Admission Criteria for Pediatric ICU Stepdown Unit

General - The Pediatric ICU Stepdown Unit will serve pediatric patients requiring monitoring and care for conditions that do not meet Pediatric ICU admission criteria, yet require more monitoring and care than can safely be performed on a general pediatric ward. The Pediatric ICU Stepdown beds will exist within the current Pediatric ICU location and will therefore be indistinguishable from the current Pediatric ICU beds.

Pediatric ICU Stepdown Unit admission criteria:

A. Respiratory System: Patients who require more advanced treatment or monitoring than can be safely provided on the general pediatric ward. Conditions include but are not limited to:
   1. Requirement to give aerosol treatments more often than every 4 hours. Patients may receive aerosol treatments every 2 hours x three treatments, however should be transferred to the Pediatric ICU for ongoing care should their need for every 2 hour treatments persist after three treatments are given, or they are not showing any signs of improvement with the every 2 hour aerosol treatments.
   2. High supplemental oxygen requirement regardless of etiology:
      a. Age 0-6 months: > 6 LPM HFNC with FiO2 > 0.5
      b. Age > 6 months to ≤ 12 months and HFNC ≥ 8 LPM with FiO2 > 0.5
      c. Age 1 year – 5 years and HFNC ≥ 10 LPM with FiO2 > 0.5
      d. Age > 5 years and HFNC ≥ 15 LPM with FiO2 > 0.6
   3. Patient on chronic home ventilation requiring admission to hospital for any reason
   4. Patient with tracheostomy tube at home requiring admission to hospital for any reason

B. Cardiovascular System: Patients who require more advanced treatment or monitoring than can be safely provided on the general pediatric ward. Conditions include but are not limited to:
   1. Mild to moderate congestive heart failure
   2. Any hemodynamically stable dysrhythmia, including supraventricular tachycardia
   3. Hypertensive emergency requiring intravenous therapy
   4. Shock of any etiology requiring more than one fluid bolus for volume resuscitation
5. Any patient requiring monitoring by telemetry to assess for potentially unstable dysrhythmias

C. **Neurologic:** Patients who require more advanced treatment or monitoring than can be safely provided on the general pediatric ward. Conditions include but are not limited to:

1. Seizure patient whose Glasgow Coma Score at time of admission is < 13
2. Patients with an established stable stroke who require neurologic observation more frequently than every 4 hours or who have any alteration of their level of consciousness
3. Mild to moderate closed head injuries who have normal level of consciousness but who require neurologic observation more frequently than every 4 hours
4. Mild to moderate closed head injuries who have an alteration to their level of consciousness
5. Any patient with an acute intracranial hemorrhage of any etiology
6. Patients with chronic but stable neurologic conditions who require frequent nursing and/or respiratory interventions
7. Post operative neurosurgical patients who require closer observation than can be safely provided on the general pediatric ward
8. Encephalitis patients with altering levels of consciousness/agitation who need frequent neurologic assessment or who need pharmacologic therapy to control their agitation. Any encephalitis patient who develops new onset seizures after admission to the hospital, or who is at risk of status epilepticus

D. **Hematology/Oncology:** Patients who require more advanced treatment or monitoring than can be safely provided on the general pediatric ward. Conditions include but are not limited to:

1. Any patient who may experience significant tumor lysis syndrome that will require close and frequent monitoring of both patient and laboratory results
2. Any patient whose chemotherapy requires more frequent nursing intervention than can be safely given on general pediatric ward, or whose chemotherapy puts them at significant risk for side effects
3. Patient with Hemoglobin < 6 gm/L who currently show signs of congestive heart failure or whose treatment puts them at significant risk for congestive heart failure

E. **Overdose:** Patients who require more advanced treatment or monitoring than can be safely provided on the general pediatric ward. Conditions include but are not limited to:

1. Any patient who requires frequent (more often than every 4 hours) neurologic, cardiac or pulmonary monitoring whether or not they are currently stable
2. Any patient whose ingestion puts them at significant risk for rapid deterioration of their respiratory, cardiac or neurologic organ systems, even
if they are medically stable at time of admission
3. Any multiple drug overdose

F. Miscellaneous
1. Any patient requiring frequent nursing/respiratory therapy observation or treatment such that their ongoing needs cannot be safely met in a general pediatric ward setting