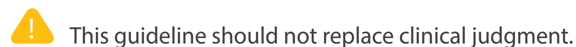
Clinical Guideline



Ventilated Patients on Acute Care Pediatrics: Admission Criteria

Inpatient Pediatrics

Guidelines for admission of vented patients ACP

1. Patients on chronic ventilation may be admitted to acute care pediatrics from the ED, OR, PICU, NICU, or outpatient clinic if:
   a. Patient is managed on a Home Ventilator (e.g. Trilogy, Astral, VIVO, LTV, or other home vent), and has had no acute increase from stable home ventilator settings (pressure/volume/rate) just prior to admission. Ventilators typically used in the intensive care setting (e.g. Servo) are not managed on ACP.
   b. Patient's FiO2 is <50% and they have had no acute increase of >10% (absolute) in FiO2 setting from their home/stable baseline (e.g. 25% to >35%).
   c. There may be situations where these conditions are not met but pulmonology would consider the patient to be reliably stable for care in acute care pediatrics. This will be determined on a case by case basis after discussion with covering teams.

2. Patients on chronic mechanical ventilation can be transferred to ACP from the PICU or NICU if they meet the above criteria and:
   a. Have been on stable (or decreasing) vent settings .
   b. The attending pulmonologist approves transfer in collaboration with nursing and respiratory therapy.

3. Changes of ventilator settings may be made while on ACP, but all plans should be discussed with the covering teams.
   a. If any escalation of settings >20% is necessary (e.g. pressure 15/5 to >18/6) in any given day, consideration should be given to PICU transfer. Any ventilator change must be approved by attending pulmonologist. ACP RT is responsible for making ventilator changes per provider order.

4. All children on invasive or non-invasive ventilator support admitted to ACP should be on the pulmonary service if the primary reason for hospitalization is respiratory. Those admitted for other reasons may be on another service, but should have a pulmonary consult to assist in ventilator management.

5. Patients with conditions such as obstructive sleep apnea or cystic fibrosis may be started on nighttime non-invasive support (CPAP or BiPAP) on ACP if the loss of that support will not put them at any immediate risk.
   a. Any patient who is unable to remove their BiPAP/CPAP mask on their own must have a parent or guardian present while on BiPAP or CPAP. If a patient or guardian is not available, plans regarding how to ensure safe and proper monitoring should be discussed with the covering team(s).

*This guideline should not prevent escalation if there is concern for a patient's condition.

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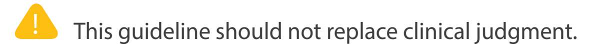

Ventilated Patients on Acute Care Pediatrics: Admission Criteria

Inpatient Pediatrics

Process for admission to ACP from PICU, NICU

1. Family has been informed of transfer plans (if possible, opportunity for child life or ACP Clinical Coordinator to meet with family) *especially, for complex patients.
2. Patient is on a home ventilator with stable settings prior to discharge from PICU or NICU. At minimum, patient should be on home vent for at least one hour prior to transfer. This will be a case by case decision, based on clinical judgment.
3. Transfer orders entered (for bed management to send bed request).
4. Pre-transfer Pulmonary Consult & Note (must include vent settings and vent type, if trached trach size, etc.).
5. ACP Provider aware of plan to transfer from PICU or NICU.
6. Vent orders changed from ventilator protocol orders to actual ventilator settings, do not place order for "home settings".
7. Handoff to occur Provider to Provider, RN to RN & RT to RT.
8. If trached, ready-to-go bag (2 extra trachs- same size and smaller) accompany the patient to ACP and placed at the bedside. ACP nurse ensures obturator is readily available at bedside, suction is actually hooked up and functioning, and vent alarms are linked to RNs Ascom phone. Patient is placed on a full cardiorespiratory monitor.
9. Bedside Airway Card accompanies the patient to ACP.
10. Ventilation Safety Check confirmed, (Ambu Bag in working order, Alarm Cable plugged into wall).

Ventilated Patients on Acute Care Pediatrics: Admission Criteria Executive Summary

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References

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Retrieval website: http://www.chrichmond.org/clinicalguideline-VentilatedPatients

Example:
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