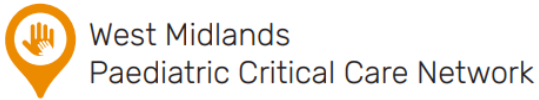


Midlands Critical Care & Trauma Networks 



**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
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	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;

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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.

Midlands Multi-Network SOP: Treatment of Children in Adult Critical Care Units

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:

Assessing whether COVID19 patients will benefit from critical care, and an objective approach to capacity challenges during a pandemic: An Intensive Care Society Guideline: <https://journals.sagepub.com/doi/10.1177/1751143720948537>

Care of the critically ill and injured during pandemics and disasters. CHEST Consensus Statement: [https://journal.chestnet.org/article/S0012-3692\(15\)51990-9/pdf](https://journal.chestnet.org/article/S0012-3692(15)51990-9/pdf)

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	<i>Reviewed and amended for regional use by Midlands Paediatric Critical Care Networks</i>