Paediatric Continuous Ventilation
Clinical Criteria
This criteria has been developed in consultation with expert clinicians and is based on available evidence at the time of development. This document is designed to specify the criteria to access assistance through EnableNSW for this group of assistive technology, and provide a basis for consistent and transparent decision making.

### Included Equipment
- Prescription under this Clinical Criteria includes 2 complex ventilators (identical) with appropriate alarms and battery back up systems
- In-use carry bag and/or mounting bracket

### Exclusions
- Cough-assist devices and associated consumables
- Monitoring systems (e.g. pulse oximeters, end tidal CO₂ system, etc.)
- Ventilators solely for transport
- Ventilator car chargers/adaptors
- Filters (including bacterial/viral filters)
- Power generators
- Masks, mouthpiece for non-invasive support
- Phrenic nerve stimulation products
- Nebulisers and associated consumables

### Contracts
- 1002444 SOA for Ventilator equipment 2012 – 2016 (NSW Government contract for complex ventilators)

Please contact EnableNSW for information on the contract

### Ineligible Groups
Children and young people who are eligible for services and equipment from any of the following will not be eligible to receive equipment through EnableNSW (see EnableNSW Policy).
- ADHC owned and operated supported accommodation facility or services
- Respite or temporary care facilities
- Lifetime Care and Support Authority
- Third party/Worker’s Compensation/other compensation related to the injury/disease
- Children in hospital whose respiratory condition has not stabilised and/or require the equipment for discharge

### Eligible Prescribers
The primary prescribing team may include: Paediatric specialist physician in respiratory medicine, sleep medicine, spinal cord injury unit or intensive care in consultation with the multidisciplinary care team (e.g. clinical nurse consultant, clinical nurse specialist, occupational therapists, physiotherapist, biomedical engineer, speech pathologists).

It is recommended that a multidisciplinary service advise on the person’s set up and equipment requirements. Centres with limited or no experience with the management of complex, ventilator dependent people should liaise with a recognised tertiary institution to assist in planning home discharge.

### Recommended Review Timeline
It is recommended that a review is performed every 6-12 months, or as determined by the stability of the underlying clinical condition.

Reviews may be conducted in a variety of settings e.g. Home, clinic or hospital admission.

Respiratory reviews should be conducted by the primary prescribing paediatric physician or nominated reviewing clinical team that manages the person’s ventilation requirements in the community

As a minimum an updated prescription will be required annually as part of the equipment maintenance program.

### Other Considerations
- If the person is prescribed consumables that interface (e.g. circuits etc.) for invasive support, a separate equipment request will need to be made for those products as per the Adult Suction Units, Electrical Humidification and Respiratory Consumables Clinical Criteria
- If the person is prescribed oxygen, a separate equipment request will need to be made for this equipment as per the Paediatric Home Oxygen Clinical Criteria
- If there is a requirement for the ventilator to be mounted on a wheelchair, an assessment must be arranged with the biomedical engineer, seating service and/or allied health staff as soon as possible to ensure that there is no delay in safely mounting the ventilator onto the wheelchair

All Clinical Criteria can be found on the EnableNSW website.
Paediatric Continuous Ventilation
Clinical Criteria

This criteria has been developed in consultation with expert clinicians and is based on available evidence at the time of development. This document is designed to specify the criteria to access assistance through EnableNSW for this group of assistive technology, and provide a basis for consistent and transparent decision making.

Equipment requests for a person older than 16 should apply for equipment through the Adult Continuous Ventilation – Clinical Criteria. In circumstances where a child is aged between 16-18 and their respiratory/sleep care is managed by a paediatric service, requests will be assessed against paediatric Clinical Criteria where requested by the prescriber.

EQUIPMENT ELIGIBILITY

This Clinical Criteria refers to children/young people < 16 years of age, with a demonstrated need for long term (≥ 12 months) continuous mechanical ventilation to sustain life. For the purposes of this document, continuous ventilation is defined as requiring ventilation ≥ 16 hours per day.

To support the request for continuous ventilation equipment, the clinical team must provide a comprehensive report (including evidence e.g. copies of tests and complete prescription settings) detailing EACH of the following categories (1-3): Diagnosis, Stability and Adequacy:

Diagnosis
1. Documentation of hypoventilation
   a. PaCO₂ ≥ 45mmHg on arterial or capillary blood gas OR
   b. CO₂ ≥ 50mmHg on venous blood gas confirming hypoventilation

Stability
2. Full technical and physician report demonstrating adequacy of ventilation on the prescribed community ventilator and settings on
   a. An overnight sleep study OR
   b. Prolonged monitoring during sleep (≥ 8 hours) of oxygen and carbon dioxide AND
3. The child is medically stable on the prescribed community ventilator for ≥ 2 weeks (≥ 1 week for people changing ventilator equipment or transferring from nocturnal/part daytime ventilation e.g. for a progressive disorder) as demonstrated on a download of compliance data

Adequacy of current care
4. The child is tolerant of electro-medical devices and respiratory consumables (humidification, secretion management devices) AND
5. Provide a detailed report including:
   a. An outline of key clinical reasoning for equipment decision (client, environment and equipment factors)
   b. The process of evaluation including clinical trial/s
   c. The implementation/risk assessment plan (emergency plan)

The responsibility of the Prescribing/clinical team is to ensure that:

Social/carer criteria
- The child and/or relevant users (family/primary carers) have been trained by the clinical team and are capable of using the equipment safely and appropriately, including basic equipment care and trouble shooting
- The child will comply with equipment usage as prescribed.
- Information is provided to the child/carers about their ongoing treatment plan, clinical review and assessment requirements in relation to mechanical ventilation. This may include information about regular follow-up as per the Recommended Review Timeline.

Equipment factors
- Any change to the prescription is to be communicated to all relevant parties including EnableNSW.
- EnableNSW is contacted if the equipment is no longer required. EnableNSW can be contacted to coordinate repairs and/or replacement within business hours (9am-5pm, Monday-Friday).
- NB: EnableNSW and contracted equipment suppliers do not provide a 24 hour equipment support contact line.
- The person and/or carer has an emergency plan in the event of respiratory equipment failure outside of business hours. Emergency procedures may include utilisation of the second ventilator or presentation to hospital and that the appropriate local community services have been notified of the person’s needs
- An electricity rebate application is completed. For more information see: http://www.energy.nsw.gov.au/customers/rebates
Paediatric Continuous Ventilation
Clinical Criteria

This criteria has been developed in consultation with expert clinicians and is based on available evidence at the time of development. This document is designed to specify the criteria to access assistance through EnableNSW for this group of assistive technology, and provide a basis for consistent and transparent decision making.

Environmental Factors

- Consideration of the environment where the equipment will be used e.g. school, work, mounting on a wheelchair
- The equipment prescribed is compatible with all other equipment prescribed and is suitable for use in the community
- As part of the home assessment, a competent person has assessed the electrical appropriateness of the accommodation to ensure that it meets or has been modified to meet the requirements of the equipment to be used and the person. As a recommendation:
  - There should be a dedicated and clearly identified power point (i.e. marked as red) on a separate circuit for the ventilator with an appropriate safety switch which may be easily reset by the person or carer from inside the room while being ventilated. Multiple outlets may be present if the person requires ventilation at different locations. Where ever possible a dedicated circuit for each outlet must be used
  - There should be sufficient additional power capacity and power outlets to run the remainder of the electro-medical equipment e.g. battery charger, suction machine, electric bed
  - There should be a separate General Purpose Outlet for each piece of equipment that needs to be plugged into mains power. Extension boards, extension leads and double adaptors are not to be used except in an emergency

The responsibility of EnableNSW is to ensure that:

- Appropriate ventilator equipment that meets the person’s clinical needs as per the prescription, and facilitates access to the community
- Delivery of the device/s to the person or Health Service
- The provision of equipment that complies with the Therapeutic Goods Act (TGA) and has a valid Australian Register of Therapeutic Goods (ARTG) number
- A contractual service and preventative maintenance agreement as per manufacturer’s recommendations including provision of an identical loan unit if equipment is to be removed for repair, maintenance or testing
- The collection of serial numbers and service history of the device with reports being provided to EnableNSW