



Yorkshire & Humber Children & Young Person's Critical Care Transition Pathway

Produced in collaboration with

The Yorkshire and Humber Paediatric Critical Care ODN
The South Yorkshire & Bassetlaw Critical Care ODN
The West Yorkshire Critical Care ODN
The North Yorkshire and Humber Critical Care ODN

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Introduction

This pathway is designed to facilitate patient centred transition of children and young people to adult critical care services. It aims to ensure a smooth and informative handover from paediatric to adult critical care services for children and young people, their carers and professionals.

Transition planning for critical care should run in parallel with the whole transition process led by the patient's primary speciality team. This form should be completed jointly by the parent speciality and the critical care team. Some patients may not have encountered critical care as yet, but may be predicted to need it in the future.

Children and young people that require consideration for critical care transition will include those who are likely to require critical care once handed over to adult services and include those with:

1. Previous admissions to critical care
2. Previous prolonged or complicated critical care admission due to an ongoing disease process
3. Progressive disease likely to require critical care in the future.

Specialities and teams likely to have children and young people requiring this are:

- Home ventilation team
- Respiratory team (involved in long term ventilation, cystic fibrosis or other complex diseases)
- Neuro-disability team
- Metabolic team
- Neurology team including young adults with complex epilepsy

This list is by no means exhaustive but provides a starting point when considering a young person's individual transition needs.

The aim is to introduce this cohort of patients to the new setting of adult critical care, for the critical care team to understand their needs and to plan for the future. In some cases this can be done via the pathway paperwork and unit visits for patients and their carers. Others may require a multidisciplinary "best interests" type meeting during this process.

The patient needs to be formally handed over to the adult critical care team (a copy of contacts for each adult hospital is held with the lead author, and also with the Yorkshire & Humber Paediatric Critical Care Network). A copy of the completed pathway should then be given to the young person and their carer, the adult critical care contact, and the patient's General Practitioner.

If you have any questions about this document please contact Dr Clare Windsor (Consultant Intensivist, Rotherham General Hospital) at Clare.Windsor@rothgen.nhs.uk

Yorkshire & Humber Children & Young Person's Critical Care Transition Pathway

Patient details

Name:

D.O.B:

Weight:

(date recorded)

Name

DOB

NHS number

Address

Paediatric Clinician taking responsibility for transition:

Paediatric Speciality Consultants:

Paediatric Palliative Care Consultant:

Paediatric Critical Care

PICU Consultant:

PICU Nursing:

Physiotherapy:

Pharmacist:

Dietician:

Psychology:

Home ventilation nurse (if applicable):

Social worker:

Other:

Adult Services:

Adult Hospital / Speciality / Consultants:

Adult Critical Care

Hospital:

ICU Consultant:

Nursing:

Physiotherapy:

Pharmacist:

Dietician:

Barcode

Medical History (including baseline physiology)

Allergies: Yes / No

Details:

Safeguarding / vulnerable adult concerns: Yes / No

Details:

Critical Care History (medical and nursing)

Airway

Own

Tracheostomy Type: Size:

Grade of Intubation 1 / 2 / 3 / 4

Comments:

Specific physiotherapy requirements

Vascular access/ other indwelling prosthetic devices

(Include vascular catheters, VP shunts, baclofen pumps, enteral and urinary tubes/ catheters)

Nutrition/Feeding

Infections

Summary of recent isolates from respiratory tract/ other cultures:

Date	Specimen type	Isolate	Sensitive to:	Resistant to:

Drug History (Continue on separate sheet if needed)

Drug Name – Strength and form of medicine	Dose	Route of administration	Frequency Incl. times	Additional information

Social History

Cared for by:
(Include respite care arrangements)

Functional abilities:

Communication:

Advance Care Planning

Resuscitation plans agreed: Yes / No (date.....)

Discussed with young person: Yes / No

Discussed with Parents/ carers: Yes / No
(write name and relationship)

CPR Yes / No

RESPECT or LOTA in place: Yes / No Copy attached: Yes / No

Details of specific treatment limits previously discussed and documented:
Provide copies. Please include young person's and family's wishes and views, and their response to the conversation.

Any other further information / issues:

Handed over to:

Handed over by:

Signed:

Print Name:

Date:

- Copy with patient / carers
- Copy with adult critical care
- Copy for notes / electronic patient record
- Copy for General Practitioner

Yorkshire & Humber Children & Young Person's Critical Care Transition Checklist

Event	Yes/No	Target date / completion date	Relevant details	Completed Yes/No
Paediatric speciality transition started				
Handover occurred from paediatric to adult critical care consultant:				
PICU nursing:				
Psychology:				
Physiotherapy:				
Pharmacist:				
Dietician:				
Home ventilation				
Patient and family / carers informed of transition				
Critical care transition MDT				
Need for "best interests" meeting				
Unit visit organised				
Unit visit occurred				
Paperwork with patient / carers				
Paperwork with adult hospital				
Patient's memory book started				

Drug History Continuation Sheet

Drug Name – Strength and form of medicine	Dose	Route of administration	Frequency Incl. times	Additional information