

DATA and INFORMATION REQUESTS

Request date	Name	Position & Place of Work	Data requested	Date Provided	Data Provided by	Follow up – What has been done with the data?
12/01/12	Claire Magner	Clinical Audit and Research Nurse, Our Lady's Children's Hospital	PIM SCORES Follow on request from 16/08/11	12/01/11	Phil McShane	
12/01/12	Andrew Nyman	PICU Fellow, Evelina Children's Hospital, St Thomas Hospital, London,	PICU ASTHMA Follow up data from request 11/05/10	12/01/11	Phil McShane	Results to be published, 1st results published in PICA Net annual report
12/01/12	Nick Kirk	Service Manager, Paediatric Surgery and Critical Care, Leicester Royal Infirmary	BUSINESS PLANNING I would like to be able to quantify the percentage of patients treated at LRI children's intensive care unit, that are L1, L2 and L3 care	12/01/11	Phil McShane	Use in Business Planning for 2012/13 to inform decisions around finance, and staff/environment planning
07/12/11	Semeer Kallaro	PICU SpR, Glenfield Hospital	TRENT PHOSPHATE AUDIT, To look at phosphate correction needed for patients needed CRRT excluding PD. To find Non ECMO patients who received CVVH/DF.	07/12/11	Phil McShane	Present results of this retrospective audit internally
09/11/11	Carla Hayes	PICU Audit Clerk, Nottingham Universities Hospital	HAEMOFILTRATION AND HAEMODIALYSIS Can I please have a report on the last 20 patients by day of admission, who have received haemofiltration and Haemodialysis?	09/11/11	Lee Norman	Will be used for Ward Review
05/11/11	Madhuri Dasarathi	ST7, PICU, Great North Children's Hospital, Newcastle.	BONE MARROW TRANSPLANT List of paediatric cases known to have undergone BMT and admitted to PICU within a year post transplantation.	10/11/11	Phil McShane	Plan to Analyse and present data at meetings and aim to publish the findings. This will help us in a

			BMT cases with neurological complications within 6 months of BMT admitted to PICU			prospective study later on.
09/11/11	Ramesh Kumar	Evelina Children's Hospital, Westminster Bridge Road, London, SE1 7EH	HFOV Evaluate the use of High frequency Oscillation since 2005 (is use changing with time) and its relationship to ECMO use as end point Total number of HFO cases since 2005 as % of MV with outcome as Death, Alive, ECMO. Detail needed is age, weight, sex, PIM2, diagnosis, comorbid diagnosis, (PIM2 components), LOV, LOS, Prematurity. Also use of surfactant, Nitric oxide, CVVH. Individual anonymised data but with tag if PICU is ECMO centre or not. Include local identifier for our PICU (Evelina). Is it possible to tag on PICU unit size (ie <700 admissions per year or not) to see if volume effect)	10/11/11	Phil McShane	Local audit and subsequent publication if national data useful. Need to evaluate if use of HFO influenced by availability of in house ECMO.
10/11/10	Emer Aldridge	CLINICAL Nurse Manager 2, Children's university hospital, Temple street Dublin	PCCMDS Can I request the PCCMDS data for 2010 and the HRG information for 2010	10/11/10	Phil McShane	Will be presented in our report
19/10/11	Claire Magner	Clinical Audit and Research Nurse, Our Lady's Childrens Hospital. Crumlin	HFOV The number of PICU patients who received HFOV in PICANet hospitals 2010 and to end of September 2011. Is it possible to subdivide this number into neonates and paediatrics? Also, the number of these PICU patients who received HFOV as a percentage of the total admissions in PICANet hospitals in 2010 and to the end of September 2011. We are aiming to develop a MDT protocol on the management of HFOV patients in PICU. We are trying to gain background knowledge on this patient group to see how critically ill they were, and also see how well this patient group has done after HFOV intervention.	31/10/11	Phil McShane	We will analyse the data and use it as a basis for our protocol/guideline of the management of HFOV patients in our unit.
09/09/11	Stephen Playfor	Consultant Paediatric Intensivist, Clinical Manager for PICU, Royal Manchester	H1N1 Is it possible to retrieve data regarding our unit's experience of H1N1 in the 2009-10 pandemic? Number of cases, length of stay, mortality etc.	30/09/11	Phil McShane	Upcoming presentation to regional Critical Care Network

		Children's Hospital				
08/09/11	Roz Jones	North West Specialist Commissioning Manager, North West Specialised Commissioning Team Warrington,	CAPACITY PLANNING IN NORTH WEST For capacity planning purposes to identify if the programme of investment locally has reduced the number of inappropriate North West out of area referrals. To identify non north west patient inflows into the North West 2009/10 and 2010/11	31/10/11	Phil McShane	
12/10/11	Dr John Pappachan	Consultant Paediatric Intensivist, Southampton general Hospital.	REMOTE ISCHEMIC PRECONDITIONING LOS (hospital and PICU), Age, Days of ventilation [51 Invasive ventilation via endotracheal tube,52 Invasive ventilation via tracheostomy tube,53 Non-invasive ventilatory support,55 Nasopharyngeal airway, 56 Advanced ventilatory support (Jet or Oscillatory ventilation) and , 06 Continuous infusion of inotrope, pulmonary vasodilator or prostaglandin FOR Planned following surgery groups: Hypoplastic left heart syndrome (P67..) Ventricular septal defect (P54..) Tetralogy of Fallot (P52..) Discordant ventriculoarterial connection (P51..) Atrioventricular septal defect & common atriovent junction (X77wc) Hypoplastic left heart syndrome (P67..) BT shunt Cavo Pulmonary connection Fontan/TCPC	20/09/11	Phil McShane	
20/09/11	Dr Dhushy Surendra Kumar	Medical Director Warwickshire and Northamptonshire Air Ambulance	OPERATIONAL PLANNING To assess the seasonal need for paediatric transfers on a month by month basis. Operational planning only. Distance from home to receiving hospital (as surrogate for transferring hospital) Numbers of patients transferred by month Last full 12 months on record for England and Wales	23/09/11	Lee Norman	Local operational planning
14/09/11	Dr Ruth Trinick	Clinical Research Fellow , Institute of Child	INTERVENTIONAL RCT To gather background information for an HTA funding	pending		

		Health, Alder Hey Children's Hospital NHS Trust. Liverpool	<p>application for a future interventional RCT for children with severe neurodisability and chronic respiratory difficulties. The current evidence base for the majority of our medical respiratory interventions in this group of patients is extremely limited.</p> <p>We would like information firstly, about the burden of the problem in terms of national PICU admissions/outcomes and secondly, if possible, some further detailed information about the background medical history of the children being admitted and microbiological/viral growth on respiratory specimens during admission. We request information about:</p> <ul style="list-style-type: none"> -number of PICU admissions/year of children with neurodisability being admitted with respiratory failure secondary to a suspected lower respiratory tract infection or aspiration. -the above expressed in bed days as % of total acute PICU bed days -neurological diagnoses of the above group, if available -breakdown of patient numbers according to age -proportion on home oxygen, nocturnal non-invasive ventilation or long term invasive ventilation -mean and median length of admission (bed occupancy) -mean and median number of ventilated days -mortality (total number and percentage of admissions) -microbiological/viral growth on respiratory secretions (number of samples taken and positive/negative growth) 			
12/10/11	Dr Peter Barry	Consultant Paediatric Intensivist Department of Child Health, University Hospitals of Leicester	<p>R-SPRT plots, EWMA charts</p> <p>and underlying data for all admissions to Glenfield hospital for the period 1/1/2010 to the present day (or as near as possible); Adjusted and unadjusted mortality, R-SPRT plots, EWMA charts and underlying data for admissions to Glenfield hospital where the primary diagnostic group is cardiac for the period 1/1/2010 to the present day (or as near as possible); Adjusted and unadjusted mortality, R-SPRT plots, EWMA charts and underlying data for admissions to Glenfield hospital where the primary diagnostic group is cardiac and the admission type is planned or unplanned following surgery for the period 1/1/2010 to the</p>	12/10/11	Phil McShane	

			present day (or as near as possible). To respond to issues raised by the recent review of cardiac services, and other reports on cardiac services performance.			
29/09/11	Dr Christopher Flannagan	Paediatric Intensive Care Unit, Royal Belfast Hospital for Sick Children	WEIGHT To determine if APLS formula for estimating weight in children are appropriate for use in PICU patients. Anonymised data on weight and age (in years and months) of children admitted to PICU. For children under 1 year information on gestation age would also be required. To cover for variations with location admitting unit would also be required.	20/10/11	Phil McShane	
27/09/11	Dr David Inwald	Senior Lecturer PICU, Imperial College London	FEASIBILITY OF A TRIAL OF FLUIDS IN SEPTIC SHOCK All 2010 admissions – no patient or unit identifiers Diagnoses/codes, Care area admitted from, PIM2 score (%), PICU mortality (Y/N), ventilation (Y/N), length of ventilation, length of PICU stay	27/09/11	Phil McShane	
16/09/11	Jessica Veitch	Medical Student, PICU, Royal Manchester Childrens Hospital	TOGD Assess the PICU course of neurologically impaired children following total oesophago-gastric dissociation (TOGD) – compare with other elective PICU post-surgical admissions. Need data on: ELECTIVE SURGICAL ADMISSIONS TO PICU Length of stay % requiring ventilation, ventilator days, % requiring inotropes	14/09/11	Phil McShane	
17/08/11	Peter Wilson	Consultant Paediatric intensivist, Clinical Director Paediatrics, Southampton General Hospital	CYSTIC FIBROSIS Understand the number and reasons for cystic fibrosis patients being admitted to PICU. All cystic fibrosis patients admitted to Southampton PICU between 2002 and 2011 with the following details: Ventilatory status, Primary Diagnosis, Secondary Diagnosis, Age, Outcome, Length of stay, PIM 2 score	25/08/11	Phil McShane	
17/08/11	Peter Wilson	Consultant Paediatric intensivist, Clinical Director Paediatrics, Southampton General Hospital	CYSTIC FIBROSIS Understand the number and reasons for cystic fibrosis patients being admitted to PICU. All cystic fibrosis patients admitted to PICU nationally between 2002 and 2011 with the following details: Ventilatory status, Primary Diagnosis, Secondary Diagnosis, Age, Outcome, Length of stay , PIM 2 score	25/08/11	Phil McShane	

			Unit admitted to PICU			
16/08/11	Claire Magner	Clinical Audit and Research Nurse, Our Lady's Children's Hospital	<p>PIM SCORES</p> <p>Group 1: Admissions to our PICU from March 01 2009- Feb 28 2010 and</p> <p>Group 2: Admissions to our PICU from Aug 01 2010- July 31 2011.</p> <p>I wish to compare these two groups as in June 2010 we introduced a change in practice and would like to do some before and after analysis</p>	16/08/11	Phil McShane	
08/08/11	Simon Nadal	Consultant in PICU, St Mary's Hospital, London	<p>IMMUNISATIONS AND INCREASED RISK OF DEATH IN GIRLS</p> <p>To look at the outcome of girls vs boys due to infection in children < 1 year admitted to PICU. The hypothesis is that girls who have completed their primary course of immunisations are at increased risk of death for reasons that are unclear.</p> <p>Cause of admission (ie whether infection-related), vs age (< 1 year) by month, and gender?</p> <p>Length of stay, admission date, ventilation status and outcome.</p> <p>Geographical location</p> <p>Read Code (and description) as well as diagnostic group.</p>	17/08/11	Phil McShane	
17/08/11	Peter Wilson	Consultant Paediatric intensivist, Clinical Director Paediatrics, Southampton General Hospital	<p>HRG GROUPINGS – SOUTHAMPTON</p> <p>Patients admitted per financial year (1st April to 31st March)</p> <p>For each patient I would require the following information Date admission, Age, Sex, Diagnosis, Diagnostic category, Length of stay, HRG group, Postcode, Elective or emergency admission</p> <p>Past 3 years (2008/9, 2009/10, 201/11)</p>	17/08/11	Phil McShane	
11/08/11	Phil Hyde	Consultant Paediatric Intensivist, PICU, Southampton General Hospital	<p>PROVISION OF INTENSIVE CARE IN SOUTH ENGLAND</p> <p>Three specific groups of information are required:</p> <p>1) The hospital location that paediatric intensive care is provided for severely injured children with home postcodes within the south coast specialised commissioning cluster. To include the first 4 characters of the postcode of the child's home, the diagnosis for each child, diagnostic category, date and time of admission, duration of admission, whether the child was retrieved from another hospital and by whom. Severely injured children would include any child admitted to an intensive care unit with organ dysfunction secondary to trauma. This is also known as major trauma.</p> <p>2) The hospital location that paediatric intensive care is provided for children with cardiac disease (acquired and congenital) with home postcodes within the south</p>	Pending decision about permissions		

			<p>coast specialised commissioning cluster. To include the first 4 characters of the postcode of the child's home, the diagnosis for each child, diagnostic category, date and time of admission, duration of admission, whether the child was retrieved from another hospital and by whom.</p> <p>3) The hospital location that paediatric intensive care is provided for all children with home postcodes within the south coast specialised commissioning cluster. To include the first 4 characters of the postcode of the child's home, the diagnosis for each child, diagnostic category, date and time of admission, duration of admission, whether the child was retrieved from another hospital and by whom. 2008/ 2009/2010</p>			
11/08/11	Phil Hyde	Consultant Paediatric Intensivist, PICU, Southampton General Hospital	<p>SOUTH CENTRAL STRATEGIC HEALTH AUTHORITY PROVISION</p> <p>Which hospitals outside of Southampton and Oxford provided intensive care to children with South Central strategic health authority home postcodes. Past 3 years (2008, 2009 and 2010)</p>	Pending decision about permissions		
02/08/11	Clare van Miert	NIHR Clinical Doctoral Research Fellow, Alder Hey Children's NHS Foundation Trust	<p>INFANTS WITH BRONCHIOLITIS</p> <p>I would like data on the number of infants \leq 12 months of age with a clinical diagnosis of bronchiolitis (\pm RSV, adenovirus, human meta pneumo virus) admitted to PICU.</p> <p>I would like data to be stratified - infants who are otherwise healthy and infants with an existing co-morbidity.</p> <p>I would like data on the age, gender and ethnicity of the infants who are admitted picu</p> <p>I would like data on presenting features / reason for admission to PICU (e.g apnoeas)</p> <p>I would also like outcome data if possible (ie mortality and morbidity data)</p>	Request withdrawn due to information being available in a recently published paper		
05/08/11	Akash Deep	Clinical Lead, PICU Kings College Hospital, London	<p>MORTALITY COMPARISON WITH CHKS</p> <p>Corelate PICANet mortality data with Trust CHKS mortality data. Total admissions and Mortality SMR (PIM2r adjusted)</p> <p>RSPRT -'Exponentially weighted moving average' plots (PIM2r adjusted). Currently the Risk Adjusted Mortality Index (RAMI) provided by CHKS shows us to be an outlier with RAMI > 140 Whilst SMR provided by PICANet shows us to be having an acceptable SMR. We feel that CHKS does not apply to our patient population and should not be used for mortality calculation in child Health. We propose to use SMR provided by PICANet</p>	24/08/11 3 monthly	Phil McShane	

01/08/11	Martin Hart	Head of Information, West Midlands Specialised Commissioning Group	<p>UNDERSTANDING THE SEVERITY OF PIC FOR WEST MIDLANDS PATIENTS</p> <p>Commissioning – understanding the severity of PIC for West Midlands patients where this occurs outside our region For each year we wish to see a cross-tabulation of PIM2 score by provider by month (excluding Birmingham Children’s Hospital and University Hospital North Staffordshire) where a child of a West Midland PCT received paediatric intensive care. Financial years 2009/10 and 2010/11</p>	Pending decision on permissions		
22/07/11	Phil Wilson	Lead Nurse, WM Paediatric Retrieval Service, Birmingham Children’s Hospital NHS Foundation Trust	<p>WMPRS ON REFERRAL PATTERNS IN WEST MIDLANDS</p> <p>Years -- 2005,2006,2007,2008,2009,2010 No . Patients from West Midland SHA admitted to PICUs other than BCH and UHNS.Median an Average LOS for these WM patients admitted to these other units. This is for an Internal Service Review</p>	30/07/11		Will Consider publishing depending on findings
22/07/11	Peter Davis	Consultant Paediatric Intensivist, Bristol Royal Hospital for Children.	<p>BPSU CHYLOTHORAX</p> <p>This study is supported and has been running via the British Paediatric Surveillance Unit (BPSU) at the Royal College of Paediatrics & Child Health (RCPCH) since June 2010. The purpose of the study is to determine the frequency with which chylothorax occurs & within which groups of infants and children aged between 24 weeks gestation & 16 years in the UK and Ireland. Additionally we aim to establish the characteristics of children with chylothorax, the clinical management and approaches currently used to treat this condition, the length of symptoms & the treatment options considered & used for individual children, the outcome for these children following the treatment. Although the BPSU surveillance structure is a comprehensive data collection system, to increase ascertainment and identify any cases not identified via the BPSU, other data collection sources are being accessed. PICANet is one of these additional sources and will assist in promoting the confirmation of true cases and allow for the estimation of completeness of ascertainment.</p>	Pending decision about permissions		
06/07/11	David Milford	Consultant, Birmingham Children’s Hospital,	<p>RENAL REPLACEMENT THERAPY</p> <p>The number of children undergoing renal replacement therapy over 12 months The number of children admitted to PICUs in the same 12 months</p>	13/06/11	Phil McShane	Data forwarded to NICE to inform NICE AKI guidance

01/07/11	Matthew Norridge	Lecturer Practitioner, Guy's & St Thomas' NHS Foundation Trust/King's College London	<p>NURSES</p> <p>Analysis of how GSTT PICU measures up to recommendations in Bridge to the Future. Number of nurses working in PICU nationally with Child Qualification - Number of nurses working in PICU nationally with ICU qualification</p>	pending	Caroline Lamming	
21/06/11	Dr Claire Westrope	Consultant PICU, Universities Hospital of Leicester	<p>USE OF CRRT</p> <p>To collect demographic data on use of CRRT in PICU over the last 5 yrs in order to create a prospective RRT dataset as part of the PCCMCDS. Please can you add the PIM data for the patients on the dataset you have already provided me (attached). Want to show whether the patients who received CRRT and died had higher index of mortality on admission to PICU, or of CRRT is a predictor of mortality alone</p>	13/06/11	Phil McShane	
23/06/11	Judith Budd	Co-ordinator, East Midlands & South Yorkshire Congenital Anomalies Register	<p>CONGENITAL ANOMOLIES</p> <p>The aim is to register every fetus/baby/child up to the age of 16 diagnosed with a congenital anomaly to a mother normally resident within the East Midlands and South Yorkshire region. Every child with a date of birth after January 1st 1997, admitted to any unit since July 1st 2008, coded with a congenital anomaly (as defined by an ICD-10 'Q' code and/or the word 'syndrome' in the text field)</p>	13/06/11	Phil McShane	
10/06/11	Peter Broughton	Senior Information Design Consultant, The NHS Information Centre.	<p>PAEDIATRIC CRITICAL CARE HRG'S</p> <p>Investigation into the distribution of Paediatric Critical Care HRGs within PICANet contributor organizations. We wish to produce graphs and summaries to present to the HRG4 Paediatric Critical Care Expert Working Group. Based on previous experience, the PICANet data appears to be of very high quality. The excellent coverage of data in PICANet makes it the most useful data source for HRGs analysis. The latest SUS dashboard indicates that only 60% of eligible (based on KH03 returns) organisations are submitting data to SUS. Update of previous request on 9/6/09</p>	14/06/11	Lee Norman	
08/06/11	Peter Barry	Consultant Paediatric Intensivist, University Hospitals of Leicester	<p>CARDIAC PICU SERVICE PLANNING</p> <p>Number of children admitted each year to PICU from the following post codes: PO30; PO31; PO32; PO33; PO34; PO35; PO36; PO37; PO38; PO39; PO40; PO41. Total admissions to any UK PICU, and Admissions where the primary diagnostic group is cardiac. No unit specific information is required, just the total number. Each calendar year 2008 to 2010</p>	13/06/11	Phil McShane	Not a research study – data used to support PICU service planning and delivery.

12/05/11	Andrew Nyman	PICU Fellow, Evelina Children's Hospital, St Thomas Hospital, London,	<p>PICU ASTHMA – Follow up data from request 11/05/10</p> <p>The dataset would therefore need to</p> <ol style="list-style-type: none"> 1) Exclude all cases < 1yr and > 16yrs of Asthma 2) Exclude Ireland/Scotland 3) Dataset from 2005 to current date (or to last complete dataset for UK PICUS) 4) Identify our patients only uniquely 5) Have UK regional coding (as provided before in my last email) 	07/06/11	Phil McShane	Results to be published in Annual report
31/05/11	Pallavi yadav	Trainee Doctor, PICU, Royal Victoria Infirmary, Newcastle.	<p>CONTINUOUS VENO-VENOUS HEMOFILTRATION (CVVH).</p> <p>To audit the cvvh runs at RVI ,Newcastle.</p> <ol style="list-style-type: none"> 1.All cvvh runs at Newcastle general/RVI for 1.1.05-1.1.11 2.Their PIM scores at admission 	06/07/11	Phil McShane	
29/05/11	John Pappachan	Consultant Paediatric Intensivist, Southampton general Hospital.	<p>REMOTE ISCHAEMIC PRE-CONDITIONING</p> <p>example - group 1:</p> <p>picanet filters: type of admission = unplanned, source of admission = same hospital, day 0 intervention data filters: invasive ventilation by endotracheal tube = yes, continuous infusion of inotrope, vasodilator or prostaglandin = yes</p> <p>picanet data: date of birth, care area admitted from, primary diagnosis, care area admitted from, primary diagnosis, other reason for admission, pim/pim2 - medical history, base excess (if available), status at discharge from your unit, date of discharge from your unit, follow-up status at 30 days post discharge from your unit (if available).</p> <p>calculated data: length of stay, number of days ventilated (continuous days would be best but total number of ticks in this row would do. i also realise that this would be an incomplete dataset and perhaps therefore i could have two datasets, one for those units in which the intervention data is reliably collected and then one for the whole lot)</p>	Pending response from John		
24/05/11	Aaron Carr	Clinical Educator and Senior Nurse for HDU, Children's Ward, Raigmore Hospital, Inverness	<p>NEW CHILDRENS HDU SERVICE</p> <p>To target a new Children's HDU service in the Highlands of Scotland and optimise retrieval team referrals. All available data on emergency PICU retrievals from NHS Highland, with a break-down to identify referring hospital – specifically Raigmore. I am especially interested in any data which indicates severity of illness, level of critical care interventions on retrieval, and hence appropriateness of referral. Home address or at least locality will allow me to analyse the primary health service referral process. I'm not interested in elective PICU admissions within this population</p>	13/06/11	Phil McShane	A formal paper based upon these results and the implications for new service development may be written.
24/05.11	Jessica Veitch	Medical Student, PICU, Royal Manchester Children's Hospital	<p>TOTAL OESOPHAGO-GASTRIC DISSOCIATION (TOGD)</p> <p>Assess the immediate post-operative course of neurologically impaired children following total oesophago-gastric dissociation (TOGD) Total</p>	02/06/11	Phil McShane	

			oesophago-gastric dissociation/ oesophago-gastric dissociation/ gastro-oesophageal dissociation/ TOGD/ OGD patients: PICU Admission & Discharge date; PIM 2 score; Days on ventilator; If patient received NIV, HFOV or ECMO; Worst oxygenation index; If patient received renal replacement therapy; If patient received inotropes, and if so how many. Dates needed are from 2002 to present for Manchester only.			
19/05/11	Helen Yates	Specialist Registrar	PREMATURE BABIES To ascertain the proportion of premature babies in each gestational cohort who are admitted to PICU in the first 2 years of their life and to see how gestation impacts upon illness severity. Cases admitted to PICU under 2 years of age, who were born at less than 36 completed weeks of gestation between 1 st January 2007 and 31 st December 2008, and are resident in England and Wales. Gender (SEX), Gestation at birth in completed weeks (GEST), Age at admission, Month of admission, Type of admission (ADTYPE), Previous ICU admission (PREVICUAD), Primary diagnosis and diagnostic group (PRIMDIAGNOTES AND DIAGNOSTIC GROUP), Co-morbidities (COMNOTES), Length of stay, Days of invasive ventilation (INVVENTDAY), Days of non-invasive ventilation (NONINVVENTDAY), Inotrope use (VASOACTIVE), Unit discharge status (UNITDISSTATUS), Discharged for palliative care.	06/07/11	Phil McShane	
09/05/11	Rosie Courtney	Operations Manager, Paediatric s and Neonatology, Royal Alexandra Children's Hospital,	GEOGRAPHICAL MOVEMENT To build a business case regarding our critical care unit. Specifically, to find out all paediatric intensive care patients referred from Trusts in the SE Coast (Kent, Surrey & Sussex) to London Trusts who needed up to 2 nights ventilation. Diagnosis; age (0-19yrs); sex; NHS Trust referral to and from ; Length of stay (up to 2 days); Interventions; Surgical procedures	13/06/11	Phil McShane	
13/04/11	Erika Brereton	Data Manager, Our Lady's Childrens Hospital, Crumlin	FUNDING FOR A RESPIRATORY ECMO SERVICE We will be submitting a business case to the Health Service Executive, for funding for a respiratory ECMO service in OLCHC Number of admissions per annum where ECMO was used as an intervention, Number of days on ECMO, Average Days on ECMO, Median Days on ECMO, Range of Days on ECMO (min – max), Interquartile Range on ECMO (25% - 75%), LOS Grouped by Diagnosis Group Age Grouping: Neonate Group (age at admission < 29 days), Paediatric Group (29 days – 15 years), Please exclude OLCHC from the totals.	18/04/11	Phil McShane	This data was used to inform a business case we are working on for funding of a Respiratory ECMO service.

28/03/11	Novartis Pharmaceuticals UK Ltd	Surrey	<p>MENINGITIS B VACCINE</p> <p>Meningitis B vaccine in development, which we have to obtain various cost data for a health technology appraisal we are involved with. The total number of bed days annually used by children in PICU due to Meningococcal septicaemia/meningitis in the UK.</p> <p>A retrieval team is often deployed to take children who are severely ill to a tertiary hospital. Is it possible to find out how many transfers of this nature take place annually in the UK due to Meningococcal disease? Annual figures over the last several years, obviously taking into account when you first started collecting the data. Ideally all the UK, but understand that to provide a robust estimate we may have to concentrate on England/Wales</p>	20/04/11	Phil McShane	
15/03/11	Lynette Akong	MsC student, School of Geography, University of Leeds	<p>SPATIAL PATTERNS OF RESPIRATORY ILLNESS</p> <p>The following fields will be required for this study Case Reference, Age in weeks, Sex, Ethnicity, Date of Admission, Type of Admission, Geo location of Patient, Geo location of PICU, Diagnosis. A five-six year span should be adequate If possible data from 2004 – 2010. England and Wales given the lowest available level of geography which will permit anonymity and preserve confidentiality. Output areas are preferred for linkage with external variables, however wards may be adequate for a less detailed study.</p> <p><u>Comment from Roger Parslow:</u> As far as diagnosis goes, this needs to be broad categories with the exception of respiratory that needs to be broken down into Bronchiolitis vs. Others (and possibly flu).</p>	30/06/11	Lee Norman	
12/01/11	Rob Konstant Hambling	North West Specialised Commissioning	<p>CAPACITY PLANNING</p> <p>Could I get hold of the backing data behind your annual report and any you may have in relation to 2010?</p> <p>We have contracts with CMFT, Alderhey, North Staffs, Sheffield Children's, Birmingham Children's and Great Ormond Street but other units would be of use for benchmarking.</p> <p>Ideally patient level data to describe admission date, type and source, LOS, diagnosis/procedure, level of care and/or HRG if available.</p> <p>Patient identifiers to allow linking to spells from SUS data would be useful for the trusts with which we have contracts but not needed for the other units.</p> <p>Happy to receive full dataset and pull out what we require ourselves.</p>	Request withdrawn		
19/01/11	Erika Brereton	PICU Data Manager, Our Lady's Childrens hospital, Crumlin	<p>MEASURING PERFORMANCE MARKERS</p> <p>Average Length of Stay by Age Group Average Length of Stay by Primary Diagnosis Group Average Invasive Ventilation Days by Age Group Average Invasive Ventilation Days by Primary Diagnosis Group.</p>	21/01/11	Phil McShane	We did not publish or present this data, but wished to review it against our own average length of stay figures.

			We are looking for the averages based on the same dataset used for the National Report, using the same report layouts.			
18/01/11	P Ramnayaran	Consultant, CATS 44B, Great Ormond Street Hospital, London	PERTUSSIS To describe clinical features and outcomes for children admitted to PICUs in England & Wales with pertussis infection Demographic details: age (in months), sex, ethnicity Details on admission: date/time of admission, source of admission, adm type, care area, retrieval, type of team, LOS (days and hours), SHA, primary diagnosis, secondary diagnosis/procedures, PIM-2 variables Outcome: unit discharge status, interventions Time period: 2005-2009 inclusive	03/02/10	Phil McShane	
01/12/10	Peter Davis	Consultant Paediatric Intensivist	USE OF ECMO IN ENGLAND AND OUTCOME Use of ECMO in England and outcome: 2005-2009. From the PICANet reports for this 5 year period, it appears that 15 units in England used ECMO to support patients, although only 3 units were nationally designated for neonatal / paediatric respiratory ECMO. By identified PICU, the numbers of children supported on ECMO by diagnostic grouping and the outcome (discharged alive vs survived) of these children by diagnostic grouping. By identified PICU, the primary diagnoses of children supported on ECMO.	17/12/11	Phil McShane	Results to be published in annual report
25/11/10	Aiden Cullen	ST5 Anaesthetics Royal Belfast Hospital	HEAD INJURY/ INVASIVE VENTILATION Number of children admitted to PICU in the PICANet network since April 2008 with a diagnosis of head injury/ traumatic brain Injury that received invasive ventilation. Actual numbers and numbers as a percentage of total PICU admissions. Also could data be provided for the PICU in Belfast to compare locally.	Request Withdrawn	Aiden Cullen	
25/11/10	Chloe Mounsell	Specialist trainee Year 5, Child and adolescent psychiatry, Imperial College London	SELF HARM We would like to know what data you already have on these patients ie what method, what age, sex, and the numbers? What is the burden to the service, ie number of days on ICU, what interventions they may require and what proportion may be referred to Child and Adolescent Mental health services? . As we are wanting to get the incidence of severe self harm in this age group we must try to make sure we don't miss those 14 year olds and younger, who go to Adult ICU's.	Request Withdrawn on 6/12/10		
18/11/10	Claire Magner	Clinical Audit and Research Nurse, Our Lady's Children's Hospital,	TOP 10 DIAGNOSES We would like to know the top ten diagnoses for all patients admitted from an outside hospital to Crumlin in 2009, who were older than 6	06/12/10	Phil McShane	

		Crumlin.	weeks.			
15/11/10	Susannah George	Specialty Registrar in Dermatology, Brighton and Sussex University Hospitals	DERMATOLOGY 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)	29/11/10	Phil McShane / Lee Norman	I plan to analyse it and publish.
09/11/10	Tracy Reek	Staff Nurse, Nottingham University Hospitals NHS Trust	THERAPEUTIC HYPOTHERMIA An Extended Literature Review to examine the use of Therapeutic Hypothermia in Children following Cardiac Arrest (Dissertation Study, BSc (Hons) Health Care Studies) 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)	18/11/10	Phil McShane / Lee Norman	I requested data for use in a dissertation that I am currently working on. This is towards the nurse's critical care degree pathway.
05/11/10	Stephen Playfor	Consultant Paediatric Intensivist, Royal Manchester Children's Hospital	LENGTH OF STAY We need to present data from the current PICANET dataset showing Length of Stay Vs Diagnostic Group for a) Planned admissions and b) Unplanned admissions.	05/11/10	Roger Parslow	
03/11/10	Carol Kennelly	Matron, PICU St George's, Tooting	INTERVENTIONS AND HRG'S Report showing patient ID (in some form), interventions; HRG; and group (PICU/HDU) however this information presented. Please can this be done on a monthly basis?	03/11/10	Lee Norman / Phil McShane	
02/11/10	Ravi Agarwal	Consultant Neonatal Paediatrician, Hope Hospital, Salford	VIROLOGY RESULTS I am looking for full virology (NPA or BAL) results from the infants (<1 year old) ventilated in the PICU during the last 5 years (2004-09). If you do not have 2009 data, it is not a problem. Full virology: virology results in all the bronchiolitis children; e.g. RSV, para influenza or rhino virus etc.	29/11/10	Phil McShane	
28/10/10	Carla Hayes	PICU Audit Clerk, Nottingham University Hospitals.	RENAL SUPPORT Could you do me a report with the data on of any children requiring renal support since i.e. Haemodialysis, plasma exchange ext, from the 1 st of January 2010? Also how many days the children were with us for?	12/11/10	Phil McShane/ Lee Norman	

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” Data required: Admission Information Age (in months), GEST, MULT, DELORDER, SEX, ETHNIC, ADDATE (year only), PREVICUAD, SOURCEAD, RETRIEVAL, RETRIEVALBY, CAREAREAAD Diagnoses PRIMDIAG, PRIMDIAGNOTES, OTHDIAGNOTES, OTHDIAG, COMNOTES, COMDIAG PICANet data request form October 2006 PIM / PIM2 medical history - all data fields PIM / PIM2 reason for admission – all data fields PIM / PIM2 physiology – all data fields Intervention record INVVENT, INVVENTDAY, NONINVVENT, NONINVVENTDAY, ECMO, LVAD, ICPDEVICE, RENALSUPPORT, RENALHAEMFIL, RENALHAEMDIA, RENALPERIDIA Discharge UNITDISSTATUS, DISPALCARE, Length of ICU stay (days), Days from ICU admission to death (if died), UNITDISDEST, UNITDISDESHOSP Follow-up FU30DISSTATUS, FU30LOCATION, FU30LOCHOSP, Days from ICU admission to death (if death within 30d following discharge from ICU)</p>	27/10/10	Phil McShane / Lee Norman	Paper presented at PICS Cambridge and due to be published shortly
26/10/10	Phil Wilson	Lead Nurse, West Midlands Paediatric Retrieval Service	<p>WEST MIDLANDS PCTS – ADDITIONAL</p> <p>How many patients from West Midland PCTs were admitted to PICUs other than Birmingham Children’s Hospital, University Hospital of North Staffordshire or University Hospital Leicester (Glenfield or Royal Infirmary) between 14th September 2009 and 13th September 2010?</p> <p>Please could I have monthly breakdowns?</p>	12/11/10	Phil McShane/ Lee Norman	

26/10/10	Phil Wilson	Lead Nurse, West Midlands Paediatric Retrieval Service	<p>WEST MIDLANDS PCTS</p> <p>How many patients from West Midland PCTs were admitted to PICUs other than Birmingham Children's Hospital or University Hospital of North Staffordshire between 14th September 2009 and 13th September 2010?</p> <p>Please could I have monthly breakdowns?</p>	26/10/10	Phil McShane	
20/10/10	Claire Magner	Clinical Audit and Research Nurse, Our Lady's Children's Hospital, Crumlin.	<p>MORTALITY</p> <p>We would like to know what is the % mortality in the first 24hours of PICU stay for patients transferred in from an outside hospital in 2009.</p>	21/10/10	Phil McShane	This information contributed to a presentation for a meeting of the Intensive Care Society of Ireland in Galway October 2010 entitled: <i>Why we need specialist paediatric retrieval in Ireland – again!</i> (Oral Presentation) Lucia Borovickova, Claire Magner, Brendan O'Hare, Martina Healy, Denise Rohan. This presentation was awarded the Kate Flynn Prize for Critical Care Case History Presentation
06/10/10	Claire Magner	Clinical Audit and Research Nurse, Our Lady's Children's Hospital, Crumlin.	<p>SMR DATA</p> <p>Would it be possible to divide all our 2009 patients into 2 groups. The first group being the patients who had a blood gas recorded within the first hour of admission, in other words those who have PIM data entered.</p> <p>The second group to comprise patients who did not have a blood gas within the first hour of their admission from our 2009 admissions. Could you calculate an SMR for each of these groups?</p>	6/10/10	Phil McShane	Information was used in a presentation at the PICANet Annual Meeting Birmingham 14 th Oct 2010.
22/09/10	Peter Barry	Consultant Paediatric Intensivist, University Hospitals of Leicester	<p>R-SPRT PLOTS</p> <p>R-SPRT plots and underlying data for all admissions to Glenfield Hospital for the period 1/3/2003 (or earlier) to the present day (or as near as possible);</p> <p>Adjusted and unadjusted mortality, R-SPRT plots and underlying data for admissions to Glenfield Hospital where the primary diagnostic group is cardiac for the period 1/3/2003 (or earlier) to the present day (or as near as possible);</p>	30/09/10	Phil McShane	

			Adjusted and unadjusted mortality, R-SPRT plots and underlying data for admissions to Glenfield Hospital where the primary diagnostic group is cardiac and the admission type is planned or unplanned following surgery for the period 1/3/2003 (or earlier) to the present day (or as near as possible).			
22/09/10	Lyn Jarvis	Information Officer, Southampton Research and Audit Office	DEEP VEIN THROMBOSIS Please can you run a report that shows all children admitted between 01/01/2005 and 31/08/2010 who were admitted to PICU with Deep Vein Thrombosis as a primary or other condition (not sure if there will be many, if any, but we are hopeful?). Need hosp number, date and time of admission and discharge, and primary and other conditions.	30/09/10	Phil Mcshane/ Lee Norman	
20/09/10	Karen Luyt	Consultant Senior Lecturer in Neonatal Medicine, School of Clinical Science, University of Bristol	CONGENITAL CARDIAC DISEASE IN INFANTS To study the outcomes of infants with congenital cardiac disease from a large national cohort. To investigate the feasibility of collecting neurodevelopmental outcome data from a retrospective cohort of patients. To analyse the effects of prenatal diagnosis, comorbidity, referral source and transport mode on outcome. To explore the potential of health economic analyses on this sample.	Pending		
18/09/10	Elise Randle / Sophie Skellett	PICU Registrar / PICU Consultant, Great Ormond Street Hospital	DROWNING Children admitted to PICU following drowning or 'near-drowning'. We would like data from 2003 to 2009. We would need date of birth, date of admission, age, sex, ethnic group, ventilation days / non-invasive ventilation, HFOV, inotrope requirement, ICP bolt, seizures, PIMS 2, total days of admission, outcome (death/discharge).	18/10/10	Phil Mcshane/ Lee Norman	
17/09/10	Claire Magner	Clinical Audit and Research Nurse, Our Lady's Children's Hospital, Crumlin.	AGE GROUPS AND MORTALITY We would like to know the age groups and mortality of the main surgical cases including: <ul style="list-style-type: none"> • Tracheo-oesophageal Atresia • Tracheo-oesophageal Fistula • Duodenal Atresia • Oesophageal Atresia • Congenital Diaphragmatic Hernia • Necrotising Enterocolitis • Gastroschisis • Omphalocele For neonates (<28 days) and non neonates. What was the mortality of these patients? What was their gestation? Was surgery performed on these patients?	30/09/10	Phil Mcshane/ Lee Norman	Information was presented in the hospital by General Surgery Consultant.

15/09/10	Lyn Jarvis	Information Officer, Southampton Research and Audit Office	TRACHEOSTOMY Please can you run a report that shows all children admitted to Southampton from when PICANet records began to 31/08/2010, who were admitted to PICU with Traumatic Brain injury/other similar diagnosis but who in addition had a Tracheostomy.	30/09/10	Phil McShane / Lee Norman	
09/09/10	Claire Magner	Clinical Audit and Research Nurse, Our Lady's Children's Hospital, Crumlin.	PNEUMOCOCCAL MENINGITIS We would like to know the survival of pneumococcal meningitis patients who receive invasive ventilation.	09/09/10	Phil McShane	We did not publish or present this data, but wished to be more informed about this devastating disease when caring for these patients and offering support to their families
07/09/10	Claire Westrope	Locum Consultant PICU / ECMO, Glenfield Hospital Leicester	RENAL REPLACEMENT THERAPY 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. From the PCCMDS. For those patients who had RRT; mode of RRT, number of days on RRT with age weight diagnosis and outcomes.	07/09/10	Phil McShane	
06/09/10	Oliver Bagshaw	Consultant in Anaesthesia and Intensive Care, Birmingham Children's Hospital	INHALATIONAL INJURY / INHALATIONAL BURNS Numbers, demographic details, interventions, duration of stay and outcome of all admissions with a diagnosis of inhalational injury or inhalational burns.	08/09/10	Lee Norman / Phil McShane	
02/09/10	Lyn Jarvis	Information Officer, Southampton Research and Audit Office	DROWNING / HEAD INJURY List of all patients admitted to Southampton for the last 2 years (01/08/2008 to 31/07/2010) who were admitted with any type of head injury or drowning. Please provide hospital number, date of admission and discharge, diagnosis column and any procedures, and patient outcome.	07/09/10	Lee Norman / Phil McShane	
12/08/10	Lorna Fraser	Research Officer, Paediatric Epidemiology Group, University of Leeds	CEREBRAL PALSY All admissions where Cerebral Palsy is listed as primary or secondary diagnosis. Ethnicities, deprivation score, age at admission are also required. To describe the ethnicity and socioeconomic profile of children/young people with Cerebral Palsy that are admitted to PICU	10/08/10	Lee Norman	
04/08/10	Michael Absoud	Clinical Research Fellow, Birmingham Children's Hospital.	TRANSVERSE MYELITIS What is the incidence of transverse myelitis (TM) admitted to PICUs in England and Wales?	11/08/10	Phil McShane	

			<p>What are the interventions and outcome of children admitted to PICU with TM? Timeline: January 2004-December 2009? Ages: 1 month- less than 16 years old Number of children admitted with TM with the following read codes as per: primary diagnosis, or other reason for admission, or co-morbidity: 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>	11/08/10	Phil McShane	Paper submitted to several publishers

			<p>Any renal interventions (PD / HD / HF etc)</p> <p>Inhaled Nitric oxide – number of days.</p>			
07/07/10	Lyn Jarvis	Information Officer, Southampton Research and Audit Office	<p>TRAUMATIC BRAIN INJURY</p> <p>Please can you run a report that shows all children admitted between 01/06/2007 and 30/06/2010 who were admitted to PICU with Traumatic Brain injury?</p>	08/07/10	Phil McShane	
30/06/10	Carla Hayes	PICU Audit Clerk, Nottingham University Hospitals.	<p>RENAL INTERVENTIONS</p> <p>Could we please have the case note numbers of all of our patients who have received renal interventions and which Renal Interventions, since January 2010. Also the number of days they were with us.</p>	02/07/10	Phil McShane	
23/06/10	Lleona 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	
17/06/10	Carla Hayes	PICU Audit Clerk, Nottingham University Hospitals.	<p>UNPLANNED ADMISSION</p> <p>We need all the unplanned admission to PICU from The Nottingham University Hospitals Wards? Not A&E or Theatres for 2009. We will need the time and date of admission, age & gender, any interventions received and primary diagnosis. Also the length of stay and the outcome at 30 days.</p>	21/10/10	Phil McShane	

08/06/10	Pradip Thakker	Consultant Paediatrician / Special Interest Cardiology, Queens Medical Nottingham	<p>POST SCOLIOSIS SURGERY</p> <p>All patients who have been admitted post scoliosis surgery that have got underlying diagnosis of Duchennes Muscular Dystrophy over last 10 years.</p> <p>Any deaths in this group over last 10 years? What treatment patient was on and what cardiac function was documented prior to surgery?</p>	30/07/10	Phil McShane	
08/06/10	Hannah Baird	Medical Student, Central Manchester Foundation Trust	<p>CHRONIC / LONG TERM VENTILATED PATIENTS</p> <p>The number of beds used by chronic / long term ventilated patients in PICU's.</p>	01/07/10	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 have up to April 2009 (however don't have any PCCMDS data))</i> diagnosis_codes, diagnoses, Chronic, Cause of arrest, age__days_, los__days_, unitdisstatus, 	07/06/10	Phil McShane	Two presentations at Syney PICS 2011

			<p>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, previcuid, sourcead, careareaad, retrieval, retrievalby, medhistevd, precedcpr, precehospcardarr, unitdisstatus, cardiomyocarditis, cardiacbyp, sevcombimmune, spontcerebhaem, hypoplas, neurogendis, leuklymph1st, sevdevdelay, liverfail, hiv, electivead, primreason, bpsys, bgfirsthr, pao2kpa, pao2hg, fio2, intubation, headbox, baseexcess, cpapfirsthr, pupreact, mechvent, invent, invventday, Noninvvent, noninvventday, intracheostomy, 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>			
25/05/10	Stephanie Stanwick	Programme manager - Safe and Sustainable Paediatric neurosurgery, London National Specialised Commissioning Group	<p>5 YEARS PICANET DATA</p> <ul style="list-style-type: none"> To extract 5 Years of data from PICANET, PICU data is required for the 11 Centres that currently undertake Paediatric cardiac surgery and the 15 centres that currently provide Neurosurgery only, PICU activity is to be extracted for the selected groups of diagnoses or procedures specified. Produce some analysis of number of episodes by various factors (SHA, Age Group, Procedure type, bed days). <p>In particular:</p> <ul style="list-style-type: none"> Numbers of occupied bed days across all the PICU dependency categories showing cardiac surgery and neurosurgery procedures as attached. % of OBDs for cardiac surgery patients % of OBDs for transplant/bridge to cardio-thoracic transplantation and respiratory ECMO cases. % of OBDs for neurosurgery patients and key neurosurgical procedures requests for admission to the PICU refused by specialty admissions/OBDs from outside the hospital 	28/07/10	Phil McShane	
19/05/10	Maureen O'Reilly	Administrative Secretary, Royal Belfast Hospital for Sick Children	<p>DOWNS SYNDROME</p> <p>Patient name, Children's Hosp no, date of admission, date of discharge, Diagnosis and outcome for patients admitted to the Paediatric Intensive Care Unit during 2009 that have Down's Syndrome.</p>	27/05/10	Phil McShane	

17/05/10	Carla Hayes	PICU Audit Clerk, Nottingham University Hospitals.	PAEDIATRIC NEUROSURGERY Information on Paediatric Neurosurgery patients from the 1 st April 2008 to 1 st April 2009: Number of Elective admission's? Number of emergency admission's?	14/06/10	Phil McShane	
14/05/10	Anand Wagh	Speciality trainee – Paediatrics, Newcastle Freeman Hospital	PICU ADMISSIONS <ul style="list-style-type: none"> • All the PICU admissions at Freeman Hospital & Newcastle General Hospital • Time scale: January 2005 – December 2009 • Post op Paediatric scoliosis Surgery patients (0 -18 yrs) • PICU stay • Diagnosis (on admission & discharge) • PICU stay (days; if possible in hours) • Ventilation (days: if possible in hours) • Discharge ventilation (self ventilating, non invasive ventilation, trache) • Cardiovascular support (inotropes) • Complications (neurological/ sepsis/ renal failure) • Previous PICU admissions / readmission 	14/05/10	Phil McShane	
15/05/10	Dora Wood	Specialist Registrar, PICU, Bristol Royal Hospital for Children	LONG STAY PATIENTS / TRACHEOSTOMY 1. Long-stay patients - epidemiology - whether mortality risk can or should be adjusted to account for patients who stay 7-28 days 2. Tracheostomy in paediatric intensive care - epidemiology and outcomes from PICANet - current practice (questionnaire study of clinical leads) 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	20/05/10	Phil McShane	Two presentations at Sydney PICS 2011

			<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. 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? 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 Date range – 01/01/2004 to 31/12/2009 (or the last 5 years data you have) Would like Age including median and IQR</p>	14/05/10	Phil McShane	Possible paper

			<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>			
28/04/10	Jenny Longden	Advanced Practitioner, Royal Manchester Children's Hospital	<p>MORTALITY IN PICU</p> <p>How many children were admitted to PICU's within the UK between 2007-2008 and 2008-2009 Overall mortality during 2007-2008/2008-2009 Diagnostic groups of deaths (if available) Ages of deaths (if available)</p>	28/04/10	Phil McShane	
23/03/10	Dr. John Alexander	PICU Director, University Hospital of North Staffordshire	<p>SMR OUTCOME</p> <p>SMR Outcome data for Stoke PICU from 2003 onwards Statistical analysis of whether the outcome is better than predicted. Run chart of SMR to understand if there are any periods of higher than expected mortality</p>	29/03/10	Phil McShane – information held in National Report	50
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	Possible paper
18/03/10	Carla Hayes	PICU Audit Clerk, Nottingham University	<p>NEUROSURGICAL PATIENTS</p> <p>Information on Paediatric Neurosurgery patients from the 1st April 2008</p>	22/03/10	Phil McShane	

		Hospitals.	<p>to 1st April 2009 :</p> <p>Number of Admissions to PICU?</p> <p>Number of admissions of Which number of patients intubated?</p> <p>Number of Admissions of Which Elective?</p> <p>Number of Admissions of Which emergency?</p> <p>Average Length of stay in PICU of all admissions?</p> <p>Number of un-planned PICU admissions of all patients (during same spell)?</p> <p>Average length of stay of unplanned PICU admissions of all PICU patients in this time spell?</p> <p>How many paediatric neurosurgical referrals did we receive in this time spell outside of our catchment area?</p>			
16/03/10	Maria MacDonald	Research and audit Nurse, Royal Manchester Children's Hospital	<p>POMPE'S DISEASE</p> <p>I require info on all children admitted to RMCH with Pompe's disease.</p>	N/A	Request Withdrawn	
12/03/10	Claire Magner	Clinical Audit and Research Nurse, Our Lady's Children's Hospital, Crumlin.	<p>OUTCOMES OF CARDIAC SURGICAL POPULATION</p> <p>We would like to know the outcomes (survivors' vs non-survivors) of our cardiac surgical population since commencement of data collection.</p> <p>More specifically the numbers of and outcomes for:</p> <p>TGA</p> <p>Hypoplastic Left Heart Syndrome</p> <p>Hypoplastic Right Heart Syndrome</p> <p>Norwood Procedure, BT shunt (+/- modified), Sano shunt, Glenn Shunt (+/- Bidirectional)</p> <p>Fontan Type Operation</p> <p>Arterial Switch Operation</p> <p>We would also like to know what percentage of our population have Trisomy 21, given the increased incidence of cardiac defects in this population.</p>	22/03/10	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</p> <p>Cardiac arrest before ICU or out of hospital</p> <p>Myocarditis / cardiomyopathy</p> <p>Hypoplastic left heart syndrome</p> <p>Primary diagnosis</p> <p>Base excess</p> <p>Systolic blood pressure</p> <p>Age</p> <p>Death in PICU</p> <p>Death by 30 days (if available)</p> <p>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	

01/03/10	Alison Gibbs	Network and commissioning manager- Yorkshire and Humber	<p>PIC ADMITTANCE FOR YORKS AND HUMBER</p> <p>For Sub region of Yorkshire PCTs i.e. Hull, East Riding of Yorks, N Yorks and York, Leeds, Wakefield, Kirklees, Calderdale, & Bradford and Airedale. Years 2008 & 2009. For each PCT numbers of those who needed PIC and where they received it. To include for: out of area by intervention, diagnostic group and admission type.</p> <p>For sub region of PCTs for Barnsley, Doncaster, Rotherham, Sheffield, Bassetlaw and North Derbyshire- the same information please.</p> <p>Leeds PICU identify for same year those who were on PICU for >1/12, 3/12, 6/12, 9/12 & 12/12 by ventilated and non-ventilated.</p> <p>Hull PICU for 2009 numbers admitted for Head injury by age i.e. <5, 5 and over and Hull PCT, non Hull PCT & admission type.</p>	18/03/10	Phil McShane	
19/02/10	Claire Magner	Clinical Audit and Research Nurse, Our Lady's Children's Hospital, Crumlin.	<p>INCIDENCE OF MENINGITIS</p> <p>We would like to know incidence of Meningitis, including pneumococcal, meningococcal admitted to our unit.</p>	28/02/10	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, HOSPADMISSSION, 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</p> <p>What was reason for the refusal and if possible where did the child then end up.</p> <p>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>	26/01/10	Phil McShane	

			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.			
13/01/10	Lyn Jarvis	Information Officer, Southampton Research and Audit Office	RCSE PATIENTS 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.	13/01/10	Phil McShane	
11/01/10	Angela Norcup	PICU Secretary, University Hospital of North Staffordshire	SMR FIGURES We need the SMR figures month by month for as far back as PICANet data goes.	18/01/10	Phil McShane/ Adrian Ashley	
11/01/10	Tina McClelland	PICANet Audit Nurse, Alder Hey Hospital, Liverpool	SEVERE NEURODISABILITY Admissions to PICU of those with severe neurodisability over last five years Reason for admission Length of stay Outcome of admission	26/03/10	Phil McShane	
07/01/10	Dr Mary Slack	Consultant Microbiologist, Health Protection Agency	PNEUMOCOCCAL INFECTION Data on children admitted to paediatric intensive care units with any pneumococcal infection between July 2004 and June 2009 (i.e. any child with documented “pneumoco*” or “streptococcus pneumoniae” in the admission log. Age in months; month and year of admission; town of child; gender ; previous ICU admissions ; source of admission ; diagnoses and procedures ; co-morbidity ; daily interventions with number of days (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); follow-up information	07/01/10	Phil McShane	
17/12/09	Carla Hayes	Audit Clerk, Nottingham Queen’s Medical Centre	INVASIVE VENTILATION AND HAEMOFILTRATION How many of our patients received invasive ventilation in 2009? And how many received haemofiltration in 2009?	22/12/09	Phil McShane	
16/12/09	Claire Magner	Clinical Audit and Research Nurse, Our Lady’s Children’s Hospital, Crumlin.	INCIDENCE OF RSV We would like to know incidence of RSV, trends and co-morbid illness. We would like to benchmark this data with other centres. This information will provide an insight into the effectiveness of our RSV prophylaxis programme in Crumlin.	25/12/09	Phil McShane	

30/12/09	Dr Andrew Mallick	Paediatric Neurology Research Associate, Bristol Royal Hospital for Children	INCIDENCE AND OUTCOME OF CHILDHOOD STROKE 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 1 st July 2008 – 30 th June 2009 with a stroke (arterial ischaemic stroke, cerebral venous thrombosis with venous infarction, and haemorrhagic stroke). We would only require DOB and initials.	24/05/10	Phil McShane	
16/12/09	Ryan Watkins	Consultant and Clinical Director, Royal Sussex County Hospital.	PICU ACTIVITY I would like to establish the activity undertaken in PICUs for children living in postcodes in East Sussex, West Sussex and Brighton and Hove. Also for Kent. Also for Surrey.	15/01/10	Phil McShane	
07/12/09	Emily Gaskell	MSc Student, City University	AVERAGE LOS To develop a tool that can predict the number of admission, discharges 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.	18/12/09	Phil McShane	
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	Paper published
17/11/09	Alison Kemp	Professor of Child Health, University Hospital of Wales	NUMBER OF CHILDREN WHO HAVE CPR Age range of children (DOB/DOA/date of CPR) Any outcome data post CPR (mortality/survival) Underlying reason for admission to PICU	15/01/10	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	
06/11/09	David Inwald	Consultant in PICU, St Mary's Hospital,	PNEUMOCOCCAL DIAGNOSIS	26/11/09	Phil McShane	Possible paper

		London	Numbers of cases with the following diagnoses admitted (per year) 2005, 2006, 2007, 2008 and 2009. Any diagnosis containing the word "pneumococcal" with a breakdown of the numbers of different diagnoses logged Haemolytic uremic syndrome WHEN there is also a diagnosis containing the word "pneumococcal"			
04/11/09	Claire Magner	Clinical Audit and Research Nurse, Our Lady's Children's Hospital, Crumlin.	PIM SCORE FOR PICU PATIENTS We require average PIM score for our PICU patients, crude SMR and PIM2 adjusted SMR. This will be presented at a Paediatric Conference in Dublin and will provide an insight into the severity of illness of the patients seen at Crumlin.	16/12/09	Phil McShane	
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 glyceemic 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	
30/10/09	Nitin Verma	ST6 Paediatrics Newcastle General Hospital	TRACHEOSTOMY IN PICU 1) Children intubated for > 7 days in PICU –individual names/ total number. (invasive ventilation) 2)a - Children who had tracheostomy in PICU – individual names/ total number b - were all of them intubated for >7 days - yes/no (invasive ventilation) c) - if No, then how many - number 3) How long was the stay in PICU for kids intubated >7 days(invasive ventilation) if you could kindly give me the days or if possible the number of hours that each kid was intubated. 4) How long was the stay in PICU for kids who had tracheostomy in PICU(who were initially ventilated for >7 days) if you could kindly give me the days or if possible the number of hours that each kid stayed in PICU	17/12/10	Phil McShane	
28/10/09	Amber Young	Consultant Paediatric Anaesthetist, Dept of Anaesthesia	CHILDREN IN PICU WITH HYDROCEPHALUS OR BLOCKED VP SHUNT 1) Number of children and ventilation status admitted to PICU with hydrocephalus or blocked VP shunt over last 5 years (2003-2008 if	25/11/10	Phil McShane	

		Frenchay Hospital	possible) - per unit (anonomised) and total 2) a) Causes of hydrocephalus if possible (tumour, bleed, blocked VP shunt etc) - per unit (anonomised) and total 3) Mortality of children admitted with hydrocephalus - total over 5 years as in 1) - per unit (anonomised) and total 4) PIM2 score for above cases 5) Differentiating units (in anonymous way) into those with paediatric neurosurgical presence or not – see enclosed table)			
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	
20/10/09	Christophe Eich	Consultant Paediatric Anaesthetist and Emergency Physician, University Medical Centre Göttingen, Germany	INSTANCES OF CPR IN PICUS Incidence of cardiopulmonary resuscitation (CPR; main entry criterion: chest compressions) on PICUs in the UK & Ireland, in correlation to size of unit (number of beds), annual number of cases/admissions, and Regular care for cardiac children (paediatric cardiology/cardiac surgery – yes/no).	24/11/10	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 (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)	05/10/09	Adrian Ashley/ Phil McShane	
21/09/09	Roddy O'Donnell	PICU Consultant Addenbrookes and PICS Hon Secretary	CEREBRAL PALSY & DOWN'S SYNDROME ADMISSIONS How many admissions of patients to PICU where cerebral palsy or Down's syndrome are recorded as a co-morbidity by Read Code on admission to PICU? Approached by MENCAP at the start of their "Death by Indifference campaign".	03/11/10	Adrian Ashley	
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	05/10/09	Phil McShane	

			intensive care with RSV or bronchitis's type symptoms. THIS INFORMATION WAS NOT PROVIDED BY PICANET			
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	
26/08/09	Sally Abbott	Senior Operational Research Analyst, Department of Health	SWINE FLU AND BED CAPACITY (2006 – 2008) Total number of bed days for children aged between 0-15 yrs Of these, total number of bed days used by non-elective admissions Average daily bed occupancy Could I have this data at both national and regional level? We are currently building a critical care model to assess the impact of swine flu on bed capacity. We need this data to calculate the average proportion of occupied beds used by emergency admissions.	01/10/09	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	24/08/09	Phil McShane	

			<p>Hospital of North Staffordshire:</p> <ol style="list-style-type: none"> Number of Admissions by PCT during report time window. a. Number of episodes which completed (=discharge or death) during the report time window by PCT, and <ol style="list-style-type: none"> Number of days of PICU care associated with these discharges/ deaths by PCT; Number of admissions by Health authority; a. Number of episodes which completed (=discharge or death) during the report time window by Health Authority and <ol style="list-style-type: none"> 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: Number of days of PICU care for each of the "top 10 PCTs". <ol style="list-style-type: none"> calendar year b) fiscal year 			
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	
31/07/09	Geralyn Oldham	Information Support Manager - Great Ormond Street Hospital for Sick Children	<p>UNIT REPORT BREAKDOWN BY UNIT TYPE</p> <p>We would like to receive our Annual PICANet reports broken down by Unit Type at GOSH so more relevant and meaningful for clinicians. E1 – PIC Unit E2 – Cardiac Unit</p>	11/10/09	Adrian Ashley	
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	
08/07/09	Amber Young	Consultant Paediatric Neuro-anaesthetist – North Bristol NHS Trust	<p>HEAD INJURY/ TRAUMATIC BRAIN INJURY</p> <p>1) Number of children and ventilation status admitted to PICU with head injuries / traumatic brain injury over last 5 years (2003-2008 if possible) - per unit (anonomised) and total</p>	29/07/09	Phil McShane	

			<p>2) a) Number of children admitted with head injuries with ICP monitor - over 5 years as in 1) - per unit (anonomised) and total</p> <p>b) Number of children admitted with head injuries with inotropic support - over 5 years as in 1) - per unit (anonomised) and total</p> <p>c) Number of children admitted with head injuries with length of stay > 2 weeks - over 5 years as in 1) - per unit (anonomised) and total</p> <p>3) Mortality of children admitted with head injuries - total over 5 years as in 1) - per unit (anonomised) and total</p> <p>4) Mortality in head injuries with ICP monitors - per unit (anonomised) and total</p> <p>5) Mortality in head injuries requiring inotropic support - per unit (anonomised) and total</p> <p>6) % of PIC admissions with neurosurgical diagnoses including tumours, hydrocephalus, cerebral bleeds, traumatic brain injury etc and ventilated / non-ventilated status</p>			
11/06/09	Ruth Gilbert	Professor of Clinical Epidemiology, UCL London	<p>ANTIBIOTIC AND HERPARIN 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.</p> <p>GOSH CICU, PICU, St Marys, Brompton (not Harefield), Evelina (Guys), Bristol, Birmingham, Liverpool , Leicester, Newcastle, Leeds, Southampton</p> <p>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 required to inform recruitment projections and predicted event rates for each centre.</p>	02/07/09	Phil McShane	
09/06/09	Peter Broughton	Senior Information Design Consultant, The NHS Information Centre.	<p>PAEDIATRIC CRITICAL CARE HRG'S</p> <p>Investigation into the distribution of Paediatric Critical Care HRGs within PICANet contributor organizations. We wish to produce graphs and summaries to present to the HRG4 Paediatric Critical Care Expert Working Group.</p> <p>Based on previous experience, the PICANet data appears to be of very high quality.</p> <p>The excellent coverage of data in PICANet makes it the most useful data source for HRGs analysis. The latest SUS dashboard indicates that only 60% of eligible (based on KH03 returns) organisations are submitting data to SUS.</p>	09/06/09	Roger Parslow	
18/05/09	Raghu Ramaiah	Consultant Paediatric Intensivist, University Hospitals	<p>ADMISSIONS FROM EAST MIDLANDS ADMITTED TO OUT OF REGION PICU'S</p> <p>Number of children with East Midlands postcode admitted to PICU</p>	22/05/09 & 06/09/09	Roger Parslow & Phil McShane	

		of Leicester NHS Trust.	other than Leicester and Nottingham. Needed for future planning of regional services.			
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	
29/04/09	Jose Panisello	Clinical Director	THAMES VALLEY ADMISSIONS Number of patients belonging to the Thames Valley (old boundaries) have been admitted nationally (2006,2007,2008) How many of those patients were admitted in Oxford for the same years PCOs for the remaining patients admitted in oxford for the same years In addition to number of patients, can you provide the number of bed	11/05/09	Roger parslow	

			days used for each group			
24/04/09	Kay Rushforth	Sister Leeds Teaching Hospitals NHS Trust	COMPARATIVE ANALYSIS 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	11/05/09	Roger Parslow	
23/03/09	Peter Davis	Consultant Paediatric Intensivist - Bristol Royal Hospital for Children	TRAUMATIC BRAIN INJURY On all children admitted to PICUs in England & Wales over 4 years (2004-2007) with traumatic head injury: ADMISSION MONTH LENGTH OF STAY (TO DISCHARGE OR DEATH) OUTCOME (ALIVE/DEAD) ICP MONITORING Y/N PUPIL REACTION (FROM PIM) DIAGNOSIS OTHER DIAGNOSES (to pick up multi-trauma) The list of diagnoses used to filter traumatic head injury.	24/03/09	Roger Parslow	
21/03/09	Saul Faust	Senior Lecturer in Paediatric Immunology and Infectious diseases – University of Southampton	MENINGOCOCCAL AND PNEUMOCOCCAL SEPSIS The meningococcal and pneumococcal sepsis admitted numbers for the winters 2005-6, 2006-7, 2008-09 (this year so far) Oct-Mar each year, if not summarized by calendar year will be fine (if there is a monthly breakdown this would be even better). The “overall sepsis” numbers available for these time periods as well.	23/03/09	Roger Parslow	
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	100
19/02/09	Catherine Penrose	PICU Consultant – Leeds General Infirmary	PROVISION OF PALLIATIVE CARE Looking at provision of palliative care in Leeds and UK and the provision for end of life care outside of the PICU environment.	19/02/09	Roger Parslow	
02/02/09	P	Childrens Acute	INTERVAL BETWEEN ADMISSIONS AND DEATH	13/02/09	Peter	

	Ramnarayan	Transport Services (CATS)	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.	& updated on 11/09/09	Tooze & Phil McShane	
09/01/09	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	
28/10/08	Will Woodward	Consultant in Anaesthesia & Intensive Care – Royal Cornwall Hospital	PICU/ ICU COMPARISON Length of stay, intervention, and outcome data for children retrieved to a) all PICU's nationally, and b) Bristol Children's Hospital from southwest DGH's	29/10/09	Tom Fleming	
14/11/08	Stuart Rowe	Pan Thames Commissioner (Hammersmith and Fulham PCT)	LOCAL PATIENTS ADMISSIONS To gain understanding of local patients admissions	14/11/08	Tom Fleming	
05/12/08	Alison Bali	Specialised Commissioning Project Manager – North West Commissioning team	BED DAYS The number of bed days occupied by North West patients <u>outside</u> of the North West Region in <u>2007</u> (North West area based on SHA boundary) What is the national average?	05/12/08	Tom Fleming	
15/10/08	Victoria Attwell	Analyst (Healthcare for London)	TRAUMA SERVICES ACROSS LONDON Looking at trauma services across London to plan services	09/02/09	Tom Fleming	
22/09/08	Simon Whiteley	PICU Consultant, St James's Hospital, Leeds	ASTHMA 1. How many patients are admitted to PICU with a diagnosis of asthma / year (2004-7) 2. Number ventilated / no days ventilated / duration of stay / outcome / number of deaths / number other adverse outcomes recorded e.g. brain injury (if any). 3. Number suffer a cardio- respiratory arrest prior to admission (if any) details of outcome 4. Denominator values total number admissions	07/10/08	Tom Fleming	
10/09/08	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	
19/08/08	Peter Davis	Paediatric Intensivist	PICU SHORT STAYS	22/08/08	22/08/08 Tom	

			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.		Fleming	
12/08/08	Ruth Gilbert	Professor Of Clinical Epidemiology	ANTIBIOTIC AND HEPARIN IMPREGNATED CATHETERS 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 required to inform sample size calculations. A rapid response would be much appreciated.	15/09/08	17/09/08 Tom Fleming	
08/08/08	Christine Mckerness	Senior Sister Newcastle General Hospital	BABIES/ WORKFORCE PLANNING Number of babies admitted to RVI in 2005, 2006 and 2007 in order to plan and manage workforce and numbers of babies admitted to RVI PICU with primary diagnosis of NEC / necrotizing enterocolitis for the years 2005, 2006, 2007 for same reason	11/09/08	Internal data only needed	
14/07/08	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	
26/06/08	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	
09/06/08	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	
31/05/08	Janet McClean	Junior Sister	LONG TERM VENTILATED CHILDREN All admissions to LRI CICU with breakdown of level of dependency	Not Approved		
19/05/08	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	21/05/08	21/05/08 and 17/12/08 Tom Fleming	

			include the length of PICU stay, length of ventilation and mortality.			
30/04/08	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	
29/04/08	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 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	28/05/08	28/05/08 Tom Fleming	
27/04/08	Cormac Breatnach	Clinical Fellow – Childrens acute transport service	MULTIPLE ACUTE TRANSFERS To assess the characteristics and outcome of patients requiring multiple acute transfers	Pending	Request form not completed	
04/04/08	Ruth Gilbert	Professor of Clinical Epidemiology	PICU ADMISSIONS ACROSS 9 LARGEST PICU'S Numbers of PICU admissions in 2006 for 9 of the largest PICUs, according to duration of stay, operative status, source of patient and diagnostic group. We will use the information to help design a randomized controlled trial of impregnated central venous catheters to prevent bacteraemia in children admitted to PICU. We need to have a break-down of patient groups according to duration of stay in order to	07/04/08	Tom Fleming	

			estimate the sample size available. We will use estimates of baseline risk of bacteraemia in relation to duration of stay to estimate sample size according to patient group			
03/04/08	Shazia Adalat	SpR Paediatric Nephrology	TSS To define the incidence of TSS due to staphylococcal or streptococcal organisms in children in the UK and identify any geographic variation	Pending	Request form not completed	
01/04/08	David Inwald	Consultant	SEPSIS Audit of current UK management of community acquired paediatric sepsis	14/05/08	14/05/08 Tom Fleming	
22/03/08	Barney Scholefield	Specialist Registrar	HYPOTHERMIA THERAPY 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	25/03/08	25/03/08 Tom Fleming	
26/02/2008	Claire Westrop	Specialist Registrar – Birmingham Childrens Hospital	REVIEW OF NEONATES UNDERGOING RENAL REPLACEMENT 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	14/03/08	14/03/08 Roger Parslow	
13/02/08	Alison Oliver	Regional Education Nurse	ACCIDENTAL EXTUBATIONS I am currently auditing our rate of accidental extubations. Two study periods are complete and I would like to benchmark with other units throughout the UK	Not approved		
05/02/08	Quen Mok	Consultant Intensivist, Great Ormond Street Hospital	HEAD INJURIES Numbers of patients admitted with moderate and/or severe traumatic brain injury/head injury per year to each PICANET unit in the last 5 years.	17/03/08	Tom Fleming	
25/01/08	Stuart Rowe	Lead Commissioner - Pan Thames, Hammersmith and Fulham PCT	PAN THAMES Admissions, bed days and retrievals for: I) Non-Pan Thames residents to Pan Thames units II) Pan Thames residents to Pan Thames units	25/01/08	Tom Fleming	
14/01/08	Peter Phillips	Solution Architect, Cerner Millennium	DATASETS I am working on the national programme for IT London and Southern cluster projects. We are looking at reporting requirements for our clinical teams (critical care) and need to design our system to allow trusts to provide PICANet submissions where appt. Please could you forward the current datasets required by trusts to complete, showing	15/01/08	Tom Fleming	

			the response code values required by PICANet.			
10/01/08	Saul Faust	Senior Lecturer in Paediatric Infectious Diseases, Southampton University	MENINGOCOCCAL Current data available that we could quote as a “personal communication” that indicate the approximate current meningococcal disease mortality across the combined UK PICU network. RP has suggested “the numbers of admissions and deaths by year, ageband and sex for 2004-2006 inclusive (3 whole years), excluding Scotland” – which sounds ideal.	15/01/08	Tom Fleming	
04/12/07	Ranjit Khular	Commissioning Manager, West Midlands Specialised Commissioning Team	ACTIVITY Activity information on all PIC services nationally accessed by residents of the 17 West Midlands PCTs, on a monthly basis	06/02/08	Tom Fleming	
30/11/07	Tony Dinning	Manager, Trent Paediatric Critical Care Network, Nottingham City PCT, Nottingham,	OUT OF NETWORK TRANSFERS April 2006 to September 2007 A breakdown per Network PCT of admissions to PICU outside of Network. To include primary diagnosis to exclude appropriate clinical transfer for Lincolnshire Teaching PCT Nottingham City PCT Nottinghamshire County Teaching PCT Derbyshire County PCT Derbyshire City PCT	11/12/07	Tom Fleming	
15/11/07	Dominique Sammut	Assistant Commissioner, Health Commission Wales	SCOLIOSIS REPAIR Number of admissions to each PIC following scoliosis repair. 2004, 2005, 2006 breakdown. Then for these figures to be broken down further to Welsh and non-Welsh patients.	Not Approved		
05/11/07	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)	
02/11/07	Tamsin Ford	Senior clinical lecturer in child and adolescent psychiatry, Peninsula Medical	SELF HARM I would like to know how many children were admitted to PICU in 2004-2006 with deliberate self harm by any method. If possible I would like to know about kids whose primary diagnosis may relate to the	12/11/07	Tom Fleming	

		School, Exeter	injury sustained (ie head injury or poisoning) but where deliberate self harm was suspected.			
08/10/07	Kate Brown	Consultant Intensivist, Great Ormond Street Hospital	24 HOUR STUDY A list of children who died within 24 hours of admission to a UK PICU. No patient or unit identifier is required. The list to contain: the PIM score, the primary diagnosis, date and time of admission, date and time of death. The data is requested over the longest possible / feasible time period.	25/10/07	Tom Fleming	
04/10/07	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)	
19/09/07	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)	
29/08/07	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)	
20/08/07	Phil Wilson	Retrieval Coordinator, Birmingham Children's Hospital	WEST MIDLANDS No. of patients from the following PCTs admitted to BCH, UHNS, UHL & 'out of region' PICUs. Names of OOR PICUs not needed. Pan Birmingham Black Country Coventry and Warwickshire Herefordshire Worcestershire Shropshire Telford & Wrekin Stoke-On-Trent North Staffordshire South Staffordshire	03/09/07	Tom Fleming	
01/08/06	Heather Titcombe	Specialist Commissioner for Children's Tertiary Services, Jubilee House, South	SOUTH WEST I would like the following : 1. The total number of bed days and the percentage paediatric specialty split, for the following hospitals, using the DH Clinical	05/10/06	Roger Parslow	

		Central SHA,Oxford (host South West SHA)	<p>Terminology Coding System :</p> <ul style="list-style-type: none"> - United Bristol Hospital Trust - Bristol Royal Infirmary - Oxford Radcliffe - Southampton General <p>2. How many children are refused admission to the hospitals outlined above, what is the reason for the refusal and if possible where did the child then end up?</p>			
30/07/06	David Pedley	Consultant in Emergency Medicine, James Cook University Hospital	<p>LEVEL OF CARE</p> <p>I need information on the level of care in each PICU in England and Wales. In particular I need to establish which units are staffed by full time intensivists and the access to neurosurgical advise / expertise. I was hoping to use levels of care defined by Rosenberg et al in the following paper. Rosenberg et al (Guidelines and levels of care for paediatric intensive care units) Critical Care Medicine 2004 vol.32 no10. If this is not the classification used by your database is there a UK equivalent and could you supply these criteria?</p>	Not approved		
26/07/07	Gavin Rudge	Data scientist, University of Birmingham	<p>WEST MIDLANDS ADMISSIONS</p> <p>Counts of all admissions to neo-natal intensive care or paediatric intensive care, of all children resident in the Government Office Region of the West Midlands, under two years old at date of admission for the latest three whole financial year for which data are available.</p>	06/08/07	Tom Fleming	
02/08/07	Padmanabhan Ramnarayan	Consultant in Paediatric Intensive Care & Retrieval, GOSH/CATS	<p>RETRIEVALS</p> <p>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)</p> <p>Data will be necessary for the period of January 2004 to December 2006.</p>	20/08/2007	07/09/2007 (Tom Fleming)	
11/07/06	Tina McClelland	Audit Nurse, PICU, Alder Hey, Liverpool	<p>SMR STUDY</p> <p>The SMR for Alder Hey is high. Would like to investigate possible reasons for this. Require: Total deaths, ventilation rate, mortality rate and PIM predicted SMR by year (2003, 2004, 2005) Exclude patients who were dead on admission Look at whether the SMRs might be related to missing PIM data: reanalyze SMR (across the years 2003/04/05) in three groups 1) all patients 2) those where one or more of the PIM physiological variables are missing (PaO2 Bxs, systolic BP) 3) those where all the PIM</p>	02/10/07	Roger Parslow	

			physiological variables are missing (PaO2 Bxs, systolic BP) Also start to look at whether the SMRs might be related to the case-mix seen at Alder Hey.			
05/07/07	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 diagnostic group per hospital, length of stay	06/07/2007	11/07/2007 (Tom Fleming)	
05/07/07	Shane Tibby	Consultant PICU, Evelina Children's Hospital, Guy's & St Thomas' NHS Foundation Trust	RESPIRATORY ADMISSIONS All respiratory admissions to PICU including the differentiation between RSV and non-RSV bronchiolitis, for the period 2004 – 2006. If possible, this would ideally include data from early 2007 (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.	11/07/07	Tom Fleming	
27/06/06	Peter Davis	Consultant Paediatric Intensivist, Bristol Royal Hospital for Children	SOUTHWEST AUDIT OF CRITICALLY ILL CHILDREN All children admitted from April 2003 – March 2006 with a postcode starting with one of the following (BA, BS, EX, GL, PL, SN, TA, TQ, TR) to a unit other than Bristol Royal Hospital for Children. Information required: PICU (NHS Trust) admitted (code); First 3-4 characters of postcode (e.g. BS16); Date of admission; Age; Elective or non-elective admission; Retrieval type (if appropriate); Primary diagnosis (+ read code); Length of stay; Discharge outcome	04/01/07	Roger Parslow	
11/06/07	Paul Baines	Consultant PICU, Royal Liverpool Children's Hospital	SDD For all children admitted to PICU and ventilated for at least 2 days (could I have it for all children who are ventilated as well):- 1) Numbers split by (anonymised) units 2) Age/sex overall 3) VFDs overall at 30 days (summary stats - mean min etc + grouped) 4) LOS overall (summary stats - mean min etc + grouped) 5) Duration of ventilation (although linked to VFDs) 6) ICU Mortality (died yes/no) 7) Inotropes (yes/no in stay) 8) Diagnostic group overall	11/06/07	Tom Fleming	
06/06/07	Elizabeth Bream	Specialist Registrar in Public Health,	BURNS	18/06/07	Tom Fleming	150

		Scottish Executive Health Department, Edinburgh	Numbers of children treated in PICU for burn injuries in England. Time period 2004, 2005, 2006 if possible. Numbers by age band if possible. Outcome (i.e. survival) if possible. Length of stay if possible.			
06/06/07	Paul Chumas	Consultant paediatric neurosurgeon, Leeds General Infirmary	NEUROLOGICAL 1) Number of children and ventilation status of those admitted to PICU with head injuries (we'll give breakdown of invasive/non-invasive etc) 2) Number of children admitted with head injuries who have an ICP bolt 3) Number of children admitted to adult ICU with head injuries (we have limited data for 2004/2005 for England)- may not be able to identify it as head injury but just 'neurological' 4) Number of children admitted to PICU with CNS tumour and ventilation status 5) Number of children admitted to PICU with Hydrocephalous and ventilation status Information from all UK & Eire if possible	18/06/07	Tom Fleming	
21/05/07	David Inwald	Consultant in PICU, St Mary's Hospital	ST. MARY'S DATA Numbers of children admitted to St Mary's PICU receiving invasive ventilation, non-invasive ventilation, both or neither by primary care organization between 01/04/2006 and 31/03/2007. Also required, total number of occupied bed days in each category and total bed days measured to a fraction of a day. In addition, number of invasive ventilation days and non-invasive ventilation days by PCO (this may differ from OBD as length of stay longer than duration of ventilation)	22/05/10	Tom Fleming	
10/05/07	Peter Davis	Consultant Paediatric Intensivist, Bristol Royal Hospital for Children	SWACIC UPDATE 2007 For period April 2003 – March 2006: 1. A breakdown by PCT for numbers of admissions to Bristol per PCT only including those PCTs from the South West (i.e not all our South Wales admissions etc.) 2. A breakdown by diagnostic groups of admissions to Bristol for the South West PCTs. 3. If possible a breakdown by both diagnostic group & PCT of admissions to Bristol from South West PCTs. 4. PIM breakdown and adjusted SMR for admissions to Bristol from South West PCTs.	22/05/10	Tom Fleming	
18/04/07	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)	
18/04/07	Mark Peters	Clinical Unit Chair,	a) RESPIRATORY FAILURE	30/04/10	Tom	

		P/NICU, Great Ormond Street Hospital.	Age / gestation / LOS / outcome / PIM score and diagnostic coding for all cases of respiratory failure b) SUPPLEMENTARY INFORMATION Can you provide gender data on these same cases and can you rerun the query with any diagnostic code that includes 'influenza'		Fleming	
16/04/07	Michelle Milner	Network Manager / Lead Nurse Paediatric Critical Care Network, Leeds PCT	OUT OF REGION TRANSFERS Ideally, I require information on all out of region transfers by PCT to Leeds and Sheffield by date, time of transfer, and type of transfer. However, this will not be possible as it has the potential to identify individual patients. Therefore my adjusted request is as follows:- Please supply me with information on transfers from within the Yorkshire and the Humber region, grouped into Sheffield patients and Leeds patients. Sheffield patients being the following PCT's:- Barnsley, Sheffield West, North Sheffield, Sheffield South West, South East Sheffield, Rotherham, Doncaster West, Doncaster Central, Doncaster East, North Lincolnshire, North East Lincolnshire Leeds patients from the following PCT's:- Hambleton and Richmondshire, Craven Harrogate and Rural District, Scarborough Whitby and Ryedale, Selby and York, Yorkshire Wolds and Coast, East Yorkshire, Western Hull Teaching, Eastern Hull Teaching, Airedale, Bradford South and West, North Bradford, Bradford City Teaching, Calderdale, Leeds North West, Leeds West, Leeds North East, East Leeds, South Leeds, Huddersfield Central, South Huddersfield, North Kirklees, Wakefield West, Eastern Wakefield). Please supply this information by date of transfer, time of transfer, care area, retrieval (Y or N) retrieved by (own team other specialist team etc), and admitting PICU. Please note:- I already have the information on children transferred from Leeds PICU to Sheffield PICU and Sheffield PICU to Leeds (Supplied by the individual PICU's) therefore please exclude these patients from the information supplied.	30/04/07	Tom Fleming	
16/04/07	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)	

30/11/06	Melanie Maxwell	Consultant in Public Health Medicine, Wirral NHS Trust	<p>NORTH WEST DATA</p> <p>All data requested relate to 2003-2005, annual data for each of the two units (Royal Manchester Children's Hospital and Royal Liverpool Children's Hospital) and the UK average if possible: The median age with the interquartile ranges The data are much skewed and there are concerns that changing patterns are being obscured. The total bed days by month There are concerns expressed that admission numbers alone do not reflect how busy the units are and we need to explore fluctuations over time in occupancy. PIMs score - numbers in score group by age group numbers in score group by admission type numbers in score group by discharge status There appears to be a significant difference to this between the two units that we would like to explore further. LOS data - mean, median and ranges by age group and admission type We have the mean for 2005 and in planning terms it is useful to have this information. However, we recognize that the data are very skewed by Long Term Ventilator patients. We also need to explore the impact of the changing casemix of the units. Discharge status by admission type To further explore the changes in crude death rate over time Diagnostic group by admission type To further explore the differences in casemix between the two units For 2003-2005, annually can you state: How many North West residents were admitted to a unit outside the North West? Numbers, Total bed days, Admissions by Diagnostic groups, Admissions by region (or unit) How many non North - West residents were admitted to one of the North West Units? Numbers Total bed days, Admissions by Diagnostic groups, Admissions by region (or unit) These data will provide some information about flows of patients in and out of the Region and will help to identify some unmet need. We also wish to explore whether children with spinal muscular atrophy using PIC services are increasing. Would it be possible for you to search on this diagnosis to examine national trends (as far back as possible) as well as our two local services? The data would be: Numbers of admissions by year, Total bed days by year, Discharge status, Numbers of readmissions (using 2003 as the base population, how many times have people been readmitted in the next 2 years i.e. a 2*2 table number of readmissions within 2 years (1,2,3 etc) by number of patients.</p>	20/06	Roger Parslow	
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22/11/06	David Inwald	Consultant in PICU, St Mary's Hospital	ST MARY'S ADMISSIONS Admissions 1. Total Admissions (November 05- November 06) 2. Total intubated 3. Percentage with an endotracheal tube receiving ventilation 4. for up to 6 hours 5. more than 6 hours up to 12 hours 6. More than 12 hours 7. Total retrieved 8. Total presenting from A&E 9. Total post-surgery by specialty 10. Total numbers according to types of medical conditions 11. Breakdown of patient numbers according to age a. Preterm - please give numbers and specific gestational ages b. Birth to 30 days c. 31 days to one year d. > 1 year to 2 years e. > 1 year to 2 years f. > 2 years to 5 years g. > 5 years to 10 years h. >10 years to 15 years i. > 15 years to 18 years j. > 18 years 12. Mean length of PICU admission (nights) 13. Median length of PICU admission (nights) Outcome: 14. Mortality (total number) 15. Mortality (percentage of total admissions)	29/11/06	Krish Thiru	
09/11/06	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		
09/10/06	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	
09/10/06	Reinout Mildner	Consultant Paediatric	WEST MIDLANDS PATIENTS ADMISSIONS OUTSIDE WM	08/11/2006	08/11/2006	

		Intensivist, Birmingham Children's Hospital	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.		(Roger Parslow)	
05/10/06	David Cremonesini	Respiratory Paeds SpR, John Radcliffe Hospital, Oxford	EMPHYEMA Incidence of empyema in children admitted to PICU in UK over the past years since PICANet started		Clarification being sought	
03/10/06	Charles Stack/ Jo Knutton	ICU Director/Audit Nurse, PICU, Sheffield Children's Hospital	SHEFFIELD OCCUPANCY/IV Total number of calendar days that patients received invasive ventilation on our unit between 01.01.05 (including those already occupying a bed) and the 31.012.05 (inclusive) AND The total number of calendar days that patients were occupying beds, again from 01.01.05 until 31.12.05 inclusive. ' i.e. a way of calculating the number of days each patient was admitted to give a grand overall number of days, hence if a patient was discharged and another one admitted in to that bed it would count as 2 separate days.	02/11/10	Roger Parslow	
19/09/06	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 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.	No	Clarification being sought	
17/08/06	Noel Durkin	Department of Health	CARDIAC Essentially we are looking for the following data - activity by cardiac procedure code - broken down by new PCT (if possible) but more importantly by known paediatric cardiac centre - broken down also by age groups (Neonates [1-30 days], infants [31 -365 days], children [1 -16], adult [16+]) - in a form which will enable us to look at patient flows to known centres, including for specific conditions - Most recent data available 2004 and 2005 (and 2006 if available).	13/09/06	Roger Parslow	
26/06/06	Jonathan	Consultant, St	ONCOLOGY STUDY	26/06/2006	05/07/200	

	Round	George's Hospital PICU, Tooting	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.		6	
08/06/06	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	
07/06/06	James McLean	Matron, Leicester PICU Services	CICU ADMISSIONS All admissions to LRI CICU, with breakdown level of dependency	No	Clarification being sought	
05/06/06	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)	
01/03/06	James Fraser	Consultant in Paediatric Intensive Care, Bristol Children's Hospital	PICU ACTIVITY The number of admissions and number of bed days by PCT (a) for Bristol admissions and (b) for all PICU admissions	01/03/06	Sam Jones & Tim Chater	
16/01/06	Sian Thomas	Project Manager, Welsh Assembly Government	WELSH TBI Admissions to PICU (outside Cardiff) with a Welsh postcode, aged under 16 years with a primary diagnosis of traumatic brain injury. Time period: June 2003 – May 2005	26/01/06	Sam Jones & Tim Chater	
12/01/06	Nour Hassan	Clinical Fellow, Newcastle General Hospital	NGH RVI ONCOLOGY The following information on oncology admissions to NGH and the RVI: Non-invasive ventilation: Yes/No (if yes, number of days) Invasive ventilation: Yes/No (if yes, number of days) Inotropes: Yes/No	16/01/06	Sam Jones & Tim Chater	
08/12/05	Parviz Habibi	Consultant, St	BRONCHIOLITIS – MORTALITY	13/12/05	Roger	

		Mary's Hospital	Annual death rate from bronchiolitis 2004		Parslow	
08/12/05	Nadeem Moghal	Consultant Paediatric Intensive Care, Nephrology, RVI Newcastle	RENAL FAILURE Epidemiology of acute renal failure in PICU setting, nationally – CVVH, HD, PD etc	03/01/06	Sam Jones & Tim Chater	
06/12/05	Corinne Camilleri-Ferrante	Consultant in Public Health Medicine, TrentCOM	TRENT BED OCCUPANCY More information on the bed days in Nottingham (QMC), Sheffield and Leicester, particularly the split in Sheffield between PIC and neonatal surgery beds. The data as they currently appear do not seem logical and I understand that might be the problem.	03/01/06	Sam Jones & Tim Chater	
01/12/05	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	-	
11/11/05	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. a. For each PCT within our area, identify all patients requiring PIC care and the units in which they received it. b. For all patients admitted to Leeds/Hull PICU, identify source PCT. 3. Beds days. Total beds occupied per annum and on each day, aggregated by PCT and by commissioning area. a. Excluding long term ventilated patients (at various levels), therefore excluding patients who have been ventilated for i. > 3/12 ii. > 6/12 iii. > 9/12 b. Excluding high dependency patients (those who have never been ventilated during their PICU stay) 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.	Yes	18/05/06 (Roger Parslow)	

			<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>			
26/10/05	Peter Davis	Consultant Paediatric Intensivist, Bristol Royal Hospital for Children	<p>BRISTOL CPR</p> <p>Numbers of both in-hospital and out-of hospital arrests for 2003-4 admitted to PICU, their ages, admission diagnosis and their ultimate outcome (survival / non-survival). Also their pupillary reaction.</p>	03/11/05	Sam Jones & Tim Chater	
20/10/05	Zoey Taylor	Audit Clerk, University Hospital of Wales	<p>CARDIFF MENINGITIS</p> <p>Number of patients admitted to Cardiff's PICU with a diagnosis of meningococcal disease (by month / age / admission source).</p>	25/10/05	Sam Jones & Tim Chater	
10/10/05	Sophie Lusby	Project Manager - Children's Services Barts and the London NHS Trust	<p>SUPPLEMENTARY REQUEST</p> <p>Supplementary data to that in the report recently provided.</p> <p>Split LOS into <24 hrs, 24 to <48 hrs, 48 hrs plus Look at number of days ventilated Look at diagnosis</p>	12/10/05	Sam Jones & Tim Chater	
06/10/05	David Cremonesini	Registrar, John Radcliffe Hospital, Oxford	<p>OXFORD NIV</p> <p>All children admitted to the PICU in Oxford who have received non-invasive ventilation: Admission number Casenote number Name DOB Admission date Discharge status Discharge date Non-invasive ventilation Number of days of non-invasive ventilation Invasive ventilation Number of days of invasive ventilation (if applicable) Tracheostomy Primary diagnosis</p>	11/10/05	Sam Jones & Tim Chater	
22/08/05	Iain MacIntosh	Consultant in PICU, Southampton General Hospital	<p>SOUTHAMPTON RESPIRATORY</p> <p>Number of patients admitted with a respiratory diagnosis. This information divided into bronchiolitis / asthma / pneumonia. We need to then divide the patients into those over one year old and those under one year old</p>	24/08/05	Sam Jones & Tim Chater	

16/08/05	Kevin Morris	Consultant in PICU, Birmingham Children's Hospital	<p>NEURO MONITORING</p> <p>Information about children admitted to PICU with a diagnosis of meningitis or encephalitis and the use of neuro-monitoring in these patients eg ICP monitoring</p>	15/09/05	Sam Jones, Tim Chater & Roger Parslow	
03/08/05	Kevin Morris	Consultant in PICU, Birmingham Children's Hospital	<p>WEST MIDLANDS BURNS</p> <p>Numbers, severity (%), length of stay, mortality (and time to death).</p>	13/09/05	Roger Parslow & Sam Jones	
29/07/05	Duncan Macrae	PICU Director, Royal Brompton Hospital	<p>GLYCAEMIA CONTROL INTERVENTION TRIAL</p> <p>Numbers of admissions of children invasively ventilated Numbers given inotropes Whether they received cardiac surgery or not Length of stay Mortality at discharge.</p>	29/07/05	Roger Parslow	
21/06/05	Noel Durkin	Child Health Services Directorate, Department of Health	<p>CASELOAD PRESSURES</p> <p>Department of Health provided their draft 'National Paediatric Intensive Care Capacity Stock take' proforma and requested PICANet completed the data fields where possible. (Data was requested for 2001 - 2005).</p> <ol style="list-style-type: none"> 1. Current bed numbers by unit (separated by High Dependency and Intensive Care). 2. Number of these beds which are currently fully staffed and at what WTE per bed. 3. Information on current workload by unit (including number of patients admitted and their average length of stay). 4. Any information on refusals. 5. Number of retrievals by unit. 6. Average bed occupancy by unit and further separated by High Dependency and Intensive Care. 	01/07/05	Roger Parslow	
13/06/05	Stuart Rowe	Lead Commissioner - Pan Thames, Hammersmith and Fulham PCT	<p>PAN THAMES COMMISSIONERS' REQUEST</p> <p>All data will relate to residents with a postcode in the Pan Thames region and will cover the periods 2003/4 (April – March) and 2004/5 (April – March).</p> <p>DATA BY YEAR AND BY SHA PICU admissions by month PICU admissions by gender PICU admissions by age: Age groups: ≤28 days, 29 days to <1 year, 1 to <2 years, 2 to <5 years, 5 to <10 years, 10 years plus. PICU admissions by diagnosis on admission. Diagnostic groups: Accidents & poisoning, Blood/lymphatic,</p>	20/07/05	Sam Jones & Tim Chater	

			<p>Cardiovascular, Congenital, Endocrine/metabolic, Gastrointestinal, Infection, Musculoskeletal, Neurological, Oncology, Perinatal, Respiratory, Trauma, Urological, Other.</p> <p>PICU admissions by intervention received: Invasive ventilation, Non-invasive ventilation, ECMO, IV vasoactive drug therapy, LVAD, ICP device, Renal support.</p> <p>PICU admissions by length of stay In hours: <1, 1 to <4, 4 to <12, 12 to <24, 24 plus. In days: <1, 1 to <3, 3 to <7, 7 to <14, 14 to <28, 28 plus.</p> <p>PICU admissions by days of invasive ventilation In days: <1, 1 to 2, 3 to 5, 6 to 10, 11 plus.</p> <p>PICU admissions by unit discharge status Status: Alive or dead.</p> <p>PICU admissions by unit discharge destination Destination groups: Home, Same hospital, Other hospital.</p> <p>Number of retrievals by team type Team type: Own team, Other specialist team (PICU), Other specialist team (non-PICU), Non-specialist team.</p> <p>The above can all be done by month for an aggregated Pan Thames dataset.</p> <p>UNIT LEVEL DATA BY YEAR AND BY PCT PICU admissions by treating unit (*anonymised until agreement received).</p> <p>*Responsibility of Pan Thames to gain agreement from lead clinician. The above can all be done by month for an aggregated Pan Thames dataset.</p>			
13/06/05	Stuart Rowe	Lead Commissioner - Pan Thames, Hammersmith and Fulham PCT	<p>SUPPLEMENTARY REQUEST:</p> <p>All data will relate to residents with a postcode in the Pan Thames region and will cover the periods 2003/4 (April – March) and 2004/5 (April – March).</p> <p>DATA BY YEAR AND BY SHA Number of retrievals by primary diagnostic group Diagnostic groups: Accidents & poisoning, Blood/lymphatic, Cardiovascular, Congenital, Endocrine/metabolic, Gastrointestinal, Infection, Musculoskeletal, Neurological, Oncology, Perinatal, Respiratory, Trauma, Urological, Other ? More details for neurological LTV patients ? Define LTV ? Data ?Ethnicity / Mortality / Illness severity</p>	20/07/05	Sam Jones & Tim Chater	
29/05/05	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?</p>	Yes	Still pending (with Roger Parslow)	

			<p>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>			
19/04/05	Sophie Lusby	Project Manager - Children's Services, Barts and the London NHS Trust	<p>NORTH EAST LONDON REQUEST</p> <p>For North East London residents ONLY, for 2003/4 and 2004/5 as far as possible and all queries split by period: How many children treated in PIC? Numbers/percentages by sex Numbers/percentages by age, splitting the ages into under 28 days, under 1 year, under 2 years, and above What were the diagnoses of these children on admission? (numbers/percentages of different diagnoses) And of these please specify single/multi system failure (numbers/percentages of either) Length of stay, in hours Length of intubation, in hours (if not intubated please specify also) Name of treating PIC (numbers and percentages)</p> <p>LESS IMPORTANTLY BUT STILL REQUISITE: Numbers by age, as above, but also 2-5 yrs, 5-10, 10 and above Retrieval/Transfer – type Other reasons for admission Co-morbidities Discharge destination Diagnosis on discharge Any information on readmission</p>	10/05/05	Sam Jones & Tim Chater	
10/01/05	Peter Davis	Consultant Paediatric Intensivist, Bristol Royal Hospital for Children	<p>BURNS STUDY</p> <p>All children admitted to PICUs in UK with burns.</p> <p>Breakdown of numbers per unit, with identification of units if possible First portion of postcode to identify geographical location of home address of all PICU burn admissions</p>	14/01/05	Tim Chater	
27/01/05	Andrew Gill	Senior Casemix Consultant NHS Information Authority	<p>NHSIA STUDY</p> <p>Full PICANet dataset</p>	No	-	
23/12/04	Roz Jones	Specialised Services Commissioning Manager, Specialised Services Commissioning	<p>NORTH WEST RSV</p> <p>Number and length of stay in days of children with bronchiolitis, RSV-positive bronchiolitis and RSV-negative infection in children admitted to Royal Liverpool Children's Hospital and Royal Manchester Children's Hospital for the period of March 2003 and February 2004</p>			

		Team, Cheshire West PCT				
07/12/04	Mark Campbell	SHO, Anaesthetics, Derriford Hospital, Plymouth	TEENAGERS IN PICU Epidemiology of critical care in teenagers:- A) % and numbers of admissions of 13 to 19 year olds (inclusive) B) diagnostic case-mix by broad category C) male:female ratio D) length of stay and invasive or non-invasive ventilation (mean, median and IQR please) E) outcome F) Could we have the same figures for those admitted from another hospital or from an intensive care unit	23/12/04	Roger Parslow & Sam Jones	
30/11/04	Ulf Theilen	Locum Consultant, Royal Hospital for Sick Children, Edinburgh	PERTUSSIS Number of admissions to PICUs in 2003 and 2004 with diagnosis pertussis Number of deaths of these children Of these children, age at time of death Use of inotropes (yes/no) Level of max. mean airway pressure (if available)	01/09/05	Sam Jones & Tim Chater	
18/11/04	Andrew Magnay	Consultant in Paediatric Intensive Care, University of North Staffordshire NHS Trust	NORTH STAFFS ADMISSIONS 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. 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	12/10/04	Roger Parslow	
06/10/04	Simon Nadel	Consultant in Paediatric Intensive Care, St Mary's Hospital London	RSV STUDY Number of children admitted to UK PICUs with a diagnosis of acute viral bronchiolitis, and/or (if possible) a diagnosis of RSV infection.	05/10/04	Roger Parslow	
04/10/04	Charles Stack	Director ICU, Sheffield Children's Hospital	PREVALENCE RATES OF ADMISSION Prevalence rate of admissions per 1000 children per year in PICANet recording area for the last full year.	15/11/04	Roger Parslow	
06/07/04	Tom Blyth	Clinical Research	ASTHMA STUDY	08/07/04	07/12/200	200

		<p>Fellow Department of Paediatric Allergy, St Mary's Hospital, London</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 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>5</p> <p>(Sam Jones & Tim Chater)</p>	
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