





# ScotSTAR/Critical Care Adolescent Patient Pathway: Surge planning

#### Background and scope:

During periods of peak activity when Paediatric Intensive Care is operating at, or near, maximum bed occupancy it may be appropriate for adolescent patients requiring critical care to be looked after in Adult Intensive Care Units at their base/referral hospital. The ScotSTAR service has a key role in coordinating the management and transfer of critically unwell adolescents across Scotland. This patient pathway has been designed to improve the safety and quality of the patient journey for those adolescents identified as suitable for, and agreed to admit to, an Adult ICU for any or all of their critical illness.

It is recognised that each hospital throughout Scotland may have a different local service set up and hence this guidance should be interpreted and implemented pragmatically within the remit of each referring unit and local hospital network.

### Suitable patients:

- Patients aged 13-16 years of age.
- Pathology not requiring significant acute input from paediatric tertiary specialist teams, including nationally/regionally agreed MDT management pathways which include paediatric surgical specialties.
- Adolescent specific pathologies e.g. alcohol and drug ingestion.
- Adolescents with a typical Covid Lung disease

### Pathway from presentation to adult ICU:

- Any patient aged 13-16 years either presenting to A+E, or deteriorating within a paediatric unit, out with RHC Glasgow or RHSC Edinburgh, and requiring intensive care support should be assessed, resuscitated and stabilised as per local practice.
- Referral to ScotSTAR should be made via the usual pathway (see contact numbers below).
- ScotSTAR will request appropriate PICU consultant staff to join the call and the local paediatric consultant should be included in the discussion.
- PICU bed availability, ScotSTAR availability and patient suitability will be discussed.
- Should an Adult ICU bed be required then Adult Intensive Care consultant should join the call and referral discussed and agreed.
- Case by case discussion regarding predicted length of admission and need for PICU bed once available.

# Intensive care: Clinical responsibility:

- Adult ICU staff will assume main clinical responsibility for the duration of the adolescent's admission to adult ICU but with support as required from ScotSTAR and PICU teams as well as a shared care approach with local paediatric teams (where available).

#### Once admitted to adult ICU:

- All adolescents looked after out with PICU will be recorded with ScotSTAR and made known to both PICU units.
- Daily phone call from ScotSTAR Clinician to adult ICU with purpose of:
  - Offering support, advice and access to relevant guidelines as required.
  - o Liaising with PICU consultant and local consultant Paediatrician as required.
  - Discussing patient progress, predicted discharge and the need for transfer to PICU if/when bed is available.
- All concerns, requests for PICU input/support or discussions regarding need for urgent transfer should be directed through ScotSTAR. This enables all calls to be appropriately recorded and allows for streamlined planning and prioritisation.







#### Step down or transfer from Adult ICU:

- Adolescent patients will leave Adult ICU either because they are fit for step down to ward level care or because transfer to PICU occurs once a bed is available.
- Patients eligible for step down to ward level care (as per standard Adult ICU criteria) should be discussed, accepted and discharged under the care of the local Paediatric team prior to leaving ICU, where available on site. This is to allow for paediatric medical assessment and/or appropriate safe guarding e.g. social work/CAMHS referral, even if hospital discharge is predicted to be imminent.
- For Adult Intensive Care Units without Paediatric services on site then case by case discussion with local adult services and regional paediatric service may be useful to support adolescent ICU step down.

## Trauma/surgical patients:

- Polytrauma patients requiring critical care should be managed within the national Trauma framework i.e. transfer to MTC wherever possible.
- For Polytrauma patients who would be eligible for MTC transfer but who cannot be moved due to absence of beds then base hospitals are encouraged to dial into the weekly trauma MDT (details below).
- Surgical patients being considered for on-going care in an Adult ICU should be accepted by local surgical teams.
- These patients should be stepped down from ICU under the most appropriate locally agreed specialty team.

#### Social issues:

 All paediatric patients admitted with drug or alcohol use or other safeguarding concerns should have a notification of concern form filled out and consideration given to Child Protection issues. Local/regional child protection guidance should be followed wherever necessary.

#### Allied Health Professionals:

- When cared for in adult ICU it is expected that the local AHPs will lead the daily care of any adolescent falling under the remit of this pathway.
- When transferring between ICU and PICU any significant active care plans from AHPs should be communicated between treating specialists to maintain consistency of care.
- Specialist PICU AHP advice can be accessed where required (see contact numbers below).

#### Audit and review of process:

- Data will be collected and audited for all patients <16 years old admitted to adult ICU to ensure safety of the pathway and to inform annual review between ScotSTAR, PICU and adult ICU networks.
- Cheryl Gillis (PICU consultant, RHC Glasgow) and Christina Harry (ScotSTAR lead Clinician) will act as points of contact for data and feedback.
- We anticipate that this pathway will facilitate opportunities for shared learning and education.

## Contact numbers:

- ScotSTAR **03333990222**
- PICU RHC Physiotherapist 0141 452 4730
- PICU RHC Dietician 0141 452 4731
- PICU RHC Pharmacist 0141 452 4728
- Trauma Coordinator RHC/access to Trauma MDT 07977030660 / rhcmajortrauma@ggc.scot.nhs.uk