

Paediatric Levels of Care

Physician & Nursing Resources

Medical Clinical Care

Surgical Clinical Care

LEVEL I

ED or Urgent Care assessing paediatric patients. Typically short-term paediatric admissions to combined adult/paediatric beds where nurses care for adult and paediatric patients, or stabilization and transfer.



Family physicians and adult specialists providing onsite and on-call support.

No onsite paediatricians but access by phone.

Physicians and nurses caring for paediatric patients must have some paediatric skills.



Ambulatory medical care.

Low acuity / low complexity patients typically requiring short stay admission.

Low complexity procedures for children age 5 and up (ASA 1-2*).

Based on geography/demographics select sites may necessitate procedures in patients 1 year and up (ASA 1-2*). Coordination with a level II or III centre is recommended.

Life or Limb: Unplanned/emergency procedures if resources are available and the risk of transport is greater than performing the procedure locally.

LEVEL II

ED or Urgent Care assessing paediatric patients. Ability to admit paediatric patients with Paediatrician as MRP to a dedicated paediatric unit in which the majority of patients being cared for by the nurse are paediatric patients. Possibility of accessing adult critical care unit for stabilization (+/- transfer). Regional resource to support Level I facilities.



Paediatricians providing onsite and on-call support.

Physicians and nurses caring for paediatric patients must have paediatric specific skills/expertise.

Ambulatory medical care. Low to moderate acuity / low to moderate complexity patients. Transfer of higher acuity patients to a Level III facility must take into consideration risk of transport based on patient's condition and should involve CritiCall Ontario.

Low complexity procedures for children age 1 and up (ASA 1-2*).

Life or Limb: Unplanned/emergency procedures if resources are available and the risk of transport is greater than performing the procedure locally.

Appropriate skills and equipment must be in place.

LEVEL III

Dedicated Paediatric ED. Dedicated paediatric wards. Dedicated paediatric intensive care unit. Regional Trauma Center. Regional resource and support to Level I, II facilities.

All paediatric patients are exclusively cared for by nurses and physicians with paediatric specific skills/expertise.



Subspecialty paediatric medicine, paediatric surgery, paediatric anesthesia, paediatric radiology, etc.

Physicians and nurses caring for paediatric patients must have paediatric specific skills/expertise.

Ambulatory and inpatient care provided by a broad range of paediatric subspecialists available 24/7.

Broad range of paediatric subspecialist surgeons and anesthesiologists available 24/7.

Ages 0 - 18 years (ASA 1-5*). Low to high complexity procedures.

***American Society of Anesthesiologists:**
ASA 1 – Healthy Child
ASA 2 – Child with mild systemic disease (no functional limitation)
ASA 3 – Child with mild severe systemic disease (definite functional limitation)
ASA 4 – Child with severe systemic disease (constant threat to life)
ASA 5 – Moribund child not expected to survive 24 hours with or without surgery



PROVINCIAL PROGRAMS WILL CONTINUE TO ACCEPT PATIENTS FROM ALL FACILITIES WHEN INDICATED.