The authors reply:

The coronavirus disease 2019 (COVID-19) pandemic has stretched institutional resources in some locations necessitating novel solutions. Our recent article (1), published in Pediatric Critical Care Medicine, perspective provided guidance to adapt PICUs to care for infected adults. Rodriguez-Rubio et al (2) highlight an important alternative role for pediatric intensivists outside the PICU in supporting adult ICUs in the fight against the COVID-19 pandemic. Pediatric intensivists are comprehensively trained in principles of critical care (e.g., respiratory physiology and mechanical ventilation) which can be easily transposed to adult patients making them qualified to oversee care in an adult ICU as described (2). Our recent perspective (1) should provide pediatric providers with clinical guidance important in caring for adult patients with COVID-19 and highlight common adult situations rarely encountered in pediatrics. This guidance can be applied in an adult or pediatric hospital. A number of the issues raised by Christian and Kissoon (3) can be overcome if pediatric intensivists oversee the care of adults with COVID-19 in a primary adult setting.

This appears to be the strategy used in Spain and Italy (2). An interesting alternative recently reported (4) is the care of adults with COVID-19 within a PICU located in a primarily adult hospital. In these situations, the hospitals had in place the supplies and systems needed to care for adults. Likewise, there exist academic pediatric hospitals which are connected by halls or bridges to adult centers readily permitting the use of adult consultants and equipment/supplies overcoming many of the challenges pointed out by Christian and Kissoon (3). We agree with these authors that these approaches are preferred prior to bringing adults into a PICU where the care of adults is uncommon.

In a COVID-19 surge, one must consider whether the scarcity lies in trained personnel or appropriately equipped critical care settings, or both. Admitting adults to a PICU in a child's hospital is sensible when ICU equipped spaces with optimal monitoring, gases, vacuum, etc. are scarce. This avoids creating ad hoc ICUs in schools or stadiums which have been proposed for surge capacity but have clear limitations. Adults brought to a pediatric setting may benefit from services uncommon in adult hospitals such as pet, art, music, and "child life" therapies and rooms designed to permit a family member to remain during the hospitalization. Thousands of adults have died in heartbreaking isolation from their loved ones without any form of solace in their final days—a situation rarely permitted in pediatric hospitals.

A “one size fits all approach” is unlikely to be universally effective or feasible during this pandemic. However, the pandemic does provide an opportunity to consider related non-pandemic patient care issues such as where and how to care for adults with congenital heart disease, cystic fibrosis, sickle cell, or muscular dystrophies where pediatric providers/hospitals may have greater expertise. We appreciate the innovative approaches and dedication exhibited by our colleagues in Spain and Italy as they bravely confront this pandemic and prove that pediatric intensivists can save lives regardless of the age.

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