

Patient details (or hospital label)

Family name

First name

Address

Postcode

NHS/CHI/H&C number

Tick if patient is not eligible for number

Case note number (destination PICU)

Date of birth (dd/mm/yyyy)
 / /

Indicate if date of birth is
 Estimated Anonymised Unknown

Sex
 Male Female Ambiguous Unknown

Transport details

Date and time accepted for transport
 / / 20 :

Transport number

Type of transport team
 PICU
 Centralised transport service (PIC)
 Transport team from neonates
 Other specialist team
 Non-specialist team

Transport team

Grade of clinical team leader
 Consultant/Associate Specialist/Staff Grade
 ST 4 – 8
 ST 1 – 3
 Nurse practitioner

Speciality of clinical team leader

Grade of most senior nurse
 5 6 7 8
 Nurse not present

Collection area
 X-ray/endoscopy/CT scanner ICU
 Recovery only PICU
 HDU (step up/step down unit) NICU
 Other intermediate care area Ward
 Theatre and recovery A & E
 Other transport service

Collection unit (or location)

Most senior member of medical staff present at collection unit
 Consultant/Associate Specialist/Staff Grade
 ST 4 – 8
 ST 1 – 3
 None

Did a medical technician accompany the patient?
 Yes No

Did a parent accompany the patient?
 Yes
 No – parent not present
 No – parent declined to accompany
 No – parent not permitted to accompany

Transport classification
 Planned
 Unplanned

Outcome of this transport event
 Patient transported
 Not transported – condition improved
 Not transported – condition deteriorated
 Not transported – other reason
 Patient died before transport team arrived
 Patient died while transport team present
 Patient died during transit

Destination type
 PICU
 NICU
 ICU
 HDU
 Ward
 Theatre
 Other transport service

Destination unit (or location)
 Normal residence
 Hospice

Critical incidents

Identify all critical incidents while transport team in attendance (tick all that apply)

<input type="checkbox"/> No critical incidents	<input type="checkbox"/> Loss of medical gas supply	<input type="checkbox"/> Equipment failure or incompatibility impacting on patient care
<input type="checkbox"/> Accidental extubation	<input type="checkbox"/> Loss of all IV access	<input type="checkbox"/> Other critical incident (specify)
<input type="checkbox"/> Required intubation in transit	<input type="checkbox"/> Cardiac arrest	<input type="text"/>
<input type="checkbox"/> Complete ventilator failure	<input type="checkbox"/> Medication administration error	

Comments

Form completed by

Contact us - picanet@leeds.ac.uk

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

Transport times

BASE TRANSPORT UNIT

Tick if this section of the trip is not applicable

Mode of transport (tick all that apply)

- Dedicated ambulance RRV Taxi
 Other ambulance Air → Other

Depart base (dd/mm/yyyy hh:mm)

□□□□/□□□□/20□□ □□:□□

→ **Arrive base airport**

□□□□/□□□□/20□□ □□:□□

→ **Aircraft type**

- Unpressurised fixed-wing Dedicated helicopter
 Pressurised fixed-wing Other helicopter

→ **Takeoff base airport**

□□□□/□□□□/20□□ □□:□□

→ **Land collection airport**

□□□□/□□□□/20□□ □□:□□

→ **Depart collection airport**

□□□□/□□□□/20□□ □□:□□

Arrive collection unit (or location)

□□□□/□□□□/20□□ □□:□□

Blue light or siren used or requested

- Yes No

Organisational delay

- None Team out Staffing Vehicle

Vehicle incident

- None Vehicle accident Vehicle breakdown

PATIENT JOURNEY

Tick if this section of the trip is not applicable

Mode of transport (tick all that apply)

- Dedicated ambulance RRV Taxi
 Other ambulance Air → Other

Depart collection unit (or location)

□□□□/□□□□/20□□ □□:□□

→ **Arrive collection airport**

□□□□/□□□□/20□□ □□:□□

→ **Aircraft type**

- Unpressurised fixed-wing Dedicated helicopter
 Pressurised fixed-wing Other helicopter

→ **Takeoff collection airport**

□□□□/□□□□/20□□ □□:□□

→ **Land destination airport**

□□□□/□□□□/20□□ □□:□□

→ **Depart destination airport**

□□□□/□□□□/20□□ □□:□□

Arrive destination unit (or location)

□□□□/□□□□/20□□ □□:□□

Blue light or siren used or requested

- Yes No

Organisational delay

- None Team out Staffing Vehicle

Vehicle incident

- None Vehicle accident Vehicle breakdown

DESTINATION UNIT TO BASE

Tick if this section of the trip is not applicable

Mode of transport (tick all that apply)

- Dedicated ambulance RRV Taxi
 Other ambulance Air → Other

Depart destination unit (or location)

□□□□/□□□□/20□□ □□:□□

→ **Arrive destination airport**

□□□□/□□□□/20□□ □□:□□

→ **Aircraft type**

- Unpressurised fixed-wing Dedicated helicopter
 Pressurised fixed-wing Other helicopter

→ **Takeoff destination airport**

□□□□/□□□□/20□□ □□:□□

→ **Land base airport**

□□□□/□□□□/20□□ □□:□□

→ **Depart base airport**

□□□□/□□□□/20□□ □□:□□

Arrive base

□□□□/□□□□/20□□ □□:□□

Blue light or siren used or requested

- Yes No

Organisational delay

- None Team busy Staffing Vehicle

Vehicle incident

- None Vehicle accident Vehicle breakdown

Interventions (retrievals only)

Interventions by local team prior to arrival of transport team (tick all that apply)

- Primary intubation
 Re-intubation
 Other airway
 Non-invasive ventilation
 High flow nasal cannula therapy
 Primary central venous access
 Additional central venous access
 Arterial access
 Inotrope or vasopressor infusion
 Prostaglandin infusion
 Primary intraosseus access
 Additional intraosseus access
 Chest drain insertion
 ICP monitoring
 ECMO

Interventions while transport team in attendance (tick all that apply)

- Primary intubation
 Re-intubation
 Other airway
 Non-invasive ventilation
 High flow nasal cannula therapy
 Primary central venous access
 Additional central venous access
 Arterial access
 Inotrope or vasopressor infusion
 Prostaglandin infusion
 Primary intraosseus access
 Additional intraosseus access
 Chest drain insertion
 ICP monitoring
 ECMO

PIM2/PIM3 (retrievals only)

This applies to observations recorded in the first hour after first face-to-face contact with transport team doctor

Elective admission

Tick if this is an elective admission

Main reason for admission

- Asthma
 Bronchiolitis
 Croup
 Obstructive sleep apnoea
 Recovery from surgery → Bypass cardiac proc.
 Diabetic ketoacidosis Non-bypass cardiac proc.
 Seizure disorder Elective liver transpl't
 Other (none of the above) Other procedure

Is evidence available to assess past medical history?

Yes No

If yes, tick all that apply

- Cardiac arrest before admission
 Cardiac arrest OUT of hospital
 Cardiomyopathy or myocarditis
 Severe combined immune deficiency
 Hypoplastic left heart syndrome
 Leukaemia or lymphoma after first induction
 Liver failure main reason for ICU admission
 Acute NEC main reason for ICU admission
 Spontaneous cerebral haemorrhage
 Neurodegenerative disorder
 Human Immunodeficiency Virus (HIV)
 Bone marrow transplant recipient

Systolic blood pressure

□□□□ mmHg

Blood gas measured

Yes No

Arterial PaO₂ or Arterial PaO₂

□□□□ . □□□□ kPa □□□□ mmHg

FiO₂

□ . □□

Intubation

Yes No

Headbox

Yes No

At the time of PaO₂ sample

Base excess

□□□□ . □□ mmol/l → Arterial
 Capillary
 Venous

Lactate

□□□□ . □□ mmol/l → Arterial
 Capillary
 Venous

Mechanical ventilation

Yes No

CPAP

Yes No

Pupil reaction

- Both fixed and dilated
 Other reaction
 Unknown