



DATA REQUESTS

Request date	Name	Position & Place of Work	Data requested	Date Approved	Data Provided by
15/11/10	Susannah George	Specialty Registrar in Dermatology, Brighton and Sussex University Hospitals	<p>DERMATOLOGY</p> <p>For all admissions with CT3 codes in the category 'Skin': anonymised PICU identifier; calendar year of admission; age (months); sex; type of admission; source of admission; care area admitted from; PIM predicted risk of mortality; primary diagnosis; other reasons; operations/procedures; co-morbidity; status at PICU discharge; ventilation status; use of vasoactive drugs; renal replacement therapy; length of stay in PICU (hours)</p>		Pending with Phil McShane / Lee Norman
09/11/10	Tracy Reek	Staff Nurse, Nottingham University Hospitals NHS Trust	<p>THERAPEUTIC HYPOTHERMIA</p> <p>An Extended Literature Review to examine the use of Therapeutic Hypothermia in Children following Cardiac Arrest (Dissertation Study, BSc (Hons) Health Care Studies)</p> <p>Total number of admissions to PICU each year. Incidence of children admitted to PICU following a cardiac arrest. Incidence of children sustaining a cardiac arrest within PICU. Survival rates following cardiac arrest (data for last five years please)</p>	18/11/10	Phil McShane / Lee Norman
03/11/10	Carol Kennelly	Matron, PICU St George's, Tooting	<p>INTERVENTIONS AND HRG'S</p> <p>Report showing patient ID (in some form), interventions; HRG; and group (PICU/HDU) however this information presented.</p> <p>Please can this be done on a monthly basis?</p>	03/11/10	Lee Norman / Phil McShane
27/10/10	Lee Ferguson	Consultant Paediatric Intensivist, Newcastle Freeman Hospital	<p>ARTERIAL HYPEROXIA</p> <p>To investigate the association between arterial hyperoxia following resuscitation from cardiac arrest and mortality in children.</p> <p>The data from the entire PICANet dataset up to most completed month that matches: PRECEDCPR=1 Or PRECEHOSPCARDARR=1 Or Diagnostic coding for "cardiac arrest" Or Diagnostic coding for "cardiopulmonary arrest" Or Diagnostic coding for "ventricular fibrillation"</p> <p>Data required: Admission Information Age (in months), GEST, MULT, DELORDER, SEX,</p>	27/10/10	Phil McShane / Lee Norman

			<p>ETHNIC, ADDATE (year only), PREVICUAD, SOURCEAD, RETRIEVAL, RETRIEVALBY, CAREAREAAD</p> <p>Diagnoses PRIMDIAG, PRIMDIAGNOTES, OTHDIAGNOTES, OTHDIAG, COMNOTES, COMDIAG</p> <p>PICANet data request form</p> <p>October 2006</p> <p>PIM / PIM2 medical history - all data fields</p> <p>PIM / PIM2 reason for admission – all data fields</p> <p>PIM / PIM2 physiology – all data fields</p> <p>Intervention record</p> <p>INVVENT, INVVENTDAY, NONINVVENT, NONINVVENTDAY, ECMO, LVAD, ICPDEVICE, RENALSUPPORT, RENALHAEMFIL, RENALHAEMDIA, RENALPERIDIA</p> <p>Discharge UNITDISSTATUS, DISPALCARE, Length of ICU stay (days), Days from ICU admission to death (if died), UNITDISDEST, UNITDISDESHOSP</p> <p>Follow-up FU30DISSTATUS, FU30LOCATION, FU30LOCHOSP, Days from ICU admission to death (if death within 30d following discharge from ICU)</p>		
07/09/10	Claire Westrope	Locum Consultant PICU / ECMO, Glenfield Hospital Leicester	<p>RENAL REPLACEMENT THERAPY</p> <p>From the original PICANET dataset: numbers of patients who received CRRT (PD/CVVH/CVVHD/CVVHDF) with age, weight, diagnosis and outcomes. Proportion of RRT patients per total admissions by anonymised unit.</p> <p>From the PCCMDS. For those patients who had RRT; mode of RRT, number of days on RRT with age weight diagnosis and outcomes.</p>	07/09/10	Phil McShane
12/08/10	Lorna Fraser	Research Officer, Paediatric Epidemiology Group, University of Leeds	<p>CEREBRAL PALSY</p> <p>All admissions where Cerebral Palsy is listed as primary or secondary diagnosis. Ethnicities, deprivation score, age at admission are also required.</p> <p>To describe the ethnicity and socioeconomic profile of children/young people with Cerebral Palsy that are admitted to PICU</p>	10/08/10	Lee Norman
04/08/10	Michael Absoud	Clinical Research Fellow, Birmingham Children's Hospital.	<p>TRANSVERSE MYELITIS</p> <p>What is the incidence of transverse myelitis (TM) admitted to PICUs in England and Wales?</p> <p>What are the interventions and outcome of children admitted to PICU with TM?</p> <p>Timeline: January 2004-December 2009?</p> <p>Ages: 1 month- less than 16 years old</p>	11/08/10	Phil McShane

			<p>Number of children admitted with TM with the following read codes as per: primary diagnosis, or other reason for admission, or co-morbidity:</p> <p>X001a Varicella transverse myelitis X001Z Acute viral transverse myelitis X005j Acute non-infective transverse myelitis X005j Acute demyelinating transverse myelitis F210 Neuromyelitis optica</p> <ul style="list-style-type: none"> - What was the primary diagnosis, other reason for admission, co-morbidity, and procedure recorded? - Date of birth (month/year) - Date of admission (month/year) - Length of admission - Sex - Ethnicity - Interventions given (ventilation [specify], neurological [specify], cardiovascular [specify], plasmapheresis) - PIM (recalibrated coefficients) and PIM2 score - Outcome (death, 30 day follow up [location of discharge]) 		
26/07/10	Andrew Prayle	Clinical Research Fellow, University of Nottingham.	<p>CYSTIC FIBROSIS</p> <p>There is ongoing controversy regarding the appropriateness (or otherwise) of ventilation of acutely unwell patients with cystic fibrosis. Studies to date have been small. There is especially limited data regarding the outcome of children with CF.</p> <p>Admission diagnoses / other reasons / operations / co-morbidity. Date / time of admission</p> <p>Whether the admission was planned / unplanned and whether it followed surgery Previous PICU admissions Area admitted from</p> <p>The PIM / PIM2 Reason for admission and medical history Boxes PIM / PIM2 physiology box</p> <p>Date / time of discharge / death</p> <p>Follow up 30 day status and location</p> <p>Number of days of ventilation Number of days of NIV Number of days of oscillation Number of days of jet ventilation</p> <p>Any renal interventions (PD / HD / HF etc)</p> <p>Inhaled Nitric oxide – number of days.</p>	11/08/10	Phil McShane

23/06/10	Leona Lee	Consultant Neonatologist University Hospital of North Staffordshire	<p>LIGATION OF PATENT DUCTUS ARTERIOSUS</p> <p>The aim is to survey any infant born at less than 37 completed weeks of gestation who undergoes ligation of a patent ductus arteriosus prior to discharge home. Infants with other cardiac structural abnormalities would be excluded.</p> <p>Data required: Patient identifiers – NHS number, date of birth, birth weight, birth gestation, Referring hospital, Date of admission, date of PDA ligation, date of discharge Medication on arrival, medication on discharge Ventilatory support on arrival and on discharge Circulatory support on arrival and on discharge Length of stay Date of death if applicable</p>		Pending with Phil McShane
07/06/10	Barney Scholefield	Clinical Research Fellow, Birmingham Children's Hospital	<p>POST-CARDIAC ARREST ADMISSIONS</p> <p>Evaluate the current epidemiology of post-cardiac arrest admissions to PICU in the UK. Evaluate the In-PICU cardiac arrest population (PCCMDS data). Assess the feasibility of performing a randomised controlled trial of therapeutic hypothermia on the UK post-cardiac arrest population with respect to potential inclusion/exclusion criteria (Trauma, sepsis, age etc). Economic evaluation of burden of therapeutic hypothermia on patients (Length of stay, ventilation, additional modes of mechanical support (CVVH etc))</p> <p>Extract data from the following population</p> <ol style="list-style-type: none"> 1) Precedcpr & Precedhospcardarrest OR 2) Diagnostic coding for Ventricular fibrillation OR 3) Diagnostic coding for Cardiac arrest/cardiopulmonary arrest OR 4) Any 'Cardiopulmonary resuscitation' in PICU (for the PCCMDS database, cardiovascular parameter) <p>Time limits – Whole PICANet collection up to most completed month.</p> <p>Two different databases please:</p> <ol style="list-style-type: none"> 1) All PCCMDS data for the above populations AND 2) The following domains: <i>(to complete the database provided for Dr Rob Tasker which we already</i> 	07/06/10	Phil McShane

			<p><i>have up to April 2009 (however don't have any PCCMDS data))</i></p> <p>diagnosis_codes, diagnoses, Chronic, Cause of arrest, age_days_, los_days_, unitdisstatus, distance_to_admitting_picu_km_, nearest_picu, nearest_neuro_picu, distance_to_nearest_picu_km_, distance_to_nearest_neuro_picu_, siteid, picanetid, sex, addate, adtime, adtype, previcuad, sourcead, careareaad, retrieval, retrievalby, medhistevd, precedcpr, precehospcardarr, unitdisstatus, cardiomyocarditis, cardiacbyp, sevcombimmune, spontcerebhaem, hypoplas, neurogendis, leuklymph1st, sevdevdelay, liverfail, hiv, electivead, primreason, bpsys, bgfirstthr, pao2kpa, pao2hg, fio2, intubation, headbox, baseexcess, cpapfirstthr, pupreact, mechvent, invent, invvntday, Noninvvent, noninvvntday, intratracheostomy, ecmo, vasoactive, lvad, icpdevice, icpvd, icpbolt, renalsupport, renalhaemfil, renalhaemdia, renalplasfilt, renalplasexch, renalperidia, unitdisstatus, unitdisdate, unitdistime, dod, timedth, unitdisdest, unitdisdesthosp, cprouthosp, cprinhosp, malignancy, maligcomp1st, o2mlkgmin, o2lmin, methadmin, intubever, intubdays, l_pim_rec, l_pim2, pim_rec_s, pim2_s, addatenum, adtimenum, unitdisdatenum, unitdistimenum, dodnum, timedthnum.</p>		
15/05/10	Dora Wood	Specialist Registrar, PICU, Bristol Royal Hospital for Children	<p>LONG STAY PATIENTS / TRACHEOSTOMY</p> <p>1. Long-stay patients - epidemiology - whether mortality risk can or should be adjusted to account for patients who stay 7-28 days</p> <p>2. Tracheostomy in paediatric intensive care - epidemiology and outcomes from PICANet - current practice (questionnaire study of clinical leads)</p> <p>All questions refer to data for the years 2005-2009 inclusive. Admissions by length of stay in days and outcome at discharge (alive vs died). Admissions by age by length of stay (7-28 days & 28+ days) and outcome at discharge, compared to total admissions. Admissions by primary diagnostic groupings by length of stay (7- 28 days & 28+ days) and outcome at discharge, compared to total admissions, median length of stay and IQRs by primary diagnostic groupings. Top 10 primary diagnoses read codes for admissions staying 7-28 days & 28+ days. Admissions by mortality risk by length of stay (7-28 days & 28+ days) and actual mortality rate at discharge. Admissions ventilated for 28+ days by length of stay and outcome at discharge (alive vs. died). Percentage mortality for admissions with length of stay of 7-28 days by</p>	20/05/10	Phil McShane

			<p>admission or intervention:</p> <ul style="list-style-type: none"> • Planned – following surgery • Unplanned – following surgery • Planned – other • Unplanned - other • Admitted from NICU • Admitted from PICU • Tracheostomy • ECMO • IV vasoactive drugs • ICP device • Renal support <p>Admissions undergoing a tracheostomy by age, gender, primary diagnostic grouping, length of stay and NHS trust. Compare to total admissions for the same period.</p> <p>Mortality rate for children undergoing tracheostomy compared to mortality rate for total admissions.</p>		
13/05/10	Fiona Reynolds	PICU Consultant, Birmingham Children's Hospital	<p>MONTE CARLO MODELING</p> <p>To model PICU bed numbers using Monte Carlo modeling across the UK</p> <p>(a) Unit identifier - pseudo anonymization of unit identifier acceptable (b) Admission date/time and discharge date/time (c) No outcome variables will be required (d) Primary Diagnosis, secondary diagnoses & procedure codes (e) Distance to each centre (as crow flies) (f) Number of days invasive ventilation (g) Number of days non-invasive ventilation (h) Admission type (elective/emergency) (i) Admitted after surgery (g) ECMO (h) Source of admission - to help identify specialist care i.e. WARD, other hospital etc</p>	13/05/10	Tom Fleming / Roger Parslow
11/05/10	Andrew Nyman	PICU Fellow, Evelina Children's Hospital, St Thomas Hospital, London, SE1 7EH	<p>PICU ASTHMA</p> <p>Appears that South Thames has high rate of asthma requiring PICU. Is this similar to rest of PICU. What is current median length of stay and ventilation?</p> <p>Data for all units excluding Evelina / Guys PICU for all patients admitted who have primary diagnosis of asthma, acute exacerbation of asthma, as well as cardiac arrest secondary to asthma. Only interested in patients who were invasively or advance ventilated during the course of PICU</p> <p>Date range – 01/01/2004 to 31/12/2009 (or the last 5 years data you have)</p> <p>Would like Age including median and IQR</p>	14/05/10	Phil McShane

			<p>Sex Previous PICU admission Pupil reaction on admission Gestational age if <2 (median and IQR) Length of ICU stay (median and IQR) Length of invasive ventilaton (median and IQR) PIM/PIM2 on admission (median and IQR) Outcome If any were referred for ECMO We have the PICANET data for ECH/Guys already hence do not need them.</p>		
22/04/10	Jonathan Round	Consultant, St George's Hospital, London	<p>EATING DISORDERS</p> <p>PICANet data from those admitted to PICU since 2002 with "anorexia" "bulimia" "eating disorder" as either primary or secondary diagnosis. We would like demographics, date of admission/discharge, outcome, support, interventions, PIM and initial observations/blood gases, ventilatory settings, and interventions required.</p>	22/04/10	Phil McShane
30/03/10	Ben Gibbison	SpR Anaesthesia, North Bristol NHS Trust, Dept. Anaesthesia Southmead Hospital Southmead Road Westbury-on-Trym Bristol	<p>ANAPHYLAXIS AND INTENSIVE CARE</p> <p>To gain an insight into anaphylaxis and intensive care. Dr Soar (Chairman of Resus Council and NHS working group on anaphylaxis) keen for data on outcomes and care whilst in intensive care. PICU data will be put together with data from ICNARC and Scottish data to get a full UK view.</p> <p>Data from the programme on Anaphylaxis by year. Data by age (in 5yr bands), sex, ethnic group, residential postcode if possible, Source of admission (ED, theatre etc), length of stay, disposal (death, ward etc) whether or not CPR used</p>	14/04/10	Phil McShane
10/03/10	David Inwald	Consultant in PICU, Imperial College Healthcare NHS Trust, PICU St Mary's Hospital London W2 1NY	<p>IDENTIFY PREDICTORS OF DEATH IN PICU</p> <p>Planned/unplanned/planned post surgical/unplanned post surgical admission Cardiac arrest before ICU or out of hospital Myocarditis / cardiomyopathy Hypoplastic left heart syndrome Primary diagnosis Base excess Systolic blood pressure Age Death in PICU Death by 30 days (if available) For all patients admitted to a UK PICU from April 2008 – April 2009, or preferably calendar year 2009 if data available.</p>	10/03/10	Phil McShane

29/01/10	Josep Panisello	Clinical Director, John Radcliffe Hospital, Oxford	<p>CARDIAC ADMISSIONS APRIL 2008 – APRIL 2009</p> <p>Would like information sorted by: PICANet ID, ADNO, ADDATE, ADTIME, ADTYPE, SOURCEAD, HOSPADMISSION, CAREAREAAD, UNITDISDATUS, AGE_MONTHS, PIM2, VENTILATIONSTATUS, DIAGGROUP, TERM60, IV_NIV</p>	29/01/10	Roger Parslow
26/01/10	Andrea Hughes	NW Children's Programme manager (Tertiary Services)	<p>OUT OF AREA TRANSFERS (1 Year)</p> <p>Please can you supply me with information on out of area transfers within the North West by PCT (1 year data). I would like to know how many children were refused admission to both North West Tertiary centres between: 2007-2008 2008-2009 What was reason for the refusal and if possible where did the child then end up. I would like the information by: Date of transfer Time of transfer Care area, Retrieval (Y or N) Reason for refusal at NW tertiary centre Name of Admitting PICU, Length of stay in PICU (Number of bed days)</p> <p>I would also like to know the same information for children admitted to the NW paediatric tertiary centres from outside of the North West region, by PCT and length of stay in bed days.</p>	26/01/10	Phil McShane
13/01/10	Lyn Jarvis	Information Officer, Southampton Research and Audit Office	<p>RCSE PATIENTS</p> <p>I require a spreadsheet of all patients admitted to PICU as primary or other with Epilepsy/Seizures/Status Epilepticus etc – Can this be sorted by: Admission number, Case number, Name, Dob, Admission date and any seizures, status epilepticus, convulsions etc at primary and other diagnosis.</p>	13/01/10	Phil McShane
30/12/09	Dr Andrew Mallick	Paediatric Neurology Research Associate, Bristol Royal Hospital for Children	<p>INCIDENCE AND OUTCOME OF CHILDHOOD STROKE</p> <p>We request a list of children (aged 28 days to less than 16 years) admitted to PICUs (Birmingham, Bristol, Cambridge, London, Oxford, and Southampton) between 1st July 2008 – 30th June 2009 with a stroke (arterial ischaemic stroke, cerebral venous thrombosis with venous infarction, and haemorrhagic stroke). We would only require DOB and initials.</p>	24/05/10	Phil McShane
07/12/09	Emily Gaskell	MSc Student, City University	<p>AVERAGE LOS</p> <p>To develop a tool that can predict the number of admission, discharges</p>	18/12/09	Phil McShane

			and average LOS for a paediatric intensive care unit. For all participating trusts - The numbers of discharges by trust by month (anonymised) for 2004-8inc. - The average LOS by trust by month (anonymised) for 2004-8inc.		
03/12/09	Michael Absoud	Clinical Research Fellow, Birmingham Children's Hospital.	ADEM AND PICANET What is the incidence of Acute Disseminated Encephalomyelitis (ADEM) admitted to PICU in England and Wales? What are the interventions and outcome of children admitted to PICU with ADEM? Timeline: January 2004-December 2008 (<u>5 years</u>) Ages: 1 month- less than 16 years old	15/12/09	Phil McShane
05/11/09	Gale Pearson	Clinical Director (Child Health), CMACE	EARLY CARE HEAD INJURY DEATHS The principle objective of this research is to investigate the early care (i.e. first 72 hours post injury) provided to children who are admitted to hospital or who die from a head injury using the confidential enquiry approach. We seek to assess compliance with national guidelines in order to optimise the outcomes for this group of children.	Pending	Roger Parslow
30/10/09	Michael Agus	Director, Medicine Critical Care Program Children's Hospital Boston & Harvard Medical School	GLYCEMIC CONTROL IN CRITICALLY INJURED CHILDREN Our aim is to gather data with which to power a new prospective randomized controlled trial of two ranges of tight glycaemic control in critically ill children, using continuous glucose monitoring and computerized glucose control algorithm. Mortality and ICU Length of stay (mean, SD, median, IQR, range) among survivors in PICU patients with: 1. mechanical ventilation >24 hrs 2. vasopressors > 24 hrs 3. both 4. either	09/11/09	Phil McShane
23/10/09	Megan Smith	PICU Consultant Nottingham University Hospital	INSTANCES OF HFOV IN PICU PATIENTS FROM NUH Identifiers/details of PICU patients at NUH who received HFOV over last 5 years.	28/10/09	Adrian Ashley
01/10/09	Shamez Ladhani/ Jonathon Round	Consultants in Paediatric Infectious Diseases and Paediatric Intensive Care	SEVERE MALARIA IN PICU Very few children with malaria diagnosed in the UK go on to require intensive care. Prospective surveillance through the BPSU identified only 10 cases in 12 months. There is very limited published literature on features of severe malaria in children in developed countries that require intensive care admission Age in months; month and year of admission; town of address; gender ; previous ICU admissions ; source of admission ; diagnoses and procedures ; co-morbidity ; daily interventions with number of days	05/10/09	Adrian Ashley/ Phil McShane

			(basic, airway & ventilation, cardiovascular, renal, neurological, other) ; PIM1/PIM2 – Medical history ; PIM1/PIM2 – Physiology (systolic blood pressure, base excess, pupil reaction) ; Status at discharge ; duration of stay (days)		
24/09/09	Cilla Long/ Lyn Jarvis	Senior Research Nurse, WTCRF Southampton General Hospital.	SAFETY, TOLERABILITY AND IMMUNITY OF MEDI – 534 To describe the safety & tolerability and immunity effect, of multi doses of Medi-534 in RSV & hPIV3 seronegative children between the ages of 6months to 2yrs through a yearlong clinical trial. Names & addresses of families who have previously had a child in intensive care with RSV or bronchitis's type symptoms. THIS INFORMATION WAS NOT PROVIDED BY PICANET	05/10/09	Phil McShane
14/09/09	Andy Petros	Speciality Unit Lead, Great Ormond Street, London,	MORTALITY RATES AND CAUSES I mean to look at the interventions that have been shown to reduce mortality in adults and see how they have been used in children. So I need t great a baseline data set of mortality rates and causes. In particular I want to look at selective decontamination of the digestive tract (SDD). SDD has been used at Alder Hey for over 10 years. There should therefore be some discernable differences in survival or length of stay or ventilation, which we would like to look for. If I could have these data from the time PICANet started collecting them i.e. 5 years or so that would be very useful. Also, would it be possible to identify (to thus allow separation) Alder Hey's data. Kent Thorburn is the local contact and he will be involved in the project.	11/09/09	Phil McShane
24/08/09	Arshad Nana	Senior Information & Performance Manager, East Midlands Specialised Services Group, Leicester	EAST MIDLANDS SERVICE PLANNING We are the lead responsible commissioner for PIC services in the East Midlands. We need the data to help us validate activity levels, review trends, plan capacity effectively, compile health needs assessments, designation of services, monitoring of service quality. Require data as flat excel file Time period for data needs to be as far back as possible to most current month Subsequent months data requested on an ongoing routine basis so that dataset can be kept up to date Request copies of all look- up/reference files to support/ translate the fields of data requested. Data to be for all 9 East Midlands PCT's	Pending	Phil McShane
17/08/09	Dr Andrew Magnay	Clinical Lead, PICU, University Hospital of North Staffordshire,	SERVICE PLANNING Quarterly or 4 monthly report by fiscal year time frames of the following population data, specifically, patients admitted to PICU, University Hospital of North Staffordshire: 1. Number of Admissions by PCT during report time window.	24/08/09	Phil McShane

			<p>2.a. Number of episodes which completed (=discharge or death) during the report time window by PCT, and b. Number of days of PICU care associated with these discharges/deaths by PCT; 3. Number of admissions by Health authority; 4. a. Number of episodes which completed (=discharge or death) during the report time window by Health Authority and b. Number of days of PICU care associated with these discharges / deaths by Health Authority expressed both as fiscal y and also as calendar year. Also: 5. Number of days of PICU care for each of the “top 10 PCTs”. a) calendar year b) fiscal year</p>		
05/08/09	David Harrison	Senior Statistician, ICNARC, London,	<p>SWINE FLU</p> <p>Unique identifier. Age (months) Sex SHA .Ethnicity Interventions (IV/NIV/Both) - not ECMO as identifiable as so few PIM2 and component variables Outcome LOS (give admission date and discharge date). Aim is to characterise early admissions to UK critical care units (adult and paediatric) with H1N1 swine influenza and to merge with swine flu cases from the ICNARC Case Mix Programme Database to produce an overall summary of the demographics, case mix, resource use and outcomes of early swine flu cases admitted to UK critical care units.</p>	17/08/09 and weekly thereafter until further notice	Phil McShane
24/07/09	Judith Budd	Coordinator of East Midlands & South Yorkshire Congenital Anomalies Register, University of Leicester	<p>CONGENITAL ANOMALIES</p> <p>Precise details of actual congenital anomaly (if present). Outcome (e.g. surgery, correction, death) – for all cases with a congenital anomaly present on PICANET database. In addition, birth details for all those cases not previously known to EMSYCAR. Reason is to supplement existing EMSYCAR data. Maintaining accuracy and improving outcome data, to aid surveillance procedures undertaken at regional, national and international scales.</p>	10/08/09	Phil McShane
11/06/09	Ruth Gilbert	Professor of Clinical Epidemiology, UCL London	<p>ANTIBIOTIC AND HEPARIN IMPREGNATED CENTRAL VENOUS CATHETERS</p> <p>Individual patient data, for each of the centres listed, giving age in months, month of admission, type of admission defined as: planned surgical admission, emergency same hospital, and emergency other hospital, and duration of stay in PICU. GOSH CICU, PICU, St Marys, Brompton (not Harefield), Evelina (Guys),Bristol, Birmingham, Liverpool , Leicester, Newcastle, Leeds, Southampton We plan to undertake a randomised controlled trial of antibiotic and heparin impregnated central venous catheters compared with standard CVCs (in collaboration with MCRN and CTU in Liverpool). The data are</p>	02/07/09	Phil McShane

			required to inform recruitment projections and predicted event rates for each centre.		
18/05/09	Raghu Ramaiah	Consultant Paediatric Intensivist, University Hospitals of Leicester NHS Trust.	ADMISSIONS FROM EAST MIDLANDS ADMITTED TO OUT OF REGION PICU'S Number of children with East Midlands postcode admitted to PICU other than Leicester and Nottingham. Needed for future planning of regional services.	22/05/09 & 06/09/09	Roger Parslow & Phil McShane
12/05/09	Sujatha Rajan	Locum Consultant PCCU, Bart's and the London NHS Trust.	TSS DUE TO PVL Demographic profile, age, sex, co-morbidity, organs involved, disseminated osteomyelitis, duration of stay in PICU, interventions in PICU, ventilation, fluids given, inotropes, outcomes;	pending	Adrian Ashley
11/05/09	Andrea Hughes	North West (tertiary) Children's programme manager	ADMISSIONS/ BED DAYS All data requested relate to 2005-2007, annual data for each of the two units (Royal Manchester Children's Hospital and Liverpool Alder Hey Children's Hospital) and the UK average. 1) PICU admissions by sex, month and year 2) PICU by age group ≤ 28 days, 29 days to <1 year, 1 to <2 years, 2 to <5 years, 5 to < 10 years, 10 years plus. 3) PICU admissions by diagnosis on admissions Diagnostic groups: Accidents & poisoning, blood/lymphatic, cardiovascular, Congenital, Endocrine/metabolic, Gastrointestinal, infection, Musculoskeletal, Neurological, Oncology, Perinatal, Respiratory, Trauma, Urological, other. 4) PICU admissions by intervention received: Invasive ventilation, Non-invasive ventilation, ECMO, IV vasoactive drug therapy, LVAD, ICP device, Renal Support. 5) PIC admissions by length of stay: In hours and in days (mean, median and IQR please) 6) PICU admissions by days of invasive ventilation 7) PICU admissions by unit discharge status, status alive or dead 8) Destination groups: Home, same hospital, other hospital 9) Number of retrievals by team type: own team, other specialist team (PICU) other specialist team (NON-PICU), non- specialist team For 2005-07 How many individuals were admitted to a PICU unit outside the North West: Numbers, total bed days, admission by diagnostic group, admission by region How many non- North West residents were admitted to one of the North West units? Numbers, total bed days, admission by diagnostic group, admission by region	Pending	Adrian Ashley
24/04/09	Kay Rushforth	Sister Leeds Teaching Hospitals	COMPARATIVE ANALYSIS	11/05/09	Roger Parslow

		NHS Trust	A comparative analysis to quantify paediatric inpatient activity in West, North and East Yorkshire by comparing two paediatric high dependency care measurement tools: 1:The PCCMDS for basic (HRG1) and advanced (HRG 2) high dependency care 2:The PHDC measurement tool		
05/03/09	Raghu Nanda Ramaiah	Consultant Paediatric Intensivist Leicester Royal Infirmary	NON- ACCIDENTAL INJURY IN CHILDREN UNDER 2 Retrospective analysis of percentage of children under 2 with head injury due to non accidental injury	23/03/09	Roger Parslow
05/03/09	Raghu Nanda Ramaiah	Consultant Paediatric Intensivist Leicester Royal Infirmary	INTERVENTIONS AT NEUROSURGICAL PICU Primary: Interventions at Neurosurgical PICU on children transferred from Non-Neurosurgical PICU's with Head Injury. Secondary: If not interventions done, could these children have avoided a risky transfer and be managed in their own PICU.	23/03/09	Roger Parslow
02/02/09	P Ramnarayan	Childrens Acute Transport Services (CATS)	INTERVAL BETWEEN ADMISSIONS AND DEATH To determine the interval between admission to PICU and death and to examine if any patient-related or other factors are associated with time of death after PICU admission.	13/02/09 & updated on 11/09/09	Peter Tooze & Phil McShane
09/01/2009	Sara Arenas-Lopez	European Medicines Agency (EMA)	ALL ADMISSIONS We are reviewing studies for drugs used in PICU patients. The total number of admissions in PICU'S, the age distribution of the patients and how many of these were ventilated, Specifically we are interested in the neonatal proportion of children and the age< 1 years and we would be very grateful to know as well the average length of stay of the patients	19/01/09	Peter Tooze
14/11/2008	Stuart Rowe	Pan Thames Commissioner (Hammersmith and Fulham PCT)	LOCAL PATIENTS ADMISSIONS To gain understanding of local patients admissions	14/11/08	Tom Fleming
15/10/2008	Victoria Attwell	Analyst (Healthcare for London)	TRAUMA SERVICES ACROSS LONDON Looking at trauma services across London to plan services	09/02/09	Tom Fleming
10/09/2008	Paula Lister	Consultant Intensivist	DEVELOPMENT OF A PIC TRIAGE TOOL To utilize national data to inform the development of a PIC triage tool for use during a pandemic.	23/10/08	23/10/08 Tom Fleming
19/08/2008	Peter Davis	Paediatric Intensivist	PICU SHORT STAYS To investigate those children who are transferred to PICU from outside hospitals who stay less than 24 hours, particularly those that only reach level 1 or 2 care. Also to investigate any regional variations in practice.	22/08/08	22/08/08 Tom Fleming
12/08/2008	Ruth Gilbert	Professor Of Clinical Epidemiology	ANTIBIOTIC AND HEPARIN IMPREGNATED CATHETERS We plan to undertake a randomised controlled trial of antibiotic and	15/09/08	17/09/08 Tom Fleming

			heparin impregnated central venous catheters compared with standard CVCs (in collaboration with MCRN and CTU in Liverpool). The data are required to inform sample size calculations. A rapid response would be much appreciated.		
14/07/2008	P Ramnarayan	Consultant	RETRIEVALS To compare the clinical characteristics and course of children retrieved to an intensive care unit versus non-retrieved patients with similar illness severity. Sub group analysis of patients retrieved by specialist team versus non specialist team. This is a follow up from data requested on 03/09/07	14/07/08	14/07/08 Tom Fleming
26/06/2008	Ravi Agarwal	Consultant Neonatal Paediatrician	RESPIRATORY MORBIDITY IN INFANTS WITH CHRONIC LUNG DISEASE Incidence (and total number) of PICU admission with RSV bronchiolitis in a 12 months period (most recent data please)	10/07/08	10/07/08 Tom Fleming
09/06/2008	Paul Baxter	Lecturer in Statistics	MORTALITY STUDY All admission to all PICUs that participated for the full 3 year period between January 2003 – December 2005. For each admission we required information on diagnoses and outcome. Data to calculate Paediatric Index of Mortality (PIM) for each admission is also required so that mortality adjustment can be made.	09/06/08	09/06/08 Roger Parslow
31/05/2008	Janet McClean	Junior Sister	LONG TERM VENTILATED CHILDREN All admissions to LRI CICU with breakdown of level of dependency	Not Approved	
19/05/2008	Shane Tibby	Consultant	RESPIRATORY ADMISSIONS All respiratory admissions to PICU including the differentiation between RSV and Non - RSV bronchiolitis, for the period 2004 – 2008. If possible, this would ideally include data from early 2008 (up until March), to encompass the most recent RSV season. We would like these data to include the length of PICU stay, length of ventilation and mortality.	21/05/08	21/05/08 and 17/12/08 Tom Fleming
30/04/2008	Ann Tonks	Project Manager – West Midlands Perinatal Institute	INFANT DEATHS To estimate ascertainment of infant deaths to West Midlands occurring outside the West Midlands.	14/05/08	14/05/08 Tom Fleming
29/04/2008	Elizabeth Draper	Research Professor	UK STAFFING STUDY We request the following care process and patient outcome data for 12 participating units, as defined in the study protocol. For all patients admitted to the 12 participating units, during the time period 1 st March 2007 – 29th February 2008 we require the following data items: Sex PICANet Site identifier	28/05/08	28/05/08 Tom Fleming

			<p>PICANet Patient Identifier – to match re-admissions. Mortality: Status at PICU discharge. Status 30 days after discharge. Destination: Destination at discharge. Destination at discharge to a unit within the same hospital. Length of stay: Date and time of admission. Date and time of discharge, or date and time of death. Admissions: Admission type, Unplanned admission. Previous ICU admission. Calculated admission number within time period (1st March 2007 – 29th February 2008) Ventilation: Type Invasive and/or mechanical. Start date and end date of ventilation. PIM and PIM2 variables (including PIM-associated diagnosis or reason for admission) and PIM2 score. UK PICOS-derived PIM index . PICANet-coded categorized diagnosis/physiological conditions for admission (up to 3 maximum) Diagnostic/Medical conditions. Physiological status at admission. Text fields and “read” field coding for first 3 listed conditions</p>		
27/04/2008	Cormac Breatnach	Clinical Fellow – Childrens acute transport service	<p>MULTIPLE ACUTE TRANSFERS</p> <p>To assess the characteristics and outcome of patients requiring multiple acute transfers</p>	Pending	Request form not completed
03/04/2008	Shazia Adalat	SpR Paediatric Nephrology	<p>TSS</p> <p>To define the incidence of TSS due to staphylococcal or streptococcal organisms in children in the UK and identify any geographic variation</p>	Pending	Request form not completed
01/04/2008	David Inwald	Consultant	<p>SEPSIS</p> <p>Audit of current UK management of community acquired paediatric sepsis</p>	14/05/08	14/05/08 Tom Fleming
22/03/2008	Barney Scholefield	Specialist Registrar	<p>HYPOTHERMIA THERAPY</p> <p>To investigate the feasibility of a trial into the use of hypothermia therapy following Paediatric cardiac arrest. The aims of this study would include investigating potential patient enrolment from UK PICU's, exploring practical consideration into cooling and ethical and professional constraints to the study</p>	25/03/08	25/03/08 Tom Fleming
26/02/2008	Claire Westrop	Specialist Registrar – Birmingham Childrens Hospital	<p>REVIEW OF NEONATES UNDERGOING RENAL REPLACEMENT</p> <p>Retrospective case note review of neonates undergoing continuous renal replacement therapy. Look at indications, practical aspects, complications and Survival data. Potentially largest single centre collection of neonates undergoing CVVH worldwide</p>	14/03/08	14/03/08 Roger Parslow
15/11/2007	Dominique Sammut	Assistant Commissioner, Health Commission Wales	<p>SCOLIOSIS REPAIR</p> <p>Number of admissions to each PIC following scoliosis repair.</p>	Not Approved	

			2004, 2005, 2006 breakdown. Then for these figures to be broken down further to Welsh and non-Welsh patients.		
05/11/2007	Lucy Robin	SpR Paediatrics, St James University Hospital, Leeds	BRADFORD All admissions of patients age 0 – 16 years from the Bradford District to any PICU from November 2002 – 2006. For each admission I need the following information: age, ethnicity, gender, deprivation score (townsend score) and reason for admission. I also need survival figures. Ethnicity figures to be defined by NamPeChan and by Sangra as comparison. As comparison, I will need available national data for PICU admissions, to include age, ethnicity, gender, reason for admission, and survival.	05/11/2007	15/11/2007 (Tom Fleming)
04/10/2007	Dawn Coleby	Research Associate, University of Leicester	UK PICU STAFFING STUDY For each of the 12 participating units, the total number of unplanned admissions and the total number of accepted transfers/retrievals (for financial year 2005).	04/10/2007	05/10/2007 (Tom Fleming)
19/09/2007	Esse Menson	Consultant PID, Evelina Children's Hospital, London	VARICELLA Numbers of all cases of varicella-associated admissions or referrals to PICUs in UK, this year & past 5 years – or as far back as data goes. Data by child's place of residence (PCT or SHA) would be great.	19/09/2007	04/10/2007 (Tom Fleming)
29/08/2007	Dawn Coleby	Research Associate, University of Leicester	VENTILATOR ASSOCIATED PNEUMONIA To identify (numbers of) children that have been admitted to each of the 12 participating PICUs since 1 st March 2007, who are aged less than 12 months at admission, and have been mechanically (and invasively) ventilated at some point on the PICU. NHS numbers, DOB, gender and admission date of the patients would be helpful.	30/08/2007	04/10/2007 (Tom Fleming)
02/08/2007	Padmanabhan Ramnarayan	Consultant in Paediatric Intensive Care & Retrieval, GOSH/CATS	RETRIEVALS Demographic details (age, gender, ethnic origin codes, SHA), distance to nearest PICU, clinical details (admitting PICU, date of admission and discharge, admission details, retrieved status, retrieval details, PIM score, bed occupancy, interventions on PICU, discharge outcome, 30 day follow up if available) Data will be necessary for the period of January 2004 to December 2006.	20/08/2007	07/09/2007 (Tom Fleming)
05/07/2007	Peter Wilson	Director PICU, Southampton University Hospital NHS Trust	WESSEX CHILDREN TREATED OUTSIDE SOUTHAMPTON All children admitted to PICU other than Southampton for the period Apr 2003- Mar 2007 in financial years. Children who come from PCT's from the attached sheet (covering the Wessex region): Intubated during admission, which PICU, what	06/07/2007	11/07/2007 (Tom Fleming)

			diagnostic group per hospital, length of stay		
18/04/2007	Jonathan Round	Consultant, St George's Hospital PICU, Tooting	ONCOLOGY January 2003 to December 2006 data on PICU patients with a primary oncology diagnosis. All information on these patients except name. DOB needed to match with DOB from oncology datasets at a later stage.	18/04/2007	01/06/2007 (Tom Fleming)
16/04/2007	Padmanabhan Ramnarayan	Consultant in Paediatric Intensive Care & Retrieval, PICS Informatics Special Interest Group and Study Group Lead	READ CODES Read-coded terms recorded as part of the PICANet dataset, i.e. diagnoses, procedures, other co-morbid conditions, interventions and complications. Patient-identifiable information is not required. We are seeking data from a 2-year period 2004-2006.	16/04/2007	16/-4/2007 (Tom Fleming)
09/11/2006	Robert Tasker & Mike Sharland	Consultant PICU, Addenbrooke's & Consultant in Paediatric Infectious Disease, St George's	BACTERAEMIA Admission information PIM data Interventions Discharge information Ethnic category	Pending	
09/10/2006	Reinout Mildner	Consultant Paediatric Intensivist, Birmingham Children's Hospital	BIRMINGHAM DATA For as many years as you have data available: 1. Bed days at BCH for children with WM postcode 2. Interventions at BCH children with WM postcode 3. PIM data at BCH children with a WM postcode Then again but for any PICU 4. Bed days at any PICU for children with WM postcode 5. Interventions at any PICU children with WM postcode 6. PIM data at any PICU children with a WM postcode	Approved	10/11/2006
09/10/2006	Reinout Mildner	Consultant Paediatric Intensivist, Birmingham Children's Hospital	WEST MIDLANDS PATIENTS ADMISSIONS OUTSIDE WM For as many years as you have available: Any acute admissions to any UK PICU outside the West Midlands region of patients with a West Midlands postcode. We require number of admissions with date and time of admission. If it is possible to provide primary diagnosis and referring hospital in the West Midlands this would help.	08/11/2006	08/11/2006 (Roger Parslow)
05/10/2006	David Cremonesini	Respiratory Paeds SpR, John Radcliffe Hospital, Oxford	EMPYEMA Incidence of empyema in children admitted to PICU in UK over the past years since PICANet started		Clarification being sought
19/09/2006	Richard Appleton & Tim Martland	Consultant Paediatric Neurologists	REFRACTORY CONVULSIVE STATUS EPILEPTICUS PICANet data to 'flag-up' all children admitted with a diagnosis of 'seizure', 'fit', convulsion or 'status epilepticus' to the PICU. This will use the current field on the standard PICANet data collection sheet. From	No	Clarification being sought

			this population, only data on those children who are still convulsing and who require antiepileptic treatment on admission or within 24 hours of admission to PICU will subsequently be collected. All data will be anonymous. It is hoped that these data will be collected by a medical or nursing member of each participating PICU - using a proforma that will have been devised by RA and TM. This will (hopefully) ensure that ethical approval will not be required.		
26/06/2006	Jonathan Round	Consultant, St George's Hospital PICU, Tooting	ONCOLOGY STUDY Raw data on all patients admitted to PICU's in the UK with oncology coding. Data required on: age, sex, oncology diagnosis, and where in treatment (may not be in PICANet dataset), if had bone marrow transplant, other diagnoses, PIM data at admission, if ever ventilated (invasive or non-invasive) or received inotropes, outcome, LOS and status at 30 days. I also need source of admission, planned/unplanned and post surgery.	26/06/2006	05/07/2006
08/06/2006	Samy Subramaniam	Deputy Manager, Department of Health, Wellington House	COSTINGS Costs / episodes information relating to Paediatric Intensive care. It will be helpful, if you would provide a child's care episodes, relevant costs and other information	No	Referred to chair of PCC EWG
07/06/2006	James McLean	Matron, Leicester PICU Services	CICU ADMISSIONS All admissions to LRI CICU, with breakdown level of dependency	No	Clarification being sought
05/06/2006	Cornelia Junghans	Epidemiologist & Research Fellow, Prognostic Epidemiology Group, UCL Medical School	NEL PATIENTS STUDY For all patients in the NEL sector: Not currently in the manual but discussed with Roger Parslow: 1. Individual Townsend score 2. Ethnicity obtained by name programme 3. Age in months 4. Survival in months 5. Primary diagnosis by diagnostic group	05/06/2006	15/06/2006 (Roger Parslow)
01/12/2005	Tim Martland	Consultant Paediatric Neurologist, Royal Manchester Children's Hospital	STATUS EPILEPTICUS STUDY PICANet data for children admitted with Status epilepticus (please specify :.....) Treatment used for status epilepticus (possibly use custom fields section of database).	No	-
11/11/2005	Mark Darowski	Clinical Director, Leeds Teaching Hospitals Trust	LEEDS BED PLANNING STUDY Data request from SOAPS for PICU data 1. Commissioned beds per head of population under age 16 by geographical area. Within this, we need to make an allowance for the cardiac work that comes into Leeds from North Trent. 2. Patient flows.	Yes	18/05/06 (Roger Parslow)

			<p>a. For each PCT within our area, identify all patients requiring PICU care and the units in which they received it.</p> <p>b. For all patients admitted to Leeds/Hull PICU, identify source PCT.</p> <p>3. Beds days. Total beds occupied per annum and on each day, aggregated by PCT and by commissioning area.</p> <p>a. Excluding long term ventilated patients (at various levels), therefore excluding patients who have been ventilated for</p> <p>i. > 3/12</p> <p>ii. > 6/12</p> <p>iii. > 9/12</p> <p>b. Excluding high dependency patients (those who have never been ventilated during their PICU stay)</p> <p>Calculate funded beds per 100,000 population. Calculate funded beds per 100,000 population, weighted for socio-economic deprivation. Calculate number of beds required to meet 90% and 95% of demand as calculated in 3 above and then excluding LTV patients (at each level) and HD patients.</p> <p>Calculate on how many days predicted bed requirements are not sufficient to meet demand at each level, and how many patients would have failed to be admitted.</p> <p>Plot number of children on PICU by day against max number of commissioned beds, nationally and for each commissioning region. Plan services Plan services Plan services.</p>		
29/05/2005	Simon Nadel	Consultant in Paediatric Intensive Care, St Mary's Hospital, London	<p>SEPSIS STUDY</p> <p>#The numbers of children admitted to PICUs with a primary or secondary diagnosis of sepsis. Is this community or nosocomially acquired? What is the proportion of underlying co-morbidity? What is the age spread? Do you have information about aetiology (i.e. infecting organisms)? How many children with "other" diagnoses (i.e. respiratory / neurological) have a primary infectious cause of PICU admission? What is the outcome?</p>	Yes	Still pending (with Roger Parslow)
27/01/2005	Andrew Gill	Senior Casemix Consultant NHS Information Authority	<p>NHSIA STUDY</p> <p>Full PICANet dataset</p>	No	-
06/07/2004	Tom Blyth	Clinical Research Fellow Department of Paediatric Allergy, St Mary's Hospital, London	<p>ASTHMA STUDY</p> <p>For each month of the study (starting September 2003) the number of children admitted with asthma for each hospital participating in the study, their ages, whether they were ventilated (and if so for how long) and the</p>	08/07/04	07/12/2005 (Sam Jones)

			<p>length of PICU admission. The hospitals involved are – Bristol, Southampton, Guys, Georges, GOS, Brompton, St Mary's, Leicester, Cambridge, Manchester, Alder Hey, Cardiff, Sheffield, Nottingham*, North Staffs*. (* - final approval to recruit not yet obtained). I would also be interested in knowing a list of all PICUs on PICANet so I can see if I could approach any other units.</p>		<p>& Tim Chater)</p>
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