



Letter to the Editor on the original article: The care of critically ill infants and toddlers in neonatal intensive care units across Italy and Europe: our proposal for healthcare organization

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To the Editor

We read, with great interest, the article entitled *The care of critically ill infants and toddlers in neonatal intensive care units across Italy and Europe: our proposal for healthcare organization* by Pozzi et al. [1]. The article mentioned that in Italy, the mortality rate of critically ill infants admitted to pediatric intensive care units (PICUs) is lower than those admitted to adult ICUs. However, the number of PICUs is far less than the demand. In fact, this problem exists in both Italy and developing countries [2]. In low- and middle-income countries, the lack of intensive care services worsens the consequences of childhood diseases.

In areas without PICU beds, critically ill infants and toddlers usually stay in neonatal ICU (NICU). In order to ameliorate the situation, “extended NICUs” is imperative. In addition to the help of relevant government agencies and associations, there are still a few points to pay attention to. Due to the SARS-CoV-2 pandemic in recent years, telemedicine has become a necessary and important means to provide patients with medical consultation and nursing. Training pediatricians who are good at specific knowledge and technical skills in pediatric intensive care medicine (PCCM) has a long way to go, which is difficult to achieve in the short term [3]. Telemedicine allows

the two-way flow of information, thus playing an important role in knowledge acquisition in the field of PCCM and making up for the insufficient coverage of pediatric sub-specialists. A systematic evaluation also mentioned an improvement in the frequency and symptoms of children with asthma when professional nurses trained school nurses through telemedicine [4]. This certainly offers the possibility for health professionals and family members to be involved in the care of NICU and PICU patients after discharge from hospital.

Furthermore, we need to be alert to the job burnout and post-traumatic stress of PICU medical care. Compared with adult intensive care and general acute care environment, studies have reported that PICU staff have a higher risk of burnout [5]. It is usually attributed to poor working conditions, a high proportion of patients/understaffed, unsatisfactory wages, increased demand on call, and no long-term employee contract. Family Integrated Care (FICare) model can be considered in PICU. Under this mode, nurses are not only the providers of medical services, but also the teachers of children’s parents, providing them with medical and nursing knowledge training and psychological support. To some extent, it reduces the incidence of nursing adverse events. Medical care can participate with parents to promote the rehabilitation of children.

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Availability of data and material Any additional data are available with authors and are available upon request.

Declarations

Competing interests The authors declare no competing interests.

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