

Children´s Heart – Intensive Care Unit



Dear Parents!

In order to ensure optimal post-operative care for your child an intensive care unit for children after a heart operation is available within the children´s heart centre at the Kepler Universitätsklinikum – Med Campus III. The experienced team at the unit is especially trained for medical and nursing care of children following a heart operation, all technical appliances being adapted to the needs of new borns, infants and children.

The medical devices with their typical noises may probably be new to you and possibly a little frightening. Therefore, with the following information we would like to prepare you for the intensive care unit. Would you please keep in mind that technology is an indispensable aid, but in no way replaces observation, attention and care.

Visiting Times

About an hour after your child has been transferred from the surgical area to the children's heart intensive care unit a first visit is possible.

Our daily visiting times range from

10 a.m – 12 a.m.
1 p.m. – 6 p.m.
7 p.m. - 9 p.m.



For questions you may reach us at +43 (05)7680 83 - 2145

We ask you for your understanding if you nevertheless must occasionally wait longer to enter, or if we request that you take a seat in the waiting area during visiting time. This may become necessary during admission of another small patient, or important examinations/treatments.

Your Cooperation

We are pleased to show you how you can touch your child so that it feels your closeness. Talk with your child! Please inform us about special preferences and habits of your child so that we can respond better to particular needs. The favourite pet toy or music box may be brought along.

Please disinfect your hands before entering the intensive care unit and also after your visit. Disinfection of hands protects your child! We are pleased to inform you!

Technology: Indispensible Aid

— After the surgery your child will be transferred to the children's heart intensive care unit while still being anesthetized and ventilated. For this purpose a soft tube (tubus) has been inserted via mouth or nose into the trachea, enabling lung inhaling and exhaling (respiration) of an air-oxygen mixture. As long as your child requires this tubus he/she can neither speak, smell and taste.

In addition, your child is attached to a monitor for continuous surveillance of heart frequency, blood pressure and further important readings which are indicated and documented.

Various acoustic signals or alarms do not automatically signify a problem, but can have harmless causes. For us an observation of the child is important in any case, the mere surveillance of the monitor determined insufficient.

Medication – for instance for pain relief or sedation – will be fed to the blood circulation directly by infusion lines.

Your Contacts

Head of Department: Prim. Univ. Prof. Dr. Jens Meier

Senior Anesthetist: OA Dr. Dietmar Grasl

— Care Management: DGKP Marianne Rechberger, MSc

The nursing team of pediatric cardiac intensive care

Your child is in the centre of our efforts!