

Appendix 2:

Paediatric to Adult Critical Care Transition Pathway

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Patient details

Name:

Preferred name:

Address:

D.O.B:

Hospital Number:

NHS number:

Weight:

Date:

Ideal weight:

Responsible/ Lead Paediatric Consultant:

Paediatric Speciality Consultants:

Paediatric Palliative Care Consultant:

Alerts - details below

Allergies: Yes No

Difficult airway: Yes No

Colonisation: MRSA CRE

In dwelling devices: Yes No

If Yes:

Tracheostomy CVC PICC Gastrostomy PEG-J Jejunostomy

Other:

Paediatric Critical Care

PICU Consultant:

PICU Nursing:

Physiotherapist:

Pharmacist:

Dietician:

Psychologist:

Play Specialist: (if applicable)

Home ventilation nurse (if applicable):

Specialist nursing teams:

Social worker:

Transition Key Worker

Adult Services:

Adult Hospital / Speciality / Consultants:

Adult Critical Care

Hospital:

ICU Consultant:

Nurses:

Physiotherapist:

Pharmacist:

Dietician:

Medical History (including baseline physiology)

Allergies: Yes No

Details:

Safeguarding / Vulnerable adult concerns: Yes No

Details:

Critical Care History (medical and nursing)

(for example, include any difficulties weaning from ventilation and extubation, strategies used for successful extubation)

Airway

Own

Tracheostomy Type:

Size:

Suction - Maximum depth:

Grade of Intubation 1 2 3 4

Comments:

Specific physiotherapy requirements

Vascular access/ other indwelling prosthetic devices

(Include vascular catheters, VP shunts, baclofen pumps, enteral and urinary tubes/ catheters)

Nutrition/Feeding

Including how often / which feed / allergies

Infections

Social History

Cared for by:

(Include respite care arrangements)

Functional ability:

Communication:

(Include details of communication aids used)

Advance Care Planning

Resuscitation plans agreed: Yes No Date

Discussed with young person: Yes No

Discussed with family / carers: Yes No

Name of family member(s)/carer(s) and relationship:

Name of Lead consultant:

Date and time discussed:

Cardiopulmonary resuscitation Yes No

Limitation of Treatment Agreement (LOTA) in place: Yes No Copy attached: Yes No

Do they have a Child & Young Persons Advance Care Plan (CYPACP) (or equivalent): Yes No

(if yes, attach with handover documents)

Details of specific goals of care (including any treatment limits) previously discussed and documented:

Provide copies. Please include young person's and family's wishes and views, and their response to the conversation.

Any other further information / issues

Handed over to:

Handed over by:

Signed:

Print Name:

Date:

Copy with young person and family & carers

Copy with adult critical care