

Threshold Matrix for the Transfer of Paediatric Burn Centre (PICU) Cases

INTERIM - For review before June 30 2015

Scores	1	2	3
Age/weight ¹	Large	Medium	Small
Organ failures ²	None		>1
Expected duration of ventilation ³ for respiratory failure	None	< 24 hrs	24+ hrs
% Full thickness burn ^{4, 5}	Small	Medium	Large

¹ Small - <1yr / 10kg, Medium 1-6yr /10-25 kg, Large >6yr / >25kg.

² Respiratory failure counts as an organ failure. CVS failure is defined as the need for inotropes or vasoconstrictors. These are organ failures in addition to skin failure.

³Enables some overnight ventilation (e.g. post op)

⁴ Small <20%, Medium 20-40%, Large >40%

⁵ Can include non-burns skin loss cases (SJS/TENS etc)

Score child against each criterion and add scores (min score = 4, max = 12)		
Score	Outcome	
Up to 8	Stay	
Score ≥ 9 or if score increases by 2 or more in 12 hours	Discuss	
12 and any child with more than one organ failure	Move (Discuss if care is palliative)	

Scoring should be undertaken following initial resuscitation. The matrix will be recorded in the notes for each patient every 12 hours (at start of each shift)

Discussion:

- The discussion would take place on a daily basis between the intensive care consultants, KIDS and the duty burns surgeons on each unit if the score is <u>></u>9
- 2. The discussion would be managed through the KIDS conference facilities and would be consultant to consultant PIC led (NUMBER BELOW).
- 3. Discussion would happen at any stage during the day if the score increased
- 4. The discussion needs to be recorded in the notes for each patient who scores >9
- 5. The following points need to be documented:
 - a. Doctors involved in the discussion
 - b. reason for triggering discussion
 - c. whether there is a need for transfer
 - d. If no, on what grounds should this not happen
 - e. At what stage would there be a need to transfer
 - f. When the next discussion should take place

KIDS CONFERENCE LINE 0300 200 1100

(DOCUMENT CONTROL - VERSION 5.1 - 28-03-23)