

Long Term Ventilation Recommendations

Children requiring LTV are high risk for respiratory infections during the winter period. There are a number of useful LTV resources available to help familiarise teams with LTV equipment and patient care to support their care outside of the Specialist Wards and PICU.

All Providers:

- Ensure that [LTV Hub poster](#) & [Long Term Ventilation in Children and Young People Clinical Guideline](#) are easily accessible to all staff to gain familiarity with LTV patient care & equipment

LTV Centre:

- Ensure [Respiratory Action Plans](#) (RAP) are updated & shared with relevant teams. To include: clear pathways for advice, thresholds & pathways for admission & discharge of CYP on LTV
- Contact colleagues in CCNT/Continuing Care teams & DGH to avoid unnecessary delays during escalation
- Early communication with colleagues in DGH & CCNT/Continuing Care teams to avoid unnecessary delays in discharge

DGH:

- Ensure [Respiratory Action Plans](#) (RAP) are available for each CYP requiring LTV that the DGH is aware is within their catchment area, and that staff on the ground are aware of where these are filed
- Early communication with colleagues in LTV Teams/ Specialist Centres & Transport Teams such as CATS to avoid unnecessary delays during escalation
- Early communication with colleagues in CCNT/Continuing Care teams to avoid unnecessary delays in discharge

Equipment:

- Ensure adequate supplies of consumables are available & local teams are aware of processes for obtaining LTV equipment, particularly out of hours or urgently in the event of ventilator failure
- Consumable shortages: the respectful use of resources & avoidance of over stocking items is encouraged
- Notify Pan London Paediatric LTV Programme & the CYP LTV Team of any new difficulties
- Updates will be shared on our [website](#) in the “News” section

Education/Training

- Clinical teams to review skill levels in relation to LTV care. Regular local in situ SIM training is recommended to maintain MDT LTV skills
- Notify Pan Thames Paediatric LTV Programme if teams would like support with LTV training. We can provide support through our [LTV eLearning](#) & LTV study days
- Educational resources can be accessed via the [LTV website \(https://ltv.services/\)](#) or by joining the [NHS Futures page](#).

ICBs to engage with Pan Thames LTV Programme for the Hospital Admission Protocol to be used Pan-London

Pan Thames Paediatric LTV Programme



Pan London Paediatric LTV Programme contact: Manal.Naji@gstt.nhs.uk

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Prevention: Encourage early uptake of Influenza vaccine, COVID vaccine (as per JCVI guidance) and RSV prophylaxis as appropriate ensuring GPs have LTV children adequately prioritised

During times of surge, always remember the basics:

1. **Clinical A-E assessment:** Don't stop at "B- Breathing" just because the CYP is on a ventilator, the deterioration may not necessarily be related to a respiratory problem
2. **Check for RAP** & utilise this to inform care decisions & support escalation
3. **Inform the LTV Team/ Specialist Centre** as soon as a CYP presents to hospital (contact details should be on the RAP or can be found on our [website](#))
4. **Consider humidity** (nebulisers, increased time on a wet circuit, adding a humidifier into the circuit and ensure humidifier remains filled with water) for CYP requiring LTV, particularly if they present with a respiratory infection
5. **Consider why the CYP requires CPAP/ BiLevel ventilation** and how it is supporting them- utilise their own equipment where possible rather than removing it to try HFNC
6. **Early escalation-** Contact Specialist Centre +/- CATS as appropriate for advice and escalation

LTV Education Resources (including equipment set up):

- [LTV Hub poster](#)
- [LTV Clinical Guideline](#)
- [WellChild Discharge Guidance](#)
- [Pan Thames Paediatric LTV Programme Website](#)
- Join the [LTV NHS Futures page](#) for up to date guidelines, competencies and many more resources
- [NCEPOD](#) resources

Consider LTV patient step downs to Chelsea & Westminster HDU, Northwick Park, Queens, St Mary's & Luton (EoE).

Acceptance criteria:

- Slow NIV wean (cardiac/neonatal/general)
- Tracheostomy & trache-vent (after day 7)
- All stable and acute NIV
- Complex discharge planning (excluding housing only)

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Prolonged ED stays – LTV CYP:

CYP presenting to hospital with an acute illness or deterioration requiring admission should be discussed with the child's LTV specialist centre as soon as possible for management advice and to determine the most appropriate site for admission. **Do not delay contacting the retrieval team if clinically indicated.** If non urgent transfer is needed, utilise the STOPP tool to support safe transfer.

Escalation via usual Trust processes should take place in the following circumstances:

1. If a CYP remains in ED for more than 12 hours.
2. If a CYP remains in a Paediatric Assessment Unit (PAU) for more than 24 hours and cannot be cared for in an appropriate inpatient ward.

The caveat here would be:

- a. If the Paediatric Assessment Unit is being used as a contingency area for ward overflow beds **AND**
- b. And the unit has appropriately skilled staff to safely manage the CYP **AND**
- c. The CYP is clinically stable, and does not require retrieval

Please also notify the Pan Thames Paediatric LTV Programme Manal.Naji@gstt.nhs.uk for data sharing purposes and to support escalation.

Please note that the LTV Programme is not a patient facing service and has no out of hours cover.

The LTV specialist centre should be updated at least daily on the clinical condition to support management and support escalation as appropriate

Pan Thames Paediatric LTV Programme



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