

		IAP-Intensive Care Chapter - College of Pediatric Critical Care criteria for PICU Levels of Care 01-09-2021	
		Level 3	Level 2
1. General	Type of unit	Independent (not part of adult ICU or NICU)	Independent (not part of adult ICU or NICU)
	Headed by	Qualified Pediatric Intensivist who has at least 1 year experience in the field of Paediatric critical care post qualification OR an Accredited 'Teacher'	Qualified Pediatric Intensivist / Accredited Teacher / Pediatrician with at least 5 years experience in caring for critically ill children
	Manned by	Qualified Allopathic doctors: Paediatricians / Paediatric critical care trainees / paediatric post graduate students/ Anaesthetist with paediatric critical care training	Qualified paediatricians (MD/DCH, DNB, any other PG qualification recognized by MCI) / Anaesthetist
	Base hospital	Part of Multispecialty Hospital of > 150 beds OR Standalone Pediatric Hospital > 50 beds	Part of Multispecialty Hospital of > 100 beds OR Standalone Pediatric Hospital > 50 beds
	Facilities	Portable X-Ray, Neuroimaging (CT), ECG, Echocardiography, Ultrasound, RRT (PD, HD mandatory, CVVH optional)	Portable X-Ray and ECG mandatory; Access to CT and Blood bank
	Number of PICU beds	minimum 8	minimum 6

		Level 3	Level 2
	Number of admissions per year	minimum 200	minimum 150
	Number of invasive ventilations per year	minimum 50	minimum 25
2. Nursing	Manned by	One nursing manager/supervisor dedicated to PICU who has PICU experience to take care of administrative issues	Nurses dedicated to PICU desirable; Nursing In Charge to be ALS trained
	Nursing Ratio	Desirable to have 1:1 for ventilated children and 2:1 for non-ventilated children. Desirable for Nurses to be IAP-BLS or ALS certified	Not to be specified
	Other staffing	Mandatory: Access to Physiotherapist. Desirable: Access to Dietician, Clinical Pharmacist and Biomedical Engineer	Desirable: Access to physiotherapist and Biomedical Engineer
3. Equipment and monitoring	Monitoring	ECG, RR, SpO2, NIBP for all beds. Invasive BP atleast 50% of beds	ECG, RR, SpO2, NIBP for at least 50% beds; SpO2 for all other beds
	Ventilator	Compulsory: Invasive ventilators, NIV and HFNC Desirable - HFOV	Compulsory: Invasive ventilator; Desirable: NIV/ HFNC
	Equipment	Mandatory: Infusion pumps, Warmers, neonatal open care systems, EEG facility, defibrillator	Mandatory: Infusion pumps, Warmers, defibrillator

		Level 3	Level 2
	Crash cart	Appropriately stocked Crash Cart mandatory	Appropriately stocked Crash Cart mandatory
4. Ancillary services	Lab facility	In house and 24 hour for CBC, RFT, LFT, coagulation studies, ABG and lactate. Other investigations can be outsourced	In house and 24 hour for CBC, RFT, ABG.
	Support services	24 hours access to blood bank, pharmacy, neurosurgery, pediatric surgery and ENT surgical facilities	24 hours access to blood bank, pharmacy and pediatric surgery
5. Design	Rooms	Conference/duty room mandatory. Clean and dirty utility rooms mandatory. Library desirable. Toilet for patients mandatory	Conference/duty room mandatory. Toilet for patients mandatory
	Spacing	Ward type Beds: Minimum 100 sq. feet per bed (150 sq. feet desirable); Cubicle: Minimum 125 sq. feet per bed (200 sq. feet desirable)	Not to be specified
6. Other	Quality Improvement	Regular Audit of key QI data including CAUTI, CLABSI, VAP rate, medication error, readmission, and re-intubation; Must use a severity of illness scoring (PRISM or PIM)	Desirable: Regular Audit of key QI data including CAUTI, CLABSI, VAP rate, medication error, readmission, and re-intubation
	Accreditation fee	20,000	10,000
	Validity	5 years	5 years
	Reaccreditation fee	Rs. 20,000 (applicable only for non-teaching units)	