

A LEAD AND BOWL FOR OUR NEW STAFF MEMBER

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Kayden is a guide dog puppy who spends on average an 8-hour day, two days a week on the Paediatric Unit working with the children. I have brought her here today for you to appreciate her special qualities. I am sure you would agree that she warms the heart of anybody who sets eyes on her.

The idea of a puppy on the unit initially came from a personal desire which, unbeknown to the unit and myself, grew into something bigger and better than ever thought possible. One day at home I read in the local newspaper that the Guide Dog Association was looking for puppy walkers, and had an informative meeting, which I attended. A puppy walker is a person who adopts a puppy for a 12 – 18 month period and with guidance, helps train a puppy into guide dog material. Not all dogs pass the training but many do. The biggest hurdle for me was that I wanted to be a puppy walker but could not offer enough time to the cause. The puppies need almost 24 hours of human contact time and since I lived alone and was a full time worker I was not a suitable candidate. I was not going to let that stop me in a hurry. I casually made a few inquiries and found that the few people I talked to, were interested in my idea to have a puppy on the Paediatric Unit. I thought it to be impossible, but others felt differently and encouraged me to take the idea further.

There was a lot involved in getting the puppy onto the unit. It certainly did not happen overnight. The first few steps were informal discussions. I spoke with the Clinical Nurse Consultant of the unit, the diversional therapist, the Paediatric Consultants and finally the Professor of Paediatrics. The next step was to write an official letter to the Divisional Director of Nursing (DDN) outlining the proposal. I mentioned in the letter the names of those I had spoken to and their agreement with the principle. Following the letter I arranged an appointment time to speak to the DDN about the proposal and explain the proposal in more detail.

Obviously, I had to research my topic. Due to the nature of the topic most of the literature I found was on the Internet. I needed to know what achievements had been made in other institutions. Most of the literature involved animals that visited for short periods in hospitals and others were about animals in nursing homes. I needed to outline the benefits and possible concerns of having the puppy on the unit and have the literature to support them. I also spoke with infection control to ascertain if there was any infection control issues. The proposal was then discussed at the

monthly Paediatric Unit meeting. For any proposal to be considered, it must first get a majority vote at a unit meeting. The reason for all the informal discussions was to 'test the water', so to speak. If there were any major objections there was no point in taking the proposal to an official level.

The staff at the meeting voted in the proposal for a trial period. Following this a meeting was set up with the DDN, a trainer from the Guide Dog Association and myself. Together we ensured that there were no issues that had been missed and that the Guide Dog Association was happy that the environment was suitable for a Guide dog puppy in-training. Finally, procedures were written including a schedule of what Kayden would be doing throughout the day, toileting needs, behavioural issues, feeding, and supervision of play. The whole process took at least three months from the first official letter to the day Kayden started on the unit. There were several times I doubted the proposal would go ahead as it had not been done before, but looking back I'm glad that I did not back down as the rewards by far exceeded my expectations.

Kayden arrives at 7am and spends the first hour of her day in the nurses' station being adored by the early risers. When Maggie (the diversional therapist) arrives, Kayden spends the rest of the day with her. The first job on the list is visiting the children one by one and being introduced. Kayden can then be found where ever Maggie goes. Kayden spends most of her day on lead but if the children in the schoolroom are comfortable with her she is let off the lead to play. When Kayden has not been seen for a while you can almost be guaranteed to find her hiding under Maggie's desk exhausted and fast asleep.

The whole hospital seems to know when she is around and it is not uncommon for other units to request Kayden to have a short visit with ill adults. She also visits the intensive care unit to help bring a smile to the children who cannot see her on the paediatric unit.

On one occasion when an anaesthetist came to assess a child he saw Kayden in her playpen in the office. He knelt down to her and played with her for a while. Upon rising, he said, 'This is the most fun I've had all day'. She had brightened his day and brought a smile to his face. He was quite reluctant to leave.

I would now like to share a few anecdotes with you that Maggie wrote for me. Adam Hill is a twelve-year-old boy who appears on my poster. His story is one which touches my heartstrings. Adam is a high achieving sports person who had just selected the high school he wanted to attend, on the basis it was a 'sports focus' school. Adam had contracted an unknown virus overnight, paralyzing his lower limbs, rendering him an invalid, in a foreign environment, being hospital. I was visiting Adam several times each day, mainly concerned for his lowering mental state, his sense of isolation and denial of his illness. He was regressing and developing a depressive state, he was on a slide both physically and emotionally. Universal disciplinary strategies were failing, although strongly supported by the multidisciplinary team.

While Adam and his family were at their lowest point, Kayden was a source of joy and distraction to them. During Adam's down periods and with his physical restrictions, Kayden's sixth sense kept her quietly sitting by his bed, with her head resting on his mattress or his arm, begging for attention. Kayden was always patient for a response (although just a puppy), with little encouragement from Adam, she would lick him, climb on the bed and snuggle in and be

cuddled – happy to stay in Adam’s care. It seemed quite appropriate to allow these mates to share their time together (and the bed), allowing Adam to take control, make some choices about his company and enjoy the tactile comforts of having a pet in his arms. I would leave Kayden for up to an hour in Adam’s single room, to share a breakfast or morning tea, play with a ball or just pat the tensions away. Sometimes Adam rejected Kayden, but never the reverse, and generally as the day progressed Adam was happy to ‘look after Kayden’ again. The most touching of times with Adam and Kayden was when Adam had been told his prognosis was poor and that he may never walk again. Adam would not talk about his legs; he had disassociated himself from them – he had given up on himself. Kayden and I entered his room this morning – Adam did not respond. Kayden went to Adam’s side as he was, as he was lying facing away from the door. Kayden just sat looking at Adam’s face whilst Adam lay in silence. Adam had recently finished breakfast and Kayden was keen to sniff the crumbs out of Adam’s bed. These crumbs just happened to extend down Adam’s legs and seemingly onto his toes! Kayden headed down under the sheets, to pursue the trail of crumbs. Adam started to giggle. Kayden reached his toes, and proceeded to clean them.

Although Adam was unable to move his legs, he had sensation, and was delighted with Kayden’s antics (something I had never seen Kayden do before). Adam laughed openly and wriggled in the bed begging for mercy. It was such a relief to see Adam laughing that I broke up laughing (although teary too), and Kayden poked her head out from under the sheets, near Adam’s feet to see what was going on. She had broken a cycle for Adam; his attachment became stronger to Kayden, displaying a true positive for the power of pet therapy.

Carly is a moderately intellectually disabled girl with a serious heart defect. Carly has spent much of her life with medical intervention, hospitalisation and an impaired quality of living. Carly loves people, she is a social butterfly, but she exhausts quickly and is often frustrated by her limitations. Some months ago Carly had a lengthy hospital stay, protracted by a series of medical set backs and her health deteriorated. Weak and teary, Carly was barely able to speak, her confidence rattled, she was told she was to go to the intensive care unit. I had followed Carly closely and Kayden was always very responsive to Carly’s gentleness and welcoming touch.

During the period Carly was in the intensive care unit, Kayden visited Carly’s bedside. Kayden’s antics of checking out a new environment, checking Carly out and extra nibbles made for happy reunions. Kayden’s visits required little of Carly and yet made a huge difference to Carly’s day – it broke the cycle of procedures and offered Carly a warm, happy experience, unique in a hospital setting. A secondary effect was evident with the staff of the specialty unit. When Kayden entered the unit their demeanor changed; they smiled and were more jovial. They encouraged Kayden’s visits and were ready to accommodate her; moving equipment and giving her step access to Carly’s high bed. Surrounding patients (those who were conscious) also enjoyed the experience and were keen to watch Kayden’s antics.

Jane is a more recent patient. She is an 11-month-old baby girl who has spent most of her life in hospital and is medically dependent. She has a tracheostomy, which often means long stays in hospital especially over the winter months. She requires some normalising experiences, as she knows little of the outside world and the different stimuli of fresh air, sunlight, cars, noise and non-medical people. Jane met Kayden for the first time today; wide-eyed and taken aback, she laughed as she touched Kayden’s hair and spied her doggy face. Kayden lay passively on the floor inviting play; Kayden licked her little hand, which tickled Jane’s attention further. It was

delightful interplay between the two and I am sure they will become good playmates over time.

There is much documentation especially from North America, proving the benefits of pet therapy. Kayden benefits all the children on the unit on the days that she visits. She is non-judgmental and offers unconditional love to all regardless of age, social situation, physical and mental ability. In other words she supports holistic care - and isn't that the aim of our profession? In comparison, humans can often be quick to judge others and make complaints that are often trivial. The biggest compliment proving Kayden to be popular, is the astounding fact that not one official complaint has been made about her to this date regarding either her nature, behaviour or appearance.

This conference is all about the future of children's health and I feel that Kayden, and others like her, have a big part to play in the future of children's health. Kayden is a great asset to the staff, patients and parents on the paediatric unit. Whilst Kayden enjoys her work, however, she also enjoys her lunch breaks outside with the staff. It can be hard work being adored and chased all day (pause). I could stand here all day and talk about Kayden and her success on the unit but suffice it to say the smile she brings to the children's faces is contagious, and laughter is certainly the best medicine!

I believe that she is the first dog placed on a unit like this in a hospital setting in Adelaide and perhaps Australia. My plans are to have her spend as much time on the unit as possible to reach as many children as she can. In the long term I would like to see her be able to wander around the unit freely. She is very patient and good-natured, however at the moment she is still a silly puppy. She is much more placid than she used to be and will improve as she gets older and wiser. I am thinking of putting her through a pet therapy training course.

Finally, I'd like to say to anyone who has an idea, no matter how far fetched you think it may be, just talk to somebody about it and give it a go. The key to Kayden's success was the support I received from others to do this and not to give up the quest. There were bumps along the way but the outcome certainly proves that new concepts can be introduced into situations initially thought not possible. In the future I hope to do further research and publish my findings in a journal. I have brought with me a copy of the proposal and the articles written about Kayden by the FMC newspaper and the local messenger newspaper if anybody is interested in having a look at them. I am glad to have had the opportunity to introduce Kayden and share this project with you. I invite anybody to ask questions and please come and take a closer look at my poster. And yes, you may come up and say hello to Kayden.