Management of the Acutely Sick Child Workshop

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Aims of the workshop

- To outline ‘High Dependency Care: Time to move on’
- To outline the HDU survey of London Trusts
- To provide an overview of the current acutely unwell child work
- To explore the support that commissioners need moving forward

High Dependency Care for Children

- Inequality of provision nationally
- Focus on the complete critical care pathway
- Safer provision outside of PICU
- Consistency in resources, staff training and bed capacity
- Clear classification of levels
  - Paediatric Critical Care Levels 1 & 2
- Measuring & monitoring activity across networks

High Dependency Care for Children: Time to move on: RCPCH (2014)

Paediatric Critical Care (PCC) : Levels 1

Basic Critical Care

- Provided in every hospital that admits children
- Common acute presentations
- Close observation, monitoring and intervention
- Upper airway pathology
- Acute asthma requiring intravenous bronchodilators
- CPAP / Nasal high flow (optiflow or equivalent)
- Management of unventilated child with tracheostomy
- Child recovering from status epilepticus
- Intravenous anticonvulsants to stop seizures
- DKA with intravenous insulin

Paediatric Critical Care (PCC) : Levels 2

Intermediate Critical Care

- More complex, less common, higher level activities
- Nasopharyngeal airway
- Acute non-invasive ventilation – BiPAP
- Long term ventilated children (by mask or tracheostomy)
- Status Epilepticus requiring continuous intravenous infusion
- DKA: difficult to correct (arterial line monitoring)

Setting Standards & Defining Quality

For all critical care units:

- Establishment of Operational Delivery Networks
- Agree designation of Level 1, 2 units with commissioners and host providers
- Develop service specifications
- Agree trigger points on local clinical care pathways for patient transfer between units
- Ensure required standards across all PCC are met
- Mandate patient data collection & quality dashboards

Workforce Training Requirements

For all critical care units:

Nursing & medical staff to meet:

- Relevant training competencies
- Update their knowledge & skills

Operational Delivery Networks (ODNs) must

- Ensure availability of educational & training opportunities in the network
- Appoint a nurse educator to support this work

Recognising and Managing Acutely Sick Child

London Region:

- Higher than average mortality rates (CYP)
- 3 fold variation across boroughs
- Avoidable factors in secondary care
  - Recognising, managing sick children
  - inadequate observations
  - failure to recognise complications
  - failure to follow national guidelines

London Health Commission Report : Better Health for London (2014)

London Region : High Dependency Survey

Results:

32 responses from all acute hospitals in London

20 Hospitals : have identified, HDU beds

- Number of beds 2-20 beds
- Annual patient bed days 96- 3108
- Average length of stay 2-5 days

- Data Collection done in: 15 hospitals
- Transfer HDU patients out: 11 hospitals

London Region : High Dependency Survey

- **Oxygenation support available**
  - High Flow Oxygen: 29 hospitals
  - Non-invasive nasal ventilation: 24 hospitals
  - Non invasive BiPAP: 15 hospitals
- **Training provision:**
  - 19 hospitals responded
  - Range of courses, university modules, training days & sessions

London Region : High Dependency Survey

Challenges

- Nursing Staff
- Bed Capacity & Space
- Transfers
- Equipment
- Funding
- Anaesthetic Support

Recognition & Management of the Acutely Sick

Training Project:

- Opportunities for funding London wide training programme
- Locally Delivered
- Expert Led
- MDT
- Specific staff groups
  - e.g. nursing, anaesthetics, paediatrics, consultants

Priorities for Development of HDU Management

Discussion Points

- Next steps and support required
- Local pathways of care
- Commissioner led designation of level 1 and 2 units
- Staff training provision
- Clinical governance
- Data collection