



Management of Children and Young People aged 15-18 yrs in Adult Intensive Care Units.

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1. Why is there a need to look at young people being admitted to Adult Intensive Care Units?
2. Proposed UHL Standard Operating Procedure
3. How do we achieve this?
4. Personal and Patient Experience



In the last 5 years at Glenfield



15 Years old - COVID



16 Years old - Asthmatics, Sepsis, Aspiration Pneumonia and MIS-C



17 Years old - Asthmatics

Plus some young adults with learning difficulties

All patients required ECMO treatment!







The Young People's Questionnaire

1. If you were in hospital would you be ok on an Adult Ward? If not why ?
2. Would you want your mum with you or your dad or both ?
3. What would scare you the most about being really poorly in hospital ?
4. What would you like to wear if you were poorly and stuck in bed in hospital ?
5. Who would you want to visit you ?
6. If you were really ill and needed to be in Critical Care who would you want to look after you? Choose any or all of the following-
Nurses- Adult trained only, Doctors, Nurses- Children's trained only, parents, any others please specify.

17 young girls aged between 15-17 years
5 boys aged between 16-18yrs
4 girls aged between 16-18yrs

No prior admission to Critical Care
No underlying long term health conditions



The Results...

- 98.5% were happy to be cared for in an adult setting
 - 100% are happy for a parent to be there
- 78% worried about the unknown or not being discharged
 - 10% worried about infecting others
 - 12% concerned about being in pain
 - 100% would like to wear own clothes
- 100% stated close family and friends would like to visit
 - 2% would prefer children trained nurses
 - 98% said wouldn't mind all



Some Concerns from the Nurses

Is my NMC registration protected if I look after children?

Can I have Paediatric Life Support Training?

Do we have to look after them in a side room? If so, will we need 2 nurses per patient?

Will we have an extra training in how consent is obtained and parental responsibility?

Do I feel mentally prepared for this duty?

Can we have some education for dealing with emergencies?



The UHL Guideline to a Standard Operating Procedure



To outline the needs and requirements for children and young people being cared for on all UHL Adult Intensive Care Units (AICU).

- An average of 4600 admissions per year.
- Excluding elective surgical admissions, the proportion of adolescents treated in AICU increased with age.
- 90.3% of those aged 16-19 were treated in an AICU.



There are some exceptions...

1. They are receiving on-going care from paediatric teams such as EMCHC Congenital Cardiology or Cardiac Surgery Teams.
2. They need surgery and their specialist treatment cannot be provided by the adult service.

Exceptions for Under 16's

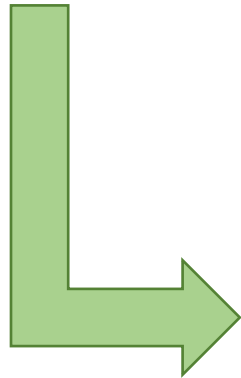
1. They weigh more than 50kg
2. In unprecedented times when regional PICU capacity has been utilised or on a temporary basis
3. The child is presenting with an 'adult pathology'
4. Trained specialists are available in AICU to treat the child rather than a high risk PICU transfer
5. If they are an emergency transfer to UHL for specialist treatment such as Severe Acute Respiratory Failure (SARF) pathway.
6. The child's parent or guardian have given full informed consent for care to be given on AICU



The Procedure

All planned or emergency admissions of those under the age of 18 to AICU must be discussed and agreed with:

- AICU Consultant on Call
- AICU Nurse in Charge
- AICU ECMO Consultant on Call



The Matron + Band 7

ECMO Director

PICU Matron,
Consultant + ECMO
Specialist

The policy applies to:

- **All patients under the age of 18 that are admitted as level 2 or 3 onto an adult unit within UHL and their families.**
- **All adult intensive care staff**
- **All paediatric intensive care staff**
- **Other members of the paediatric team that may be involved with the care of a teenage or young person on a level 2 or 3 unit.**



Roles – Who does what?

Young people are covered by the Local Children's Safeguarding Board

AICU Consultants:

Develop an individualised care plan and review it daily with the patient and other staff

PICU Matron:

All children must have their care needs reviewed by a PICU Matron on a weekly basis

Specialist Play Staff & Hospital School Teaching Staff:

All children must have access to these individuals during their stay

PICU Consultant:

All children under 16 should have a face to face review at least weekly with the PICU team



Requirements

- Access to specialist staff and resources from the Children Hospital Team: i.e. Education, Equipment, Entertainment and Qualified Staff.
- Maintain records of the number of young people between 16-18 who are cared for on Adult Wards.
- Provide a safe environment where the young person's parents or legal guardian are able to visit at agreed times.
- Facilitate a side-room when able/possible.
- All pertinent documents required for caring for young adults must be available in the Adult Ward.



When a Child Dies on ICU

The Child Death and CDOP Process aims to guide staff through the process.

There are a number of other additional statutory processes to be aware of when a child dies.

In some cases, a Joint Agency Response may be required.



Education and Training Requirements

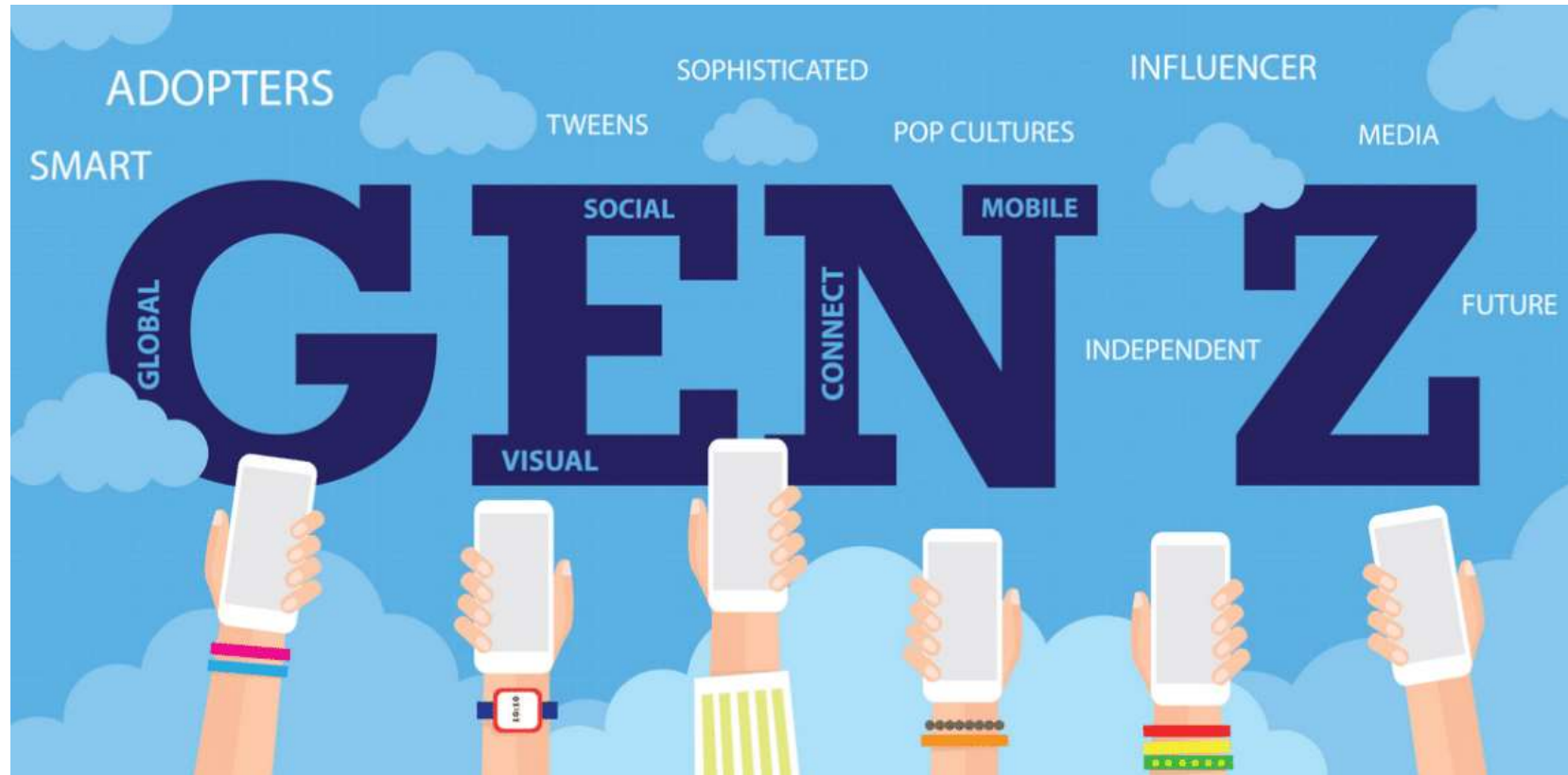
How do we run and achieve the procedure?

Cascade Training

Study Days with PICU Nurse Educators

AICU Consultant Nomination

Designated Areas for Guidance and Paediatric Documents





NSPCC

shout
85258

time to change
let's end mental health discrimination

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We're one team with shared values
providing the best care possible.

One team Shared values



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Thank you.