YOU HAVE PEOPLE.

We understand and have been where you are right now, and we want you to know that you are not alone.

Know that thousands of families are here for you in your journey, no matter what is ahead.

The HIE experience is unique, and we want to share with you resources that can help you, through our peer-to-peer support network, and in collaboration with your medical team.

We have parents dedicated to connecting with you as a new parent in this journey, and we look forward to getting to know you and your family.

When you are ready, we are here, 24/7, to help you.

OUR MISSION

To improve the quality of life for children and families impacted by neonatal and pediatric-acquired HIE - Hypoxic Ischemic Encephalopathy - through Awareness, Education & Support.

HIE IS COMPLEX.

CONNECTING TO SUPPORT SHOULDN'T BE.

visit **hie.support**

EMAIL US:
outreach@hopeforhie.org

CALL US:
248-574-8099

Hope for HIE is a confirmed 501(c)3 non-profit registered with the IRS. The organization was incorporated legally in the state of Michigan in 2013 and is governed by a U.S.-based Board of Directors who oversees the organization's mission, vision and programming.

THERE IS ALWAYS HOPE.

No matter what lies ahead, take comfort in knowing that you are not alone.

HOPE for HIE

THE PICU JOURNEY WITH HIE:

HYPOXIC (LACK OF OXYGEN) ISCHEMIC (RESTRICTING BLOOD FLOW) ENCEPHALOPATHY (IMPACTING THE BRAIN)

THE JOURNEY BEGINS

EVENT

There are many types of events that can cause a pediatric-acquired case of Hypoxic Ischemic Encephalopathy, such as sudden cardiac arrest, near fatal drownings, or near SIDS events. Hope for HIE supports families with pediatric anoxic injuries, realizing how similar they are,.

PICU ARRIVAL

Whether it is within the hospital itself, or through ambulance or helicopter to the ER, the child is transported to the PICU for assessment and medical interventions to stabilize and treat.

Many children need multiple interventions such as breathing and blood pressure support, IVs or ports to administer medications and more closely monitor critical systems, and will receive neurological diagnostic testing such as EEG, as seizures are very common in HIE. Medications may be used to control seizures.

STABILIZATION & TREATMENTS

Therapeutic hypothermia may be an option, depending on the availability and timing of HIE as a treatment option. Other interventions will be done to stabilize the child's key systems and reduce further injury on the brain.

MRI DAY

MRIs are typically performed on children with acquired HIE injuries and events to determine what areas may have been impacted by the HIE event. MRI is very complex, and one piece to the overall picture.

PICU DURATION

Depending on the child and their clinical course, they will be working hard to recover from the initial trauma of HIE. Some may be able to feed orally, and some may need a feeding tube, either a NG tube through the nose, or prior to discharge, a G-tube surgically placed in the abdomen, if their suck/swallow/gag reflexes are absent or weak, in order to safely transition home. Many children will need oxygen for a period of time, and work on getting weaned. And, depending on the child, mobility changes may have occurred and durable medical equipment, such as a wheelchair, may be prescribed.

PICU DISCHARGE

At last, it is time to discharge from the PICU. Each PICU has its own criteria, and discharge procedures. Most families are required to take CPR classes, and families should be connected to resources post-discharge for follow-up, early intervention service enrollment if the child is between the ages of 0-3, community support services for any adjustments to the home environment needed to transition safely home, social/emotional support for the parents and siblings to process this time, and learn about the signs of seizures or other difficulties HIE children are at risk for.

POST-PICU SUPPORT

Connecting with peer-to-peer support Ideally in the PICU, and after, with other families who have gone through the unique HIE PICU experience, can improve the parenting experience by empowering families to further understand, process, and accept the situation they have been through. In-person PICU support groups through hospitals are also very helpful. And, through early intervention, many parent groups can be help understand risk factors and other nuances to this journey.