South Thames Paediatric Network Critical Care Referral Pathway Guidance for 16 and 17-year olds

Aims & Introduction:

To provide practical guidance for managing critical care admissions of 16-17-year-old young people. Specifically, to aid teams to choose appropriately between paediatric and adult critical care as a destination.

Fundamentally, our operating principle is that the majority of paediatric specific conditions do not extend beyond teenage years and therefore there is no longer a requirement or benefit from caring for patients aged over 16 years within a Paediatric Critical Care Unit (PCCU). For young people aged over 16, the majority would have adult physiology and body size, no matter what the disease profile, and would be better served in an adult critical care unit (ACCU) rather than a PCCU.

Therefore, it is expected that the majority of adolescents aged 16 and over would have their care led by Adult services.

Patient-centered, clinically-focused decision making should govern the destination decision for young people on an individual basis. This guideline **should not replace clinical judgement** and individual System and Trust application of this guidance will apply.

A delay in decision may lead to harm and in the event of a lack of consensus, an early consultant discussion or conference call should be convened to include the referring clinician and relevant attending PCCU/South Thames Retrieval Service (STRS) and ACCU consultants.

Guidance Summary Table

Overarching principle of care for young people aged 16 to 17-years old:

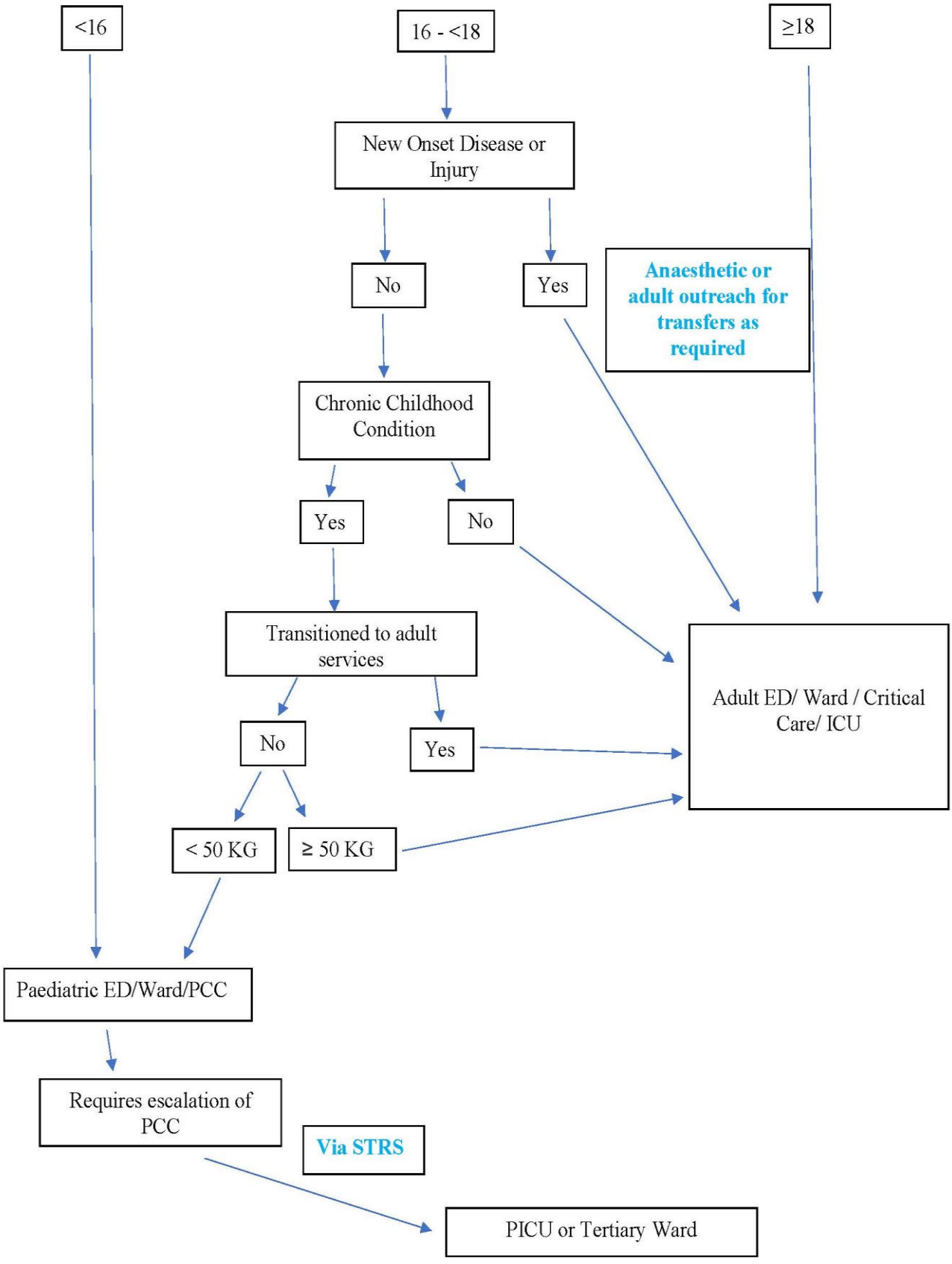
- Young people receive the high-quality care that is integrated and coordinated.
- Care should be provided in an appropriate location and in an environment that is safe and suited to the age and development of the young person.
- Young people and their families should be treated with respect, as active partners in decisions about their care, and can exercise choice when possible.
- Safeguarding principles for children and young people are applicable up to age 18 years.

Age	Details	Recommended ICU	Transport Team (if required)
<16 yrs	Any weight or disease	PCCU*	STRS
16-17yrs	Chronic condition, **incomplete transition** to adult services <50kg	PCCU	STRS
16-17yrs	Chronic condition, **incomplete transition** to adult services ≥50kg	ACCU	Outreach / Anaesthetic
>16yrs	Chronic condition & **transition complete** / near complete.	ACCU	Outreach / Anaesthetic
>16yrs	New disease or injury	ACCU**	Outreach / Anaesthetic

*There may be rare occasions where under 16-year old patients would be more appropriately looked after on an ACCU. For example, young people who are pregnant, or in cases of gunshot or stab wounds. Surge or winter pressures may, in addition, lower appropriate age thresholds for consideration of ACCU admission.
**There may be rare cases where over 18-year old patients would be more appropriately looked after on a PCCU.

- **STRS** (South Thames Retrieval Service for Children)
  www.STRS.nhs.uk 0207 178 5000
- **ACCESS** (London Adult Critical Care Transfer Service)
  https://access-london.org/ 0330 330 4357
- **SPRINT** Adult Critical Care Transfer Service (Kent, Sussex)
  www.Sprint.org.uk 020 8126 5725

Decision Tree



Examples of 16-17 year ACCU Admission:

- Adult pathophysiology e.g. stabbing, polytrauma; intracranial haemorrhage; cardiac arrest or cardiac arrhythmias or cardiogenic shock.
- Alcohol or substance overdose.
- Pregnant, or pregnancy related conditions.
- New diagnosis of adolescent mental health problems requiring intensive care
- Emergency OR urgent surgery. Paediatric surgeons often involve their adult colleagues for these patients, and they may help with their care in ACCU.
    - emergency = life, organ or limb at immediate risk unless operated on
    - urgent = where a delay in surgery is likely to result in a significant negative physiological impact on the patient.
- New diagnosis oncology with sepsis or cardiac problems; for example, pericardial effusion may be more effectively managed via ACCU.
- New diagnosis of Diabetic Ketoacidosis.
- Young people who request care in an adult environment

Examples of 16-17 year PCCU Admission:

- Developmental delay; chronic disease, known to the paediatric team and their transition plan has not sufficiently progressed. There may be situations where their admission to the ACCU may still be justified from the physiological point of view. This need to be discussed by the relevant teams.
- Known to CAMHS, known to have Child Protection Plan. Looked After Child may be admitted to PCCU if physiologically appropriate.
- Suspected new Oncology diagnosis – if physiologically appropriate.

Managing patient and family expectations:

- Adult ICU environments are less family friendly. Patients / their families should be counselled about the age and physiological reason for their admission to ACCU and what to expect during their intensive care stay. (CQC: From the pond into the sea - Children's transition to adult health services; 2014).
- If requested and appropriate, a parent/carer staying with the patient 24/7 should be accommodated.
- If possible, young people should be admitted to side rooms on adult units.

Lines of communication - medical and nursing:

- All requests should be escalated to consultant level discussions early.
- Destination discussions should not be allowed to delay clinical management and patient-centered care.
- Nursing shift leaders for both services should consider and agree on placement of these young persons in ACCU/ PCCU. Nursing matrons will subsequently liaise to ensure best care for these patients.
- Which teams are responsible for what elements of care should be agreed and clearly documented in the patient's medical record.
- Emergency contact information for clinical colleagues should be clearly established

- A collaborative, patient focused care plan is paramount at all times and may draw on expertise, as required, from adult and children's services, including STRS, in order to best meet the needs of the patient.

Important Considerations:

There should be a **clear agreement** for escalation of care on admission of **all patients** and this guideline should be used both on admission and at any point whilst an inpatient.

Transition:

For young people with complex needs it is desirable that transition plans are made in advance, involving paediatric and adult services, anticipating the need for critical care.

Incomplete transition to adult services should be included in consideration of PCCU vs ACCU decisions, though should not be considered an absolute barrier to ACCU admission.

Legal Aspects:

- The Children's Act (2004) is applied to everyone under 18 years of age.
- The Mental Health Act is applicable to all ages.
- The Mental Capacity Act is applicable from 16 years of age (apart from 2 exceptions. unrelated to health). There are also three exceptions where it is only applicable to those over 18 years of age.
- The Statutory framework of the Deprivation of Liberty Safeguards (DoLS) does not apply to those under 18 years of age. For those under 18, a legal framework must be placed around the arrangement in order to ensure that the deprivation of liberty is lawful.
- Liberty Protection Safeguards, once adopted, would be applicable from age 16 years.

Safeguarding Young People:

Safeguarding should always be considered for all patients. Local safeguarding procedures must always be followed.

- Any safeguarding children concerns should be notified to the Safeguarding Children's Team as per Trust policy and guidelines.
- Paediatric services (PCCU, General Paediatric Consultants and Nursing Teams) must provide full collaborative support for the safeguarding of the young person, when required.

Mutual Aid Principles:

- Young people in ACCU should be readily reviewed and / or discussed by general or specialist paediatric services including STRS, as appropriate, if required / requested.

Death of a Young Person

- In the event of the death of a young person (under 18 years) in ACCU, appropriate consideration should be given to a PCCU or Paediatric consultant to provide support to the

ACCU team with the Child death notification and child death review process in line with the Child Death Review Statutory and Operational Guidance (2018) (England).

Background Detail:

This guideline is to recommend where these patients should be cared for to maintain patient safety, provide patients with the most appropriately skilled professionals and to make sure there is an appropriate pathway for escalation of critical care treatment if required. It is essential that on attendance to all areas within an acute trust there is an agreed clear pathway for escalation.

- The Adult Critical Care service specification includes 16 to 17-year olds in the population covered.
- The Paediatric Critical Care service specification states that "PCC services shall be available to all critically ill children...until their 16th birthday".
- The National Service Framework for Children asserts that the age range for inclusion within Paediatric care is 0-17 years.

Both the adult and paediatric critical care service specifications make the allowance that certain young people between 16-17 years will benefit from being in a PCCU rather than an ACCU. This may include:

- Young people with complex medical needs who have not yet been transitioned.
- Young people who are underweight for their age.
- Young people who are neuro-developmentally and/or emotionally under-age.

Relevant Standards, Literature and Commissioning excerpts:

NHSE Level-3 Paediatric Critical Care Service Provision : "Children up to the age of 16 are normally cared for in a Paediatric Critical Care environment, although the National Service Framework for Children (section 1.2 for link) states the age range for inclusion within paediatric care is 0-17 years (up to but not including the 18th birthday). PCC services shall be available to all critically ill children from the point of discharge from maternity or a neonatal unit until their 16th birthday.

In addition, on rare occasions a PCC unit may be deemed to be the most clinically appropriate place to provide critical care to young adults between the ages of 16-24 years (up to but not including the 24th birthday) – for instance as part of a long-term pathway of care managed by a paediatric team or because of their stage of physical or emotional development. Young people who have not completed transition to adult services will usually be cared for in a PICU unless they, or their carers, express a different preference."

Paediatric Critical Care Society (PCCS) Quality Standards for the Care of Critically Ill or Injured Children (6th Edition October 2021): "The term 'child 'refers to an infant, child or young person aged 0 to 17 years. Young people aged 16 to 17 may be cared for in adult facilities for specific reasons."

References and links

1. Adult Critical Care Service Specification: https://www.england.nhs.uk/publication/adult-critical-care-services/
2. Paediatric Critical Care Service Specification: https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-e/e07/
3. The National Service Framework for Children 2003. https://www.gov.uk/government/publications/national-service-framework-children-young-people-and-maternity-services
4. PCCS guidance for Paediatric to Adult Critical Care Transition 2022: https://pccsociety.uk/paediatric-to-adult-transition-guidance/
5. CQC :From the pond into the sea Children's transition to adult health services; 2014. https://www.cqc.org.uk/sites/default/files/CQC_Transition Report.pdf
6. South Thames Paediatric Network and South Thames Retrieval Service. SOP 1:13 STRS REFERRAL PROCESS FOR 16 TO 17 YEAR OLDS
7. North Thames Paediatric Network; Referral guidance for young people 16 to 17 years old requiring general critical care, V1 July 2023.
8. Policy setting out the operational principles covering the admission and on-going care of 16-17 year old patients to paediatric and adult critical care beds at St George's Hospital. SGH, May 2023.
9. 2018 Child Death Review Statutory and Operational Guidance (2018) (England). https://www.gov.uk/government/publications/child-death-review-statutory-and-operational-guidance-england
10. Children's Act (2004). https://www.legislation.gov.uk/ukpga/2004/31/contents
11. Working Together to Safeguard Children. Statutory framework: legislation relevant to safeguarding and promoting the welfare of children. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942455/Working_together_to_safeguard_children_Statutory_framework_legislation_relevant_to_safeguarding_and_promoting_the_welfare_of_children.pdf

Appendix 1 - Consulted Stakeholders

Consultee	Role & Organisation
Members	London PIC Forum
Paul Randall	Adult ICU network.
Nicole Elkins	SW Sector Adult ICU Lead
Angela Aboagye	SE Sector Adult ICU Lead
Members	Kent Surrey and Sussex Adult Critical Care Network
Members	South West London Adult Critical Care Network
Named PCC leads	All Acute Hospitals within STPN

Document Conception	
Document type	Guideline
Document name	PCC Critical care referral pathway guidance for 16 & 17-year olds
Document location	STPN website: Critical Care guidelines
Document target audience	Acute PCC providers
Document target patient group	Those requiring Critical Care Escalation
Summary	Guidance for the most appropriate location for patients requiring critical care to provide clarity, support professional conversations, reduce potential delays in decision making and to support centres with providing the most appropriate care
Reason for development	Standardise pathway for this age group
Version	2
Effective from	September 2023
Review date	September 2024
Owner	Sarah Levitt
Authors	STPN PCC Clinical and Nursing Leads
Consultation provided by	London PIC Forum, ACC Networks KSS & London (SE&SW)
Approved by and date	06-09-2023
Related documents	Equality impact assessment
Document Benefits	
Key Improvements / Benefits	Reduce potential delays in providing appropriate Critical Care Reduce potential flow issues Improve/support communication between inpatient and Critical Care teams Reduce potential clinical time lost to securing appropriate bed
Implementation / Recommendations: Next Steps	
Step 1	Upload to website
Step 2	Implementation

Change History	
Date	**Change details, since approval**
31/10/2023	Legal aspects section amended & Introduction updated