Continuum of Care: A proposal for an Intensive Care follow-up clinic to address Post Intensive Care Syndrome-Pediatrics (PICS-p)

Christina Fang, RN, MSN, CPNP-AC

Introduction

- Continuing advancements in pediatric medicine, standards of care and technology have led to increased survival rates in critically ill children.
- As pediatric intensive care mortality rates drop, new morbidities are occurring after discharge that affect the patient and family's quality of life and overall outcome.
- Post Intensive Care Syndrome-pediatrics (PICS-p) refers to children who are discharged from the intensive care unit who subsequently develop new long-term physical, cognitive, developmental and psychological impairments.
- PICS-p may lead to daily life disorders, learning disorders, social difficulties and a reduced quality of life.

https://www.nicklauschildrens.org/medical-services/pediatric-critical-care-medicine/ecls

Objective

- Establish a successful interdisciplinary PICS-p clinic in Neurodevelopmental and Behavioral Pediatrics to educate, assess, treat and support patients and their families to improve health related quality of life.

Methods

- Use St. Louis Children's Hospital PICU follow-up clinic as prototype.
- Collaborate with PICU team and determine what criteria will be used for referral to clinic.
- Once referral is placed, Developmental Peds NP will meet with family and patient to determine if and when the patient and family should be seen.
- NP will offer family resources on what PICS-p is as well as signs and symptoms to look for in their child.
- Components of the clinic include: evaluation of development, cognitive function, psychosocial state and family support to assess for ongoing needs and provide assistance.
- Team members of the clinic include: Developmental Peds RN, RN coordinator, Developmental Pediatrics NP, PICU MD or NP, Psychologist, Psychiatrist, Occupational Therapist, Speech Language Therapist, Education Consultant.

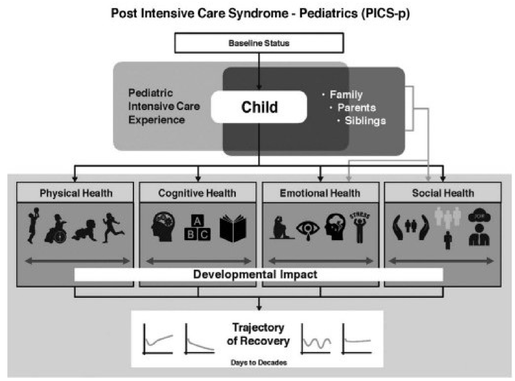

FIGURE. Post-intensive-care syndrome in pediatrics (PICS-p) framework. The patient and all members of the family are exposed to the patient's illness and the pediatric intensive care unit (PICU) environment. Upon discharge, all members of the family contribute to the recovering child's cognitive, emotional, physical, and social health status, and each family member requires individual consideration. The child's condition may improve, decline, or remain static over time. From: Manning, JC et al. *Pediatric Critical Care Medicine* 2018;19:298-300. Reprinted with permission.

Implications

- Benefits of the clinic would be optimizing patient recovery after illness and facilitating the transition of the patient and family to the home environment and community.
- The clinic would allow for early detection of complications and assist with access to appropriate services thereby improving the patient and family's health related quality of life.

Next Steps

- Formal proposal to hospital administration explaining the Situation, Background, Assessment and Recommendation through SBAR framework.

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