



Irish Life  
health

# Paediatric Care Ground Rules

2021\*

## 1. PAEDIATRIC INTENSIVE CARE MEDICINE BENEFIT

Paediatric intensive care benefits are payable to consultant paediatric intensivist who is registered as such with Irish Life Health, and who are attached to a Paediatric Intensive Care Unit (PICU) registered with Irish Life Health, and which meets the British Association of Perinatal Medicine (BAPM) definition of a level 3 Paediatric Intensive Care Unit.

The benefits relate to the medical management of paediatric patients (neonates, infants and children up to 16 years of age) that are critically ill or have the likelihood of acute deterioration that they require to be treated by a consultant paediatric intensivist and receive 1:1 or 1:2 by a nurse with intensive care qualifications and are accommodated in the paediatric intensive care facility of a hospital providing 24 hour continuous consultant availability.

Hospitals providing paediatric intensive care must have continuous availability of qualified medical and nursing staff and resources to meet the needs of all critically ill children. Hospitals must be able to demonstrate the necessary professional and technical infrastructure, together with protocols for the care of such children.

When a patient is admitted under the care of a consultant neonatologist, consultant surgeon or consultant paediatrician and requires active medical attention from the admitting consultant including the period of the patient's stay in the PICU, the in-patient attendance benefit is payable to the admitting physician in addition to the intensive care benefits payable to the consultant intensivist who treats the patient in the PICU.

## 2. PAEDIATRIC INTENSIVE CARE UNIT APPROVAL (PICU)

An Irish Life Health approved PICU must be a separate designated hospital facility for the care of the critically ill patient. The unit must be equipped and staffed to be able to support common organ system failures, in particular ventilatory, circulatory and renal failure.

Each unit cot should have available the following:

- > Continuous ECG display and heart monitoring
- > Continuous direct arterial blood pressure monitoring
- > Continuous central venous and/ or pulmonary arterial pressure monitoring
- > Continuous ventilator and oxygen monitoring
- > Ventilator disconnection alarms
- > Continuous inspired oxygen concentration monitoring
- > Continuous central temperature monitoring
- > Cardiac output measurement

Each PICU unit should have access to equipment for:

- > Resuscitation
- > Blood gas analysis (on the Paediatric unit by unit staff)
- > Portable X-rays

- > Ultrasound scanning
- > On site MRI & CT facilities (if required)
- > There must also be access to 24-hour laboratory service orientated to PICUs.

### 3. INTENSIVE CARE PAEDIATRIC MEDICINE SERVICES

Paediatric intensive care benefits are payable for critically ill children admitted to an Irish Life Health approved PICU.

The eligible cases will be:

- > Patients with 2 organ failures which may include possible respiratory failure
- > Patients receiving invasive mechanical ventilation via an tracheal tube and in the first 24 hours after its withdrawal (where a patient has been intubated in the operating theatre, the duration of the ventilator support shall be calculated from the time of admission to the PICU)
- > Patients receiving mechanical ventilation support
- > Patients requiring complex or potentially harmful interventions such as:
- > Renal placement therapy, plasma exchange or similar extra-corporeal therapies
- > Infusion of an inotrope, pulmonary vasodilator, prostaglandin or cardiac anti-arrhythmic medications and for 24 hours afterwards
- > Infusion of anti-hypertensive medication
- > Infusion of medication which may cause wide fluctuations in cardiac output
- > Infusion of a bronchodilator
- > Infusion of a central nervous system depressant or any medication that may decrease respiratory minute ventilation or level of consciousness
- > Management of a patient who has ingested or suspected to have ingested a drug, toxin or metabolite in a dose which may lead to significant morbidity or death
- > A child recovering from major surgery who is anticipated to have large flux in circulating blood volume or with potential to require further infusion of blood, colloid or crystalloid solutions
- > Exchange transfusion
- > A child recovering from complex surgery to the airway or who has an unstable airway
- > A child following major trauma with an injury severity (or similar) score over 8
- > Any other very unstable baby considered by the nurse-in-charge to require 1:1 nursing; for audit, a register should be kept of the clinical details of babies recorded in this category
- > A baby on the day of death

#### 4. PATIENT CARE IN PAEDIATRIC INTENSIVE CARE UNITS

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Patient care also includes but is not limited to the following:

- > Assessment of the patient including blood gases and/ or pulmonary function testing
- > Minute to minute attendance with the patient with frequent reassessment of blood gases/ clinical state and pulmonary function, hereafter frequent review (i.e. several visits by the consultant to the patient during each 24 hour period)
- > Acute renal replacement therapy (haemodialysis, haemofiltration or haemodiafiltration) if required
- > The support of other organ systems if required
- > Prescription of appropriate sedative/ analgesia regimes – these may include narcotic infusions, PCA's and/ or epidurals
- > IV drugs
- > Venous pressure on blood volume studies
- > Oximetry
- > IV cannulation
- > Continuous ECG monitoring
- > Nasogastric tube
- > Trans-tracheal aspiration
- > Laryngoscopy
- > Endotracheal intubation, including induction of general anaesthesia
- > Total parental nutrition
- > Invasive neurological monitoring
- > Urinary catheterization
- > Interpretation and performance of other tests and procedures as appropriate

#### 5. CLINICAL STANDARDS IN PAEDIATRIC INTENSIVE CARE UNITS

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Each unit must comply fully with the following standards in relation to:

- > Medical staff
- > Nursing protocols
- > Clinical protocols
- > Quality assurance
- > Training and continuing education

## 6. MEDICAL STAFF IN PAEDIATRIC INTENSIVE CARE UNITS

The PICU should be staffed with consultants whose principle duties are to the unit. The unit must have a rostered consultant paediatric intensivist supported by other suitably qualified consultants with allocated paediatric intensive care sessions providing 24 hour continuous availability and a nominated Clinical Director.

## 7. NURSING PROTOCOLS IN PAEDIATRIC INTENSIVE CARE UNITS

- > All units undertaking paediatric intensive and high-dependency care should be able to demonstrate the required number of appropriately trained and qualified nurses.
- > The nursing establishment of a PICU should be calculated to ensure that infants receiving intensive care are the sole responsibility of a qualified paediatric nurse.
- > Units undertaking any paediatric intensive or high dependency care should have a senior nurse with paediatric experience and managerial responsibility.
- > Because of the complexities of care needed, there should be 1:1 or 1:2 nursing ratio.

## 8. PAEDIATRIC INTENSIVE CARE MEDICINE BENEFITS

Consultation benefit is payable to the paediatric intensive care consultant for a patient being assessed for admission to the PICU as defined in intensive care medicine and where it is deemed that the patient does not require admission to the intensive care unit (ICU).

## 9. PAEDIATRIC ELECTIVE POST-OPERATIVE ADMISSION

Where PICU admission is planned post-operatively due to clinical instability, is overnight and does not exceed 24 hours the benefit payable to the consultant intensivist will be payable at the same rates as apply to general in-patient treatment.

CODE	DESCRIPTION
10011	Elective post-operative night medical admission for neonates or paediatrics

## 10. PAEDIATRIC MEDICAL DAY CARE MEDICINE

Benefit is payable when a child, under sixteen years of age (or up to eighteen years of age where the patient has been attending the consultant on an on-going basis for the condition since childhood), receives medical treatment from a consultant paediatrician for the procedures/ investigations listed below which are deemed as medically necessary and appropriate by Irish Life Health for day care admission in an approved hospital, which is specifically equipped and staffed for such cases, then the benefit payable is set out below.

The benefit payable to the consultant paediatrician will be payable at the same rates as apply to in-patient treatment e.g. for a patient attending for one day care session.

This benefit will be paid only where the consultant paediatrician takes personal responsibility for the patient and provides medical services during the hospital stay including the initiation of relevant testing and where appropriate to convey results to the appropriate representative of the patient. Where the investigation is carried out by a technician or other paramedic, and the patient is not treated by the consultant

paediatrician during the hospital stay, professional fee benefit will not be paid.

In addition, benefit is payable for consultant radiologists and pathologists services incurred during the admission.

#### Medical Procedures Approved for Paediatric Day Care Admission:

- > DTPA scans, DMSA scans, and chromium EDTA
- > Investigations for hypoglycaemia and other metabolic disorders that involve prolonged fasting and on-going monitoring
- > Glucose tolerance test
- > Growth hormone stimulation tests
- > Food allergy challenge requiring consultant supervision and decision making
- > Prolonged LHRH and TRH testing
- > CT scanning involving cannulation and Sedation
- > MRI scanning requiring cannulation and Sedation
- > Invasive cardiac assessments
- > Micturating cystogram requiring sedation and catheterisation
- > Administration of MMR in individuals with histories of anaphylactic hypersensitivity to hen's eggs when diagnosis has been confirmed by appropriate testing and expert review.
- > Administration of any vaccine type to a child that had an adverse reaction to a previous vaccine or in a child with an inborn error of metabolism.
- > Consultant multi-disciplinary team review of a severely disabled child with complex medical problems.

For bone marrow aspiration, IV transfusion therapies (including immunoglobulin transfusion and chemotherapy administration) and lumbar puncture please refer to the relevant procedure code.

All of the above procedures/ investigations must involve a minimum of three hours occupation of a bed. The times of admission and discharge must be recorded on the claim form.

CODE	DESCRIPTION
10000	Medical management for specific paediatric medical day care procedures/ investigations