Critical care service capability framework

Attachment

Indicative condition list for paediatric critical care

The below list is applicable to paediatric patients (aged 28 days to 17 years of age) who were previously well with no significant premorbid conditions. Any child with complex health needs, or an existing condition, or with an established clinical history with tertiary providers, should be managed in close collaboration with those services to determine the most appropriate location for care based on the child's clinical needs for that admission.

The list provides condition examples to help inform the delivery of comparable care at each capability level assuming the workforce, infrastructure, support services and governance requirements of that level are met. The list is intended as a guide only and does not replace clinical judgement or established escalation pathways with PIPER or other paediatric subspecialists.

The scope of care provided within a service may vary by age group. For example, a service may accept a limited range of critical care presentations for younger children while managing a broader range for older children or adolescents. Local policies, procedures, workforce competencies, and service capability will determine the age groups accepted and the care managed, and the list should be interpreted in this context.

In all cases it is expected that:

- The health service site has comprehensive local protocols to manage paediatric patients, particularly where care extends to management in an adult ICU.
- Admission criteria for these children should be aligned with best practice recommendations.
- Management of these children aligns with existing paediatric clinical practice guidelines and good practice points.
- Management of children who are at risk of deterioration, or of a child who is not improving as expected with therapy, should be continued in consultation with PIPER.

Presentations that require tertiary transfer

A range of conditions may not require PICU level care but do require tertiary transfer for specialist or subspecialist evaluation and management. It is highly recommended that consultation occurs with PIPER and or the relevant tertiary specialist providers to seek specialist advice

For further clinical advice on indicative conditions, escalation criteria (including PIPER urgent referrals), and clinical guidelines, please refer to the Royal Children's Hospital PIPER and Clinical Practice Guidelines websites.

Indicative procedure list for paediatrics

Management of these conditions is cumulative across capability levels, reflecting the incremental nature of capability requirements from Level 3 to Level 5.

Level 3 **High acuity care**	**Level 4** **High dependency care**	**Level 5** **Intensive care**	**Level 6** **Paediatric ICU**
Paediatric ward	Within an adult ICU	Within an adult ICU	Children's Hospital
• Children with respiratory conditions (bronchiolitis, pneumonia) that require High Flow Oxygen • Mild to moderate asthma responding to treatment • Children requiring increased monitoring or observations (including neurological) such as post-operative elective surgery, isolated injury, or bradycardia • Simple seizures responding to treatment • Suspected sepsis responding to first line treatment • Mild to moderate Diabetic ketoacidosis, • Low risk ingestion	• Children with respiratory conditions that require non-invasive ventilation (NIV) • Upper airway obstruction (croup, anaphylaxis) responding to first line treatment • Acute respiratory exacerbations in children with stable chronic, congenital or developmental comorbidities • Mild toxic or metabolic encephalopathy (no airway compromise) • Moderate diabetic ketoacidosis	• short-term (< 24 h) invasive ventilation for single-system respiratory failure • asthma requiring NIV <24 h • status epilepticus responding to treatment • Adolescent with typically adult cardiac presentation (e.g. drug-induced arrhythmia) for short term monitoring • Severe Diabetic ketoacidosis • Adolescent overdose	• Cardiac or respiratory arrest • Suspected septic shock / severe sepsis • Anticipated invasive ventilation >24 hours • Raised intercranial pressure • Refractory status epilepticus • Evolving neurological symptoms or signs with unclear cause • Severe acute kidney injury • Haemolytic uraemic syndrome • Congenital heart disease with haemodynamic compromise or arrhythmia not rapidly reverted • Suspected cardiomyopathy or myocarditis • Tracheostomy • Meningitis

Version number	Author	Date approved
1.0	Sonia Denisenko	30 May 2026

To receive this document in another format, email <criticalcareframework@health.vic.gov.au>.

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

ISBN 978-1-76195-006-3 (**pdf/online/MS word)**

Available at Critical care capability framework <https://www.health.vic.gov.au/health-system-design-planning/critical-care-capability-framework>