



Data Collection Form

Affix patient sticker here if required

Admission Information

Admission number	<input type="text"/>	Family name	<input type="text"/>
NHS Number	<input type="text"/>	2nd Family name	<input type="text"/>
Case note number	<input type="text"/>	First name	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>	Date of birth	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/> <input type="text"/>	If DOB estimated, (or missing, or partly anonymised)	<input type="checkbox"/> 1 = Estimated <input type="checkbox"/> 2 = Partly anonymised <input type="checkbox"/> 9 = N/K
Ethnic category	<input type="text"/>	Gestational age at delivery (If age < 2 years)	<input type="text"/> <input type="text"/> weeks Answer range 20 to 44 wks Enter 99 if not known
Ethnic code	<input type="checkbox"/>	Sex (Tick one box)	Male <input type="checkbox"/> Female <input type="checkbox"/> Ambiguous <input type="checkbox"/> N/K <input type="checkbox"/>
	Use standard NHS ethnic category and code (see back of form)	Multiple birth	<input type="checkbox"/> 1 = Singleton 2 = Twin 3 = Triplet 4 = quad 9 = N/K
		If not 1 or 9	Delivery order <input type="checkbox"/>

Date of admission to your unit	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Time of admission to your unit	<input type="text"/> : <input type="text"/>
--------------------------------	---	--------------------------------	---

Type of admission to your unit (Tick one box)	<input type="checkbox"/> Planned - following surgery	Previous ICU admission (during current hospital stay) (Tick one box)	<input type="checkbox"/> ICU	<input type="checkbox"/> PICU	<input type="checkbox"/> NICU	<input type="checkbox"/> None	<input type="checkbox"/> N/K
	<input type="checkbox"/> Unplanned - following surgery		<input type="checkbox"/> Planned - other	<input type="checkbox"/> Unplanned			
Source of admission	<input type="checkbox"/> Same hospital <input type="checkbox"/> Other hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Home	Care area admitted from (includes care area where admitted from another hospital. Tick one box)					
Retrieval / transfer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> X-ray, endoscopy, CT scanner or similar <input type="checkbox"/> Recovery only <input type="checkbox"/> HDU (step up / step down unit) <input type="checkbox"/> Other intermediate care area (Not ICU / PICU / NICU) <input type="checkbox"/> ICU / PICU / NICU <input type="checkbox"/> Ward <input type="checkbox"/> Theatre and recovery <input type="checkbox"/> A & E					
If Yes, retrieved / transferred by	<input type="checkbox"/> Own team <input type="checkbox"/> Other specialist team (PICU) <input type="checkbox"/> Other specialist team (Non PICU) <input type="checkbox"/> Non specialist team <input type="checkbox"/> N/K						

Primary diagnosis for this admission

Other reasons for this admission

Operations or procedures performed during this admission

Co-morbidity

PIM/PIM2 - Medical History

Evidence available to assess past medical history? Yes No

If yes tick appropriate box (es)

Cardiac arrest before ICU admission	<input type="checkbox"/>	→ If yes: cardiac arrest OUT of Hospital?	<input type="checkbox"/>
Cardiomyopathy or myocarditis	<input type="checkbox"/>	Admitted following cardiac bypass	<input type="checkbox"/>
Severe combined immune deficiency	<input type="checkbox"/>	Spontaneous cerebral haemorrhage	<input type="checkbox"/>
Hypoplastic left heart syndrome	<input type="checkbox"/>	Neurodegenerative disorder	<input type="checkbox"/>
Leukaemia / lymphoma after 1st induction	<input type="checkbox"/>	Severe developmental delay	<input type="checkbox"/>
Liver failure (main reason for PICU admission)	<input type="checkbox"/>	Human Immunodeficiency Virus (HIV)	<input type="checkbox"/>

PIM/PIM2 - Reason for admission

Please tick this box if the admission was elective:

Please tick one of the boxes below if main reason for this PICU admission:

Asthma	<input type="checkbox"/>	Croup	<input type="checkbox"/>	Recovery from surgery	<input type="checkbox"/>
Bronchiolitis	<input type="checkbox"/>	Obstructive sleep apnoea	<input type="checkbox"/>	Diabetic ketoacidosis	<input type="checkbox"/>

PIM/PIM2 - Physiology (valid time period: from 1st face to face contact with a doctor until **1 hour** after admission to your unit)

Systolic blood pressure	<input type="text"/> <input type="text"/> <input type="text"/> (mmHg)	Blood gas in 1st hour	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
PaO ₂ (arterial)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (kPa) or <input type="text"/> <input type="text"/> <input type="text"/> (mmHg)	Base excess (arterial / capillary)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	(indicate plus or minus)	
FiO ₂ (at time of above sample)	<input type="text"/> . <input type="text"/> <input type="text"/>	Pupil reaction	Both fixed & dilated <input type="checkbox"/>	Other reaction <input type="checkbox"/>	N/K <input type="checkbox"/>
Mechanical ventilation	Yes <input type="checkbox"/> No <input type="checkbox"/> N/K <input type="checkbox"/>	Intubation (at time of PaO ₂)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/K <input type="checkbox"/>
CPAP (include mask / nasal / negative pressure)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/K <input type="checkbox"/>	Headbox (at time of PaO ₂)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/K <input type="checkbox"/>

Interventions during this admission to your unit

Invasive ventilation Yes <input type="checkbox"/> No <input type="checkbox"/> N/K <input type="checkbox"/>	Non-invasive ventilation Yes <input type="checkbox"/> No <input type="checkbox"/> N/K <input type="checkbox"/>
If Yes total number of days given <input type="text"/> <input type="text"/> <input type="text"/>	If Yes total number of days given <input type="text"/> <input type="text"/> <input type="text"/>
START invasive ventilation <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	START non- invasive ventilation <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
END invasive ventilation <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	END non-invasive ventilation <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Please note that start and end dates are for your reference only and are not submitted to PICANet	
Tracheostomy Yes <input type="checkbox"/> No <input type="checkbox"/> N/K <input type="checkbox"/>	ECMO Yes <input type="checkbox"/> No <input type="checkbox"/> N/K <input type="checkbox"/>
IV vasoactive drugs Yes <input type="checkbox"/> No <input type="checkbox"/> N/K <input type="checkbox"/>	LVAD Yes <input type="checkbox"/> No <input type="checkbox"/> N/K <input type="checkbox"/>
Renal support Yes <input type="checkbox"/> No <input type="checkbox"/> N/K <input type="checkbox"/>	ICP device Yes <input type="checkbox"/> No <input type="checkbox"/> N/K <input type="checkbox"/>
(If Yes to Renal Support please tick treatments given)	(If Yes to ICP device please tick as appropriate)
Haemofiltration <input type="checkbox"/>	Ventricular drain <input type="checkbox"/>
Haemodialysis <input type="checkbox"/>	ICP bolt <input type="checkbox"/>
Plasmafiltration <input type="checkbox"/>	
Plasma exchange <input type="checkbox"/>	
Peritoneal dialysis <input type="checkbox"/>	

Please note that ventilation for any part of a day (midnight to midnight) is counted as one day.
 EXAMPLE: If a child started ventilation at 23:00 and stopped at 07:00 the next day this would be counted as two days.

Discharge Information

Status at discharge from your unit	
Alive <input type="checkbox"/> Dead <input type="checkbox"/> Discharged for Palliative care? <input type="checkbox"/>	
Date of discharge <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of death <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Time of discharge <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	Time of death <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
Destination following discharge from your unit	Follow up 30 days post discharge from your unit
Normal residence <input type="checkbox"/>	Status Alive <input type="checkbox"/> Dead <input type="checkbox"/> N/K <input type="checkbox"/>
Hospice <input type="checkbox"/>	Date of death <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Same hospital <input type="checkbox"/>	Normal residence <input type="checkbox"/> N/K <input type="checkbox"/>
Other hospital <input type="checkbox"/>	Hospice <input type="checkbox"/>
ICU PICU NICU HDU SCBU Ward Other	Same hospital <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other hospital <input type="checkbox"/>
	ICU PICU NICU HDU SCBU Ward Other
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Form completed by:

Comments

User defined fields

Variable name	Description				

Ethnic categories

These are the standard ethnic categories to be used for the collection of ethnicity information

Ethnic category			Codes
a	White	British	A
		Irish	B
		Any other White background	C
b	Mixed	White and Black Caribbean	D
		White and Black African	E
		White and Asian	F
		Any other mixed background	G
c	Asian and Asian British	Indian	H
		Pakistani	J
		Bangladeshi	K
		Any other Asian background	L
d	Black or black British	Caribbean	M
		African	N
		Any other Black background	P
e	Other ethnic groups	Chinese	R
		Any other ethnic group	S
f	Not stated	Not stated	Z

A query to picanet@leeds.ac.uk will reach every team member

Individual contact details

Roger Parslow
0113 343 4856
r.c.parslow@leeds.ac.uk

Krishnan Thiru
020 7762 6713
ThiruK1@gosh.nhs.uk