

Managing very sick children in a pandemic (Version 2.1 – 10th Nov 2009)

Introduction

One of the recurrent concerns discussed in many fora over recent months has been the dilemma about how NHS organisations will cope with potential high numbers of children who may become seriously ill if or when a pandemic occurs. Unfortunately one of the reasons that there has been little formal guidance on this is that there are no easy answers – but the formal declaration that a pandemic is in existence does create the need for a greater focus on this. Recent meetings at the Department of Health, Royal Colleges and Professional Societies have taken place to try to address some of the difficulties.

Where we are now?

In planning for a pandemic it was clear that if there were to be increased numbers of critically ill children during winter, when *normal* pressures often exceed capacity, there would not be enough PICU beds available at the peak of the event. The current H1N1 trend – although still considerably uncertain – particularly targets younger adults and children. Although it is hoped that the illness experienced by children will continue to be relatively mild, there is also concern that during a second phase fully expected this Autumn & Winter that H1N1 may have evolved to a more virulent form with potentially more pronounced effects on younger children.

The corollary is that if there are significant numbers of children who develop severe illness and who require intensive care support, many of them will have to be cared for in District General Hospitals (DGHs) and general ICUs – even if some of these do not currently provide paediatric intensive care services. For this reason the ICS, the APA and the PICS now see it as being an important priority that local arrangements are created to make the best possible use of existing resources, and that good working relationships are developed (or reinforced where already in place) to provide as much support as possible for the staff who have to take on these responsibilities.

As there are considerable variations in regional structures throughout the UK, for various valid local reasons, there are no ‘one fits all’ recommendations that can be made – but the following principles are worthy of consideration, and should be pursued / amended according to local preferences / resources.

1. Establishing / appointing individuals with appropriate organisational expertise in regional PICUs and DGHs to facilitate good communication and coordination of existing resources
2. Setting an agreed age threshold with general ICUs for the care of ventilated children, with a degree of flexibility dependent on PICU bed availability, local nursing / medical confidence in caring for children, and the severity of the child’s illness.
3. Arranging for ICU medical and nursing staff to be able to attend update training sessions in regional PICUs

4. Creating collaborative working patterns with specialist colleagues who may be able to provide useful assistance in the care of ventilated children e.g. general intensivists / anaesthetists with specific paediatric expertise / experience, paediatricians, neonatologists, ED consultants or consultant paediatricians with former PICU training
5. Preparing for the possibility of providing more ICU beds for children in regional centres by using nearby general ICU beds and supported by Regional PICU teams – and directing adult patients who need mechanical ventilation to units that are unable to provide paediatric care or are too far distant to be fully supported by PICU teams
6. Encouraging regional unit consultant paediatric anaesthetists (who may be more available because of the cancellation of elective surgery) to provide support for staff caring for ventilated children
7. Encouraging NHS organisations and SHAs/Health Boards to assure staff that they will be fully supported despite having to work outside their normal areas of expertise, on the basis that they are doing so in the best interests of sick patients, and with recognition that the alternative may be an increase in the number of potentially avoidable deaths.

We know, and accept, that these are not ‘solutions’ – but we would like to believe that colleagues who have established their commitments to caring for patients in our specialities will be willing to do all that they reasonably can to help patients who are acutely ill if the pandemic hits in the way that we all hope that it will not. For this reason we recommend that ‘hub and spoke’ relationships between ‘referring centres’ and regional PICUs are reinforced as much as possible where they already exist. We would also be grateful if we could be made aware of any current concerns about existing services in order that we might be able to assist in rectifying these in the interests of all involved.

The bottom line is – we will all need to do the best that we can if we are going to avoid as many child deaths as possible. There can be few more important priorities.

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CURRENT GUIDANCE:

The acutely or critically sick or injured child in the District General Hospital: A team response

http://www.dh.gov.uk/en/Consultations/Closedconsultations/DH_4124412

General Guidance for clinical management during a Pandemic (Adults & Children):

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4121753

Swine Flu Hospital Guidance re Children:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_100941

General Information and other Links:

<http://www.dh.gov.uk/en/PublicHealth/Flu/PandemicFlu/index.htm>

Paediatric Intensive Care Society Website.

<http://www.ukpics.org/>

Intensive Care Society Website:

<http://www.ics.ac.uk/>

APA Website:

www.apagbi.org.uk/

The Royal College of Anaesthetists; Practice Notes on care of Critically Ill Adults & Children.

<http://www.rcoa.ac.uk/index.asp?PageID=64&NewsID=705>

The Royal College of Paediatrics & Child Health Swine Flu Portal.

<http://www.rcpch.ac.uk/Policy/Swine-Flu>

GMC. Good Medical Practice – Pandemic Influenza.

http://www.gmc-uk.org/guidance/news_consultation/medical_pandemic.asp

Nursing & Midwifery Council. Position Statement: working during a surge in the swine flu pandemic.

<http://www.nmc-uk.org/aArticle.aspx?ArticleID=3897>