Document Conception			
Document type	Clinical Guidance		
Document name	South Thames Paediatric Network Critical Care Referral Pathway Guidance for 16 and 17-Year-Old Young People		
Document Audience	Paediatric and adult critical care clinicians, emergency medicine clinicians, anaesthetists, paediatricians, retrieval teams (STRS), adult critical care transfer services, nursing staff, critical care outreach teams and acute hospital multidisciplinary teams across the South Thames Paediatric Network.		
Summary	This guidance provides a standardised approach to determining the most appropriate critical care destination for young people aged 16–17 years requiring critical care. It supports timely, patient-centred decision-making through clear referral principles, admission criteria, escalation pathways, transition considerations and collaborative working between paediatric and adult critical care services.		
Reason for development	Variation in practice across the network and uncertainty regarding the most appropriate destination for critically ill 16–17-year-olds highlighted the need for a consistent regional approach. This guidance supports safe, timely decision-making, reduces delays in accessing critical care, aligns with national commissioning specifications and transition guidance, and promotes collaborative working between paediatric and adult services.		
Document Benefits			
Key Improvements / Benefits	• Standardises referral and admission pathways across the South Thames region. • Reduces delays in accessing appropriate critical care. • Supports consistent consultant decision-making. • Improves communication between referring teams, retrieval services and receiving units. • Promotes patient-centred care while considering physiological maturity, transition status and safeguarding. • Aligns practice with national standards and commissioning guidance.		
Project Evaluation			
Evaluation	Implementation will be monitored through feedback from paediatric and adult critical care services, South Thames Retrieval Service (STRS) and network stakeholders. The guidance will be reviewed following significant changes to national guidance, emerging evidence or identified service issues, with formal review every three years.		
Implementation / Recommendations: Next Steps			
Step 1	Publish the approved guidance on the STPN website and communicate implementation to all acute Trusts, paediatric and adult critical care services, retrieval teams and relevant clinical networks.		
Step 2	Embed the guidance into local referral pathways, educate clinical teams, monitor implementation through network feedback and review the document in line with the scheduled review cycle or earlier if required.		
Document Contributors			
Written and reviewed by	Dr Nick Prince PICU Consultant St Georges, former STPN Clinical Lead Dr Dilanee Sangaran STPN Clinical Lead Dr Mohammed Rahman STPN Clinical Lead Sarah Levitt STPN PCC Lead Nurse		
Consultation and review by	South Thames Retrieval Service (STRS) South Thames Paediatric Intensive Care Units (PICUs) London Adult Critical Care Network (South East and South West sectors) Kent, Surrey and Sussex Adult Critical Care Network Nursing and Medical Leads from Acute Hospitals across the STPN South Thames CTYA Cancer Operational Delivery Network Diane Butler, Designated Nurse for Safeguarding Children NHS Kent & Medway ICB		
Signed off by	STPN Paediatric Critical Care Operational Delivery Network & Dr Ryan Watkins STPN Co-Clinical Director		
Document prepared by	Sarah Levitt, Lead Nurse, South Thames Paediatric Network Critical Care ODN		
Date of document approval	October 2026	Date published	November 2026
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Next review date	April 2029

Revision History				
Version	**Date**	**Author / Updated by**	**Summary of Changes**	**Approved By**
3.0	September 2026	STPN Paediatric Critical Care Clinical & Nursing Leads	Updated introduction, adult critical care transfer service details, referral table, decision tree and document formatting. Removal of examples of 16-17 yr old admissions to adult and weight from guideline following wide stakeholder feedback	STPN PCC Clinical Leads & Clinical Director
V2	14/10/2024	STPN PCC Nurse Lead	Amendment to STRS contact Phone number & Review date extended as no comments	Clinical Director
V1.1	31/10/2023	STPN PCC Nurse Lead	Legal aspects section amended & Introduction updated	Clinical Director

South Thames Paediatric Network Critical Care Referral Pathway Guidance for 16 and 17-year olds

Aims & Introduction:

To provide practical guidance for managing critical care admissions for 16-17-year-old young people. Specifically, to aid teams to choose appropriately between paediatric and adult critical care settings as a destination.

The majority of paediatric specific conditions do not extend beyond teenage years and therefore there is no requirement or benefit from caring for young people aged over 16 years to be managed in a Paediatric Critical Care Unit (PCCU). For young people aged over 16, the majority would have adult physiology and body size, no matter what the disease profile, and would be better served in an adult critical care unit (ACCU) rather than a PCCU.

It is expected that the majority of young people aged 16 and over would have their care led by adult services.

Patient-centred, clinically-focused decision making should guide the decision for young people on an individual basis. This guideline **should not replace clinical judgement** and local application of this guidance will apply in provider Trusts.

A delay in decision may lead to harm. In the event of a lack of consensus, an early consultant discussion or conference call should be convened to include the referring clinician and relevant attending PCCU/South Thames Retrieval Service (STRS) and ACCU consultants.

Overarching principle of care for young people aged 16 to 17-years old:

- Young people should receive high-quality care that is integrated and coordinated.
- Care should be provided in an appropriate location and in an environment that is safe and suited to the age and development of the young person, as well as their medical needs.
- Young people and their families should be treated with respect, as active partners in decisions about their care and be supported to exercise choice when possible.
- Safeguarding principles for children and young people are applicable up to age 18 years.
- Critical care networks have a responsibility to ensure access to critical care is always available for all children and adults. **Surge or winter pressures may lower indicative age thresholds for ACCU admission** in order to protect critical care capacity for younger children.

Guidance Summary Table

Age	Details	Recommended ICU	Transport Team (if required)
<16 yrs	Any weight or disease	PCCU*	STRS
16-17yrs	Chronic condition and under the care of paediatric services (or **incomplete transition** to adult services)	PCCU**	STRS
>16yrs	Chronic condition & **transition complete to adult services**	ACCU***	Outreach / Anaesthetic
16-17 yrs	New onset disease or injury	ACCU****	Outreach/ Anaesthetic
>18 yrs	New onset disease or injury	ACCU***	Outreach/ Anaesthetic

*There may be occasions where it is appropriate for a young person under 16 years old to be looked after on an ACCU. For example: young people who are pregnant; young people with trauma requiring input from adult surgical teams, or those requiring a short duration of critical care where this avoids the need for unnecessary transfer. In these situations, it would be important for paediatrics (general or specialist) to support adult critical care, it may be appropriate to involve STRS in this discussion. Paediatric support includes safeguarding.

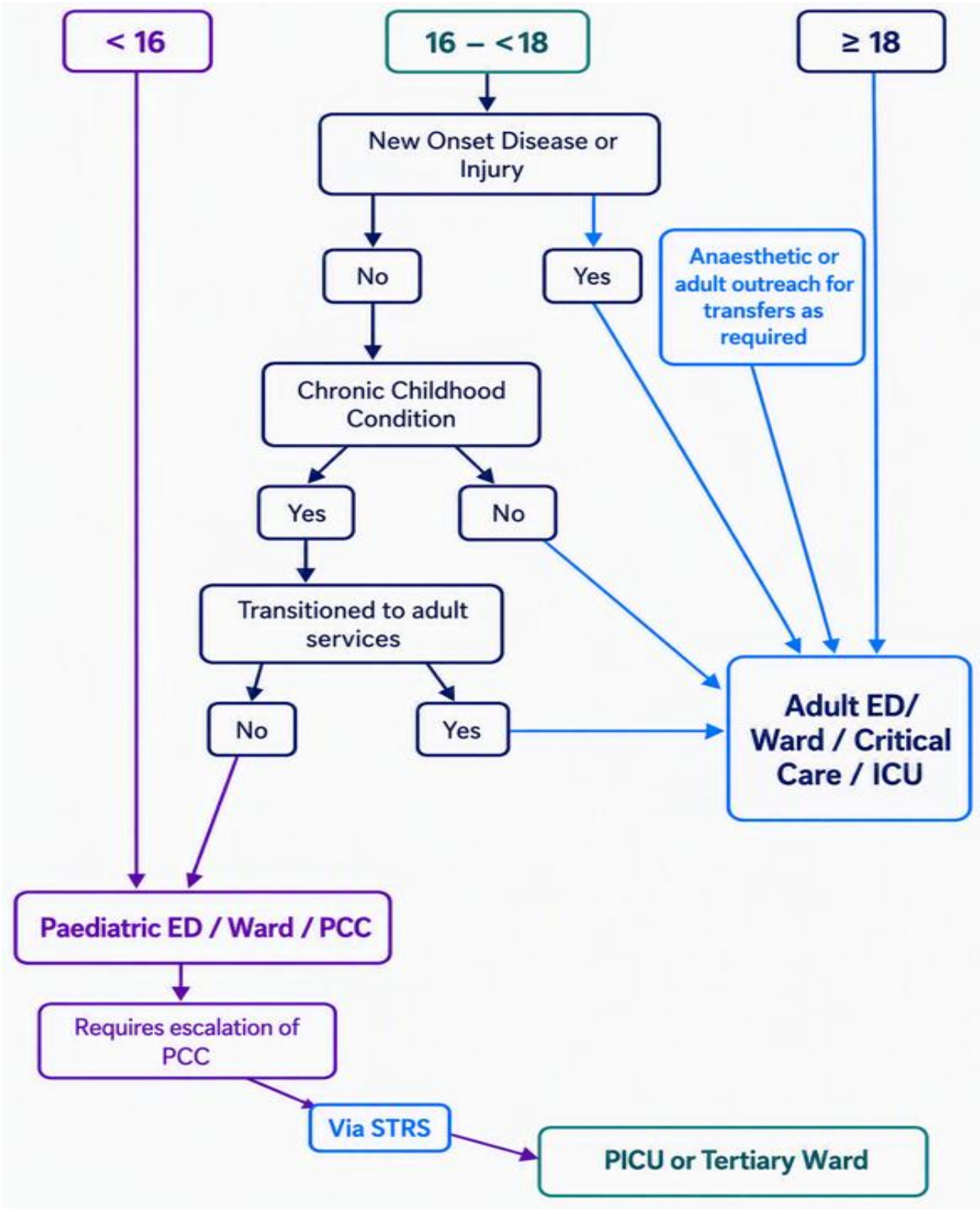
**There may be occasions when 16-17-year old patients who have not transitioned to adult services would be more appropriately looked after in an ACCU setting, particularly with presenting complaints unrelated to their chronic condition.

***There may be rare situations when young people over 16-years old would be more appropriately looked after on a PCCU.

****There may be rare occasions when 16–17 year-old patients with new oncology pathology would be more appropriately looked after in a PCCU setting due to existing pathway agreements.

- **STRS** (South Thames Retrieval Service for Children)
  www.STRS.nhs.uk 0207 188 5000
- **ACCESS** (London Adult Critical Care Transfer Service)
- https://access-london.nhs.uk/ 0330 330 4357
- **ARCC** Adult Regional Critical Care Transfer Service (Kent, Surrey, Sussex)
  https://www.arccksstransferservice.nhs.uk/ 0300 303 4147

Decision Tree



Please refer to page 2 for possible deviations to this decision tree, particularly for new oncological presentations.

Examples of 16-17 year PCCU Admission:

- Under the care of a paediatric team and their transition plan has not sufficiently progressed.
- Known to CAMHS, known to have Child Protection Plan or a Looked After Child may be admitted to PCCU if physiologically appropriate.
- Suspected new oncology diagnosis supported by local clinical pathways
- Rare situations when the development, weight and clinical condition means that care in a PCCU setting is better suited to the young person's needs

Managing patient and family expectations:

- Adult ICU environments may be less adapted to looking after extended family of young people. Patients and their families should be counselled about the rationale for admission to ACCU and what to expect during their intensive care stay. (CQC: From the pond into the sea - Children's transition to adult health services; 2014).
- If requested and appropriate, a parent/carer staying with the young person 24/7 should be accommodated.
- If possible, young people should be admitted to side rooms on ACCUs.

Lines of communication - medical and nursing:

- All requests should be escalated to a consultant level discussions early.
- Destination discussions should be MDT but must not be allowed to delay clinical management and patient-centred care.
- Teams responsible for each element of care should be agreed and clearly documented in the patient's medical record.
- Emergency contact information for clinical colleagues should be clearly established
- A collaborative, patient focused care plan is paramount at all times and may draw on expertise, as required, from adult and children's services, including STRS, in order to best meet the needs of the patient.

Important Considerations:

There should be a **clear agreement** for escalation of care on admission of **all patients** and this guideline should be used both on admission and at any point whilst an inpatient.

Transition:

For young people with complex needs it is desirable that transition plans are made in advance, involving paediatric and adult services, anticipating the need for critical care.

Incomplete transition to adult services should be included in consideration of PCCU vs ACCU decisions, though should not be considered an absolute barrier to ACCU admission.

Legal Aspects:

- The Children's Act (2004) is applied to everyone under 18 years of age.
- The Mental Health Act is applicable to all ages.

- The Mental Capacity Act is applicable from 16 years of age (apart from 2 exceptions. unrelated to health). There are also three exceptions where it is only applicable to those over 18 years of age.
- The Statutory framework of the Deprivation of Liberty Safeguards (DoLS) does not apply to those under 18 years of age. For those under 18, a legal framework must be placed around the arrangement in order to ensure that the deprivation of liberty is lawful.
- Liberty Protection Safeguards, once adopted, would be applicable from age 16 years.
    - No published adoption date yet (Proposed 2027)

Safeguarding Young People:

Safeguarding should always be considered for all patients. Local safeguarding procedures must always be followed.

- Any safeguarding children concerns should be notified to the Safeguarding Children's Team as per Trust policy and guidelines.
- Paediatric services (PCCU, Paediatric Consultants and Nursing Teams) must provide full collaborative support for the safeguarding of the young person, when required.
- Individual training needs analysis & risk assessments should be undertaken by adult critical care services to identify child protection training requirements for adult critical care staff to reflect the unit's cohort of patients.

Mutual Aid Principles:

- Young people in ACCU should be readily reviewed and / or discussed by general or specialised paediatric services, including STRS, as appropriate if required or requested.

Death of a Young Person

- In the event of the death of a young person (under 18 years) in ACCU, appropriate consideration should be given to a PCCU or Paediatric consultant to provide support to the ACCU team with the Child death notification and child death review process in line with the Child Death Review Statutory and Operational Guidance (2018) (England).

Background Detail:

This guideline is to recommend where these patients should be cared for to maintain patient safety, provide patients with the most appropriately skilled professionals and to make sure there is an appropriate pathway for escalation of critical care treatment if required. It is essential that on attendance to all areas within an acute trust there is an agreed clear pathway for escalation.

- The Adult Critical Care service specification includes 16 to 17-year olds in the population these services are intended to support.
- The Paediatric Critical Care service specification states that PCC services shall be available to all critically ill children until their 16th birthday.
- The National Service Framework for Children asserts that the age range for inclusion within Paediatric care is 0-17 years.

Both the adult and paediatric critical care service specifications make the allowance that certain young people between 16-17 years will benefit from being in a PCCU rather than an ACCU. This may include:

- Young people with complex medical needs who have not yet been transitioned.
- Young people who are underweight for their age.
- Young people who are neuro-developmentally and/or emotionally under-age.

Relevant Standards, Literature and Commissioning excerpts:

NHSE Level-3 Paediatric Critical Care Service Provision : "Children up to the age of 16 are normally cared for in a Paediatric Critical Care environment, although the National Service Framework for Children (section 1.2 for link) states the age range for inclusion within paediatric care is 0-17 years (up to but not including the 18th birthday). PCC services shall be available to all critically ill children from the point of discharge from maternity or a neonatal unit until their 16th birthday.

In addition, on rare occasions a PCC unit may be deemed to be the most clinically appropriate place to provide critical care to young adults between the ages of 16-24 years (up to but not including the 24th birthday) – for instance as part of a long-term pathway of care managed by a paediatric team or because of their stage of physical or emotional development. Young people who have not completed transition to adult services will usually be cared for in a PICU unless they, or their carers, express a different preference."

Paediatric Critical Care Society (PCCS) Quality Standards for the Care of Critically Ill or Injured Children (6th Edition October 2021): "The term 'child 'refers to an infant, child or young person aged 0 to 17 years. Young people aged 16 to 17 may be cared for in adult facilities for specific reasons."

References and links

1. Adult Critical Care Service Specification: https://www.england.nhs.uk/publication/adult-critical-care-services/
2. Paediatric Critical Care Service Specification: https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-e/e07/
3. The National Service Framework for Children 2003. https://www.gov.uk/government/publications/national-service-framework-children-young-people-and-maternity-services
4. PCCS guidance for Paediatric to Adult Critical Care Transition 2022: https://pccsociety.uk/paediatric-to-adult-transition-guidance/
5. CQC :From the pond into the sea Children s transition to adult health services; 2014. https://www.cqc.org.uk/sites/default/files/CQC_Transition Report.pdf
6. North Thames Paediatric Network; Referral guidance for young people 16 to 17 years old requiring general critical care, V2 September 2025

7. 2018 Child Death Review Statutory and Operational Guidance (2018) (England). https://www.gov.uk/government/publications/child-death-review-statutory-and-operational-guidance-england
8. Children's Act (2004). https://www.legislation.gov.uk/ukpga/2004/31/contents
9. Working Together to Safeguard Children. Statutory framework: legislation relevant to safeguarding and promoting the welfare of children. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942455/Working_together_to_safeguard_children_Statutory_framework_legislation_relevant_to_safeguarding_and_promoting_the_welfare_of_children.pdf

Appendix 1 - Consulted Stakeholders original document conception

Consultee	Role & Organisation
Members	London PIC Forum
Paul Randall	Adult ICU network.
Nicole Elkins	SW Sector Adult ICU Lead
Angela Aboagye	SE Sector Adult ICU Lead
Members	Kent Surrey and Sussex Adult Critical Care Network
Members	South West London Adult Critical Care Network
Named PCC leads	All Acute Hospitals within STPN