University Hospitals of Leicester NHS
NHS Trust

Management of Children and Young People aged <18 years on Adult Intensive Care Units

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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

KEY WORDS

Critical care

Adult Intensive Care Unit

Paediatric Intensive Care Unit

Child, teenager and young person

1 INTRODUCTION AND OVERVIEW

1.1 The purpose of this policy is to outline the needs and requirements for teenagers and young people being cared for on all UHL Adult Intensive Care units (AICU) and to all staff working in adult and paediatric intensive care who are required to support a teenager and young person during their critical care admission irrespective of the location within UHL.

By law, people under the age of 18 are considered to be a child and are protected by The Children's Act 1989. The transition between childhood and adulthood is a time of rapid physical, psychological and behavioural change. All of these changes occur at different ages and speed depending on the individual and no single age cut off can be used to transition adolescents to adult medical settings. UK Data from 2007-2014 on 37,320 emergency intensive care admissions of adolescents aged 12 to 19 years demonstrated that 17.3% of adolescents aged 12-15y and 90.3% of those aged 16–19 were treated in an AICU (1).

Adolescents (aged 12-19 years) requiring intensive care are different from both the typical paediatric intensive care unit (PICU) population, the majority of which comprises infants and pre-school children, and the typical AICU population of older adults

1.2 Normally when a young person reaches their 16th birthday and needs to be admitted to critical care, either electively or as an emergency, they will be treated within adult services. The following exceptions apply:-

1. They are currently receiving on-going care from a UHL paediatrician or the EMCHC congenital cardiology or cardiac surgery teams

2. They are a child or young person requiring a paediatric surgical procedure

3. The specialist treatment required cannot be provided by the adult service

4. They are a teenager or young person who has a chronic long term condition and requires transitional care arrangements to ensure an effective transition to adult services. This would usually include those who have not fully completed the transition of care process.

1.3 On very rare occasions a child under 16y will be cared for in UHL adult intensive care units. This must be jointly agreed between the AICU and PICU consultant and senior nursing teams and will only be appropriate in the following circumstances:-

1. The child weighs ≥ 50kg

2. The child is aged 14-16y. Younger children should only be cared for on AICU at times of unprecedented demand on paediatric intensive care services when all regional capacity has been utilised or on a temporary basis whilst awaiting a PICU bed or transfer to one

3. The child does not meet any of the exclusions listed above for young people aged 16-18y listed above

4. The child is presenting with an ‘adult pathology’, examples of which include but are not limited to trauma, diabetic ketoacidosis, drug or alcohol intoxication.

5. The child requires an urgent therapy that can be provided by trained specialist nurses in AICU rather than a high risk transfer to another PICU for that specific therapy eg, Renal replacement Therapy, Therapeutic Plasma Exchange

6. For emergency transfers to UHL for specialist treatment (such as those patients under the Severe Acute Respiratory Failure [SARF] pathway or the EMCHC congential cardiology team) children should be already managed on an AICU in the referring centre.

7. It is agreed between senior clinicians and nursing staff from both adult and paediatric intensive care that due to the child’s presenting pathology and the experience and specialist input needed to manage that pathology, care on this particular occasion is more appropriately provided on an AICU either initially or for the duration of their critical care stay

8. The child’s parents or guardians give full informed consent for care to be given on AICU by the adult multidisciplinary ICU team.

9. Guidance from the midlands critical care network published in November 2022 states that children under 16y should only be cared for in Adult ICU if there are no beds available at nearby PCCUs and/or retrieval is going to be considerably delayed, and Adult Critical Care represents the most adequate environment for continued care of the patient.

1.4 All planned or emergency admissions of patients aged <18y to AICU must be discussed and agreed with the AICU consultant on call, AICU nurse in charge and Adult ECMO consultant on call (for teenagers and young people admitted under the SARF pathway and/or requiring ECMO) and then communicated at the earliest opportunity with:-

1. AICU Matron and AICU Band 7 of the week

2. ECMO director and coordinator (for children and young people admitted under the SARF contract or requiring ECMO)

3. PICU matron if available or the Childrens Hospital Matron of the Day

4. PICU consultant or PICU ECMO consultant (for children and young people admitted under SARF pathway or requiring ECMO)

5. Senior staff in any other specialities that may be involved in the child or young person’s care whilst they are on AICU

1.5 When children and young people are cared for on any adult wards they will have additional support and care needs. This policy outlines the process that must be followed to ensure these are met when caring for this patient population on AICU.

1.6 Responsibility for the oversight of all young people cared for in adult areas under the age of 18 is the responsibility Women and Children's CMG. The Executive Lead for Children's Services is the Chief Nurse.

2 POLICY SCOPE – WHO THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS

2.1 All patients that require admission to level 2 or 3 adult units within UHL that have not yet reached their 18th birthday and their families/care givers. This includes patients who live locally and those transferred in from other regional or national centres for specialist input at UHL.

2.2 All adult intensive care staff including nursing, medical and allied health professionals at all 3 level 2/3 units within UHL.

2.3 All Paediatric intensive care staff including nursing medical and allied health professionals working at the Children's hospital situated at the Leicester Royal Infirmary.

2.4 Other members of the paediatric team that may be involved with the care of a teenage or young person managed on an adult level 2/3 unit within UHL – including but not limited to Children's hospital matron of the day, those working in hospital school services, play specialists/medical psychology.

3 DEFINITIONS AND ABBREVIATIONS

3.1 AICU = Adult Intensive Care Unit. This encompasses the mixed level 2 and 3 units situated at the Leicester Royal Infirmary and Glenfield Hospital and the post-operative level 2 surgical unit at the Leicester General Hospital

3.2 ECMO = Extracorporeal Membrane Oxygenation. A form of specialist life support providing respiratory and/or cardiac support delivered on a critical care unit

3.3 PICU = Paediatric Intensive Care Unit

3.4 SARF = Severe Acute Respiratory Failure

3.5 MDT = multidisciplinary team (critical care)

3.6 ME = Medical Examiner

3.7 y = years

4 ROLES – WHO DOES WHAT

4.1 Patient rights and requirements

- Where young people under the age of 18 years are cared for on AICU they are covered by the Local Children's Safeguarding Board and UHL Safeguarding procedures.
- An individualised care plan tailored to the specific needs of the child or young person must be developed and reviewed daily by the adult intensive care team. All patients on AICU must be reviewed twice daily by an AICU consultant

- In addition to the standard documentation, the supplementary questions as identified in Appendix A (p15) “Checklist for 16-18y old inpatients on adult wards” should be completed.
- All children and young people < 18y staying in AICU over 5 days must have their care needs reviewed by a PICU Matron or Children’s Hospital Matron on a weekly basis.
- Where consent is required to undertake a procedure, the Children’s section of the UHL consent policy must be followed. Appropriate consent forms must be available in all UHL AICU
- Children and young people <18y must have access to Specialist Play Staff and Hospital School teaching staff who can provide support and guidance during their hospital stay from the day of admission to hospital
- Children and young people <18y must be cared for in a suitable environment to protect them from harm, which includes ensuring there is good supervision and access to specialist staff to ensure their treatment can be delivered
- Children and young people <18y that are cared for in AICU will be able to have extended visiting times to enable their parents / guardian to visit. Visiting will depend on the clinical situation but should be available between 8am and 10pm daily
- Visiting may need to be restricted due to specific infection control measures, for example due to Covid19 infection. An individualised plan taking into consideration any infection protection considerations plus clinical condition for visiting must be made in each case and agreed between senior clinicians and nursing staff, the child or young person <18y (if appropriate) and their parents or guardians. This visiting plan should be reviewed regularly throughout their AICU stay, at least weekly.
- Taking into consideration specialist input needed, the care of patients <18y old should be co-located with Children’s services if possible. If patient care needs to be at the Glenfield AICU or Leicester General Hospital HDU (examples include those requiring ECMO support, renal replacement therapy and cardiothoracic surgical intervention) this policy should be followed ensuring the same input from PICU and other services (such as hospital school) if applicable.
- Appropriate accommodation arrangements must be made for the child or young person’s parents or guardians to stay close enough to enable visiting (such as on hospital grounds)
- The provision of appropriate care for children and young people <18y will be overseen by the adult intensive care consultant on call, alongside the nurse in charge, who can contact the on call PICU consultant and/or PICU Matron or Children’s Hospital Matron for additional advice / guidance as and when required.
- All children under 16y will in addition have a named PICU consultant and PICU matron involved in their care. They should have a face to face review at least weekly by a PICU consultant and PICU matron. This includes any patients <16y cared for at the Glenfield and Leicester General high dependency units.

- Any complaints or concerns raised by the child, young person <18y or their family will be overseen jointly between the clinical area and the Children's Hospital Matron and Head of Nursing for the Clinical Area
- Where a child or young person <18y requires the administration of medicines, the Leicestershire Medicines code section 13 should be followed

4.2 Workforce and resource requirements

- Young people <18y that are cared for on adult wards should have access to specialist staff and resources at all times, which will be via the Children's Hospital Bleepholder
- This includes access to education resources to enable them to continue their studies whilst in hospital if appropriate. This is likely to be a rare occurrence as usually patients will have been stepped down to the wards at the time they are well enough to continue their studies. Examples may include an awake patient that is undergoing prolonged tracheostomy wean or a patient undergoing renal replacement therapy or plasma exchange with no other organ support. This should be discussed with the PICU matron or Children's hospital Matron of the day.
- Equipment needed to meet their care needs should be age appropriate
- 'Checklist for 16-18yr Old Inpatients on Adult Wards' (Appendix A, p15) should be used to assess the clinical environment and risk assessed as required
- A list of all hospital inpatients aged 16-18y cared for on adult wards is available on nerve centre daily. It is the responsibility of the admitting team to inform the Children's Hospital Matron of admissions of those under 16y to AICU at admission.
- Nomination of adult intensive care link nurses and consultant lead(s) on each site to support staff in caring for this patient cohort including how to signpost staff, patients and their families to further information and support

4.3 Requirements for the Children's Hospital Matron of the Day or PICU Matron

- The Children's Hospital Matron of the day is required to have oversight of all young people <18y cared for on AICU. They undertake a face to face review of all children and young people <18y who have been in hospital over 5 days, including a review of their care plans and any associated welfare issues along with paediatricians
- Ensure that a play specialist and educational services are informed of the young person's admission on the next working day
- Maintain records of the number of young people between 16-18y who are cared for on adult wards. An updated list is available on nervecentre daily.
- To be an advocate and point of contact throughout the entire stay for children and young people <18y.

4.4 Requirements for the Adult Clinical Area

The Adult clinical area where the child or young person <18y is being care for are responsible for:

- Providing a safe environment where the young person's parents / guardian are able to visit between the times agreed in the individualised visiting plans
- Ensuring that an individualised risk assessment and individualised care plan are in place and adhered to. Complete the "Checklist for 16-18y old inpatients on adult wards" (Appendix A, p15) and file in the patients note. If the child is under the age of 16yrs, ensure the PICU Matron / Children's Matron of the Day / Bleepholder is informed of the admission (Nerve Centre does not capture under 16 yrs)
- Ensuring that the UHL age appropriate policies are followed
- Consideration should be given to nursing the child or young person <18y in a side room on AICU if possible
- All pertinent documents listed in this guildeline must be available in Adult clinical areas
- For children aged <16y some AICU protocol pathways will need to be modified. For example all radiological investigations (including CXR) must be ordered by the medical team

4.5 When a Child Dies on ICU (or is expected to die)

There are a number of additional statutory processes to be aware of when a child (under 18y) dies in England. The Child Death and CDOP Process (0-18 years) aims to guide staff through the process. The key points are as follows:-.

- A Joint Agency Response is a coordinated response from Police, Social Care & Health following the death of a child (anyone under 18y).
- The death of a young person under 18y occurring in any of the following circumstances meets the statutory criteria for the Joint Agency Response:
    1. Death may be due to external causes
    2. Death occurring in suspicious circumstances
    3. Death of a young person <18y whilst detained under the Mental Health Act or in Custody
    4. Death is sudden and medically unexplained (SUDIC) – not anticipated 24 hours previously & for which no medical explanation is available
    5. Collapse with a poor prognosis from any of the above causes also meets the criteria, and the Joint Agency Response should be initiated at the point of collapse.
- In such circumstances the Police should be contacted to initiate the Joint Agency Response, acting on behalf of the Coroner, and appropriate UHL Guidance followed to ensure a joint history and examination are carried out.

- Details on how to do this are found in: R Rowlands. Child Death and CDOP Process (0-18 years) UHL Childrens Hospital Guideline September 2021 V 1. Trust Ref: D3/2021

Notification of the death

- It is a statutory requirement to notify the Child Death Review partners of the death of anyone under 18 years within 24 hours of the death occurring / as soon as reasonably practicable.
- This notification is completed electronically via the online notification form at *https://www.ecdop.co.uk/LLR/live/login* (click the green button to launch the form). This enables the local Child Death Review team to convene a multiagency Joint Agency Response Meeting, and to notify other services of the death of the child.
- If you are unsure of the guidance, or for further advice, please contact the ME for further advice, in hours on 07815028098 and out of hours (including weekends) via the duty manager.

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS –WHAT TO DO AND HOW TO DO IT

5.5 Additional information, resources and key contact information

1. List of important contacts
   - PICU consultant on call *via switchboard or medirota*
   - PICU matron on call *via switchboard*
   - Children's Hospital Matron *via switchboard*
   - Children's Hospital Bleepholder *via switchboard*
   - Children's Hospital Manager on Call *via switchboard*
   - ECMO director *via switchboard or ECMO call handling number 03003003200*
   - ECMO coordinator *via switchboard or ECMO call handling number 03003003200*
   - Chaplaincy services - 01509 564128 or email: chaplaincy@uhl-tr.nhs.uk
   - Safeguarding Children's team *ext 15770* or email: safeguardingchildren@uhl-tr.nhs.uk
   - Safeguarding Adult's team *ext 17703* or email: adultsafeguarding@uhl-tr.nhs.uk
   - Hospital school – *ext 15330*
   - Rainbows Children's Hospice www.rainbows.co.uk. Katie Brant - Clinical Nurse Specialist in Paediatric Palliative Care 07581004326 katie.brant@uhl-tr.nhs.uk
   - Bereavement support for children and young people including children with SEND – Winston's Wishes www.winstonswish.org
2. Checklist for 16-18y old inpatients on adult wards form - Appendix A (p15)

3. Relevant sections of the UHL Consent to Examination or Treatment UHL Policy A16/2002 accessed via INSITE http://insitetogether.xuhl-tr.nhs.uk/pag/pagdocuments/Consent%20to%20Examination%20or%20Treatment%20UHL%20Policy.pdf
    - 5.21: Young people aged 16-17years
    - 5.22 Children – under 16 years
    - 5.23 The requirement of voluntariness – Children and young people
    - 5.24 Child or young person with capacity refusing treatment
    - 5.25 Child lacking capacity
    - 5.26 Parental responsibility
4. Leicestershire Medicines code section 13 accessed via INSITE http://insitetogether.xuhl-tr.nhs.uk/pag/pagdocuments/Prescribing%20and%20Administration%20of%20Medicines%20in%20Children%20LMC%20chapter%2013.pdf
5. Paediatric death documentation accessed via INSITE http://insitetogether.xuhl-tr.nhs.uk/pag/pagdocuments/Child%20Death%20and%20%20CDOP%20Process%20(0-18%20years)%20UHL%20Childrens%20Hospital%20Guideline.pdf
6. ICU Steps including information for children (if appropriate for younger siblings of these patients) www.icusteps.org www.icusteps.org/information/for-children
7. Midlands Multi-Network Guidance Treatment of critically unwell children outside of a Paediatric Critical Care unit. Consensus document from West Midlands Paediatric Critical Care Network, Midlands critical care and trauma networks, East Midlands Paediatric critical care ODN, NHS Critical care network East midlands, Kids NTS and Comet. November 2022 (Appendix B, p16)
8. The Children and Young People's (CYP) Mental Health Triage & Navigation Service for LLR (Leicester, Leicestershire, and Rutland). The website was developed with input from young people likely to use the site and can be accessed at www.myselfreferral-llr.nhs.uk to help under 18s, their parents or carers find the right mental health information and support, including the option to complete a self-referral. Note this website may not be accessible using a UHL computer / VPN.
9. Support for staff
    - AMICA Staff Counselling and Psychological Support Services
      This service is available to offer support for your mental wellbeing 24/7.
      Call: 0116 254 4388
      or visit: http://www.amica-counselling.uk/
    - Chaplaincy Listening Ear

      Our non-religious and religious chaplains are available to all staff

      Call: 01509 564128 or email: chaplaincy@uhl-tr.nhs.uk
    - IAPT (Improving access to psychological services)

      For trauma counselling and access to medical psychology services.
      Accessed online at www.vitahealthgroup.co.uk/nhs-services/nhs-mental-health/leicester-leicestershire-rutland/ or by phoning **0330 094 5595**

6 EDUCATION AND TRAINING REQUIREMENTS

6.1 Identification of a core group of link adult intensive care nurses from each of the level 2 and 3 units across UHL – initially 2 from LGH, 4 from LRI & GH to provide support and cascade training to any healthcare staff caring for patients <18y on Adult Intensive Care Units

6.2 Nomination of an Adult ICU consultant lead (or leads) at each site (LRI and Glenfield)

6.3 Provsion of study days for link nurses and/or consultant leads with support from PICU nurse educators and critical care AHPs as appopriate. Aim would be to provide these link nurses and consultant leads with the knowledge and resources to help the whole critical care MDT manage these patients and provide the best care for patients < 18y

6.4 Defined area in each critical care unit for this policy and all relevant paediatric documenatation – to be maintained by link nurses. Will also include all paediatric consent forms and printouts of documents from section 5.5 (documents 4-8)

7 PROCESS FOR MONITORING COMPLIANCE

7.1 A quarterly report will be presented by the Head of Nursing for the Children's Hospital to the UHL Safeguarding Committee which provides data on admission numbers of patients aged <18y to AICU together with evidence of assurance that this policy is being followed.

8 EQUALITY IMPACT ASSESSMENT

8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

References

1. Wood D, Goodwin S, Pappachan J et al. Characteristics of adolescents requiring intensive care in the United Kingdom: A retrospective cohort study. JICS 2018. 19(3)209-213. Doi:10.1177/1751143717746047
2. Clayton M, Duke A. UHL Management of Young People between 16 – 18 cared for on adult inpatient wards Standard Operating Procedure. PAPER F – SAC 23-10-19. Issue date 10/09/19. Trust Ref: B37/2016
3. Wilmot A. UHL Transitional Care Policy for teenage and young persons. V2. Issue date 21/08/20. Trust Ref: B37/2016
4. R Rowlands. Child Death and CDOP Process (0-18 years) UHL Childrens Hospital Guideline September 2021 V 1. Trust Ref: D3/2021
5. Midlands Multi-Network Guidance Treatment of critically unwell children outside of a Paediatric Critical Care unit. Consensus document from West Midlands Paediatric Critical Care Network, Midlands critical care and trauma networks,

East Midlands Paediatric critical care ODN, NHS Critical care network East midlands, Kids NTS and Comet. November 2022. Appendix B (p16)

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

Review details must be described in the Policy and must give details of timescale and who will be responsible for review and updating of the document.

The updated version of the Policy will then be uploaded and available through INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system

POLICY MONITORING TABLE

What key element(s) need(s) monitoring as per local approved policy or guidance?	Who will lead on this aspect of monitoring? Name the lead and what is the role of other professional groups	What tool will be used to monitor/check/ observe/asses/ inspect Authenticate that everything is working according to this key element from the approved policy?	How often is the need to monitor each element? How often is the need complete a report ? How often is the need to share the report?	How will each report be interrogated to identify the required actions and how thoroughly should this be documented in e.g. meeting minutes.
Nomination of AICU link nurses at LRI and GH	Anthea Brookes-Elbaz	List of names	Once – updated if there are any changes to the list	Written feedback to ICU matrons
Record of link nurse meetings and educational activity	Anthea Brookes-Elbaz	Record of meetings and study days	Annually	Written and/or verbal feedback to ICU matrons and at ICU Band 7 meetings
Paediatric documentation drawer at each site	Anthea Brookes-Elbaz + nominated deputy at LRI	Check documentation is available	Annually	Written and/or verbal feedback to ICU matrons and ICU band 7 meetings
Nomination of Adult ICU consultant lead at LRI and GH	Caroline Sampson	List of names:- Dr Caroline Sampson (Glenfield) Dr Zoe Whitman (LRI)	Once – updated if there are changes to nominated leads	ICU Core group
Audit on all <18y admitted to ICU	Caroline Sampson	For 16-18y will include:- - Whether nursed in (or offered) side room - Completed “Checklist for 16-18y old inpatients on adult wards” form (Appendix A p15) - Access to extended visiting hours for parent(s) - Care needs	Annually	Written report to ICU clinical leads consultant and matron at each site Written reports to PICU clinical lead and PICU matrons Verbal reports to ICU core group and Children’s board as necessary

		assessed by PICU matron/children's hospital matron after 5/7 and on a weekly basis For <16y in addition will include:- - Named PICU consultant and matron - At least weekly face to face review from PICU consultant and matron		

Appendix A

Checklist for 16-18yr Old Inpatients on Adult Wards

S Number of patient:

Matron / Childrens Hospital Bleepholder completing call:

Date:

1. Care plan for the Young Person is tailored to their specific needs and is reviewed daily by the adult team ☐
2. Provision of Medical care is overseen by a named adult consultant: ☐

   Name of Consultant ……..
3. Provision of Nursing care is overseen by a named adult nurse within the ward environment: ☐

   Name of Nurse ……..
4. Where consent is required for procedures, the UHL Consent policy for children is being followed (Section for Children and Young People is found in the UHL Consent policy found on Insite) ☐
5. Access to Play staff or Education staff and how to make contact with the team (Contact via Ext 7549) ☐

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6. Nursed in an environment suitable to protect them from harm:

a.	Nursed in a side room where possible	☐
b.	Access to Wi-Fi / Television / Suitable age appropriate activities	☐
c.	Parents / Carer eligible to be resident with young person	☐
d.	Clear understanding of who can escort the Young person from the ward	☐
e.	Extended visiting times are available and young person and family aware	☐
f.	Has been orientated and shown around ward environment	☐
g.	Has separate toileting facilities where able	☐
h.	Has access to snacks. drinks in between meal service where care appropriate	☐

7. Awareness of the Childrens Hospital Bleepholder for access to 24/7 advice if required (contact via Bleep 5256) ☐

9. Awareness of how to contact the Childrens Hospital Matrons in the interim of the Young Person's reviews form Childrens Services (contact via Ext 6695/Bleep 5256) ☐

10. Local risk assessments have been undertaken where required in relation to nursing the Young Person in an adult environment and how to mitigate any risks in order to safeguard the young person, such as where prisoners are in the ward area / inpatients where there are other high risk safeguarding concerns to others) ☐

11. Childrens Hospital Team Pain Team (contact via bleep 4101) ☐

12. Childrens Hospital School (contact via ext 5330) ☐

13. Paediatric Discharge support / planning advice if referral to other agencies are required
(Diana contact via 0116 295 5080) ☐

Appendix B

Midlands Multi-Network Standard Operating Procedure: Treatment of critically unwell children outside of a Paediatric Critical Care unit

Midlands Multi-Network Standard Operating Procedure: Treatment of critically unwell children outside of a Paediatric Critical Care unit

Published November 2022

STANDARD OPERATING PROCEDURE		
	DOCUMENT TITLE:	**Midlands Multi-Network Standard Operating Procedure: Treatment of critically unwell children outside of a Paediatric Critical Care unit**
	Name of Originator/Author /Designation & Specialty:	Original Authors: Dr Rajvinder Uppal – Intensive Care Consultant Dr David Stanley - CSL, Critical Care – Russell's Hall Hospital, Dudley Group NHS Foundation Trust Amended by West Midlands Paediatric Critical Care Network (part of the West Midlands Children's Network) • Natalie Read: Lead Nurse (Paediatric Critical Care & Surgery in Children) West Midlands Children's Network • Dr Sarah Griffiths: Consultant Paediatrician & PCC Clinical Lead, West Midlands Children's Network Reviewed for multi-network publication by: West Midlands Paediatric Critical Care Network West Midlands Adult Critical Care Network East Midlands Adult Critical Care Network East Midlands Paediatric Critical Care Network
	Application	Any area where children receive critical care intervention/stabilisation in a clinical area not usually designated for paediatric critical care
	Statement of Intent:	To provide guidance on the management of critically unwell children outside of a Paediatric Critical Care unit (particularly where transfer to a Paediatric Critical Care unit is not available in the usual timeframe) The SOP ensures Trusts are compliant with associated national standards of care: Care of the Critically Ill Child in an Adult Critical Care Unit - ICS Standards
	Target Audience:	All Midlands Trusts with Emergency Departments that see paediatric patients
	Review Date:	July 2023
	The electronic version of this document is the definitive version	

Midlands Multi-Network Standard Operating Procedure:

Treatment of critically unwell children outside of a Paediatric Critical Care unit

1 STANDARD OPERATING PROCEDURE SUMMARY

This document outlines the procedure for the rare occasions when a decision is being made or has been made to admit a paediatric patient (aged less than 16 years) to a Critical Care unit which is primarily used to provide Adult Critical Care interventions.

This document is based guidance originally formulated by a group representing Critical Care & Paediatrics from Russell's Hall Hospital and staff from the Paediatric Critical Care Unit (PCCU) at Birmingham Children's Hospital & KIDS transport team.

The document aligns to the Paediatric Critical Care Society (PCCS) Standards. The recommendations of this procedure aim to provide best available care for paediatric patients, considering the constraints on service provision at the time.

Individual units should ensure they have a formalised SOP in place for treatment of paediatric patients in an adult setting; this document can be used to guide development of local SOPs which should incorporate locally specific procedural information.

The decision to admit a paediatric patient to an Adult Critical Care Unit is not a decision made lightly and would only be discussed when **all** local trust escalation processes have been put in place and all alternative pathways within paediatric networks for Paediatric Critical Care provision have been explored.

This is in line with the principles of mutual aid in areas with shared skill sets to provide Critical Care interventions, for adults and children.

Any incidences where the admission of a paediatric patient occurs or is discussed should be recorded using local trust governance reporting processes.

Consideration should be made to transfer paediatric patients to an Adult Critical Care Unit, where co-location of paediatric services are provided, to reduce risk and ensure that physical clinical reviews of these patients are undertaken by Paediatric Critical Care teams whilst the paediatric patient is admitted to the Adult Critical Care Unit.

2 STANDARD OPERATING PROCEDURE DETAIL

2.1 Critical Care Referral

Care of the Critically Ill Child in an Adult Critical Care Unit - ICS Standards

There may be circumstances where critically ill and injured children may not be able to be transferred to a PCCU for their ongoing care. Different systems exist in different trusts regarding support of the paediatric team with these children, e.g., from intensivists or anaesthetists. This document is to support the decision making in line with national standards

of care (i.e., Paediatric Critical Care Society standards)

The situation in which a child may need to be admitted to an Adult Critical Care Unit (ACCU) will be complex, with various factors needing to be taking into consideration, such as age, clinical state, wider demand etc. All hospitals must ensure collaborative, senior clinical decision making is enabled to determine the appropriate care location for paediatric patients in accordance with national standards.

As any of these dimensions change, the decision to admit, and to keep a paediatric patient on an ACCU can be revisited.

Should adult and paediatric services be overwhelmed with demand for access to critical care provision, a review of all cases in line with pandemic guidance for such situations. Links in further reading.

2.2 Critical Care Admission

The decision to transfer a child under 16 years to an ACCU must be made with the agreement of a Consultant Paediatrician. The Consultant Paediatrician must liaise with the Adult Critical Care Consultant and/or Emergency Department Senior Doctor and a Level 3 Paediatric Critical Care Consultant via the appropriate local paediatric transport teams referral process.

East Midlands - COMET Contact Number: 0300 300 0023 or 0116 295 3608

West Midlands Patients - KIDS Phone number: 0300 200 1100 KIDS website - West Midlands

Patients less than 16 years old will only be admitted to Adult Critical Care if:

- There are no beds available at nearby PCCUs
- Retrieval is going to be considerably delayed, and Adult Critical Care represents the most adequate environment in the specific situation.

During the Adult Critical Care stay, there must be continuous liaison between the ACCU Consultant or Senior Doctor, the transport team, Consultant Paediatrician and the Children's Department, so that the most appropriate plan of care and management can be carried out. If KIDS or COMET do not have capacity to transfer a 12years+ patient, then these teams may contact alternative transfer teams.

PCCS Guidance for when Resources are Constrained

The Consultant Paediatrician must keep themselves informed of the child's condition and plan of care by actively liaising with the Adult Critical Care team. Vice versa, the Adult Critical Care team must liaise with the Paediatric team to inform them of significant changes in condition or management plan. This bilateral conversation will be held at the most senior level possible in the acute situation.

The circumstances under which a child will be admitted to and stay on the Adult Intensive Care Unit are as follows;

When, on balance of risks, it is in the best interests of the patient, given their clinical state and trajectory, their age, and the relative demands on the wider local, regional, and national

paediatric intensive care bed stock, in context of the demands on the local AICU, to be admitted to AICU. As any of these dimension's change, the decision to admit, and to keep the patient on the ACCU can be revisited

Should the condition prove to require support beyond this point, during further review during this admission, further discussion should be sought.

During the ACCU stay, the ACCU Consultant or the Senior Doctor available, will liaise with the relevant transport team, Consultant Paediatrician and the Children's Department, so that the most appropriate plan of care and management can be carried out. A senior member of the paediatric team must regularly review the child, at least every 12 hours, during their stay on ACCU.

During the Adult Critical Care stay there will be a requirement for support from appropriately trained AHP's including Paediatric Physiotherapy and Pharmacy teams. The processes for contacting these teams should be as per local trust guidance.

PCCS Standards IP 506 - Quality Standard Transfer Guidelines - Responsibilities

Any Adult Critical Care unit that may have a child admitted to it, should have a suitably designed area for providing paediatric critical care interventions. If this is not possible then there should be appropriate paediatric equipment held in each critical care department. The child should be allocated the most appropriate bed space available. The Adult Critical Care unit paediatric trolley must be kept in that bed space for the duration of the admission.

Each Adult Critical Care Unit should have resources which would help and support the care of an under 16-year-old patient on their Adult Critical Care Unit. This can be in conjunction with the paediatric department within each individual trust. Any guidelines or protocols must be referenced via the local trust guidelines to ensure the most up to date versions are being used / followed.

PCCS Standards HW 401- Paediatric Equipment

Review of the child by paediatric medical staff must be regular. The need for a registered children's nurse to care for the child must be determined on an individual basis. For example, for an awake child admitted for observation the continuous presence of a registered children's nurse, in addition to an Adult Critical Care nurse, may be beneficial for care of the child. Conversely, for an intubated child where the skill set is more that of a critical care nurse it may be more appropriate to have intermittent input from a registered children's nurse. At a minimum this must be at least every 12 hours.

PCCS Standard IP 504 - Guidance & Advice

Parents must be given 24-hour access to visit their child.

PCCS Standards IP 101 - 102 - Parents and access to their child

2.3 Assurance

Admission of a child to an Adult Critical Care Unit produces risk. Admitting children to Critical Care is recognised as a risk and should be recorded as a risk on the Trust Risk Register Assurance should be given by regular audit of all such cases.

The Paediatric Critical Care Networks recommend that compliance with this SOP will be

audited on a yearly cycle, with a report submitted to East and West Midlands Paediatric Critical Care Networks as appropriate, to be held as regional oversight.

Positive feedback, complaints, morbidity, mortality, clinical incidents and 'near misses' should be managed in the usual way for Critical Care but will need multi-disciplinary involvement with Paediatrics +/- relevant transport teams.

3. DEFINITIONS/ABBREVIATIONS

ACCU; Adult Critical Care Unit

ACCOTS; Adult Critical Care Co-Ordination & Transport Service

AHP; Allied Health Professional

CC; Critical Care

COMET; Childrens Medical Emergency Transport - East Midlands

ED; Emergency Department

KIDS; Kids Intensive Care and Decision Support – West Midlands Transport

PCC; Paediatric Critical Care

PICU; Paediatric Intensive Care Unit

4. TRAINING/SUPPORT

All Critical Care staff, medical and nursing and anaesthetists, involved with the care of children, will have undertaken annual trust mandatory training in resuscitation as set out in their local trust Policy.

5. Additional Reading:

Montgomery J, Stokes-Lampard H, Griffiths M et al Assessing whether COVID-19 patients will benefit from critical care, and an objective approach to capacity challenges during a pandemic: An Intensive Care Society clinical guideline. Journal of the Intensive Care Society. 2021;22(3):204-210. doi:10.1177/1751143720948537

Christian MD, Devereaux AV, Dichter JR et al Task Force for Mass Critical Care; Task Force for Mass Critical Care. Introduction and executive summary: care of the critically ill and injured during pandemics and disasters: CHEST consensus statement. Chest. 2014 Oct;146(4 Suppl):8S-34S. doi: 10.1378/chest.14-0732. PMID: 25144202; PMCID: PMC7094437.

Pandemic flu planning information for England and the devolved administrations, including guidance for organisations and businesses: https://www.gov.uk/guidance/pandemic-flu#ethical-framework.

CHANGE HISTORY

Version	Date	Reason
1	May 2009	Guideline - new document
2	August 2014	Recommended at Policy Group in July 14 and ratified at CQSPE Committee in August 14.
3	December 2017	Routine review and amendments
1	February 2018	Guideline replaced by SOP as mitigation for the risk of admitting paediatric patients to Critical Care at RHH
2.0	April 2021	Scheduled revision
2.1	*November 2022*	*Reviewed and amended for regional use by Midlands Paediatric Critical Care Networks*