

PICU.5.3 The criteria for admission are based on physiological parameters.

PICU.5.4 The criteria are developed collaboratively between relevant staff.

PICU.5.5 In an open pediatric intensive care unit, the Most Responsible Physician (MRP) is the admitting consultant whereas in a closed pediatric intensive care unit setting, the MRP is a member of the medical staff in the PICU.

Standard Intent:

PICU services must establish an admission and discharge criteria for determining those patients who require the level of care provided in such unit. These criteria will guide the staff when to admit and discharge patients from pediatric intensive care unit. To ensure consistency, the criteria should be physiologic based and utilize prioritization and diagnostic and/or objective parameters.

PICU.6 The pediatric intensive care unit has an effective handover process.

PICU.6.1 There is a documented evidence of handover between physicians at change of shift.

PICU.6.2 There is a documented evidence of handover between nurses at change of shift.

PICU.6.3 There is a documented evidence of handover between pediatric intensive care nurse and the unit/ward nurse at the time of transfer to a lower acuity of care.

Standard Intent:

For unifying the patient care within the pediatric intensive care unit and in relation to other (lower acuity of care) units, the hospital needs to design a handover policy and to implement processes for continuity and coordination of care among physicians, nurses, and other health care practitioners.

PICU.7 Patient care in pediatric intensive care unit is provided using a multidisciplinary approach.

PICU.7.1 The multidisciplinary team includes both Pediatric ICU as well as non-ICU members. This includes but is not limited to: Pediatric ICU physician, Pediatric ICU nurse, clinical pharmacist, respiratory therapist, dietitian, social worker, physiotherapist, and the consultant of the primary service under which the patient was first admitted.

PICU.7.2 Medically necessary services are readily available and accessible at all times.

PICU.7.3 Care is provided equally to all Pediatric ICU patients whether inside the unit or those in other areas of the hospital (e.g., ventilated patients in the emergency department).

PICU.7.4 Care is coordinated amongst the multidisciplinary team members and documented in the patient's medical record.

Standard Intent:

The patient care in the PICU should be coordinated among physicians, nurses, and other health care practitioners using a multidisciplinary approach. Staff need to have access to medical support services 24/7 all year round. Same level of care is provided to pediatric cases requiring intensive care but admitted in other units due to lack of bed space in PICU.

PICU.8 The admission and discharge processes in the pediatric intensive care unit are coordinated.

PICU.8.1 The PICU physician and the primary physician jointly make the decision to admit and discharge patients from the unit.

PICU.8.2 A summary of the intensive care stay is written by the pediatric ICU physician and made available at the time of discharge from pediatric intensive care to a lower acuity level.

PICU.8.3 There is a documented evidence of handover between the pediatric intensive care unit physician and the unit/ward physician at the time of transfer to a lower acuity of care.

PICU.8.4 When the patient is discharged from the PICU, the pediatric intensive care unit physician ensures that the receiving team on the floor is well informed about the patient's status and ongoing patient needs.

PICU.8.4.1 The patient's plan of care and medications are written in detail by the physician including how to continue them on the floor.

PICU.8.4.2 Any special care requirements are documented (e.g., to watch for drainage tubes, tracheostomy care, and wound care) in the patient's medical record.

Standard Intent:

The admission and discharge processes should be coordinated among physicians, nurses, and other health care practitioners in the pediatric intensive care unit.

PICU.9 Nursing staffing plans are available in the pediatric intensive care unit.

PICU.9.1 The nursing staffing plans demonstrate an evidence based nursing to patient ratio.

PICU.9.2 The nursing staffing plans are matching the patient volume and patient acuity.

Standard Intent:

Nursing staffing plan should be available in pediatric intensive care unit to support nurse's assignments. The hospital must be consistent with any applicable laws and regulations regarding nursing responsibilities and clinical care.