UNIVERSITY OF OTTAWA
HEART INSTITUTE
INSTITUT DE CARDIOLOGIE
DE L'UNIVERSITÉ D'OTTAWA

Discussing Your Heart Condition with Children and Youth

A GUIDE FOR PARENTS AND GUARDIANS

Acknowledgements and notes about this guide

This guide was carefully developed by members of our care team in collaboration with parents and guardians with lived experience. Thank you to everyone who shared their ideas and suggestions with us so we could develop a guide that is as helpful and relevant as possible.

This guide was developed to support you as you have conversations with your child about your heart condition. As you read this guide, remember that **you know your child best**. What works for one child may not work for another. Trust yourself, your child, and your instincts as a parent.

In the guide, we use the terms "parents" and "children." What do we mean by this?

The term "**parent**" could include a guardian, grandparent, or anyone who cares for or is special to a child. This "parent" could be the one with a heart condition or someone who is close to the child.

When we talk about "**children**" we mean those who are less than 18 years of age. But this may also include those older than 18, depending on the child's developmental needs. When we say "**your child**" we mean any child who is special in your life.

For more information about customizing this guide for the particular needs of your institution, please contact the department of communications at communications@ottawaheart.ca.

This document is also available in French under the title | Cette publication est aussi disponible en français sous le titre : Parler des maladies cardiaques aux enfants et aux jeunes

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Top 10 tips for discussing your heart condition with your child

1. **Prepare:** Take time to think about what you want to say to your child, where and when you will talk, and how you will respond to questions that your child may ask you. Look to other trusted adults to help work through your own emotions before speaking with your child.

2. **Use words and ideas your child can understand:** Keep your child's needs, age, personality, and mood in mind when explaining the heart event or diagnosis. Ask your child if they understand what you told them, and whether they need you to explain something in a different way or if they want more information.

3. **Listen and learn:** Give your full attention to your child and be open and encouraging. Find out what your child already knows and let your child lead the conversation. If you or your child need a break, come back to the conversation at another time.

4. **Use resources:** Resources (such as pictures, pamphlets, books, and videos) or props (stuffed animals) may be helpful for starting conversations about your heart event or diagnosis. There are also many online and print resources available that can help guide your conversation, including our child-friendly glossary of terms on pp. 17-24.

5. **Involve others:** It is important to be on the same page with other parents/guardians about what you are going to say and how you are going to say it. It may be possible for a healthcare provider to be present during a discussion with your child.

6. **Be honest and comforting:** It is important to tell the truth in a gentle and comforting way that is age appropriate. Stick to the facts and reassure the child that they will be looked after.

7. **Share and support feelings:** You can help your child manage big feelings by sharing how you manage your own feelings and by letting them know these feelings are normal. Let your child know that they are safe to share their feelings with you when they are ready.

8. **Keep a routine and discuss changes:** When possible, maintain a regular schedule and routine. Discuss any changes that your child may experience in the short term so they are not surprised.

9. **Check in:** Talking about the heart event or diagnosis with your child may involve more than one conversation. Encourage your child to come to you if they think of new questions.

10. **Be kind to yourself:** There is no one right way to talk to your child about the heart event or diagnosis. Give yourself the credit you deserve for supporting your child through this difficult time.

Why talk to your child about your heart condition

It can be difficult to talk to your child about your heart event or diagnosis, treatments, the prognosis, and the possible changes that may occur in your family as a result.

Parents have said that they sometimes avoid these conversations for the following reasons:

- Feeling unsure of what to say, how much to say, and when to say it
- Not feeling emotionally ready (perhaps they are still coming to terms with the situation)
- Wanting to avoid upsetting their child
- Believing their child is too young to understand
- Feeling unsure of whom to direct their child to if they are having difficulty coping

Although these reasons are understandable, it is recommended that children be informed about a parent and/or a guardian’s heart condition and be *offered* the opportunity to be involved in the recovery process, in an age-appropriate way.

Children usually want more information about their parent's health condition.

Children are likely to be curious about:

- What happened or what will happen
- How serious or dangerous the heart condition is
- What may have led to the heart condition
- Treatment and tests that have been or will be received
- Expected length of hospital stays
- Changes to expect when the parent comes home from hospital
- Whether their own health is at risk

When you communicate with your child about your heart condition, it will help your child to:

- Understand that they aren't responsible for your heart condition
- Reduce thoughts that your condition is worse than it is
- Feel that they are an important member of the family, which establishes trust
- Feel better prepared to tackle changes that may happen as a result of the condition
- Ask questions or open up about their concerns

Remember: Communicating with your child about your condition will likely help you feel better, too.

How to talk to your child about your heart condition

Step 1: Prepare for the discussion

> *"I think you need to think hard about what you want to say and when you say it. I had to figure out some things on my end emotionally before I brought it up."*
>
> *- Father who experienced a heart attack*
>
> *"It was really helpful to have my wife lead the discussion at first. She knew what it was like being on the outside, so she was able to empathize with what my daughter was feeling."*
>
> *- Father with a heart condition*

When: There is no perfect time to talk to your child about your heart condition. It is usually better when these conversations happen sooner rather than later. Children are often aware that something has changed. It is best to have the conversation when you and your child are rested, relaxed, feeling patient, and not rushed. Before the discussion, ask your child if they feel okay talking about your health. Keep in mind that your child may not be ready to talk when you are. Remember, before speaking to your child, identify your own emotions and seek out support from other adults in handling them. Working through some of your feelings first will help you to better communicate and consider the needs of your child.

Where: Try to have conversations in a spot without any disruptions and where your child can express their emotions comfortably (e.g., family living room, the child's room, a parked car, or somewhere private and familiar).

Who: Communicate with other parents/guardians about what you are going to say and how you are going to say it, so that you are all on the same page. In some cases, you may not be able to begin the conversation with your child as you may be in the hospital. Older siblings may be very helpful in explaining to younger children what to expect or in supporting their feelings (for example, "it's okay to feel upset"). However, some children may be more comfortable talking about their feelings *without* their siblings present. It may also be possible for a healthcare provider, such as a nurse or a social worker, to be present or directly involved in a discussion with your family members.

Step 2: Tailor the discussion to your child’s age and development

> *“I think just really focus on the facts and moving forward. We told them what to expect and that things were going to be a little bit different but here’s how we’re going to get around it.”*
>
> *- Father who experienced a heart attack*
>
> *“Letting them know that it’s okay to be sad. It’s okay to have questions. It’s okay to question things and it’s okay to be mad that your daddy’s not the same. I think we just let them feel all the big emotions.”*
>
> *- Stepmom and partner to a patient with a heart condition*

It is important to keep your child’s needs, age, and personality in mind when explaining your heart event or diagnosis. At all ages, it is recommended that you use the proper terms when describing your heart condition (e.g., heart attack vs. a broken heart). Using the appropriate words gives your child the language to understand what is happening. When talking, give your full attention to your child and be present in your body language (for example, uncross your arms and do not look at your phone or other device).

In discussions with children of any age, emphasize the 4 Cs:

CAUSE

They did not ***cause*** your heart condition.

CATCH

They cannot **catch** your heart condition.

CURE

It is not their job to **cure** your heart condition.

CARE

They will be taken **care** of.

Pre-verbal (ages 0-2)

What they think:

Babies and toddlers live in the moment. They feel the emotions of what is happening "right now" even when they may not understand. Children at this age feel safe when their world is predictable and when they are surrounded by caring family and friends. They will notice if a parent/caregiver is absent.

What they show:

You may find that your child becomes fussier in the days and weeks after your heart event or diagnosis, as children at this age are sensitive to major changes and strong emotions going on around them. They may be harder to soothe or begin to act like a younger baby, especially with their sleeping and eating habits. If a parent is absent, they may show signs of separation anxiety.

What to say or do:

- Try to keep a regular schedule for meals, naps, story time, and bedtime as much as possible.
- Even if your child is not yet talking, use simple words to explain what is happening, like "Mommy has to go to the doctor to help her heart feel better."
- Lots of physical contact at this time may be helpful, but let them know of your "booboo" and how they can be close safely (e.g., someone sets them on your lap or beside you).

Pre-school aged (ages 3-5)

What they think:

Children at this age may have a difficult time separating fact from fiction. It may be challenging for them to understand the “causes” of illnesses that they cannot see, such as heart disease. It is common for children to think that a parent’s illness is related to something that they did, or that it is contagious. They are focused on what is going on “right now” and will have little understanding of the future. They are still very perceptive of changes in day-to-day routines. They are concerned about their basic needs, including food, sleep, play, closeness with loved ones, and whether they will be taken care of.

What they show:

Children at this age may become less cooperative than usual and may show changes in their eating and sleeping habits, possibly reverting to previous behaviours (e.g., night waking and bed wetting). Some children may show a strong negative reaction or want to be with one or both of their parents at all time. It is also possible that children may carry on playing, not understanding why the adults are worried, scared, or sad.

What to say or do:

- Keep explanations short and simple.
- Focus on their immediate needs rather than what is going to happen in the future.
- Encourage your child to continue doing their favorite activities and stick to the same family rules.
- Use pictures, models, dolls/stuffed animals, and stories to explain situations and concepts.
- If a parent is in hospital, phone or video calls may be reassuring.
- Give your child a small task to do (e.g., draw a picture) for a parent.

School-aged (ages 6-12)

What they think:

As children age, they become more aware of what is going on around them, what will happen next, and how they feel. They have a greater understanding of time and the future. They are starting to learn about cause and effect. Older children will have some understanding of heart disease and may know someone else who has heart disease (e.g., a friend's grandparent or a neighbour).

What they show:

Children at this age may start to act younger than they are and show anxiety. They may not want to go to school or participate in after-school activities. Some children may complain about physical symptoms, such as headaches or stomach aches. They may act out with bursts of emotion. It is common for children to ask the same questions about your heart event or diagnosis over and over again to try to make sense of the information they've heard. You may witness your child playing or acting out themes related to your condition or your recent experience (e.g., pretending they are doctors, in the ambulance, at the hospital). Older children may show anger and resentment if the normal routine is changed.

What to say or do:

- State the facts using clear and simple words.
- Explain the heart condition(s) you are dealing with and answer any questions or misunderstandings they may have.
- Explain your treatment and how it is helping (e.g., "taking medications and resting helps me feel better").

- Encourage your child to share their feelings through talking, playing, drawing, writing stories, and using characters.
- Support their emotions and avoid dismissing them (say “It’s okay to cry…can you tell me how you’re feeling?” rather than “don’t cry” or “be strong” or “be positive”).
- Help your child label or name their emotions (e.g., when I am angry and frustrated, I feel like yelling).
- Try to maintain your family’s normal day-to-day life as much as possible; if changes in routine need to happen, explain why.
- Talk about new things your child may see, including new medical devices or new symptoms.
- Brainstorm simple and optional ways they can help (e.g., draw you a picture, help you put away the groceries, feed the dog, etc.).
- Let your child know that you are there to answer their questions whenever they are ready.

Adolescents (ages 13+)

What they think:

Adolescents are able to imagine the future and lots of possibilities. As a result, their imagination may cause them to worry about things that have not happened or might not happen. Older adolescents may worry about how your heart condition will impact their life and future. At this age, they understand different causes of health conditions and that not all health conditions follow the same pattern. Teens' thoughts are often influenced by what their friends are doing and saying, and they are aware of ideas discussed on news and social media. They may also start to question their own health and their risk of developing heart disease.

What they show:

At this age, adolescents are trying to remain close to family while also trying to gain independence. They may show strong feelings, such as anger, guilt, or resentment. Some teens may engage in problem behaviours when they are stressed or when their routine is disrupted. Some teens may withdraw from their parents or take out their frustrations on family members. Teens may have difficulty concentrating on schoolwork. It is also common for teens to want to take control of the situation (e.g., asking to be involved, attending medical appointments, wanting more information) and look for ways of helping others.

What to say or do:

- Answer their questions fully and honestly.
- If you do not know the answer to a question, say that you don't know and that you will let them know about any new information or changes.
- Adolescents may turn to other sources to answer their questions (e.g., social media, friends, online resources), so you may need to create opportunities to address misconceptions.
- Be respectful if they are not yet comfortable speaking about your condition and let them know you will be available when they are ready.
- Talk to them about ways they can help (e.g., shoveling the snow, carrying the laundry basket upstairs).
- Reassure them that you appreciate their help.
- Give them permission to continue to live their own life.
- Talk about the things that may need to change temporarily (e.g., missing soccer practice or finding another ride because the parent cannot drive them).
- Talk about how you handled difficulties or uncertainty in the past (e.g., taking deep breaths and focusing on what you could control) and talk about how they have positively dealt with challenges in the past.

Step 3: Check in and be kind to yourself

> *"I think a big thing was to not put so much pressure on trying to solve everything right away. It took a lot of little things."*
>
> *- Father with a heart condition*
>
> *"I don't think we approached it perfectly. But what's perfect? We did our best with what we knew at the time... I don't think you should fault yourself."*
>
> *- Mom and partner to a patient with a heart condition*

It is likely that you will have more than one discussion with your child about your heart condition. As with all conversations, some will go better than others. If something doesn't go well, you can have a "re-do."

Find ways to keep the lines of communication open. Check-ins are important when something happens that reminds your family of your heart problems. These may include: any new symptoms or upcoming treatments, heart attacks or deaths that are portrayed in the news or movies, learning about heart disease at school, or another family member or friend being affected by heart disease.

It is not easy managing a heart condition while being a parent. It is okay to feel the emotions you are feeling. Recognize that you are capable and that you will learn more about yourself and your child as you go through this together.

Child-friendly

GLOSSARY OF TERMS

Below is a child-friendly glossary of common terms to help support you in your conversations about heart disease. You may need to modify these explanations depending on your child's needs and abilities.

Common heart conditions

Angina	Angina is when a person feels pain in their chest or heart because their heart isn't getting enough oxygen. Some people feel the pain in their chest, arms, or jaw, while others may feel sick or dizzy. Sometimes people don't have any pain, but they might feel tired.
Arrhythmia	An arrhythmia is when the heart doesn't beat regularly like it's supposed to. Instead of going "thump-thump, thump-thump," it might go "thump-thump-thump" or skip a beat. Imagine the heart is a drum, making a rhythm: sometimes, it can play too fast, too slow, or even skip a beat.
Atrial fibrillation	Atrial fibrillation is a type of arrhythmia that causes the top part of your heart to wiggle or dance around instead of beating in a nice, steady way. It's like when you're jumping around instead of walking calmly. If the heart is beating too fast because of atrial fibrillation, people can feel tired or like they have butterflies in their chest. Sometimes, they can also feel dizzy. Usually, the medical team can help the heart get back to its correct rhythm with medications and treatments.
Cardiac arrest	A cardiac arrest is when the heart suddenly stops working and can't continue to pump blood around the body and brain. It can happen for different reasons, like when someone has a big injury in their heart (a heart attack) or something else. When this happens, people need someone to press on their chest (perform CPR) or use a special machine to make their heart start working again. It's very important to help quickly when someone's heart stops beating (it's an emergency).

Coronary artery disease	Coronary artery disease happens when sticky stuff (similar to gooey candy) called plaque builds up in the small roads (arteries) inside someone's heart. If too much gooey stuff (plaque) builds up, it can cause a big traffic jam and stop the blood from getting to the heart. This can make the heart feel very tired or hurt. When the blood can't get through, it can cause a heart attack and/or pain in the chest, which is called angina.
Heart attack	A heart attack happens when something blocks the heart muscle from getting enough air (oxygen). It can hurt a lot, but not always. Some people feel pain in their chest, arms, or jaw, while other people might feel sick or dizzy. Sometimes, they feel tired. If someone's having a heart attack, they need help right away (it's an emergency).
Heart failure	Heart failure is when someone's heart muscle is too weak (tired) or too stiff to work properly and can't pump blood to the body as well. The blood can't reach all the important parts of the body like the kidneys or the brain. This makes liquid gather in the body, causing the legs to swell (get puffy). It can also make it hard for the person to breathe.
Hypertension or high blood pressure	Hypertension, or high blood pressure, is when the blood pushes really hard against the walls of the tubes (blood vessels) in your body. For a person to stay healthy, the blood should push gently against the walls of the blood vessels. It's important to keep the blood pressure just right to stay healthy and help prevent future health problems.
Spontaneous coronary artery dissection (SCAD)	Spontaneous coronary artery dissection (SCAD) is a rare but serious problem that happens when there's a rip (tear) in one of the tubes (blood vessels) in the heart. This can cause the heart to feel really sick, like it's being squeezed very tightly, just like a heart attack. This rip can stop or slow the blood from getting to the heart, which can hurt the heart muscle or throw off its beat.
Stroke	A stroke happens when something stops the blood from getting to the brain, injuring part of the brain. Some signs that a person might be having a stroke are sudden confusion, trouble talking, or feeling very tired or weak on one side of their body. They might also have a hard time seeing with one or both eyes. If someone has these signs, it's important to get help right away (it's an emergency).
Valve disease	Valve disease happens when one or more of the little doors (valves) in the heart isn't doing its job right. Imagine your heart has four doors (valves) to let the blood in and out. Sometimes, one of these doors doesn't open or close like it should, or it gets too small and squished. This can make the blood flow in the wrong direction and cause the heart to feel tired. Sometimes, a person may need surgery to fix the valves so the blood can flow the right way again. If someone's valves aren't working right, they might feel very tired, dizzy, or run out of breath easily.

Devices, surgeries, and procedures

Angiogram or cardiac catheterization	An angiogram lets a doctor look inside the heart to see how it's doing. They use a little tube (like a straw), which they place inside one of your arteries (the tubes in your body). Then, they use dye (a special colorful liquid) to check how the blood flows in the heart. This shows them if there are any blockages or other issues in the heart. It's like making a map of the heart.
Aortic aneurysm repair	An aortic aneurysm is when the big tube (aorta) in the heart gets too weak and puffs up like a balloon. There are two ways heart surgeons can fix it. They might use open-heart surgery to replace the "puffy" section (the aortic aneurysm) with a new tube, or they might use a tiny device called a stent to help the aortic aneurysm go back to its normal size.
Automated external defibrillator (AED)	An AED is a machine used to help a person who is having a cardiac arrest (when the heart suddenly stops beating properly). Imagine someone's heart is like a drum inside their body: Sometimes, the drum stops playing the right rhythm or beat, and that's when we need to use an AED, a special machine that delivers an electric shock (a zap) to help the heart start playing the right beat again. An AED is a very important machine that can save lives in an emergency. You may have seen one of these machines at school, at an arena, or at a community center.
Catheter ablation	A catheter ablation is when a doctor looks inside the heart to see if it's "dancing" (beating) to the right beat. They gently place a small tube (like a straw) into the heart, which lets them study the electrical signals inside the heart to see if they're moving correctly. If they find any signals that are causing trouble, they try to stop them from "dancing out of rhythm." It's like helping the heart learn the right dance steps so it can stay healthy.
Coronary artery bypass surgery	Coronary artery bypass surgery is an open-heart surgery to take care of the traffic jams (blockages) that can form in the roads inside the heart (coronary arteries). The surgeons take little roads (blood vessels) from other parts of the body and use them to make new paths for the blood to travel around the traffic jams. This helps the blood to reach the heart again.
Heart transplant	A heart transplant is a special kind of open-heart surgery that's done when someone's heart isn't feeling well and working like it should. The doctors take out the tired heart that's not working properly and put in a new, healthy heart from someone who wanted to help by donating their heart after they passed away (organ donor).
Implantable cardioverter defibrillator (ICD)	An ICD is a small device that is placed under the skin below the collar bone. It is specially designed to keep an eye on the heart's rhythm. If it notices any rhythms that could cause trouble, it jumps into action and tries to fix the heartbeat and make it go back to its regular rhythm. If the heart is beating too slowly, it gives it a gentle nudge to speed it up to a normal rate.

Left ventricular assistive device (LVAD)	An LVAD is a battery-powered pump that is put inside a person's heart during open-heart surgery. The pump is used to push blood to the rest of the body. Sometimes, this pump is used while the person is waiting for a new heart (heart transplant), to let the heart rest for a little while until it can pump well enough on its own.
Minimally invasive heart surgery	Minimally invasive heart surgery is done through a small incision (opening) between the ribs or underneath the breast area instead of through a bigger opening in the chest.
MitraClip	A MitraClip is a device used to fix a leaky valve. The heart's valves are like little doors that sometimes don't close properly, letting blood leak out. To fix a leak, doctors use a special clip that they put in with a long, skinny tube called a catheter. They attach the clip to the valve's flaps to help them close better. Sometimes, they need to use two of these clips if the leak is really big.
Open-heart surgery	Open-heart surgery is when the doctors open someone's chest (through a cut in the centre of the chest) to fix the heart.
Pacemaker	A pacemaker is a small, battery-powered device placed inside a person's chest and connected to the heart. It keeps an eye on the heartbeat. If the heart starts beating too slow or gets a bit mixed up, the pacemaker gives it a gentle push to help it beat the right way again.
Percutaneous coronary intervention (PCI) or angioplasty	PCI, or angioplasty, is done to help clear blockages in the roads inside the heart (coronary arteries). Doctors insert a tiny, flat balloon in the coronary arteries and then blow up the balloon to push aside the fatty stuff inside the arteries. Sometimes, they even put in a tiny metal tube called a stent to help keep the road open and stop it from getting blocked again. It's like giving the heart's roads a clear path to keep the heart healthy and strong.
Transcatheter aortic valve implantation (TAVI)	A TAVI is a procedure to implant an aortic valve using a long, narrow tube called a catheter. Usually, the catheter is inserted into a large blood vessel in your groin or through a small opening in your chest.
Valve surgery	Valve surgery helps fix or replace a broken heart valve, which is like a door in the heart that lets blood flow in the right direction. The doctors have different ways of doing this surgery, and they decide which one is best for the patient. Sometimes, they need to open the patient's chest (sternotomy) and other times, they can do it through a tiny hole in the patient's side (minimally invasive surgery).

Tests

Cardiac computed tomography (heart CT scan)	A heart CT scan is like taking special pictures of the roads inside the heart, called arteries and veins. Instead of a regular camera, doctors use a machine that takes many pictures with X-rays. These pictures show if there's any bad stuff like plaque or hard bits (calcium) in the roads that might cause a traffic jam. It's like using a special map to find problems in the heart's roads.
Cardiac magnetic resonance imaging (or heart MRI)	A heart MRI is like taking pictures of your heart. The machine uses waves and strong magnets to see if the heart is strong and working properly.
Echocardiogram	An echocardiogram is a type of ultrasound that uses gel on the skin and a special wand to send sound waves to the heart and back again. This test is used to get pictures of the heart. These pictures show how well the heart is working.
Electrocardiogram (ECG)	An ECG records a person's heartbeat using stickers connected to wires. The stickers are placed on the chest, wrists, and ankles. The test gives information about the size of the heart, if it's beating like it should, if all the parts are working together, and if there's any damage to the heart.
Exercise test	An exercise test shows how well a person's heart, lungs, and muscles work together at different levels of exercise; it usually involves biking, walking or running. Sometimes, the test is done with medicine instead of exercise.
X-ray	An X-ray takes pictures of the heart, lungs, blood vessels, and bones. Sometimes, it's used to see if the heart is too big or if there is any fluid in the lungs.

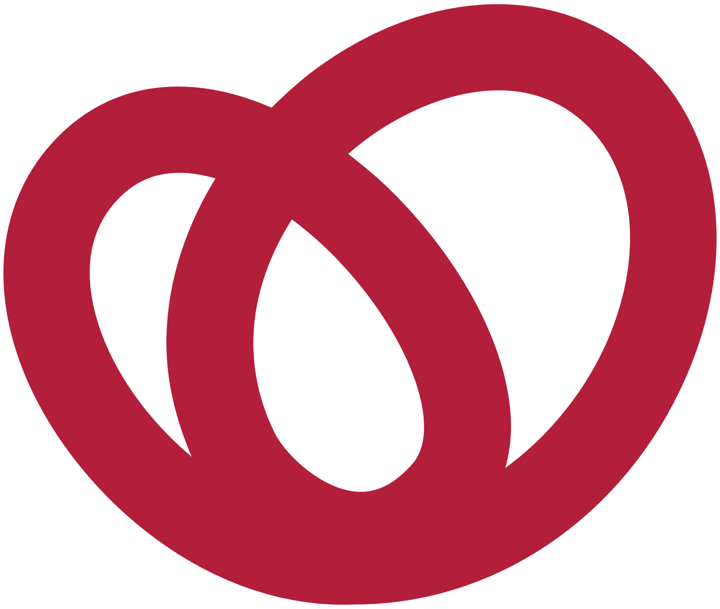
Places in the hospital

Cardiac day unit	This is a place where patients go for heart checkups, tests, or procedures, but they don’t have to sleep over and can go home the same day. Sometimes, after the tests or procedures, the doctor decides the patient needs to stay longer. In that case, they will need to sleep at the hospital.
Cardiac (or heart) operating room	This is a very clean room in the hospital where the medical team works together to perform surgery and procedures to fix someone’s heart.
Cardiac surgery intensive care unit (CSICU)	This is a special floor in the hospital where patients stay if they need extra care before or after they have heart surgery and where the medical team keeps a close eye on them. Sometimes, patients are hooked up to special tubes, machines with screens, and special medications to help them feel better. Everyone who has surgery stays here for at least a day or two until they’re strong enough to be moved to a regular hospital room.
Coronary care unit (CCU)	This is a special floor in the hospital where the medical team keeps a close eye on patients who need extra help with their heart. Some patients are hooked up to special tubes, machines with screens, and special medications to help them feel better.
Emergency department	This is a place in the hospital where a medical team works together to help people who are badly hurt or feeling very sick. Patients can go here to get help quickly, even in the middle of the night or during holidays.
Family lounge	This is an area in the hospital where patients and families can wait while their loved one is having a procedure or a surgery. They can also stay here while they are waiting to visit a patient.

Hospital team

Cardiac or heart surgeon	A doctor who has special training and schooling to be a surgeon. They know all about the heart and how it works. They help the heart feel better when it's not working quite right by performing heart procedures and open-heart surgeries.
Cardiologist	A doctor who has special training and knows all about the heart and how it works. They help people to keep their hearts healthy and strong and can help the heart feel better when it's not working quite right.
Family doctor	A doctor you visit for all sorts of things, for a cough or a tummy ache, or to find out if you're growing up healthy and strong. They know all about how the body works and are there to help you feel better and stay well. They also make sure all your care is coordinated by ordering the right tests, giving you medicine, and seeing you regularly.
Nurse	A person who cares for people when they're sick or have health problems. They're always there to make sure you're feeling better and to answer questions. Nurses can work in doctors' offices, hospitals, special clinics, and many other areas of healthcare.
Occupational therapist	A person who coaches people to help them learn new ways of doing everyday tasks. They sometimes use games and activities to help you learn. They help people when they're at the hospital or at home.
Orderly or personal support worker	A person who helps people with things they might find difficult to do on their own because they're not feeling well. They help with things like getting dressed, eating, getting into bed, or playing games. They're always there with a helping hand to make sure everyone feels comfortable and safe.
Paramedic	A person who helps people outside of the hospital when they're badly hurt, sick, or having a medical emergency. They are trained to drive ambulances with flashing lights and sirens to take patients to the hospital. When someone needs help, the paramedics use their skills and medical equipment to make them feel better and transport them to the hospital.
Physiotherapist	A person who knows all about how the body moves. They help patients move better by teaching them exercises to make them strong and healthy. They also show people how to avoid injuries.
Psychologist	A person who knows a lot about the mind and behaviour and who talks to patients about their mental health. They can help explain why people feel the way they do and how to deal with it.

Radiographer or imaging technician	A person with special training in how to use an X-Ray and scanning machines. They provide the images of the body to the medical team.
Registered dietitian	A person who is an expert on food and nutrition. They know a lot about healthy foods and how they help our bodies grow strong and stay healthy. They help patients choose foods that can help them to get better.
Social worker	A person who helps patients access resources when they leave the hospital. They listen to people's feelings, make sure they are feeling safe, and help them when they're having a hard time.



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