

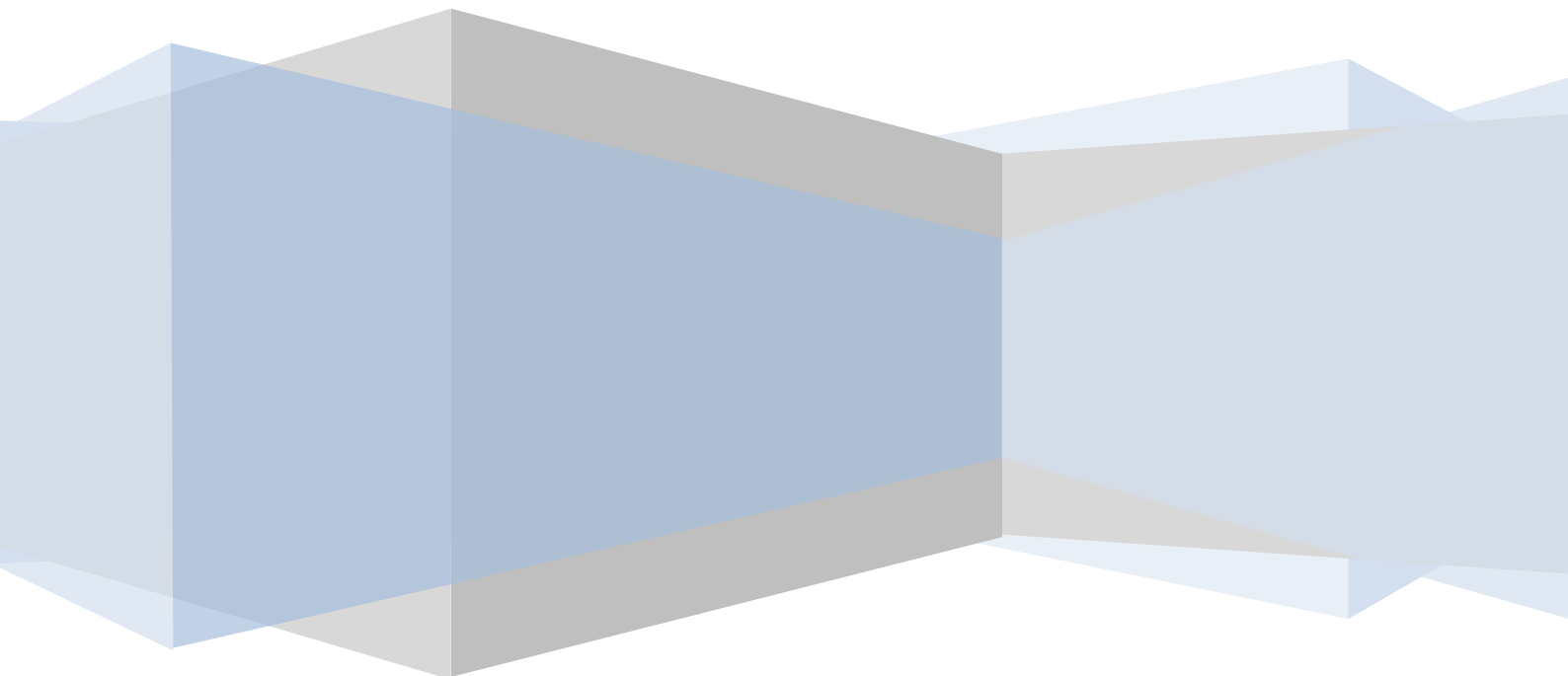
PICANet

Admission

Dataset Definitions

Manual

Version 5.0 June 2014



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Admission dataset

PATIENT DETAILS

Family name

Description	The last or family name or surname given to the child as it would appear on the child's birth certificate or other appropriate document.
Reason	<p>Family name provides an additional identifier that can aid patient tracking throughout the hospital and PICANet Web.</p> <p>Can help identify individuals who may have had multiple referrals, transport and/or admission events to one or more PICUs.</p>
Format	<p>Free text (e.g. Brown).</p> <p>If no family name available record as UNKNOWN and indicate why not available in the comments section.</p>

First name

Description	The first name given to the child as it would appear on the child's birth certificate or other appropriate document.
Reason	<p>First name provides an additional identifier that can aid patient tracking throughout the hospital and PICANet Web.</p> <p>Can help identify individuals who may have had multiple referrals, transport and/or admission events to one or more PICUs.</p>
Format	<p>Free text (e.g. John).</p> <p>If no first name available record as UNKNOWN and indicate why not available in the comments section.</p>

Address

Description	The normal place of residence for the child.
Reason	<p>Address provides an additional identifier that can aid patient tracking throughout the paediatric intensive care service and PICANet Web.</p> <p>Can help identify individuals who may have had multiple referrals, transport and/or admission events to one or more PICUs.</p> <p>A full residential address is required to enable geographic and demographic information to be linked to the patient for effective audit and assessment of health services delivery.</p> <p>A full residential address will allow validation of postcode.</p>
Format	<p>5 free text fields, e.g. ADDRESS1: 83 Green Street</p> <p>ADDRESS2: Brownley</p> <p>ADDRESS3: Sheffield</p> <p>ADDRESS4: South Yorkshire</p> <p>ADDRESS5:</p> <p>At least part of the address should be entered in ADDRESS1. If no information is available, please state UNKNOWN and indicate reason in the comments section.</p> <p>Note that not all fields need to be completed for short addresses, and very long addresses may require sub-districts and town to be combined.</p> <p>A list of postcodes for overseas countries is available on request from PICANet.</p>

Postcode

Description	The postcode for the child's normal place of residence.
Reason	<p>Postcode provides an additional identifier that can aid patient tracking throughout the paediatric intensive care service and PICANet Web.</p> <p>Can help identify individuals who may have had multiple referrals, transport and/or admission events to one or more PICUs.</p> <p>Postcode provides a means of linkage to geographic and demographic information for effective audit and assessment of health services delivery.</p>
Format	<p>Text (e.g. S10 8NN).</p> <p>Foreign postcodes will be accepted by PICANet Web.</p> <p>If postcode is unobtainable, record as UNOBTAINABLE.</p> <p>A list of postcodes for overseas countries is available on request from PICANet.</p>

Ethnic category

Description	Identifies the child's ethnic origin, according to standard NHS ethnic categories and codes.
Reason	Required for epidemiological analysis and assessment of health services delivery. Potentially of value in clinical audit and research in conjunction with other clinical data.
Format	Refer to the listed ethnic categories and use free text to record the child's ethnic category. Then select the appropriate ethnic category from the drop down list on the PICANet Web record e.g. White British.

Other ethnic category

Description	<p>The child's exact ethnic origin (if known), if not specified in the table containing standard NHS ethnic categories and codes.</p> <p>If codes including 'other' e.g. 'Mixed other' are chosen for Ethnic category, 'Other' ethnic category will give a further option to specify the child's exact ethnic origin.</p>
Reason	<p>Required for epidemiological analysis and assessment of health services delivery.</p> <p>Of value in clinical audit in conjunction with other clinical data.</p>
Format	<p>Free text (e.g. Mediterranean).</p> <p>In this case Mixed other may have been recorded for Ethnic category, but the notes may have specifically stated that the child was Mediterranean.</p>

NHS, CHI or H&C number

Description	Unique identifying number enabling tracing of a patient through the NHS system in the United Kingdom. For English and Welsh patients the NHS number, for Scottish patients the CHI number and for Northern Ireland the H&C number is used as a unique numeric identifier.
Reason	<p>NHS, CHI or H&C number gives a unique, identifiable variable that will allow other identifiable data items to be removed from the database.</p> <p>Can help identify individuals who may have had multiple referrals, transport and/or admission events to one or more PICUs.</p>
Format	<p>Free text (e.g.1463788990)</p> <p>Validation check that NHS, CHI or H&C number is a valid number</p>

NHS, CHI or H&C number eligibility

Description	The patient is not eligible for NHS, CHI or H&C number, he or she is an overseas national who is not ordinarily a resident in the UK and therefore does not have an allocated NHS, CHI or H&C number.
Reason	To enable effective audit of availability of NHS, CHI or H&C number and assessment of health services delivery.
Format	Tick box if patient is not eligible for an NHS, CHI or H&C number.

Case note number

Description	Unique identifying number for an individual's hospital records at the treating unit. Allocated on first admission to hospital.
Reason	Case note number provides a unique identifier that can aid patient tracking throughout the hospital.
Format	Free text (e.g. AB145C).

Date of birth

Description	The child's date of birth as recorded on the child's birth certificate or other appropriate document.
Reason	<p>Date of birth and Date of admission are used to calculate age at admission to this paediatric intensive care service.</p> <p>Date of birth provides an additional identifier that can aid patient tracking throughout the paediatric intensive care service, hospital and PICANet Web.</p> <p>Can help identify individuals who may have had multiple referrals and/or admissions to one or more PICUs.</p>
Format	<p>Date; dd/mm/yyyy</p> <p>Date of birth should be on or prior to the date of admission.</p> <p>If the child's date of birth is unobtainable, but the child is still on your unit, use your judgement to estimate year of birth and record as 1 January of estimated year (e.g. 01/01/YYYY). Then tick 'Estimated' in the section 'Indicate if date of birth is' Estimated/Anonymised/Unknown section below.</p> <p>If information is being extracted from notes and the child's date of birth is not recorded, or recorded as unavailable, leave the field blank and in the 'Indicate if date of birth is' field below tick 'Unknown'.</p> <p>If it is necessary for Date of birth to be partly anonymised, enter the correct month and year and record 01 for the day (e.g. 01/MM/YYYY) then tick 'Anonymised' below.</p> <p>Validation check: if patient is aged 18 years or older at admission.</p>

Indicate if date of birth is

Description	Specifies whether the date of birth is estimated, anonymised or unknown (and cannot be estimated).
Reason	Date of birth and Date of admission to your unit are used to calculate age at admission to this paediatric intensive care service.
Format	<p>Choose from one of the following:</p> <ul style="list-style-type: none">▪ Estimated▪ Anonymised▪ Unknown (and cannot be estimated)

Sex

Description	Identifies the genotypical sex of the child at admission to this paediatric intensive care service.
Reason	Sex is important for reporting demographic statistics for admissions to your unit or transport service. Sex provides an additional identifier that can aid patient tracking throughout the paediatric intensive care service and PICANet Web.
Format	<p>Choose from one of the following:</p> <ul style="list-style-type: none">▪ Male▪ Female▪ Ambiguous▪ Unknown

Gestational age at delivery

Description	<p>Gestational age at delivery in completed weeks if aged less than 2 years at admission to your unit.</p> <p>If gestational age is reported as term record 40 weeks.</p>
Reason	<p>For young infants, there is evidence that gestational age can act as an important prognostic factor. Also assists with data matching.</p>
Format	<p>Enter between 20-44 weeks</p> <p>Enter 99 if unknown</p> <p>Validation check: if range outside 24 to 42.</p>

Birth order (all admissions)

Description	Identifies the order in which the child was delivered if a multiple birth.
Reason	In the case of multiple births, delivery order provides an additional identifier that can aid patient matching.
Format	Enter 1 for singleton or first born, 2 for second born and so on. Enter 9 if unknown.

Multiplicity

Description	Identifies whether the child was a singleton, twin, triplet, etc. If medical notes are available and there is no mention of multiple birth, assume the child is a singleton.
Reason	Multiple birth information provides an additional identifier that can aid patient matching.
Format	Enter 1 for singleton, 2 for twins, 3 for triplets and so on. Enter 9 if unknown.

GP Practice code

Description	The unique code assigned by the National Administrative Codes Service to the practice that the child's GP is part of.
Reason	Included at the request of commissioners to enable assessment of service delivery at local CCG level. Please consult your local agreement to determine whether you are required to collect this data by your commissioners.
Format	One letter followed by five numbers.

ADMISSION DETAILS

Date and time of admission to unit

Description	<p>The actual date and time that the child was physically admitted to a bed or cot within your unit.</p> <p>This is not the date and time of first contact as this may be in another department or hospital.</p> <p>This may be the time first charted if not documented as earlier in the admission case notes.</p> <p>24 hour period, starting from 00:00hrs. 23:59 is the end of one day and 00:00 is the start of the next day.</p>
Reason	<p>Date and time of admission to your unit is used to calculate total length of stay on your unit.</p>
Format	<p>Date: dd/mm/yyyy.</p> <p>Time: (24 hour clock); hh:mm</p>

Admission number

Description	<p>Unique identifier assigned to each consecutive admission to your unit.</p> <p>As recorded in your unit admission book or clinical information system.</p> <p>Admission to your unit is defined as the physical admission and recording of that admission to a bed or cot in your unit.</p>
Reason	<p>Admission number provides a unique identifier for each admission to each unit participating in PICANet and thus allows identification of one set of admission data from another.</p>
Format	<p>Free text (e.g. 01/389)</p>

Type of admission to unit

Description Identifies type of admission to your unit.

A planned admission following surgery is an admission that your unit is aware of before the surgery begins, or one that could have been delayed for more than 24 hours without risk (e.g. spinal surgery).

An unplanned admission following surgery is an admission that your unit was not aware of before surgery began (e.g. bleeding tonsillectomy).

Surgery is defined as undergoing all or part of a procedure or anaesthesia for a procedure in an operating theatre or anaesthetic room. Please note: do not include patients admitted from the operating theatre where surgery is not the main reason for admission (e.g. a patient with a head injury who is admitted from theatre after insertion of an ICP monitor; in this patient the main reason for admission is head injury and thus the admission type would be unplanned - other).

A **planned - other** admission is any other planned admission that is not an emergency (e.g. liver biopsy).

An **unplanned – other** admission is an admission that your unit was not expecting and is therefore an emergency admission to your unit (e.g. status epilepticus).

Reason Planned admissions are weighted in PIM2/PIM3. Required for epidemiological analysis and assessment of health services provision.

Format Choose from one of the following:

- Planned - (following surgery)
- Unplanned - (following surgery)
- Planned - (other)
- Unplanned - (other)

Previous ICU admission

Description	<p>Specifies whether the child has had a previous admission to an intensive care environment such as ICU, PICU or NICU before admission to your unit, during the current hospital stay.</p> <p>The ICU/PICU/NICU can be in the same hospital as the one housing your unit, or another hospital, as long as the admission was during the current hospital stay.</p> <p>If the child has been previously admitted to more than one ICU/PICU/NICU during the current hospital stay, record the location of the most recent admission.</p> <p>Current hospital stay is defined as the period from admission to hospital until the time the child is discharged home or dies.</p>
Reason	<p>Important for assessing re-admission rates.</p> <p>Important for allowing the accurate matching of children from one admission to another.</p>
Format	<p>Choose from one of the following:</p> <ul style="list-style-type: none">▪ ICU▪ PICU▪ NICU▪ None▪ Unknown

Source of admission

Description	<p>The location from where the child was directly admitted to your unit.</p> <p>Same hospital is defined as the same hospital housing your intensive care unit.</p> <p>Other hospital is another hospital which does not house your unit.</p> <p>Clinic is defined as an outpatient clinic.</p> <p>Home is defined as the normal place of residence for the child.</p>
Reason	<p>Important for allowing the accurate matching of children from one admission to another including retrieval / transfer from another PICU in the original admitting hospital.</p> <p>Acts as a filter field for further data entry.</p>
Format	<p>Choose from one of the following:</p> <ul style="list-style-type: none">▪ Same hospital▪ Other hospital▪ Clinic▪ Home

Care area admitted from

Description	<p>The care area that the child came from immediately before admission to your unit.</p> <p>X-ray, endoscopy, CT scanner or similar area identifies that the child came from an area where diagnostic procedures may have been carried out.</p> <p>Recovery only means the child was cared for in the recovery area prior to admission to your unit.</p> <p>HDU (step up/step down unit) means the child received care in a high dependency area prior to admission to your unit.</p> <p>Other intermediate care area is an area where the level of care is greater than that of the normal wards, but not an ICU/PICU/NICU or HDU.</p> <p>ICU/PICU/NICU means the child received care within one or more of these areas prior to admission to your unit.</p> <p>Ward means the child was admitted directly from a ward to your unit.</p> <p>Theatre and recovery means the child has undergone all or part of a surgical procedure or has received an anaesthetic for a procedure within the theatre and recovery area.</p> <p>A&E means the child was admitted to your unit directly from an A&E department.</p>
Reason	Required for epidemiological analysis and assessment of health services provision.
Format	<p>Choose from one of the following:</p> <ul style="list-style-type: none">▪ X-ray, endoscopy, CT scanner or similar▪ Recovery only▪ HDU (step up/step down unit)▪ Other intermediate care area (not ICU/PICU/NICU or HDU)▪ ICU/PICU/NICU▪ Ward▪ Theatre and recovery▪ A&E

Retrieval/ transfer

Description	<p>Specifies whether the child was transferred to your unit from the original admitting hospital by a transport team.</p> <p>If your own PIC team go to a ward within your own hospital to help the ward staff to stabilise and then transfer a critically ill child into your own unit, this does not count as a retrieval/transfer.</p> <p>A retrieval/transfer is any child admitted to your unit from outside of your hospital regardless of who brought the child to your unit.</p>
Reason	<p>Required for epidemiological analysis and assessment of health services provision.</p>
Format	<p>Choose from one of the following:</p> <ul style="list-style-type: none">▪ Yes▪ No

Type of transport team

Description	<p>Specifies the type of transport team and identifies whether the team is a specialist PIC team or not.</p> <p>PICU identifies that a specialised PICU team transferred the child.</p> <p>Centralised transport service (PIC) identifies that a transport team from a centralised PIC transport service transferred the child.</p> <p>Transport team from neonates identifies that a specialist neonatal transport team transferred the child.</p> <p>Other specialist team identifies that another specialist team (not a specialist PIC or neonatal transport team), transported the child to your unit. E.g. A&E or theatre staff transferring the child.</p> <p>Other non-specialist team identifies that another non-specialist team transported the child to your unit.</p> <p>Unknown</p>
Reason	Required for epidemiological analysis and assessment of health services provision.
Format	<p>Choose from one of the following:</p> <ul style="list-style-type: none">▪ PICU▪ Centralised transport service (PIC)▪ Transport team from neonates▪ Other specialist team▪ Other non-specialist team▪ Unknown

Transport team

Description	The unique name of the centralised transport service (PIC), PICU own team, other specialist team or other non-specialist team (DGH) undertaking this episode of transport.
Reason	Required to assist with matching transport events and for epidemiological analysis.
Format	<p>Free text</p> <p>Record the full name or recognised abbreviation of the transport team i.e. CATS or Leicester PIC team in the text box.</p> <p>At data entry to PICANet Web select the organisation type - PICU, CTS or DGH from the organisation coder.</p> <p>Search for the name of the organisation, if this is not available in the given list, but known select 'Other organisation' and enter the name in the 'Other' box, using free text.</p> <p>If the name of the organisation is not known select 'Unknown organisation'.</p>

PIM2/PIM3

Elective admission

Description	<p>Identifies whether the child is an elective admission to the paediatric intensive care service.</p> <p>Include admission (planned or foreseeable) after elective surgery or admission for an elective procedure (e.g. insertion of a central catheter), or elective monitoring, or review of home ventilation. Unexpected admissions (i.e. not planned and that could not have been foreseen) after elective surgery are not classed as Elective.</p> <p>An admission to PICU is considered elective if it could be postponed for more than 6 hours without adverse effects.</p> <p>Note: this definition is taken from PIM and is more stringent than the PICANet definition of a planned admission, where an admission is regarded as planned if it could be delayed for more than 24 hours.</p>
Reason	Elective admissions are weighted in PIM2/PIM3
Format	Tick if Yes

Main reason for PICU admission

Description Identifies whether the child has been admitted to the intensive care service with any of the following as the main reason for admission to your unit:

Asthma

Bronchiolitis – include children who present either with respiratory distress or central apnoea where the clinical diagnosis is bronchiolitis

Croup

Obstructive sleep apnoea – record if main reason for admission is obstructive sleep apnoea. If the patient has been admitted following adenoidectomy and/or tonsillectomy, record the type of admission as planned/unplanned following surgery and also complete the operation and procedure code for adenoidectomy and/or tonsillectomy in the diagnoses and procedures section.

Recovery from surgery or a procedure - (include a radiological procedure or cardiac catheter). Do not include patients admitted from the operating theatre where recovery from surgery is not the main reason for admission to the paediatric intensive care service e.g. a patient with a head injury who goes to theatre for insertion of an ICP monitor; in this patient the main reason for admission is the head injury.

Yes – recovery from a **bypass cardiac procedure** or surgery

Yes – recovery from a **non-bypass cardiac procedure** or surgery

Yes – recovery from an **elective liver transplant** for acute or chronic liver failure.

Yes – recovery from **other procedure** or surgery

Diabetic ketoacidosis

Seizure disorder - Include a patient who requires admission primarily due to status epilepticus, epilepsy, febrile convulsion, or other epileptic syndrome; where admission is required either to control seizures or to recover from the effects of seizures or treatment.

Other (none of the above)

. . . Continues overleaf

Main reason for PICU admission

...

Reason These diagnoses are weighted in PIM2/PIM3 if they are the main reason for this admission.

Format Choose from the following:

- Asthma
- Bronchiolitis
- Croup
- Obstructive sleep apnoea
- Recovery from surgery
- Diabetic ketoacidosis
- Seizure disorder
- Other (none of the above)

If recovery from surgery is the main reason for PICU admission, select one from the following

- Bypass cardiac procedure
- Non-bypass cardiac procedure
- Elective liver transplant
- Other procedure

Is evidence available to assess past medical history

Description	<p>Identifies whether or not evidence was available at the time of the admission event to assess past medical history.</p> <p>Evidence may be obtained from in or out-patient hospital notes, GP notes, or information from the child (if able), the child's family or any other responsible adult.</p>
Reason	<p>Important data to confirm whether evidence is available to assess medical history. Acts as a filter for further data entry.</p>
Format	<p>Choose from one of the following:</p> <ul style="list-style-type: none">▪ Yes▪ No

Cardiac arrest before ICU admission

Description	<p>Identifies whether the child has had a cardiac arrest before admission to the paediatric intensive care service, including the specialised paediatric intensive care transport service.</p> <p>Include both in-hospital and out-of-hospital arrests.</p> <p>Requires either documented absent pulse or the requirement for external cardiac compression.</p> <p>Do not include past history of cardiac arrest.</p>
Reason	<p>Cardiac arrest preceding admission to the paediatric intensive care service is weighted in PIM2/PIM3.</p>
Format	<p>Tick if child has a cardiac arrest preceding admission to the paediatric intensive care service.</p>

Cardiac arrest OUT of hospital

Description	<p>Identifies whether the child has a cardiac arrest before this admission to hospital.</p> <p>Only relates to out-of-hospital cardiac arrests.</p> <p>Requires documented absent pulse or the requirement for external cardiac massage (do not include past history of cardiac arrest).</p>
Reason	<p>Cardiac arrest preceding admission to hospital is required for analysis and research.</p>
Format	<p>Tick if child has cardiac arrest out of hospital prior to this hospital admission.</p>

Cardiomyopathy or myocarditis

Description	<p>Cardiomyopathy or myocarditis refers to a documented diagnosis of cardiomyopathy or myocarditis relevant to the period one month before or at first contact with the paediatric intensive care service.</p> <p>First contact with the specialist paediatric intensive care doctor refers to face to face contact and may occur at admission to your unit or prior to admission (e.g. on a ward in your hospital or in another hospital, when the decision to start intensive care is made).</p> <p>If cardiomyopathy or myocarditis only develop subsequently following admission to your unit and are not present at first contact then do not record.</p> <p>Impaired cardiac function associated with sepsis or surgery should NOT be recorded as cardiomyopathy.</p> <p>Descriptions of poor ventricular function alone, whether based upon haemodynamic or invasive pressure measurement or during real time imaging are NOT sufficient evidence of cardiomyopathy.</p> <p>Echocardiographic appearances of endocardial fibroelastosis in addition to evidence of poor ventricular function (echocardiographic or otherwise) are sufficient evidence of cardiomyopathy.</p>
Reason	Cardiomyopathy and myocarditis are weighted in PIM2/PIM3.
Format	Tick if true.

Severe combined immune deficiency (SCIDS)

Description	<p>Identifies whether the child has a diagnosis of severe combined immune deficiency syndrome (SCIDS) documented in the case notes prior to or at first contact with the paediatric intensive care service.</p> <p>Patients who have SCIDS and who have had a successful bone marrow transplant following which they have been discharged home, are still regarded as having SCIDS</p>
Reason	Severe combined immune deficiency syndrome is weighted in PIM2/PIM3.
Format	Tick if true.

Hypoplastic left heart syndrome

Description	<p>Identifies whether the child has hypoplastic left heart syndrome documented in the case notes prior to or at first contact with the paediatric intensive care service.</p> <p>Include patients of any age but only those cases where a Norwood procedure or equivalent is or was required in the neonatal period to sustain life.</p> <p>Patients who have previously survived to discharge home after surgical repair of hypoplastic left heart syndrome are still included.</p> <p>Patients with similar diagnosis who are not documented as having hypoplastic left heart syndrome are excluded e.g. critical aortic stenosis, mitral atresia, Schones complex and coarctation.</p> <p>Hypoplastic left ventricle is not synonymous with hypoplastic left heart syndrome unless there is also documented ventriculo-arterial concordance.</p>
Reason	Hypoplastic left heart syndrome is weighted in PIM2/PIM3.
Format	Tick if true.

Leukaemia or lymphoma after completion of first induction

Description	<p>Include only cases where admission is related to leukaemia or lymphoma or the therapy for these.</p> <p>Identifies whether the child has leukaemia or lymphoma for which first induction has been received and completed irrespective of current presumed state of immunity or remission; prior to or at first contact with the paediatric intensive care service.</p>
Reason	Leukaemia or lymphoma after completion of 1st induction is weighted in PIM2/PIM3.
Format	Tick if true.

Liver failure main reason for ICU admission

Description	<p>Identifies whether the child has acute or chronic liver failure as the main reason for this admission to the paediatric intensive care service.</p> <p>Include patients admitted for recovery following liver transplantation for acute or chronic liver failure.</p> <p>Include patients where the primary reason for admission is liver failure (of the graft).</p>
Reason	Liver failure as the main reason for admission to the paediatric intensive care service is weighted in PIM2/PIM3.
Format	Tick if true.

Acute Necrotising Enterocolitis (NEC) main reason for ICU admission

Description	<p>Acute necrotising enterocolitis (NEC) refers to a documented diagnosis of an acute episode of NEC prior to or at first contact with the paediatric intensive care service.</p> <p>If NEC only develops subsequently following admission to your unit and is not present at first contact then do not record.</p>
Reason	NEC at first contact with the paediatric intensive care service is weighted in PIM3.
Format	Tick if true.

Spontaneous cerebral haemorrhage

Description	<p>Identifies whether the child has a spontaneous cerebral haemorrhage (e.g. from an aneurysm or AV malformation) documented in the case notes prior to or at first contact with the paediatric intensive care service.</p> <p>Cerebral haemorrhage should be the cause of or be associated with the intensive care admission, which would normally mean it had occurred within 48 hours prior to the intensive care admission.</p> <p>Do not include traumatic cerebral haemorrhage or intracranial haemorrhage that is not intracerebral (e.g. subdural haemorrhage).</p>
Reason	Spontaneous cerebral haemorrhage from an aneurysm or AV malformation is weighted in PIM2/PIM3.
Format	Tick if true.

Neurodegenerative disorder

Description	<p>Identifies whether the child has a neurodegenerative disorder documented in the case notes prior to or at admission to the paediatric intensive care service.</p> <p>A neurodegenerative disorder is a disease that leads to a progressive deterioration of neurological function with loss of speech, vision, hearing or locomotion. It is often associated with seizures, feeding difficulties and impairment of intellect. Requires a progressive loss of milestones or a diagnosis where this will inevitably occur.</p> <p>A static disability should NOT be recorded as a neurodegenerative disorder (even if it is severe).</p>
Reason	A neurodegenerative disorder is weighted in PIM2/PIM3.
Format	Tick if true.

Human Immunodeficiency Virus (HIV)

Description	Identifies whether the child is HIV antigen positive as documented in the case notes prior to or at admission to the paediatric intensive care service.
Reason	The presence of HIV infection is weighted in PIM2/PIM3.
Format	Tick if true.

Bone marrow transplant recipient

Description	Identifies whether the child has received a bone marrow transplant during this hospital admission.
Reason	Bone marrow transplantation during current hospital admission is weighted in PIM3.
Format	Tick if true.

Systolic blood pressure

Description	<p>The first systolic blood pressure measured and recorded within the period following first face to face (not telephone) contact between the patient and a specialist paediatric intensive care doctor to one hour after admission to your unit.</p> <p>First contact may occur in your own hospital (on your ICU, emergency department or ward) or in another hospital on retrieval.</p> <p>Data that are available to the specialist paediatric intensive care doctor at first contact and that are current at that time are acceptable. In cases of doubt record the first value of each variable measured after the time of first contact.</p> <p>Systolic blood pressure values are included irrespective of the measurement method used or the site.</p> <p>Record 0 if the patient is in cardiac arrest. (Only when the BP is truly unrecordable e.g cardiac arrest should a value of 0 be collected).</p> <p>Record 30 if the patient is shocked and the blood pressure is so low it is unrecordable.</p>
Reason	<p>Systolic blood pressure at first contact with the paediatric intensive care service is weighted in PIM2/PIM3.</p>
Format	<p>Numerical value (e.g. 130).</p> <p>Units: mmHg. 20 – 180; validation check if range exceeds 200.</p>

Blood gas measured?

Description Confirmation that results from a blood gas taken and analysed within the period following first face to face contact between the patient and a specialist paediatric intensive care doctor to one hour after admission to your unit are available.

First contact with a specialist paediatric intensive care doctor refers to first face-to-face (not telephone) contact in your own hospital (on your ICU, emergency department or ward) or another hospital/unit on retrieval.

Data that are available to the specialist paediatric intensive care doctor at first contact that are current at that time are acceptable. In cases of doubt record the earliest measurement that was current at time of first contact.

The blood gas taken and analysed may be arterial, capillary or venous.

Reason Acts as a filter for further data entry. Blood gas results are weighted in PIM2/PIM3.

Format Choose from one of the following:

- Yes
- No
- Unknown

Arterial PaO₂: Oxygen pressure (kPa)

Description	<p>The first arterial PaO₂ measured and recorded within the period following first contact between the patient and a specialist paediatric intensive care doctor to one hour after admission to your unit.</p> <p>First contact with a specialist paediatric intensive care doctor refers to first face-to-face (not telephone) contact in your own hospital (on your ICU, emergency department or ward) or another hospital/unit on retrieval.</p> <p>Data that are available to the specialist paediatric intensive care doctor at first contact that are current at that time are acceptable.</p> <p>In cases of doubt record the earliest measurement that was current at time of first contact.</p> <p>Only arterial blood gas measurements are acceptable.</p>
Reason	Arterial PaO ₂ (and associated FiO ₂) at first contact with a specialist paediatric intensive care doctor is weighted in PIM2/PIM3.
Format	<p>Numerical value (e.g. 9).</p> <p>Units: kPa.3-60; validation check if range falls outside 1-70.</p>

Arterial PaO₂: Oxygen pressure (mmHg)

Description	<p>The first arterial PaO₂ measured and recorded within the period following first contact between the patient and a specialist paediatric intensive care doctor to one hour after admission to your unit.</p> <p>First contact with a specialist paediatric intensive care doctor refers to first face-to-face (not telephone) contact in your own hospital (on your ICU, emergency department or ward) or another hospital/unit on retrieval.</p> <p>Data that are available to the specialist paediatric intensive care doctor at first contact that are current at that time are acceptable. In cases of doubt record the earliest measurement that was current at time of first contact.</p> <p>Only arterial blood gas measurements are acceptable.</p>
Reason	Arterial PaO ₂ (and associated FiO ₂) at first contact with a specialist paediatric intensive care doctor is weighted in PIM2/PIM3.
Format	<p>Numerical value (e.g. 67.5).</p> <p>Units: mmHg. 22 – 450; validation check if range falls outside 7.5 – 525.</p>

FiO2

Description	<p>Record the FiO2 being given at the same time that the first arterial PaO2 is measured and recorded following first contact between the patient and a specialist paediatric intensive care doctor.</p> <p>First contact with a specialist paediatric intensive care doctor refers to first face-to-face (not telephone) contact in your own hospital (on your ICU, emergency department or ward) or another hospital/unit on retrieval.</p> <p>Data that are available to the specialist paediatric intensive care doctor at first contact that are current at that time are acceptable. In cases of doubt record the earliest measurement that was current at time of first contact.</p> <p>Only record in association with arterial blood gas measurements.</p> <p>Record 0.21 if patient in air</p> <p>Record 999 if FiO2 is missing</p>
Reason	<p>Arterial PaO2 and associated FiO2 at first contact with a specialist paediatric intensive care doctor are weighted in PIM2/PIM3 if oxygen is delivered via an ET tube or a head box.</p>
Format	<p>Numerical value (e.g. 0.4).</p> <p>Units: Fraction (decimal).</p>

Intubation

Description Record whether or not the child was intubated at the time of the **first** arterial PaO₂ and associated FiO₂ (measured and recorded) following first contact between the patient and a specialist paediatric intensive care doctor.

First contact with a specialist paediatric intensive care doctor refers to first face-to-face (not telephone) contact in your own hospital (on your ICU, emergency department or ward) or another hospital/unit on retrieval.

Intubated is defined as an endotracheal tube, laryngeal mask or tracheostomy in situ.

Reason PaO₂ and associated FiO₂ at first contact with a specialist paediatric intensive care doctor are weighted in PIM2/PIM3.

Format Choose from one of the following:

- Yes
- No

Headbox

Description Record whether or not the child was receiving oxygen via a head box at the time of the **first** arterial PaO₂ and associated FiO₂ (measured and recorded) following first contact between the patient and a specialist paediatric intensive care doctor.

First contact with a specialist paediatric intensive care doctor refers to first face-to-face (not telephone) contact in your own hospital (on your ICU, emergency department or ward) or another hospital/unit on retrieval.

Reason Arterial PaO₂ and associated FiO₂ at first contact with a specialist paediatric intensive care doctor are weighted in PIM2/PIM3 if oxygen is delivered via an ET tube or a head box.

Format Choose from one of the following:

- Yes
- No

Base excess

Description	<p>The first base excess value measured and recorded from the arterial, capillary or venous blood gas within the period following first contact between the patient and a specialist paediatric intensive care doctor to one hour after admission to your unit.</p> <p>First contact with a specialist paediatric intensive care doctor refers to first face-to-face (not telephone) contact in your own hospital (on your ICU, emergency department or ward) or another hospital/unit on retrieval.</p> <p>Data that are available to the specialist paediatric intensive care doctor at first contact that are current at that time are acceptable. In cases of doubt record the earliest measurement that was current at time of first contact.</p> <p>Manually calculated in vitro or in vivo base excess values are not accepted.</p> <p>Specify source of result: arterial, capillary or venous blood gas measurement.</p>
Reason	<p>Base excess at first contact with a specialist paediatric intensive care doctor is weighted in PIM2/PIM3.</p>
Format	<p>Numerical value (e.g. 6.0).</p> <p>Units: mmol per litre.</p> <p>Expected range -30 to +20 mmol per litre</p> <p>Validation check if range outside -40 to +30.</p> <p>Select from one of the following:</p> <ul style="list-style-type: none">• Arterial• Capillary• Venous

Lactate

Description The **first** blood lactate value measured and recorded from the arterial, capillary or venous blood gas within the period following first contact between the patient and a specialist paediatric intensive care doctor to one hour after admission to your unit.

First contact with a specialist paediatric intensive care doctor refers to first face-to-face (not telephone) contact in your own hospital (on your ICU, emergency department or ward) or another hospital/unit on retrieval.

Data that are available to the specialist paediatric intensive care doctor at first contact that are current at that time are acceptable. In cases of doubt record the earliest measurement that was current at time of first contact.

Specify source of result: arterial, capillary **or** venous blood gas measurement.

Reason Blood lactate at first contact may predict outcome and be valuable alongside PIM.

Format Numerical value, to 1 decimal place (e.g. 3.1).

Units: mmol per litre.

Expected range 0.2 – 15.0: mmol per litre

Validation check if range outside 0.2 to 15.0.

Select from one of the following:

- Arterial
- Capillary
- Venous

Mechanical ventilation

Description	<p>Specifies whether mechanical ventilation was at any time within the period following first face to face contact between the patient and a specialist paediatric intensive care doctor to one hour after admission to your unit.</p> <p>First contact with a specialist paediatric intensive care doctor refers to first face-to-face contact in your own hospital (on your ICU, emergency department or ward), or another hospital/unit on retrieval.</p> <p>Ventilation is defined as where all or some of the breaths; or a portion of the breaths (pressure support) are delivered by a mechanical device. Ventilation can simply be defined as a treatment where some or all of the energy required to increase lung volume during inspiration is supplied by a mechanical device.</p> <p>High frequency, jet ventilators, negative pressure ventilators and BiPAP are all considered as mechanical ventilation. CPAP, ECMO and IVOX are not considered as mechanical ventilation, however most patients on ECMO and IVOX are usually also being ventilated.</p> <p>DO NOT include use of a device to deliver high flow nasal cannula therapy.</p>
Reason	<p>Mechanical ventilation during the first hour of first face to face contact with the paediatric intensive care service is weighted in PIM2/PIM3.</p>
Format	<p>Choose from one of the following:</p> <ul style="list-style-type: none">• Yes• No• Unknown

CPAP

Description	<p>Identifies whether the child receives CPAP at any time within the period following first face to face contact between the patient and a specialist paediatric intensive care doctor to one hour after admission to your unit.</p> <p>First contact with a specialist paediatric intensive care doctor refers to first face-to-face contact in your own hospital (on your ICU, emergency department or ward), or another hospital/unit on retrieval.</p> <p>CPAP may be given via an endotracheal tube, tracheostomy, facial CPAP mask or nasal CPAP mask / prongs.</p> <p>DO NOT include use of a device to deliver high flow nasal cannula therapy.</p>
Reason	<p>CPAP given during the first hour of first face to face contact with the paediatric intensive care service is weighted in PIM2/PIM3.</p>
Format	<p>Choose from one of the following:</p> <ul style="list-style-type: none">• Yes• No• Unknown

Pupil reaction

Description	<p>The first observed pupil reaction measured and recorded within the period from the time of first face-to-face contact with your unit doctor to one hour after admission to your unit.</p> <p>First contact with your unit doctor refers to first face-to-face contact and may occur at admission to your unit or prior to admission (e.g. within your hospital on a ward or in another hospital on retrieval).</p> <p>Data that are available to your unit doctor at first contact that are current at that time are acceptable. In cases of doubt record the earliest measurement that was current at time of first contact.</p> <p>Only record as BOTH fixed and dilated if both pupils are greater than 3mm and both are fixed.</p> <p>Pupil reactions are used as an index of brain function. Do not record a pupil reaction as being fixed if it is due to toxins, drugs, local injury to the eye or chronically altered from a previous disease.</p> <p>Pupil reaction must be assessed by exposure to strong direct light.</p>
Reason	<p>Pupillary reactions are used as an index of brain function. Reaction to bright light at first contact with your unit doctor is weighted in PIM2/PIM3.</p>
Format	<p>Choose from one of the following:</p> <ul style="list-style-type: none">▪ Both fixed and dilated▪ Other reaction▪ Unknown

DIAGNOSES AND PROCEDURES

Primary diagnosis for this admission

Description	<p>The primary diagnosis for this admission of the child to your unit as assessed and recorded in the child's notes.</p> <p>The primary diagnosis may only be confirmed during the child's stay on your unit. It may not be obvious at admission. For example a child might be admitted with apnoeas, the diagnosis for this admission is later confirmed as Bronchiolitis. In this case Bronchiolitis should be recorded as the Primary diagnosis for this admission.</p> <p>Where there are multiple diagnoses, select just one as a primary diagnosis and code the others as 'Other reasons for admission to your unit'.</p> <p>Do not code the primary diagnosis for this admission to your unit as a procedure or a cause. Code the underlying condition that required that procedure.</p>
Reason	Required for clinical audit, and epidemiological analysis.
Format	Free text description of primary diagnosis for admission given in clinical notes and / or discharge documentation.

Other reasons for this admission

Description	Other reasons for the admission of the child to your unit as assessed and recorded at admission. Other reasons for admission may include additional diagnoses or procedures that may or may not necessitate intensive care.
Reason	Required for clinical audit, epidemiological analysis and assessment of health services delivery.
Format	Free text description of other reasons for admission given in clinical notes and / or discharge documentation.

Operations and procedures performed during and prior to this admission

Description	<p>Any operations and / or procedures performed during this admission to PIC or during the current hospital spell and relating to this admission to PIC.</p> <p>Where type of admission to the unit is Planned – following surgery or Unplanned – following surgery at least one operation or procedure is required for this admission event.</p>
Reason	<p>Required for clinical audit, epidemiological analysis and assessment of health services delivery.</p>
Format	<p>Free text description of other reasons for admission given in clinical notes and / or discharge documentation.</p>

Co-morbidity

Description	<p>Co-morbidity recorded on admission of the child to your unit.</p> <p>Identifies other problems the child had prior to admission to your unit, which may not be related to the reason for this admission. Co-morbidity relates to any underlying condition recorded in the notes e.g. Trisomy 21.</p>
Reason	<p>Required for clinical audit, epidemiological analysis and assessment of health services delivery.</p>
Format	<p>Free text description of other reasons for admission given in clinical notes and / or discharge documentation.</p>

Was a tracheostomy performed during this admission?

Description Specifies whether the child had a tracheostomy performed during this admission to your unit.

Reason Required for measurement of main therapeutic interventions and analysis.

Format Choose from one of the following:

- Yes
- No
- Unknown

DAILY INTERVENTIONS

Admission Date

Description	The actual date that the child was physically admitted to a bed or cot within your unit.
Reason	<p>Date of admission to your unit is used to identify the date on which the recording of the daily interventions commences.</p> <p>24 hour period, starting from 00hr00mins, 23.59 is the end of one day and 00.00 is the start of the next day.</p>
Format	Date: dd/mm/yyyy

Basic

No defined critical care activity

Description	True if there was no defined critical care activity received that day
Reason	Part of the Paediatric Critical Care Minimum Dataset (Activity Code 99)
Format	Insert an X if true

Continuous ECG monitoring

Description	True if continuous ECG monitoring was received that day
Reason	Part of the Paediatric Critical Care Minimum Dataset (Activity Code 50)
Format	Insert an X if true

Continuous pulse oximetry

Description	True if continuous pulse oximetry was received that day
Reason	Part of the Paediatric Critical Care Minimum Dataset (Activity Code 73)
Format	Insert an X if true

Airway and ventilatory

Invasive ventilation via endotracheal tube

Description True if invasive ventilation via endotracheal tube was received that day

Reason Part of the Paediatric Critical Care Minimum Dataset (Activity Code 51)

Format Insert an X if true

Invasive ventilation via tracheostomy tube

Description True if invasive ventilation via tracheostomy tube was received that day

Reason Part of the Paediatric Critical Care Minimum Dataset (Activity Code 52)

Format Insert an X if true

Non-invasive ventilatory support

Description True if non-invasive ventilatory support was received that day.
Do NOT include use of a device to deliver high flow nasal cannula therapy

Reason Part of the Paediatric Critical Care Minimum Dataset (Activity Code 53)

Format Insert an X if true

Advanced ventilatory support (jet ventilation)

Description True if advanced ventilatory support (jet ventilation) was received that day

Reason Part of the Paediatric Critical Care Minimum Dataset (Activity Code 56)

Format Insert an X if true

Advanced ventilatory support (oscillatory ventilation)

Description True if advanced ventilatory support (oscillatory ventilation) was received that day

Reason Part of the Paediatric Critical Care Minimum Dataset (Activity Code 56)

Format Insert an X if true

Nasopharyngeal airway

Description True if a nasopharyngeal airway was in place that day

Reason Part of the Paediatric Critical Care Minimum Dataset (Activity Code 55)

Format Insert an X if true

Tracheostomy cared for by nursing staff

Description	True if a tracheostomy was cared for by nursing staff that day
Reason	Part of the Paediatric Critical Care Minimum Dataset (Activity Code 13)
Format	Insert an X if true

Supplemental oxygen therapy (irrespective of ventilatory state)

Description	True if supplemental oxygen therapy (irrespective of ventilatory state) was received that day
Reason	Part of the Paediatric Critical Care Minimum Dataset (Activity Code 09)
Format	Insert an X if true

High flow nasal cannula therapy

Description	If high flow nasal cannula therapy (HFNCT) was received that day, record the maximum flow in l/min that day
Reason	To enable the audit of delivery of this therapy (Activity code 88)
Format	Numerical value (e.g. 28) Units: L/min Validation check if range outside 04-40

Upper airway obstruction requiring nebulised adrenaline (epinephrine)

Description True if there was an upper airway obstruction requiring nebulised epinephrine / adrenaline that day

Reason Part of the Paediatric Critical Care Minimum Dataset (Activity Code 57)

Format Insert an X if true

Apnoea requiring intervention (>3 in 24 hours or requiring bag and mask ventilation)

Description True if there was an apnoea >3 in 24 hours or requiring bag and mask ventilation that day

Reason Part of the Paediatric Critical Care Minimum Dataset (Activity Code 58)

Format Insert an X if true

Acute severe asthma requiring intravenous bronchodilator therapy or continuous nebuliser

Description True if there was acute severe asthma requiring intravenous bronchodilator therapy or continuous nebuliser that day

Reason Part of the Paediatric Critical Care Minimum Dataset (Activity Code 59)

Format Insert an X if true

Unplanned extubation

Description True if there was dislodgement of the ETT from the trachea, without the intention to extubate immediately and without the presence of airway competent clinical staff appropriately prepared for the procedure occurs

Record the number of unplanned extubations that day

Reason To audit PICS Standard and CRG reporting requirements (Activity code 90)

Format Numerical values (e.g. 01) if true

Validation check if number greater than 5

Cardiovascular

Arterial line monitoring

Description	True if arterial line monitoring was received that day.
Reason	Part of the Paediatric Critical Care Minimum Dataset (Activity Code 60)
Format	Insert an X if true

External pacing

Description	True if external pacing was received that day.
Reason	Part of the Paediatric Critical Care Minimum Dataset (Activity Code 61)
Format	Insert an X if true

Central venous pressure monitoring

Description	True if central venous pressure monitoring was received that day
Reason	Part of the Paediatric Critical Care Minimum Dataset (Activity Code 62)
Format	Insert an X if true

Continuous infusion of inotrope, vasodilator or prostaglandin

Description True if there was a continuous infusion of inotrope, vasodilator or prostaglandin that day

Reason Part of the Paediatric Critical Care Minimum Dataset (Activity Code 06)

Format Insert an X if true

Bolus IV fluids (>80 ml/kg/day) in addition to maintenance IV fluids

Description True if there were bolus IV fluids (>80 ml/kg/day) in addition to maintenance IV fluids that day

Reason Part of the Paediatric Critical Care Minimum Dataset (Activity Code 63)

Format Insert an X if true

Cardio-pulmonary resuscitation

Description True if cardio-pulmonary resuscitation was received that day

Reason Part of the Paediatric Critical Care Minimum Dataset (Activity Code 64)

Format Insert an X if true

Extracorporeal membrane oxygenation (ECMO)

Description True if extracorporeal membrane oxygenation (ECMO) was received that day. Include use of an interventional lung assist device (iLA)

Reason Part of the Paediatric Critical Care Minimum Dataset (Activity Code 65)

Format Insert an X if true

Ventricular assist device (VAD)

Description True if a ventricular assist device (VAD) was in place that day

Reason Part of the Paediatric Critical Care Minimum Dataset (Activity Code 65)

Format Insert an X if true

Aortic balloon pump

Description True if an aortic balloon pump was in place that day

Reason Part of the Paediatric Critical Care Minimum Dataset (Activity Code 65)

Format Insert an X if true

Renal

Peritoneal dialysis

Description	True if peritoneal dialysis was received that day
Reason	Part of the Paediatric Critical Care Minimum Dataset (Activity Code 05)
Format	Insert an X if true

Haemofiltration

Description	True if haemofiltration was received that day
Reason	Part of the Paediatric Critical Care Minimum Dataset (Activity Code 16)
Format	Insert an X if true

Haemodialysis

Description	True if haemodialysis was received that day
Reason	Part of the Paediatric Critical Care Minimum Dataset (Activity Code 66)
Format	Insert an X if true

Plasma filtration

Description True if plasma filtration was received that day

Reason Part of the Paediatric Critical Care Minimum Dataset (Activity Code 67)

Format Insert an X if true

Plasma exchange

Description True if plasma exchange was received that day.

Reason Part of the Paediatric Critical Care Minimum Dataset (Activity Code 67)

Format Insert an X if true

Neurological

ICP-intracranial pressure monitoring

Description True if intracranial pressure monitoring (ICP) was received that day

Reason Part of the Paediatric Critical Care Minimum Dataset (Activity Code 68)

Format Insert an X if true

Intraventricular catheter or external ventricular drain

Description True if an intraventricular catheter or external ventricular drain was in place that day

Reason Part of the Paediatric Critical Care Minimum Dataset (Activity Code 69)

Format Insert an X if true

Metabolic

Diabetic ketoacidosis (DKA) requiring continuous infusion of insulin

Description	True if diabetic ketoacidosis (DKA) requiring continuous infusion of insulin was received that day
Reason	Part of the Paediatric Critical Care Minimum Dataset (Activity Code 70)
Format	Insert an X if true

Other

Exchange transfusion

Description	True if exchange transfusion was received that day
Reason	Part of the Paediatric Critical Care Minimum Dataset (Activity Code 04)
Format	Insert an X if true

Intravenous thrombolysis

Description	True if intravenous thrombolysis was received that day
Reason	Part of the Paediatric Critical Care Minimum Dataset (Activity Code 71)
Format	Insert an X if true

Extracorporeal liver support using molecular absorbent recirculating system (MARS)

Description	True if extracorporeal liver support using molecular absorbent recirculating system (MARS) was received that day
Reason	Part of the Paediatric Critical Care Minimum Dataset (Activity Code 72)
Format	Insert an X if true

Patient nursed in single occupancy cubicle

Description True if patient was nursed in a single occupancy cubicle that day.

Specify the reason for isolation in the text box provided.

Reason Part of the Paediatric Critical Care Minimum Dataset (Activity Code 74)

Format Insert an X if true and state reason for isolation in text box below

High cost drugs

Medical gases band 1 - nitric oxide

Description True if nitric oxide was administered that day.

Reason Part of the Paediatric Critical Care Minimum Dataset (Activity Code X84.1)

Format Insert an X if true

Surfactant

Description True if surfactant was administered that day.

Reason Part of the Paediatric Critical Care Minimum Dataset (Activity Code X84.2)

Format Insert an X if true

Reason for isolation

Description If patient nursed in single occupancy cubicle, state reason for isolation

Reason Part of the Paediatric Critical Care Minimum Dataset

Format Free text

At data entry to PICANet Web, choose from one of the list provided or select 'Other reason'.

If not known select 'Unknown'.

CLINICAL TRIAL

Is the patient on a clinical trial

Description Specifies whether the child is part of a clinical trial.

Reason Prior inclusion on a clinical trial may influence subsequent outcome.

Format Choose from one of the following:

- Yes
- No
- Unknown

Clinical trial name

Description The name of the clinical trial the child is participating in.

Reason Prior inclusion on a clinical trial may influence subsequent outcome.

Format Free text name of clinical trial.

GROWTH MEASUREMENTS

Height

Description	Height of child in centimetres
Reason	Included at the request of those wishing to conduct studies which involve this parameter.
Format	Numerical value to 1 decimal place (e.g. 74.9) Units: cm; validation check if range outside 46 to 180.

Weight

Description	Weight of child in kilograms
Reason	Included at the request of those wishing to conduct studies which involve this parameter
Format	Numerical value to 3 decimal places (e.g. 74.9) Units: kg; validation check if range outside 2.600 to 80.000

Abdominal circumference

Description	The abdominal circumference of the child in centimetres
Reason	Included at the request of those wishing to conduct studies which involve this parameter.
Format	Numerical value (e.g. 74.9) Units: cm; validation check if range outside 40 to 100

DISCHARGE INFORMATION

Status at discharge from your unit

Description Identifies the status (alive or dead) of the child on discharge from your unit. Dead includes admissions transferred out of your unit to become heart beating organ donors.

Reason Identified as one of the principal outcomes of paediatric intensive care.

Format Choose from one of the following:

- Alive
- Dead

Discharged for palliative care

Description Identifies if the child was discharged from your unit to a palliative care area. Discharge for palliative care is defined as withdrawal of care at the current level from which it is deemed that the admission can no longer benefit.

Reason Important information to supplement status at discharge from your unit

Format Choose from one of the following:

- Yes
- No

Date and time of discharge

Description	<p>Identifies the date and time the child was discharged from your unit.</p> <p>Discharge from your unit is defined as the physical discharge and recording of that discharge from a bed or cot in your unit. Discharge does not include temporary transfer from your unit (e.g. surgery) in the expectation of a return to your unit.</p>
Reason	<p>Date of admission to your unit, Time of admission to your unit, Date of discharge from your unit and Time of discharge from your unit is used to calculate total length of stay on your unit.</p>
Format	<p>Date; dd/mm/yyyy.</p> <p>Time (24 hour clock); hh:mm.</p>

Date and time of death

Description Identifies the date and time of death if this occurs whilst the child is resident on your unit. Includes admissions who died whilst physically outside your unit but before being discharged from your unit (e.g. in theatre).

For admissions declared brainstem dead, the date of death is the date on which the first test indicates brainstem death (even though death is not pronounced until the second test has been completed).

Please note that it is possible in special circumstances for a patient to have a date/time of death prior to the data and time of admission.

Reason Date of death and Time of death are identified as one of the principal outcomes of paediatric intensive care. Required for epidemiological analysis and assessment of health services delivery.

Format Date; dd/mm/yyyy.
Time (24 hour clock); hh:mm

Destination following discharge from your unit

Description Identifies the destination the child was directly discharged to from your unit.

Reason Required for epidemiological analysis and assessment of health services delivery.

Format Choose from one of the following:

- Normal residence
- Hospice
- Same hospital
- Other hospital
- Unknown

If same hospital or other hospital, choose from one of the following:

- ICU
- PICU
- NICU
- HDU
- SCBU
- Ward
- Other
- Unknown

Follow up 30 days post discharge from your unit

Status

Description Identifies the status (alive or dead) of the child on 30 days post discharge from your unit.

Format Choose from one of the following:

- Alive
- Dead
- Unknown

Date of death post-discharge from your unit

Description	Identifies the date of death if this occurs post-discharge from your unit and is identified at 30 day follow-up.
Reason	Date of death and Time of death are identified as one of the principal outcomes of paediatric intensive care. Required for epidemiological analysis and assessment of health services delivery.
Format	Date; dd/mm/yyyy

Location at 30 days following discharge from your unit: hospital area

Description	Identifies the exact destination of the child 30 days post discharge from your unit if they are within your hospital or another hospital.
Reason	Required for epidemiological analysis and assessment of health services delivery.
Format	Choose from one of the following: <ul style="list-style-type: none">• ICU• PICU• NICU• HDU• SCBU• Ward• Other• Unknown

COMMENTS

Description	<p>Any additional information considered relevant to the admission.</p> <p>Text entered in this field may provide extra information about data entered elsewhere in a specific field in the dataset or may provide extra information on the admission, which is not collected as part of the dataset.</p> <p>No identifiers (patient, nurse, doctor, ICU, hospital) should be included in text data entered into this field.</p> <p>As there is limited space in this field all text data should be kept to a minimum and be as concise as possible. Text data must not contain any punctuation except a period (full stop) at the end of each data point.</p>
Reason	<p>No dataset specification covers all eventualities: to deal with this a text field has been included for comments/additional information.</p>
Format	<p>Free text</p>

FORM COMPLETED BY

Description	<p>Name of person completing the form.</p>
Reason	<p>For local use only to assist with following up queries relating to completion of this form.</p>

CUSTOM AUDITS

Description For local use by an individual unit.