

Please complete this form for all requests for **transport within the PIC service and/or a PICU admission when clinicians agree that the patient requires PIC transport and/or a PICU bed**

Patient details (or hospital label)

<p>Family name <input style="width: 95%; height: 20px;" type="text"/></p> <p>First name <input style="width: 95%; height: 20px;" type="text"/></p> <p>Postcode <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></p>	<p>NHS/CHI/H&C number <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></p> <p><input type="checkbox"/> Tick if patient is not eligible for number</p> <p>Date of birth (dd/mm/yyyy) <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></p> <p>Indicate if date of birth is <input type="checkbox"/> Estimated <input type="checkbox"/> Anonymised <input type="checkbox"/> Unknown</p> <p>Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Ambiguous <input type="checkbox"/> Unknown</p>
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Referral details (complete only when clinicians agree that the patient requires PIC transport and/or a PICU bed)

<p>Date and time when clinicians agreed that the patient required PIC transport and/or a PICU bed <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></p> <p>Referral number <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></p> <p>Referring unit (from where the patient was transferred) <input style="width: 95%; height: 25px;" type="text"/></p> <p>Referring area</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> X-ray/endoscopy/CT scanner</td> <td><input type="checkbox"/> ICU</td> </tr> <tr> <td><input type="checkbox"/> Recovery only</td> <td><input type="checkbox"/> PICU</td> </tr> <tr> <td><input type="checkbox"/> HDU (step up/step down unit)</td> <td><input type="checkbox"/> NICU</td> </tr> <tr> <td><input type="checkbox"/> Other intermediate care area</td> <td><input type="checkbox"/> Ward</td> </tr> <tr> <td><input type="checkbox"/> Theatre and recovery</td> <td><input type="checkbox"/> A & E</td> </tr> <tr> <td><input type="checkbox"/> Other transport service</td> <td></td> </tr> </table> <p>Referring speciality <input style="width: 95%; height: 25px;" type="text"/></p> <p>Grade of referring doctor or nurse</p> <p><input type="checkbox"/> Consultant / Associate Specialist / Staff Grade</p> <p><input type="checkbox"/> ST 4 – 8</p> <p><input type="checkbox"/> ST 1 – 3</p> <p><input type="checkbox"/> F1 / F2</p> <p><input type="checkbox"/> GP</p> <p><input type="checkbox"/> Nurse practitioner</p> <p><input type="checkbox"/> Nurse</p> <p><input type="checkbox"/> Unknown</p>	<input type="checkbox"/> X-ray/endoscopy/CT scanner	<input type="checkbox"/> ICU	<input type="checkbox"/> Recovery only	<input type="checkbox"/> PICU	<input type="checkbox"/> HDU (step up/step down unit)	<input type="checkbox"/> NICU	<input type="checkbox"/> Other intermediate care area	<input type="checkbox"/> Ward	<input type="checkbox"/> Theatre and recovery	<input type="checkbox"/> A & E	<input type="checkbox"/> Other transport service		<p>Was the patient receiving invasive ventilation (by ET tube, laryngeal mask or tracheostomy) at time of referral call?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No – not indicated</p> <p><input type="checkbox"/> No – advised to intubate</p> <p><input type="checkbox"/> Unknown</p> <p>Outcome of this referral event <i>Record the outcomes for both transport and admission; if either not requested of your organisation, tick “not requested”</i></p> <p>Transport outcome</p> <p><input type="checkbox"/> Accepted for PIC transport</p> <p><input type="checkbox"/> Refused – no transport team available</p> <p><input type="checkbox"/> Refused – time critical transfer</p> <p><input type="checkbox"/> Refused – out of scope of care</p> <p><input type="checkbox"/> PIC transport not requested</p> <p>Admission outcome</p> <p><input type="checkbox"/> Accepted for PICU admission</p> <p><input type="checkbox"/> Refused – no staffed bed available</p> <p><input type="checkbox"/> Refused – out of scope of care</p> <p><input type="checkbox"/> PICU admission not requested</p> <p>Transport team <input style="width: 95%; height: 25px;" type="text"/></p> <p>Destination unit (or location) <input style="width: 95%; height: 25px;" type="text"/></p> <p><i>If transport and/or admission outcome is refused, record the name of the transport team and/or destination unit who refused this referral.</i></p>
<input type="checkbox"/> X-ray/endoscopy/CT scanner	<input type="checkbox"/> ICU												
<input type="checkbox"/> Recovery only	<input type="checkbox"/> PICU												
<input type="checkbox"/> HDU (step up/step down unit)	<input type="checkbox"/> NICU												
<input type="checkbox"/> Other intermediate care area	<input type="checkbox"/> Ward												
<input type="checkbox"/> Theatre and recovery	<input type="checkbox"/> A & E												
<input type="checkbox"/> Other transport service													

Comments

Form completed by

Contact us · picanet@leeds.ac.uk

<p>General enquiries 0113 343 8125</p>	<p>Data collection queries 0116 252 5414</p>
<p>For dataset manuals and guidance, go to www.picanet.org.uk/Documentation/Guidance/</p>	