

## PIPER Paediatric 'Go Now' (Time Critical) Criteria

There are patients who need an urgent response, and we have defined these criteria, which we refer to as 'Go Now' criteria. These are not meant as thresholds for referral, for many such children we would wish to be called earlier, but rather they are triggers for urgent departure of our retrieval team. This is not an exclusive list of all children who are unwell. If you are worried about a child on presentation, or they are not improving as expected with therapy please refer for review and escalation.

The PIPER Paediatric 'Go Now' Criteria are:

1. Cardiac or respiratory **arrest**
2. **Children requiring emergency intubation**
3. **Suspected severe sepsis** and one or more of:
  - Venous blood Lactate >3 mmol/L
  - Neutropenia (neutrophil count <1000/mm<sup>3</sup>), unexpected (i.e. not related to cancer chemotherapy)
  - Coagulopathy (INR>1.6, APTT>60, or Fib <1)
  - Signs of shock\* persisting despite a total of 40ml/kg fluid
4. **Upper airway obstruction** persistent despite >2 doses of adrenaline, or hypoxic (SpO<sub>2</sub><90%)
5. **Pneumonia or asthma with hypoxaemia** (SpO<sub>2</sub> <90%) despite locally available non-invasive respiratory support and bronchodilators if relevant.
6. **Large pleural effusion** (e.g. near white-out of hemi-thorax)
7. **Surgical abdomen** with signs of shock\*
8. Ongoing **seizures** despite 2 doses of midazolam and loading with a long-acting agent (phenytoin, levetiracetam, phenobarbitone)
9. Signs of **raised intracranial pressure**
10. Unconsciousness with **worse than flexion** motor response
11. Patients with the following **cardiac problems with haemodynamic compromise**: shock\*, hypotension, signs of heart failure, venous blood lactate >3, or about to be intubated:
  - **Congenital heart disease**
  - **Arrhythmia**
  - Suspected **cardiomyopathy / myocarditis**
12. Serum **ammonia** >150 mcg/dL
13. **Severe acute kidney injury**:
  - Oligo-anuria: < 0.5ml/k/hr for 24 hours from a catheterised child or anuric for 12hr, and / or
  - Significant creatinine elevation: 3x upper limit of normal with no history of chronic kidney disease or doubling of creatinine within 24hr.

\* Signs of shock include capillary refill >3 seconds, low volume pulses, hypotension, tachypnoea, lethargic or poor conscious state.

**Any child fulfilling the PETS Go Now criteria should be discussed urgently with a PIPER consultant.** If a child fulfils any of these criteria, don't delay, Go Now. If a PIPER paediatric transport is already underway, a second team can be sought for Go Now criteria, involving staff from PICU.

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Most of these patients will need to be transported by PIPER to RCH PICU or Monash PICU, but some will initially be stabilised in the regional ICU that has a paediatric intensive care section. The decision to go immediately and transport out should occur regardless of the bed state at the tertiary centre and may require transfer to RCH or Monash Emergency departments if no PICU beds available, and it is safe and appropriate to do so.

**The PIPER Clinician: ensure the appropriate team is sent to these cases. Availability of a second PIPER Nurse from PICU can be sought from the PICU NUM in hours and PICU ANUM out of hours.**