INTRODUCTION

These are clinical guidelines to help determine which patients should be considered for admission to PICU. Patients who meet these guidelines should be discussed with the PICU fellow or consultant to determine if admission is warranted.

Potential PICU admissions should be notified early as initial intensive care treatment may differ significantly from standard therapy.

AGE

PICU will care for all patients from 34 weeks gestation until their 15th birthday who require intensive care. Starship inpatients outside these parameters will be admitted to PICU as able.

Patients outside these general limits require discussion with the PICU consultant.

ADMISSION CRITERIA

Airway
• Any patient with an unstable airway or the need for an artificial airway.

Breathing
• All patients who have acute respiratory distress and are likely to require mechanical support with either invasive or non-invasive ventilation.
• Patients who have apnoea that is not self-correcting.
• Patients who have arterial desaturation due to respiratory disease despite a high FiO₂.

Circulation
• All patients with an unstable or potentially unstable circulation despite adequate fluid resuscitation.
• Patients who require acute pharmacologic or mechanical support of the circulation.

Neurological
• Patients with an acutely diminished level of consciousness or a decreasing level of consciousness.
• Patients with status epilepticus.

Renal
• Patients requiring acute renal support or having a complication of renal failure resulting in any of the above.

Hepatic
• Patients with fulminant hepatic failure requiring intensive support.
Post Operative Admissions
All elective admissions should be booked with PICU preoperatively. This entails completion of a PICU booking form AND discussion with the PICU consultant on call. Cases that routinely come to PICU include:

- Cardiac surgery
- Spinal instrumentation
- Renal transplantation
- Liver transplantation
- Tracheostomy
- Major intracranial surgery
- Major interventional cardiology procedure

Notes
1. Some surgical patients may benefit from preoperative admission to PICU. This is on an individual patient basis following discussion with the PICU consultant.
2. Neonates with congenital cardiac conditions should be admitted to PICU (not NICU) as per admission criteria. Stable cardiac patients who are already in NICU may be transitioned to ward 23B.
3. Some patients who are currently stable but have the potential to rapidly decompensate (eg ingestions, major electrolyte disturbances, DKA) may warrant monitoring in PICU. These patients need to be discussed consultant to consultant.
4. Admission is always bed state dependent and at times patients who are PICU candidates may not be able to be admitted.
5. The on call PICU consultant will be responsible for PICU admissions and discharges.

GUIDELINES FOR DISCHARGE OR TRANSFER FROM PICU

1. Stable airway, breathing, and circulation.
2. Ward team have been notified and aware of discharge.
3. Discharge documentation completed.

Tracheostomy Patients
1. Patients who are totally dependent upon their tracheostomy for main airway stay in PICU until their first tracheostomy change which is at day 5.
2. Patients who are not totally tracheostomy dependent and those with a wired metal tracheostomy can go to the ward on day 1 if the ward nursing skill mix is appropriate.