

ADMISSION OF CHILDREN'S INTENSIVE CARE (CICU) PATIENTS TO PAEDIATRIC RECOVERY PROCEDURE®

DOCUMENT SUMMARY/KEY POINTS

- Patients requiring a CICU admission postoperatively may need to be recovered in Paediatric Recovery (the Post-Anaesthetic Care Unit) before transfer back to CICU.
- Should the patient's clinical condition deteriorate during the stay in Paediatric Recovery, the allocated anaesthetist should be immediately available to provide clinical support and coordinate care.
- This document provides guidelines for the admission and transfer of CICU patients to and from SCH Paediatric Recovery to safeguard the patient from clinical risk or harm.
- The purpose of this document is to ensure a comprehensive and smooth transition of the patient from SCH Paediatric Recovery to CICU.

CHANGE SUMMARY

- This document replaces the current policy 3.R.1 Admission of NICU & CICU Patients into Paediatric Recovery.

READ ACKNOWLEDGEMENT

- Director of Anaesthetics; NM CICU; NUM PAED PACU; Clinical Director – Procedural (Directorate 2), Nursing staff paediatric PACU should read and acknowledge this document.

Approved by:	SCHN Policy, Procedure & Guideline Committee	
Date Effective:	1 st December 2016	Review Period: 3 years
Team Leader:	A/NUM	Area/Dept: Recovery Ward - SCH

1 Purpose & Scope

- Patients requiring a CICU admission postoperatively will ideally be transferred directly to CICU. However, a patient may need to be recovered in Paediatric Recovery before transfer back to CICU to allow for the patient to be stabilised prior to transfer or for reviews prior to placement in CICU.
- Should the patient's clinical condition deteriorate during stay in Paediatric Recovery, the allocated anaesthetist should be immediately available to provide clinical support and coordinate care.
- The admission and transfer of CICU patients to and from SCH Paediatric Recovery is to safeguard the patient from clinical risk or harm that may result from immediate transfer to CICU.
- This aims to ensure a comprehensive and smooth transition of the patient from SCH Paediatric Recovery to CICU.

2 Admission Procedure

Weekdays (0800-1730 hours)

- Intubated patients are to be transferred directly from Operating Theatres to CICU.
- Patients who are extubated and require close monitoring prior to transfer may be recovered in Paediatric Recovery, based on the clinical judgement of the Anaesthetic Consultant.
- The decision to admit a patient into Paediatric Recovery is made by the Anaesthetic Consultant in conjunction with the Paediatric Recovery NUM or Team Leader.
- A call from the Operating Room/anaesthetist to the Paediatric Recovery Team leader should be made when a decision to admit an CICU patient to Paediatric Recovery is made.
- A call from the Operating Room to the Paediatric Recovery Team Leader should be made at least ten (10) minutes prior to arriving, stating that the CICU patient will be arriving into Paediatric Recovery.
- All CICU patients are to be nursed 1:1 throughout their Paediatric Recovery admission.
- If nurse:patient ratios in the PACU will not allow for 1:1 nursing care, the Anaesthetic Consultant may decide to transfer the patient directly back to CICU or bring the patient to Paediatric Recovery and wait for nursing assistance. This must be escalated to the Hospital Coordinator if the staffing is not adequate.
- It is the responsibility of the Paediatric Recovery Team Leader to reallocate patients to facilitate nursing availability for reception/handover of the patient.

- The Paediatric Recovery Team Leader is to notify the CICU Nursing Coordinator/Team Leader that the patient will be arriving to Paediatric Recovery prior to transfer to CICU.
- The anaesthetic team must give a comprehensive and thorough clinical handover to the Paediatric Recovery nurse and be available for clinical support and consultation at all times.
- An Emergency Drug Dose sheet should be printed prior to the patient's admission to the Paediatric Recovery.
- Parents of the patient must be notified that the child is to be admitted to Paediatric Recovery by the Operating Theatre staff.
- Wherever possible, children requiring admission to CICU post procedure should be operated on as early as possible to facilitate their transfer to CICU during hours where there is maximum nursing and anaesthetic staff.

After Hours (1730-0800) / Weekend On-Call Service

- Intubated patients are to be transferred directly back to CICU.
- Admission of CICU patients to Paediatric Recovery after hours and on the weekends is to occur only when the anaesthetist can remain with the patient. This is due to the reduced nursing staff after hours and inaccessibility of medical/anaesthetic staff. Paediatric recovery is re-located to Adult Recovery during these hours.
- Where admission to the PACU after hours or on the weekends is required for patient safety or due to lack of ICU beds, the After Hours Nursing Supervisor is to be notified by the Nurse In Charge. Should the PACU require increased levels of nursing support, the After Hours Nurse Manager should be contacted to request additional nursing support.
- The patient is to be nursed 1:1 throughout their Paediatric Recovery admission.
- No further patient admissions can be accepted until the patient has been transferred back to CICU.
- If the clinical condition of the patient deteriorates the emergency buzzer should be activated to alert Operating Theatres. In addition, normal procedures for activating a Rapid Response Call/Code 777 should be activated. See [Between the Flags: Clinical Emergency Response System – SCH](#).

3 Transfer Procedure

- The Paediatric Recovery nurse will notify the CICU Team Leader at least 15 minutes prior to transfer.
- The CICU patient will be transferred from Paediatric Recovery to CICU by the Anaesthetist, Paediatric Recovery Nurse and a Porter.
- During the hours of 0800hrs-1730hrs the CICU Porter may be utilised to transfer CICU patients.

- Transfer is to occur as when the anaesthetist has determined that the clinical condition of the patient is safe for transfer.
- The Paediatric Recovery nurse must ensure all documentation, including Operation Report is complete for transfer to CICU.
- The patient is to be transferred with all the appropriate monitoring and resuscitation equipment.

4 Handover Procedure

- The CICU Team Leader should facilitate all appropriate staff to be available to receive handover of the patient.
- The Anaesthetist is to give a full and comprehensive anaesthetic handover to the medical team.
- The Paediatric Recovery nurse is to give a full and comprehensive handover to CICU nursing staff. The Clinical Bedside Safety Checklist is to be completed by nursing staff to ensure a complete handover of care has been achieved. See [Clinical Handover](#).

5 References

1. Australian and New Zealand College of Anaesthetists. (2011). PS53 Statement on the Handover Responsibilities of the Anaesthetist, Australian and New Zealand College of Anaesthetists.
2. Vimlati, L., Gilsanz, F. & Goldik, Z. (2009). Quality and safety guideline of postanaesthesia care. European Journal Of Anaesthesiology, vol. 26 (9), 715-721.

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