attach it. This is not a medical emergency, you most likely do not need to call the nurse.
- The oxygen source can be from the wall or from a canister. Canisters must remain in their designated holder.



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SURGICAL DRAIN

- Tubing that extends from the surgical site to a collection container.
- If the patient has removed the tube, call the nurse.



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FOLEY CATHETER

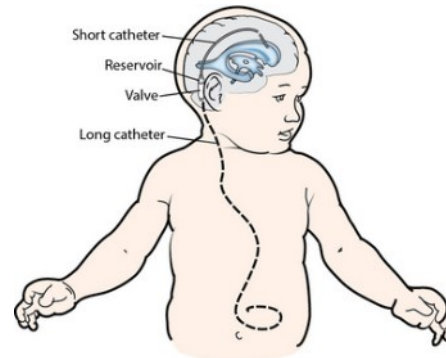
- A tube inserted into the bladder that collects urine output in a container.
- The collection container is usually attached to the side of the bed, but can also be attached to the patient's leg.



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VENTRICULOPERITONEAL (VP) SHUNT

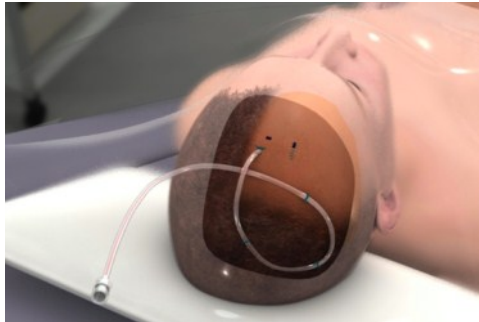
- Internal tube placed in the head that runs from the brain, under the scalp, down the neck and into the belly.
- Sometimes the tube is noticeable under the skin.



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EXTERNAL VENTRICULAR DRAIN (EVD)

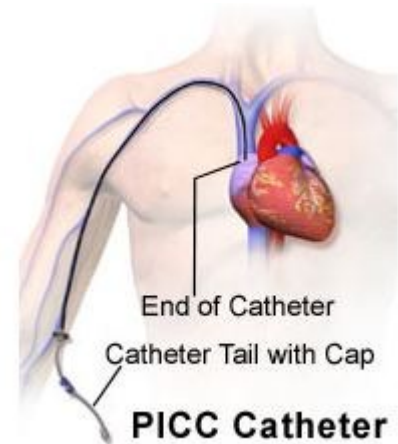
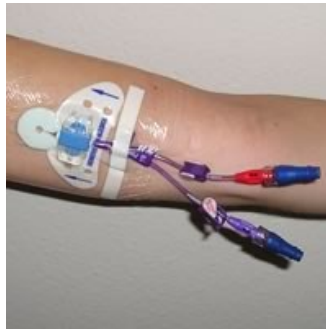
- Tube inserted in the scalp and attached to a drain device.
- If a patient with an EVD is showing signs of nausea, headache or crying, call the nurse.
- If the tube is removed or disconnected, call the nurse.



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PICC LINE

- Central line typically placed on the inside of the upper arm.
- If the line is accidentally removed, call the nurse.



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WHEELCHAIR (W/C)

- If transporting a patient with a wheelchair the nurse will always assist getting the patient to/from the chair.
- The brakes should always be locked when the patient is sitting down and getting up.
- The patient's hands should always remain inside the chair away from the wheels.
- You can use a doll, a blanket, or a book to help distract young patients from moving their hands outside the chair during transportation.



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PATIENT CONTROLLED ANALGESIA (PCA)

- The Pain Control pump is attached to a remote and connected to an IV on the patient.
- If the IV is accidentally removed, notify the nurse.



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ELECTROENCEPHALOGRAPH (EEG)

- Attaches to multiple locations on the scalp.
- Records the electric fluctuations of the brain.
- A video is also recording the patient's activity. Keep the patient in view of the video camera.



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CERVICAL COLLAR

- Used to immobilize the neck.
- Alert the nurse if the collar appears loose.



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EPIDURAL CATHETER & PUMP

- The tube is inserted in the patient's back.
- The pump delivers pain medicine to the patient.
- If the patient is an infant, and you are changing their diaper, be sure to keep the insertion site clean and dry.



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ENDOTRACHEAL TUBE

- The tube is inserted in the mouth to assist breathing.
(Distinguish the tube from the more common O₂ line)
- As a volunteer it is likely you will not be with a patient on an endotracheal tube, but if you are, and the tube is accidentally removed (which is very rare) this is an emergency call. Press the red emergency button on the wall. Do not attempt to replace it.



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CALLING FOR ASSISTANCE - VOCERA

- Medical staff and Child Life wear these to communicate hands free with other staff regardless of their location in the hospital.
- If you need to reach a particular nurse or your Child Life supervisor right away you can call 3-3700 from a hospital phone and state their first and last name.



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CALLING FOR ASSISTANCE - NURSE CALL BUTTON

- Every patient room has one of these - it is also the remote for the television in the room. The nurse call button is the large red button at the top. Pressing it alerts the nurse station you need assistance.
- Do not hesitate to use the call button if you need any kind of assistance.
- If you are going to hold the child, it's a good idea to keep the remote within reach in case you need assistance.



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CALLING FOR ASSISTANCE - EMERGENCY

- Some patient rooms have the buttons on the wall that you see on the right. Other rooms have the buttons you see lower right.
- Press the red button if it is an emergency. (The patient is not breathing, etc.)
- A team of people will come running. Remain with the patient until the team arrives.
- In most situations when you need assistance you only need to press the nurse call button on the TV remote. However, on that rare occasion if something appears very wrong with the patient do not hesitate to use the red emergency button.
- Note: The other buttons, including the blue button, would be used by staff only.



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