

Pediatric Critical Care Clinical Practice Guidelines

This collection of practice guidelines for the initial management of pediatric emergencies was approved by members of the Pediatric Critical Care Network (PCCN). The PCCN includes membership from each of the five Ontario pediatric academic health science centres as well as representation from Northern Ontario. A smaller working group was formed for this specific initiative, composed of PCCN members as well as other pediatric critical care specialists. The aim of the working group was to develop guidelines for Ontario health care practitioners about the initial stabilization and management of common pediatric emergencies with significant risk of morbidity and mortality.

Consensus process

It is recognized that there are few evidence-based guidelines in pediatric critical care. Nevertheless, there was an attempt to provide the most up-to-date recommendations based on the current literature. The primary authors of each guideline assembled the initial algorithms, which were then reviewed for content by members of the working group, and formatted to be user-friendly and coherent. The group was able to reach consensus on the key management steps, acknowledging that there may be minor variations in practice and that treatment may also need to be individualized for certain patients.

Format

Each guideline includes a brief introductory preamble about the specific condition, key practice points, and a list of references on the first page. The subsequent pages are the actual algorithm, including initial stabilization steps, guidelines for referral to a tertiary care centre, management pitfalls, and treatment recommendations while awaiting transfer. It is recommended that these guidelines be used in conjunction with direct communication with pediatric critical care specialists, particularly for those patients who will require tertiary care transfer.

Disclaimer

Members of the Pediatric Critical Care Network developed these guidelines for informational purposes for qualified health care professionals. The recommendations do not indicate an exclusive course of treatment or procedure to be followed. Variations, taking into account individual patient circumstances, may be appropriate. They are not intended to be a substitute for expert consultation or referral to pediatric tertiary care, but rather to be used in conjunction with direct communication and for stabilization prior to transfer. Some information may eventually become outdated as a result of more recent medical developments. The Pediatric Critical Care Network accepts no responsibility for reliance on the information set out in these guidelines.

Feedback

Comments about these practice guidelines, including suggestions for future guidelines are welcome. This feedback can be directed to Dr. Ellen Tsai (tsaie@kgh.kari.net), the chair of the working group.