ADULT CARE OF PEDIATRIC COVID PATIENTS: A PEDIATRIC INTENSIVIST'S PERSPECTIVE

Phoebe H Yager, MD

Chief, Division of Pediatric Critical Care Medicine

Massachusetts General Hospital

Boston, MA

BACKGROUND

- MGH – 1,000-bed quaternary care hospital
  - 9 ICUs
  - 80+ ICU beds
- MGH*f*C – a hospital within a hospital
  - 14-bed med-surg PICU
  - 1 of 4 PICUs in Boston

CORRESPONDENCE

To rapidly communicate short reports of innovative responses to Covid-19 around the world, along with a range of current thinking on policy and strategy relevant to the pandemic, the Journal has initiated the Covid-19 Notes series.

Repurposing a Pediatric ICU for Adults

Yager PH, Whalen KA, Cummings BM. Repurposing a Pediatric ICU for Adults. N Engl J Med. 2020 May 28;382(22):e80. doi: 10.1056/NEJMc2014819. Epub 2020 May 15. PMID: 32412712.

Adult COVID-19 Patients Cared For in a Pediatric ICU Embedded in a Regional Biothreat Center: Disease Severity and Outcomes

Neil D. Fernandes, Brian M. Cummings, Catherine E. Naber, Michael D. Salt, Josephine Lok, Phoebe H. Yager, and Ryan W. Carroll

Health Security
Volume 19, Number 4, 2020 © Mary Ann Liebert, Inc.
DOI: 10.1089/hs.2020.0225

THE TEAM

- RN-MD PICU team preserved
  - PICU attending – primary
  - PICU fellow + pediatric residents
- Adult expertise added
  - Medicine/Med-Peds residents
  - MICU consult
  - Adult subspecialty consults
- RNs
  - PICU + adult floor RN dyads caring for 2 patients

WHAT DOES THE TEAM NEED TO FEEL SAFE?

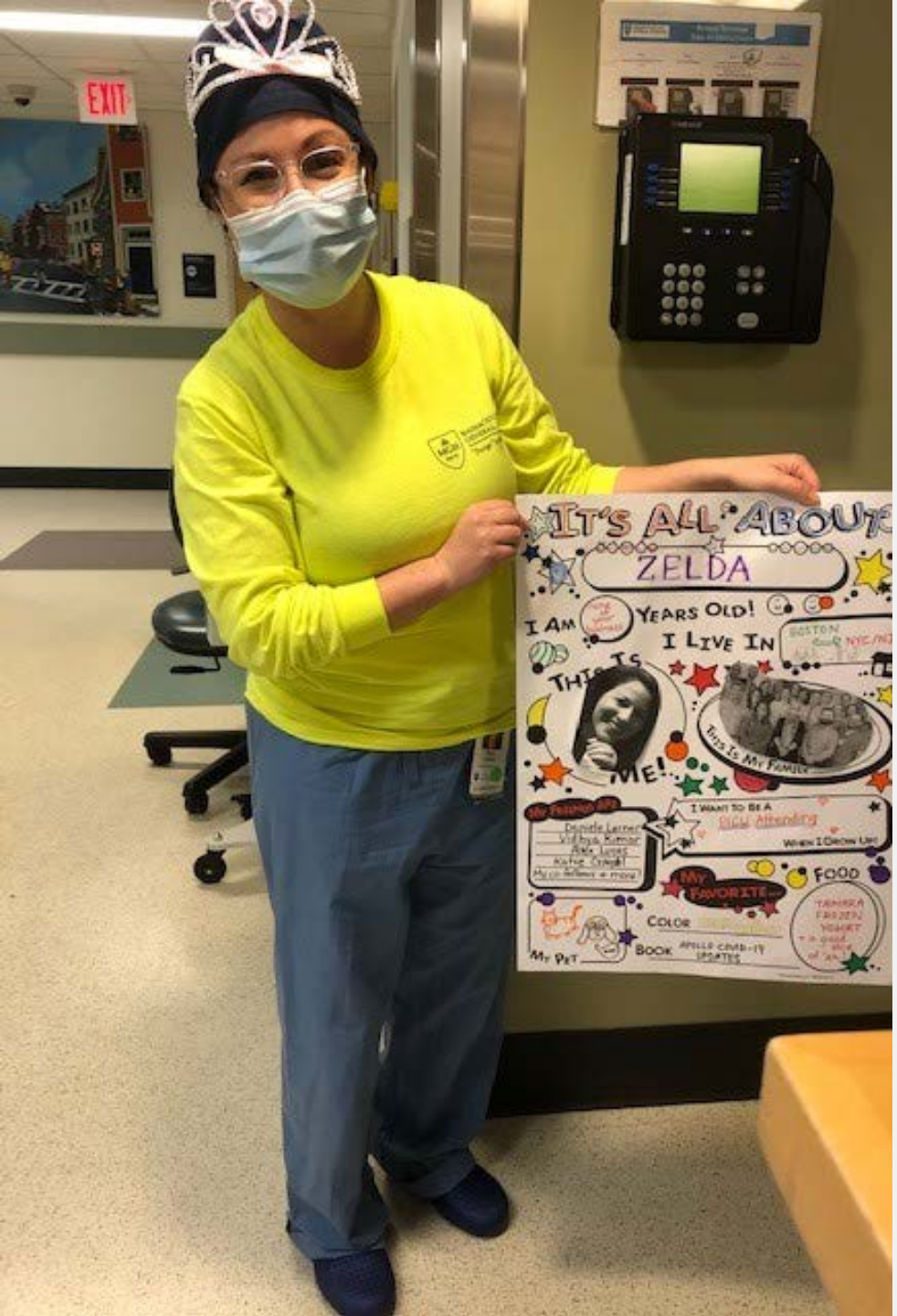
- Leadership presence
- Frequent communication
- Scheduled huddles
- Appropriate staffing
- Expanded privileges and malpractice coverage

WHAT DOES THE TEAM NEED TO PROVIDE SAFE CARE?

- Education
- Collaboration
- Reference guides
- Appropriate supplies and equipment
- Careful patient selection

HOW DO WE SUSTAIN OUR TEAM?

- Team huddles
- Pedi psych check-ins and drop-in resiliency rounds
- Cards, food
- Celebrate the successes
- Family-centered care



FAMILY-CENTERED CARE

- Parent participation on rounds
- Bedside updates throughout the day
- Use of telephone and telemedicine to maintain communication
- Photos and "All About Me" posters
- Child Life Consults

CAREFUL PATIENT SELECTION

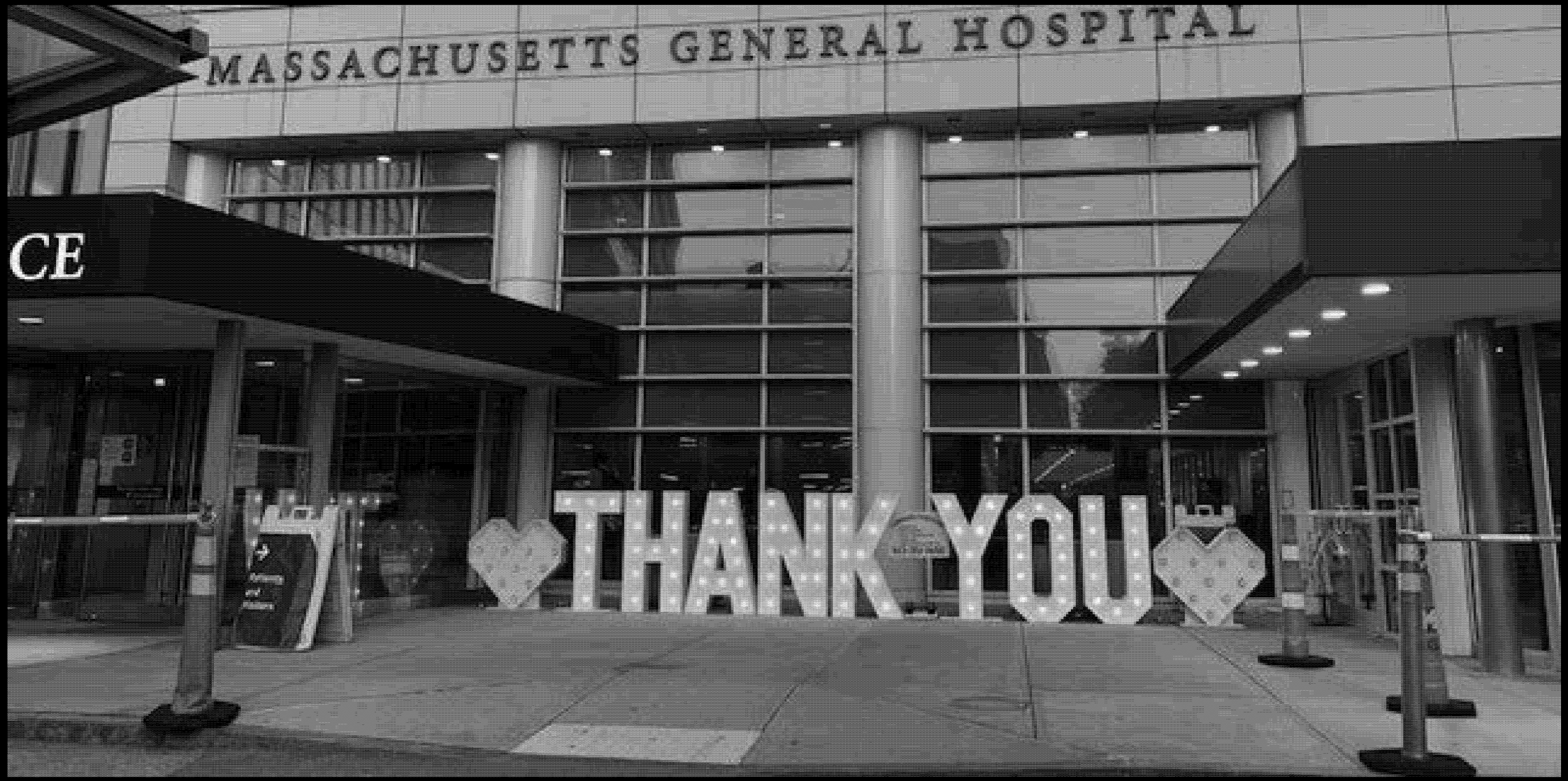
- COVID vs. non-COVID
- Age cut-offs
- Co-morbidities
- Primary admissions vs lateral transfers

A FEW CLINICAL MANAGEMENT PEARLS

- O2 consumption in a child is twice that of an adult. Coupled with a lower FRC, children desat quickly
- HR is exquisitely sensitive to hypoxia so be prepared for frequent bradycardic events
- Small ETTs plug easily – maintain adequate humidification and be ready to suction frequently
- Obtaining access can be challenging; place an IO, resuscitate, secure the airway and THEN establish definitive access
- Extubation is a rapid sequence event in young children – they don't tolerate light sedation with PS or SBT
- An under-sedated, unattended child will self-extubate
- Post-extubation airway swelling is common; consider peri-extubation decadron and have rac epi ready
- Constipation can be the difference between a child who is challenging to sedate and one who is well-sedated and synchronous with the vent.

TOP 10 TAKE-AWAYS

1. Keep your RN-MD team together
2. RN-MD leadership presence and flexibility promotes bidirectional communication and engenders trust
3. Obtain written documentation ensuring expansion of privileges and expansion of malpractice insurance
4. If your team does not feel safe, it will be difficult for them to provide safe care
5. Don't underestimate cultural differences when forming a hybrid adult-pediatric medicine team
6. Clearly define roles and responsibilities for all team members
7. Collaborate with your pediatric colleagues – they want to help
8. Be deliberate about reassessing practices and systems for what is and is not working
9. Family-centered care is good for patients and contributes provider well-being
10. Tap into existing pediatric resources for your team (pocket guides, code sheets)*


MASSACHUSETTS GENERAL HOSPITAL
CE
THANK YOU