



NOVEMBER 2015 ANNUAL REPORT

APPENDICES

Paediatric Intensive
Care Audit **Network**



DATA COLLECTION PERIOD
JANUARY 2012 – DECEMBER 2014

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A. PARTICIPATING ORGANISATION & HOSPITAL CHARACTERISTICS

NHS Trust / Organisation	Participating Hospital	Unit / Ward	Number of ITU beds	Number of HDU beds	Type of unit
Barts Health NHS Trust	The Royal London Hospital	PCCU	4	2 ¹	General
Birmingham Children's Hospital NHS Trust	Birmingham Children's Hospital	PICU	29 ²	0	General including cardiac, liver, neurosurgical, ECLS, ENT, oncology, metabolic and spinal
Brighton & Sussex University Hospitals NHS Trust	The Royal Alexandra Children's Hospital	L8 PICU	0	10	General
Cambridge University Hospitals NHS Foundation Trust	Addenbrooke's Hospital	PICU	9	4	General
Cardiff & Vale NHS Trust	Cardiff University Hospital	PCCI	8	0	General
Central Manchester & Manchester Children's University Hospitals NHS Foundation Trust	Royal Manchester Children's Hospital	PICU	17 ³	12 ⁴	General
Great Ormond Street Hospital for Children NHS Trust	Great Ormond Street Hospital for Children	CCCU	17	0	Cardiac
		PICU & NICU	21	0	General & Neonatal Unit
Guy's & St. Thomas' NHS Foundation Trust	Evelina London Children's Hospital	PICU	18	0	General & Cardiac
HSE (Health Services Executive)	Children's University Hospital, Temple Street, Dublin	PICU	9	0	General
	Our Lady's Children's Hospital, Crumlin, Dublin	PICU	18	5	General & Cardiac
Hull & East Yorkshire Hospitals NHS Trust	Hull Royal Infirmary	PICU beds on AITU	2	0 ⁵	Adult ICU providing General PICU
King's College Hospital NHS Trust	King's College Hospital	PICU	8	8	General & Hepatic & Neurosurgical
Leeds Teaching Hospitals NHS Trust	Leeds General Infirmary	Ward L47	16	0	General & Cardiac
Newcastle Upon Tyne Hospitals NHS Foundation Trust	Great North Children's Hospital	PICU	11	0	General & Surgical ICU
	Freeman Hospital	PICU Freeman	11	0	Cardiothoracic surgery, heart failure, ECMO & ENT
NHS Lothian – University Hospitals Division	Royal Hospital for Sick Children, Edinburgh	PICU	8	6 ⁶	General (plus neurosurgical and spinal)
NHS Greater Glasgow and Clyde – Women and Children's Division	Royal Hospital for Sick Children (Yorkhill)	PICU	17	5	General, Neurosurgical Cardiac & ECMO
Oxford University Hospitals NHS Trust	The John Radcliffe Hospital	PCCU	8	9	General including neurosurgical, craniofacial and major trauma.

NHS Trust / Organisation	Participating Hospital	Unit / Ward	Number of ITU beds	Number of HDU beds	Type of unit
Nottingham University Hospitals NHS Trust	Nottingham Children's Hospital	PICU	6	4 ⁷	General (plus regional oncology, major trauma, ENT, paediatric surgery, regional neurosurgical, spinal, supraregional renal service and cleft lip & palate services)
Royal Brompton & Harefield NHS Foundation Trust	Royal Brompton Hospital	PICU	16	8	Cardiac & Respiratory
Alder Hey Children's NHS Foundation Trust	Alder Hey Children's Hospital	PICU	22	0	General & Cardiac
Sheffield Children's NHS Foundation Trust	Sheffield Children's Hospital	PCCU	10	8 ⁸	General (plus major trauma, neurosurgery, ENT, oncology, metabolic, paediatric surgery, spinal)
University Hospitals Southampton NHS Foundation Trust	Southampton Children's Hospital	PICU	13	16 ⁹	General, Cardiac & Neurosurgery
South Tees Hospitals NHS Foundation Trust	The James Cook University Hospital	PICU	4	3 ¹⁰	General
St. George's Healthcare NHS Trust	St. George's Hospital	PICU	6	6 ¹¹	General, Neurosurgical, Oncology & Paediatric Surgery
Imperial College Healthcare NHS Trust	St. Mary's Hospital	PICU	8	2	General
Belfast Health and Social Care Trust	Royal Belfast Hospital for Sick Children	PICU	12 ¹²	0	General
University Hospitals Bristol NHS Foundation Trust	Bristol Royal Hospital for Children	PICU	17 ¹³	15 ¹⁴	General, Cardiac, Neurosurgery, Burns and Major Trauma
University Hospitals of Leicester NHS Trust	Leicester Royal Infirmary	CICU	9 ¹⁵	6 ¹⁶	General
	Glenfield Hospital	PICU	12 ¹⁷	0	Cardiac & ECMO
University Hospitals of North Midlands NHS Trust	Royal Stoke University Hospital	PICU	6	1	General
HCA Healthcare (non NHS)	The Harley Street Clinic	PICU	13	5	General & Cardiac
	The Portland Hospital for Women and Children	PICU	10	0	General

1 ITU/ HDU beds are used flexibly if needed.

2 Went up from 26 ITU beds to 28 beds in January 2014, then to 29 beds in November 2014.

3 Funded for 17 ITU beds but because of admitting higher acuity patients capacity considered for commissioning as 15.

4 12 HDU beds are in separate ward (not submitting data to PICANet).

5 4 HDU beds on separate ward (not submitting data to PICANet) With capacity to ventilate two patients on the Adult ICU.

6 At times funded for 10 ITU and 6 HDU beds.

7 4 HDU beds temporarily housed on PICU (not submitting data to PICANet).

8 8 HDU beds on separate ward (not submitting data to PICANet)

9 HDU beds are in 4 separate HDU units (4 Cardiac and 6 General, 4 Spinal and 2 Medical) (not submitting data to PICANet).

10 3 HDU beds not staffed or funded (not submitting data to PICANet).

11 ITU/HDU beds are used flexibly if needed, can provide 10 ventilated PIC beds during winter surge.

12 Only admits patients up their 14th Birthday or older if under care of team within RBHSC.

13 15 staffed ITU beds in 18 space unit.

14 15 HDU beds in 3 separate units (5 Cardiac / 4 Neurosurgery, Burns & Trauma / 6 Medical (not submitting to PICANet).

15 9 ITU beds but only 6 staffed.

16 6 HDU beds on adjacent ward (not part of PICU and not submitting data to PICANet)

17 12 ITU beds but only 7 staffed.

*Above data provided by participating hospitals in May/June 2015.

B. CLINICAL ADVISORY GROUP MEMBERSHIP

Name	Position	NHS Trust / Hospital	Period served
Dr Rachel Agbeko	Paediatric Intensivist	Newcastle upon Tyne Hospitals NHS Foundation Trust Great North Children's Hospital	2012 - present
Dr John Alexander	Consultant in Paediatric Intensive Care	University Hospitals of North Midlands NHS Trust Royal Stoke University Hospital	2012 - present
Simon Chiles	Senior Charge Nurse	University Hospitals of Leicester NHS Trust Leicester Royal Infirmary	2014 - present
Kathryn Claydon - Smith	Clinical Nurse Specialist	Central Manchester & Manchester Children's University Hospitals NHS Trust Royal Manchester Children's Hospital	2009 - present
Dr Peter Davis (Chair)	Consultant in Paediatric Intensive Care	University Hospitals Bristol NHS Foundation Trust Royal Hospital for Children	2006 - present
Dr Andrew Durward (sharing with Dr Shane Tibby)	Consultant in Paediatric Intensive Care	Guy's & St Thomas' NHS Foundation Trust Evelina Children's Hospital	2002 - present
Judith Gray	Sister	Newcastle upon Tyne Hospitals NHS Foundation Trust Newcastle Freeman Hospital	2015 - present
Dr Hilary Klonin	Consultant in Paediatric Intensive Care	Hull & East Yorkshire Hospitals NHS Trust Hull Royal Infirmary	2002 - present
Dr Jillian McFadzean (representing Scotland)	Consultant in Paediatric Intensive Care	NHS Lothian – University Hospitals Division Edinburgh Royal Hospital for Sick Children	2005 - present
Dr Cathy McMahon	Consultant in Paediatric Intensive Care	Our Lady's Children's Hospital, Crumlin, Dublin 12 & The Children's University Hospital, Dublin	2011 - present
Lesley Molony	Information Officer	Southampton Universities Hospital NHS Trust Southampton Children's Hospital	2013 - present
Dr Roddy O'Donnell	Consultant in Paediatric Intensive Care	Cambridge University Hospitals NHS Foundation Trust Addenbrooke's Hospital	2002 - present
Dr Paula Lister	Consultant Paediatric Intensivist	Great Ormond Street Hospital for Children NHS Trust Great Ormond Street Hospital for Sick Children	2012 - present
Dr John Pappachan (shared with Peter Wilson)	Anaesthetics and Paediatric Intensive Care Medicine	Southampton Universities Hospital NHS Trust Southampton Children's Hospital	2012 - present
Dr Nazima Pathan (shared with Roddy O'Donnell)	Consultant in Paediatric Intensive Care	Cambridge University Hospitals NHS Foundation Trust Addenbrooke's Hospital	2012 - present
Dr Adrian Plunkett	Consultant Paediatric Intensivist	Birmingham Children's Hospital NHS Trust Birmingham Children's Hospital	2012 - present

Dr Padmanabhan Ramnarayan	Consultant	Great Ormond Street Hospital NHS Trust Children's Acute Transport Service	2012 - present
Dr Kay Rushforth	Senior Sister	Leeds Teaching Hospitals NHS Trust Leeds General Infirmary	2012 - present
Dr Mark Terris (representing Northern Ireland)	Consultant Anaesthetist	Belfast Health and Social Care Trust Royal Belfast Hospital for Sick Children	2014 - present
Dr Shane Tibby (Shared with Dr Andrew Durward)	Consultant in Paediatric Intensive care	Guys and St Thomas Foundation Trust Evelina Children's Hospital	2011 - present
Dr Allan Wardhaugh (representing Wales)	Consultant in Paediatric Intensive Care	Cardiff & Vale NHS Trust University Hospital of Wales	2004 - present
Dr Peter Wilson (shared with John Pappachan)	PICU Consultant	Southampton Universities Hospital NHS trust Southampton Children's Hospital	2011 - present


C. STEERING GROUP MEMBERSHIP

Name	Position	Organisation	Representation	Period Served
Dr Mark Darowski	Consultant Paediatric Anaesthetist	Leeds Teaching Hospitals NHS Trust Leeds General Infirmary PICU	Royal College of Anaesthetists	2002 - 2015
Dr Peter Davis	Consultant in Paediatric Intensive Care	University Hospitals Bristol NHS Foundation Trust Bristol Royal Hospital for Children	Chair of PICANet CAG	2011 - present
Charlie Evans	Case Mix Programme Manager	Intensive Care National Audit & Research Centre (ICNARC)	Intensive Care National Audit & Research Centre (ICNARC)	2015 - present
Julia Grace	National Commissioner	NHS England	National Commissioner for PIC CRG	2013 - present
Dr Michael Marsh (Chair)	Consultant in Paediatric Intensive Care	Southampton University Hospitals NHS Trust Southampton Children's Hospital PICU	Royal College of Paediatrics and Child Health	2002 - present
Dr Jillian McFadzean	Consultant in Anaesthesia & Intensive Care / PA	NHS Lothian – University Hospitals Division Edinburgh Royal Hospital for Sick Children	Edinburgh Royal Hospital for Sick Children	2005 - present
Dr Kevin Morris	Consultant in Paediatric Intensive Care	Birmingham Children's Hospital NHS Trust Birmingham Children's Hospital PICU	Chair of Paediatric Intensive Care Society	2006 - present
Professor John Newton	Regional Director of Public Health	South Central Strategic Health Authority	Public Health England	2009 - 2015
Dr Gale Pearson	Consultant in Paediatric Intensive care	Birmingham Children's Hospital NHS Trust Birmingham Children's Hospital	Chair of Paediatric Intensive Care Clinical Reference Group	2015 - present
Dr Mark Peters	Clinical Unit Chair	Great Ormond Street Hospital for Children Great Ormond Street Hospital, London	Chair of Paediatric Intensive Care Society Study Group	2008 - present
Laura Reekie	Data Manager	NHS Lothian – University Hospitals Division Edinburgh Royal Hospital for Sick Children	Database Representative	2005 - present
Lucy Lloyd Scott	Casemix Programme Manager	Intensive Care National Audit & Research Centre (ICNARC)	Intensive Care National Audit & Research Centre (ICNARC)	2002 – 2015
Dr Mark Terris	Consultant Anaesthetist	Belfast Health and Social Care Trust Royal Belfast Hospital for Sick Children	Northern Ireland	2012 - present
Dominique Gray Williams	Audit Co-ordinator	Welsh Health Specialised Services Committee	Welsh Health Specialised Services Committee	2003 - present
Lucy Wheeler	Parent	N/A	Parent representation	2011 - present
Dr Peter Wilson	Clinical Director for Child Health	Southampton Children's Hospital	PICS Secretary	2011 - present

D. PIC FAMILIES GROUP MEMBERSHIP

Name	Position	Organisation	Period Served
Dr John Alexander	Consultant in Paediatric Intensive Care	University Hospitals of North Midlands NHS Trust Royal Stoke University Hospital	2010 – 2013 Re-joined 2015
Fiona Bickell	Retrieval Nurse Practitioner	South Thames Retrieval Service	2010 - present
Sarah Bundy	Family Liaison Sister	Birmingham Children's Hospital NHS Trust Birmingham Children's Hospital PICU	2010 - present
Dr Gillian Colville	Clinical Psychologist	St George's Healthcare NHS Trust St George's Hospital	2009 - present
Helene Craddock	Senior Staff Nurse	University Hospitals Bristol NHS Foundation Trust Bristol Royal Hospital for Children	2011 - present
Angela Danjelo	Lay Representative	N/A	2013 - present
Professor Elizabeth Draper	Principle Investigator	PICANet	2009 - present
Debra Ehala	Sister	Newcastle upon Tyne Hospitals NHS Foundation Trust Great North Children's Hospital	2009 - present
Kate Foden	Sister	University Hospitals of North Midlands NHS Trust Royal Stoke University Hospital	2013 - present
Phillip Hudnott	Audit Nurse	Central Manchester & Manchester Children's University Hospitals NHS Trust Royal Manchester Children's Hospital	2011 - 2014
Dr Hilary Klonin	Consultant in Paediatric Intensive Care	Hull & East Yorkshire Hospitals NHS Trust Hull Royal Infirmary	2009 - present
Caroline Lamming	Research Nurse	PICANet	2009 - present
Sally Bolsover	Critical Care Sister	Sheffield Children's NHS Foundation Trust Sheffield Children's Hospital	2011 - present
Shelley Marsh	Lay Representative	N/A	2011 - present
Tina McClelland	Audit Sister	Alder Hey Children's NHS Foundation Trust Alder Hey Children's Hospital	2009 - 2014
Petra Schroff	Family Liaison Nurse	Great Ormond Street Hospital for Children NHS Trust Great Ormond Street Hospital for Sick Children	2011 - present
Karen Starkie	Retrieval Nurse	South Thames Retrieval Service	2013 – present
Adam Tansey	Lay Representative	N/A	2011 - present
Eleanor Willey	Family Liaison Nurse	Birmingham Children's Hospital NHS Trust Birmingham Children's Hospital PICU	2014 – present

E. DATA COLLECTION FORM - ADMISSION

 Paediatric Intensive Care Audit Network - Data Collection Form		Admission	
Patient details (or hospital label)			
Family name <input type="text"/> First name <input type="text"/> Address <input type="text"/> Postcode <input type="text"/>		NHS/CHI/H&C number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Tick if patient is not eligible for number Case note number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date of birth (dd/mm/yyyy) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Indicate if date of birth is <input type="checkbox"/> Estimated <input type="checkbox"/> Anonymised <input type="checkbox"/> Unknown Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Ambiguous <input type="checkbox"/> Unknown	
Ethnic category <input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> White other (specify below) <input type="checkbox"/> Mixed White and Black Caribbean <input type="checkbox"/> Mixed White and Black African <input type="checkbox"/> Mixed White and Asian <input type="checkbox"/> Mixed other (specify below) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Asian Pakistani <input type="checkbox"/> Asian Bangladeshi <input type="checkbox"/> Asian other (specify below) <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Black other (specify below) <input type="checkbox"/> Chinese <input type="checkbox"/> Other (specify below) <input type="checkbox"/> Not stated (declined) <input type="checkbox"/> Unknown Other ethnic category <input type="text"/>		Gestational age at delivery (if patient is under 2 years old) <input type="text"/> weeks Birth order <input type="text"/> Multiplicity <input type="text"/> of <input type="text"/> GP practice code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Admission details			
Date and time of admission to unit (dd/mm/yyyy) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Admission number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Type of admission to unit <input type="checkbox"/> Planned – following surgery <input type="checkbox"/> Unplanned – following surgery <input type="checkbox"/> Planned – other <input type="checkbox"/> Unplanned – other Previous ICU admission (during current hospital stay) <input type="checkbox"/> ICU <input type="checkbox"/> PICU <input type="checkbox"/> NICU <input type="checkbox"/> None <input type="checkbox"/> Unknown		Source of admission <input type="checkbox"/> Same hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Other hospital <input type="checkbox"/> Home Care area admitted from (includes transfers in) <input type="checkbox"/> X-ray/endoscopy/CT scanner <input type="checkbox"/> ICU / PICU / NICU <input type="checkbox"/> Recovery only <input type="checkbox"/> Ward <input type="checkbox"/> HDU (step up/step down unit) <input type="checkbox"/> Theatre and recovery <input type="checkbox"/> Other intermediate care area <input type="checkbox"/> A & E Retrieval / transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of transport team <input type="checkbox"/> PICU <input type="checkbox"/> Other specialist team <input type="checkbox"/> Centralised transport service (PIC) <input type="checkbox"/> Other non-specialist team <input type="checkbox"/> Transport team from neonates <input type="checkbox"/> Unknown Transport team <input type="text"/>	
Contact us - picanet@leeds.ac.uk			
Jodie Singh Project officer (0113) 343 8125 j.a.singh@leeds.ac.uk		Lee Norman Database manager (0113) 343 8125 l.j.norman@leeds.ac.uk	
Caroline Lamming Research nurse (0116) 252 5414 crl4@leicester.ac.uk		Sarah Fleming Senior research fellow (0113) 343 4878 s.j.fleming@leeds.ac.uk	

PIM2/PIM3

This applies to observations recorded between the first face-to-face contact with ICU doctor until one hour after admission. Always use the first recorded measurement during this time period.

Elective admission

☐ Tick if this is an elective admission

Main reason for PICU admission

- ☐ Asthma
☐ Bronchiolitis
☐ Croup
☐ Obstructive sleep apnoea
☐ Recovery from surgery → ☐ Bypass cardiac procedure
☐ Diabetic ketoacidosis → ☐ Non-bypass cardiac procedure
☐ Seizure disorder → ☐ Elective liver transplant
☐ 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 ICU 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

kPa

Arterial PaO₂

OR mmHg

FiO₂**Intubation?**

☐ Yes ☐ No

At the time of arterial PaO₂ sample

Headbox?

☐ Yes ☐ No

Base excess (specify source)

mmol/l

- ☐ Arterial
☐ Capillary
☐ Venous

Lactate (specify source)

mmol/l

- ☐ Arterial
☐ Capillary
☐ Venous

Mechanical ventilation?

☐ Yes ☐ No

CPAP? (include mask, nasal, and negative pressure ventilation)

☐ Yes ☐ No

Pupil reaction

- ☐ Both fixed and dilated
☐ Other reaction
☐ Unknown

Diagnoses and procedures**Primary diagnosis for this admission****Other reasons for this admission****Operations and procedures performed during and prior to this admission****Co-morbidity****Was a tracheostomy performed during this admission?**

☐ Yes ☐ No

Daily interventions

Please record all interventions given on each day of admission using a cross ☒ unless otherwise specified.
If no interventions given, select **No defined critical care activity**.

Admission date: _____

		Day	0	1	2	3	4	5	6	7	8	9	10	11	12	13
Basic	No defined critical care activity	Code 99														
	Continuous ECG monitoring	50														
	Continuous pulse oximetry	73														
Airway and ventilatory	Invasive ventilation via endotracheal tube	51														
	Invasive ventilation via tracheostomy tube	52														
	Non-invasive ventilatory support	53														
	Advanced ventilatory support (jet ventilation)	56														
	Advanced ventilatory support (oscillatory ventilation)	56														
	Nasopharyngeal airway	55														
	Tracheostomy cared for by nursing staff	13														
	Supplemental oxygen therapy (irrespective of ventilatory state)	09														
	High flow nasal cannula therapy (record maximum daily flow in l/min)	88														
	Upper airway obstruction requiring nebulised adrenaline (epinephrine)	57														
	Apnoea requiring intervention (>3 in 24 hours or need for bag-mask ventilation)	58														
	Acute severe asthma requiring IV bronchodilator therapy or continuous nebuliser	59														
Unplanned extubation (record number of unplanned extubations)	90															
Cardio-vascular	Arterial line monitoring	60														
	External pacing	61														
	Central venous pressure monitoring	62														
	Continuous infusion of inotrope, vasodilator or prostaglandin	06														
	Bolus IV fluids (>80 ml/kg/day) in addition to maintenance IV fluids	63														
	Cardio-pulmonary resuscitation	64														
	Extracorporeal membrane oxygenation (ECMO)	65														
	Ventricular assist device (VAD)	65														
Aortic balloon pump	65															
Renal	Peritoneal dialysis	05														
	Haemofiltration	16														
	Haemodialysis	66														
	Plasma filtration	67														
	Plasma exchange	67														
Neuro-logical	ICP-intracranial pressure monitoring	68														
	Intraventricular catheter or external ventricular drain	69														
Metabolic	Diabetic ketoacidosis (DKA) requiring continuous infusion of insulin	70														
Other	Exchange transfusion	04														
	Intravenous thrombolysis	71														
	Extracorporeal liver support using molecular absorbent recirculating system (MARS)	72														
	Patient nursed in single occupancy cubicle (state reason for isolation below)	74														
High cost drugs	Medical gases Band 1 - nitric oxide	X841														
	Surfactant	X842														

Reason for isolation (if patient nursed in single occupancy cubicle)

Clinical trial (if required by your unit)

Is the patient on a clinical trial?

☐ Yes (specify name of trial) ☐ No

Name of trial

Growth measurements (if required by your unit)

Height

 . cm

Weight

 . kg

Abdominal circumference

 . cm

Discharge information	Comments
<p>Status at discharge from your unit <input type="checkbox"/> Alive <input type="checkbox"/> Dead</p> <p>Discharged for palliative care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date and time of discharge (dd/mm/yyyy hh:mm) <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> / <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> / <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> 20 <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> </div> </div> : <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> </div> </div> </div></p> <p>Date and time of death (dd/mm/yyyy hh:mm) <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> / <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> / <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> 20 <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> </div> </div> : <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> </div> </div> </div></p> <p>Destination following discharge from your unit</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input type="checkbox"/> Normal residence <input type="checkbox"/> Same hospital <input type="checkbox"/> Hospice <input type="checkbox"/> Other hospital </div> <div style="margin-left: 10px;"> <div style="border-left: 1px solid black; padding-left: 5px; margin-left: 5px;"> <input type="checkbox"/> ICU <input type="checkbox"/> PICU <input type="checkbox"/> NICU <input type="checkbox"/> HDU <input type="checkbox"/> SCBU <input type="checkbox"/> Ward <input type="checkbox"/> Other </div> </div> </div>	<div style="border: 1px solid black; height: 450px; width: 100%;"></div>
<p>Follow-up 30 days post-discharge from your unit</p> <p>Status <input type="checkbox"/> Alive <input type="checkbox"/> Dead <input type="checkbox"/> Unknown</p> <p>Date of death (dd/mm/yyyy) <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> / <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> / <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> 20 <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> </div> </div> </div> <p>Location</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input type="checkbox"/> Normal residence <input type="checkbox"/> Same hospital <input type="checkbox"/> Hospice <input type="checkbox"/> Other hospital </div> <div style="margin-left: 10px;"> <div style="border-left: 1px solid black; padding-left: 5px; margin-left: 5px;"> <input type="checkbox"/> ICU <input type="checkbox"/> PICU <input type="checkbox"/> NICU <input type="checkbox"/> HDU <input type="checkbox"/> SCBU <input type="checkbox"/> Ward <input type="checkbox"/> Other </div> </div> </div> </div></p>	<p>Form completed by</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>Custom audits (for local use)</p> <div style="border: 1px solid black; height: 280px; width: 100%;"></div>	

F. DATA COLLECTION FORM - REFERRAL



Paediatric Intensive Care Audit Network - Data Collection Form

Referral

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

Patient details (or hospital label)

Family name <input type="text"/> First name <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	NHS/CHI/H&C number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Tick if patient is not eligible for number Date of birth (dd/mm/yyyy) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Indicate if date of birth is <input type="checkbox"/> Estimated <input type="checkbox"/> Anonymised <input type="checkbox"/> Unknown Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Ambiguous <input type="checkbox"/> Unknown
---	---

Referral details (complete only when clinicians agree that PIC transport and/or PICU admission is necessary)

Date and time of referral call when clinicians agreed that PIC transport and/or PICU admission was necessary <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> Referring unit (from where patient was transferred) <input type="text"/> Referring speciality <input type="text"/> Grade of referring doctor or nurse <input type="checkbox"/> Consultant / Associate Specialist / Staff Grade <input type="checkbox"/> ST 4 – 8 <input type="checkbox"/> ST 1 – 3 <input type="checkbox"/> F1 / F2 <input type="checkbox"/> GP <input type="checkbox"/> Nurse practitioner <input type="checkbox"/> Nurse <input type="checkbox"/> Unknown Was the patient receiving invasive ventilation (by ET tube, laryngeal mask or tracheostomy) at time of referral call? <input type="checkbox"/> Yes <input type="checkbox"/> No – not indicated <input type="checkbox"/> No – advised to intubate <input type="checkbox"/> Unknown	Outcome of this referral event Record the outcomes for both transport and admission; if either not requested of your organisation, tick "not requested" Transport outcome <input type="checkbox"/> Accepted for transport <input type="checkbox"/> Refused – no transport team available <input type="checkbox"/> Refused – time critical transfer <input type="checkbox"/> Refused – out of scope of care <input type="checkbox"/> Transport not requested Admission outcome <input type="checkbox"/> Accepted for admission <input type="checkbox"/> Refused – no staffed bed available <input type="checkbox"/> Refused – out of scope of care <input type="checkbox"/> Admission not requested Transport team <input type="text"/> Destination unit (or location) <input type="text"/>
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Comments

Form completed by

Contact us - picanet@leeds.ac.uk

Jodie Batchelor Project officer (0113) 343 8125 j.a.batchelor@leeds.ac.uk	Lee Norman Database manager (0113) 343 8125 l.j.norman@leeds.ac.uk	Caroline Lamming Research nurse (0116) 252 5414 cri4@leicester.ac.uk	Sarah Fleming Senior research fellow (0113) 343 4878 s.j.fleming@leeds.ac.uk
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G. DATA COLLECTION FORM – TRANSPORT

Paediatric Intensive Care Audit Network - Data Collection Form		Transport
Patient details (or hospital label)		
<p>Family name <input style="width: 100%;" type="text"/></p> <p>First name <input style="width: 100%;" type="text"/></p> <p>Address <input style="width: 100%; height: 40px;" type="text"/></p> <p>Postcode <div style="display: flex; justify-content: space-between;"> <div><input style="width: 20px; height: 20px;" type="text"/></div> <div><input style="width: 20px; height: 20px;" type="text"/></div> <div><input style="width: 20px; height: 20px;" type="text"/></div> <div><input style="width: 20px; height: 20px;" type="text"/></div> <div><input style="width: 20px; height: 20px;" type="text"/></div> <div><input style="width: 20px; height: 20px;" type="text"/></div> </div> </p>	<p>NHS/CHI/H&C number <div style="display: flex; justify-content: space-between;"> <div><input style="width: 20px; height: 20px;" type="text"/></div> <div><input style="width: 20px; height: 20px;" type="text"/></div> <div><input style="width: 20px; height: 20px;" type="text"/></div> <div><input style="width: 20px; height: 20px;" type="text"/></div> <div><input style="width: 20px; height: 20px;" type="text"/></div> <div><input style="width: 20px; height: 20px;" type="text"/></div> </div> <input type="checkbox"/> Tick if patient is not eligible for number </p> <p>Case note number (destination PICU) <div style="display: flex; justify-content: space-between;"> <div><input style="width: 20px; height: 20px;" type="text"/></div> <div><input style="width: 20px; height: 20px;" type="text"/></div> <div><input style="width: 20px; height: 20px;" type="text"/></div> <div><input style="width: 20px; height: 20px;" type="text"/></div> <div><input style="width: 20px; height: 20px;" type="text"/></div> <div><input style="width: 20px; height: 20px;" type="text"/></div> </div> </p> <p>Date of birth (dd/mm/yyyy) <div style="display: flex; justify-content: space-between;"> <div><input style="width: 20px; height: 20px;" type="text"/></div> <div><input style="width: 20px; height: 20px;" type="text"/></div> <div><input style="width: 20px; height: 20px;" type="text"/></div> <div><input style="width: 20px; height: 20px;" type="text"/></div> <div><input style="width: 20px; height: 20px;" type="text"/></div> <div><input style="width: 20px; height: 20px;" type="text"/></div> </div> </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>	
Transport details		
<p>Date and time accepted for transport <div style="display: flex; justify-content: space-between;"> <div><input style="width: 20px; height: 20px;" type="text"/></div> <div><input style="width: 20px; height: 20px;" type="text"/></div> <div><input style="width: 20px; height: 20px;" type="text"/></div> <div><input style="width: 20px; height: 20px;" type="text"/></div> <div><input style="width: 20px; height: 20px;" type="text"/></div> <div><input style="width: 20px; height: 20px;" type="text"/></div> </div> </p> <p>Transport number <div style="display: flex; justify-content: space-between;"> <div><input style="width: 20px; height: 20px;" type="text"/></div> <div><input style="width: 20px; height: 20px;" type="text"/></div> <div><input style="width: 20px; height: 20px;" type="text"/></div> <div><input style="width: 20px; height: 20px;" type="text"/></div> <div><input style="width: 20px; height: 20px;" type="text"/></div> <div><input style="width: 20px; height: 20px;" type="text"/></div> </div> </p> <p>Type of transport team <input type="checkbox"/> PICU <input type="checkbox"/> Centralised transport service (PIC) <input type="checkbox"/> Transport team from neonates <input type="checkbox"/> Other specialist team <input type="checkbox"/> Other non-specialist team </p> <p>Transport team <input style="width: 100%;" type="text"/></p> <p>Grade of clinical team leader <input type="checkbox"/> Consultant/Associate Specialist/Staff Grade <input type="checkbox"/> ST 4 – 8 <input type="checkbox"/> ST 1 – 3 <input type="checkbox"/> Nurse practitioner </p> <p>Speciality of clinical team leader <input style="width: 100%;" type="text"/></p> <p>Grade of most senior nurse <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> Nurse not present </p>	<p>Collection area <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> <p>Collection unit (or location) <input style="width: 100%;" type="text"/></p> <p>Most senior member of medical staff present at collection unit <input type="checkbox"/> Consultant/Associate Specialist/Staff Grade <input type="checkbox"/> ST 4 – 8 <input type="checkbox"/> ST 1 – 3 <input type="checkbox"/> None </p> <p>Did a medical technician accompany the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>Did a parent accompany the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No – parent not present <input type="checkbox"/> No – parent declined to accompany <input type="checkbox"/> No – parent not permitted to accompany </p>	<p>Outcome of this transport event <input type="checkbox"/> Patient transported <input type="checkbox"/> Not transported – condition improved <input type="checkbox"/> Not transported – condition deteriorated <input type="checkbox"/> Not transported – other reason <input type="checkbox"/> Patient died before transport team arrived <input type="checkbox"/> Patient died while transport team present <input type="checkbox"/> Patient died during transit </p> <p>Destination type <input type="checkbox"/> PICU <input type="checkbox"/> NICU <input type="checkbox"/> ICU <input type="checkbox"/> HDU <input type="checkbox"/> Ward <input type="checkbox"/> Theatre <input type="checkbox"/> Other transport service <input type="checkbox"/> Normal residence <input type="checkbox"/> Hospice </p> <p>Destination unit (or location) <input style="width: 100%;" type="text"/></p>
Critical incidents		
<p>Identify all critical incidents while transport team in attendance (tick all that apply)</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> No critical incidents <input type="checkbox"/> Accidental extubation <input type="checkbox"/> Required intubation in transit <input type="checkbox"/> Complete ventilator failure </div> <div style="width: 33%;"> <input type="checkbox"/> Loss of medical gas supply <input type="checkbox"/> Loss of all IV access <input type="checkbox"/> Cardiac arrest <input type="checkbox"/> Medication administration error </div> <div style="width: 33%;"> <input type="checkbox"/> Equipment failure or incompatibility impacting on patient care <input type="checkbox"/> Other critical incident (specify) <input style="width: 100%;" type="text"/> </div> </div>		
Comments <input style="width: 100%; height: 40px;" type="text"/>		Form completed by <input style="width: 100%; height: 40px;" type="text"/>
Contact us - picanet@leeds.ac.uk		
Jodie Batchelor <i>Project officer</i> (0113) 343 8125 j.a.batchelor@leeds.ac.uk	Lee Norman <i>Database manager</i> (0113) 343 8125 l.j.norman@leeds.ac.uk	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Caroline Lamming <i>Research nurse</i> (0116) 252 5414 cr14@leicester.ac.uk </div> <div style="width: 48%;"> Sarah Fleming <i>Senior research fellow</i> (0113) 343 4878 s.j.fleming@leeds.ac.uk </div> </div>

Transport times

BASE TO COLLECTION 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
☐ Primary central venous access
☐ Additional central venous access
☐ Arterial access
☐ Inotrope or vasopressor infusion
☐ Prostaglandin infusion
☐ Primary intraosseous access
☐ Additional intraosseous 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
☐ Primary central venous access
☐ Additional central venous access
☐ Arterial access
☐ Inotrope or vasopressor infusion
☐ Prostaglandin infusion
☐ Primary intraosseous access
☐ Additional intraosseous 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 transpft
☐ 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

Base excess

mmol/l

Lactate

mmol/l

Mechanical ventilation

☐ Yes ☐ No

CPAP

☐ Yes ☐ No

Pupil reaction

☐ Both fixed and dilated
☐ Other reaction
☐ Unknown

H. INFORMATION LEAFLET – FAMILIES AND CARERS

If you would like to know
more about PICA^{Net} you can:

Talk to the **Doctors and Nurses**

Email picanet@leeds.ac.uk

Visit our website at
www.picanet.org.uk

Or

Call our **Research Nurse**,
Caroline Lamming on

0116 252 5414

Or write to Caroline at:
crl4@leicester.ac.uk

Or by post at:
PICA^{Net}
Department of Health Sciences
University of Leicester
22 -28 Princess Road West
Leicester, LE1 6TP



Principal investigators:

Professor Elizabeth Draper
PICA^{Net}
Department of Health Sciences
University of Leicester
22 -28 Princess Road West
Leicester, LE1 6TP

0116 252 5468

Dr Roger Parslow
PICA^{Net}
Division of Epidemiology & Biostatistics
School of Medicine
University of Leeds
8.49 Worsley Building
Leeds, LS2 9JT

0113 343 4856

www.picanet.org.uk

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Paediatric Intensive Care Audit Network



Information Leaflet for families and
carers of children admitted to
paediatric intensive care.



What does PICANet do?

PICANet collects information on all children who are admitted to a paediatric (childrens) intensive care service. You don't need to do anything for your child to be included.

Why is PICANet important?

The information that we collect for PICANet is helping to find out the best ways to treat and care for children who are very ill, so that intensive care services can be better planned for and provided in the future.

How is PICANet funded?

Funding is provided by the National Clinical Audit & Patient Outcomes Programme administered by the Healthcare Quality Improvement Partnership (HQIP) for England, Welsh Health Specialised Services Committee, NHS Lothian – University Hospitals Division, The Royal Belfast Hospital for Sick Children, National Office of Clinical Audit Ireland (NOCA) and HCA International.

How is information collected?

A member of staff records details about your child's condition or illness from information in their medical notes. This information is then entered onto a computer, sent to the University of Leeds and kept securely there on a computer.

What information is needed?

PICANet collects exactly the same information on all children cared for in paediatric intensive care units and by the specialist paediatric intensive care transport services.

Personal details, like name and date of birth, help us to follow your child's progress if they are moved to another paediatric intensive care unit. Information about your child's care, treatment and condition is also collected. We can use your postcode to help plan future paediatric intensive care services in your area.

What will the information be used for?

We use the information to help us write reports and to decide what further information on childrens intensive care is needed to help hospitals plan for the future. Because we collect a lot of information, it means that we can look at what is happening all over the country and not just in this hospital.

We have also linked up with the other databases; so that we can see how your child's health is after they have left the intensive care unit.

Will the information be safe?

We send all information in a very safe way and keep it stored confidentially on a main computer, which is kept in a secure room. No-one can see the information, unless it is their job to do so.

There is no way at all that your child can be identified in any of our reports.

What have we found out so far?

During the past few years, we have shown that over 19,000 children are admitted to the paediatric intensive care service in the United Kingdom and Ireland each year. Almost half of these children are less than one year old.

This type of information is useful, because it helps the hospitals and the people who plan health services to know what to expect and to be better prepared.

Does my child have to be included?

If you do not want information which could identify your child included in PICANet, please tell the nurse or doctor caring for your child. They will make sure your child's confidential information is not sent to PICANet. Your decision will not alter the care your child receives in this or any other hospital.



I. INFORMATION LEAFLET – CHILDREN

If you would like to know
more about PICA^{Net} you can:

Talk to your **nurse or doctor**

Send us an email us at
picanet@leeds.ac.uk

Visit our website at
www.picanet.org.uk

Or

Call our Research Nurse,
Caroline Lamming on

0116 252 5414

Or write to Caroline at:
cr14@leicester.ac.uk

Or by post at:
PICA^{Net}
Department of Health Sciences
University of Leicester
22 -28 Princess Road West
Leicester, LE1 6TP



Principal investigators:

Professor Elizabeth Draper
PICA^{Net}
Department of Health Sciences
University of Leicester
22 -28 Princess Road West
Leicester, LE1 6TP

0116 252 5468

Dr Roger Parslow
PICA^{Net}
Division of Epidemiology & Biostatistics
School of Medicine
University of Leeds
8.49 Worsley Building
Leeds, LS2 9JT

0113 343 4856

www.picanet.org.uk

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Paediatric Intensive Care Audit Network



Information leaflet for children
admitted to paediatric intensive care.

What is a paediatric intensive care unit?

This is a children's hospital ward where very poorly children are looked after by lots of special doctors and nurses who work together to help every child. It can also be called a children's intensive care unit.

What is PICANet?

PICANet is a project, paid for by the Government and hospitals, run by the Universities of Leeds and Leicester.

What does PICANet do?

PICANet collects lots of information about how children are looked after in children's intensive care units in England, Wales, Scotland, Northern Ireland and the Republic of Ireland. We also collect information if you are moved to a different children's intensive care unit.

Why is PICANet important?

We need this information, so that we can try and help to improve the care of all children who are looked after in children's intensive care.

What information is needed?

Information about you, such as your name, your birthday and your hospital number, helps us to follow your progress whilst you are being looked after in children's intensive care. We also collect information about why you are in hospital and how you are looked after.

How is information collected?

Doctors and nurses put information from your hospital notes onto a computer in the hospital and send it to the University of Leeds, where it is kept on a main computer.

PICANet collects the same information on all children who are looked after in children's intensive care. We get information on a lot of children, over 19,000 each year. This means that we can look at what is happening across the whole country and not just in your hospital.

What happens to my information?

The information is used to write reports which help doctors and nurses to decide the best way to look after children who need intensive care.

No-one will be able to tell that your details are in the report, because we do not use any names or details that could identify you.

Will the information be safe?

All information is kept in a safe room on a computer. No-one can see the information, unless it is their job to look.

Do I have to be included?

No, if you do not want your information to be included in the project, please tell your doctor or nurse. They will then make sure that no personal details are sent to PICANet.

Your decision will not change how you are looked after in this or any other hospital.



J. DATA VALIDATION FORM



PICANet Admission data validation audit

PICU name

Visited by

Date of visit

 / / 20

Variable

Visit value

Discrepancy

	Variable	Visit value	Discrepancy
Event	Case note number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Event ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Admission details	Date of admission	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/>	
	Time of admission	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> ± 30 minutes is acceptable	
	Type of admission to unit	<input type="checkbox"/> Planned – following surgery <input type="checkbox"/> Unplanned – following surgery <input type="checkbox"/> Planned – other <input type="checkbox"/> Unplanned – other	
	Previous ICU admission	<input type="checkbox"/> ICU <input type="checkbox"/> PICU <input type="checkbox"/> NICU <input type="checkbox"/> None <input type="checkbox"/> Unknown	
	Care area admitted from	<input type="checkbox"/> X-ray / endoscopy / CT scanner <input type="checkbox"/> Recovery only <input type="checkbox"/> HDU (step up / step down unit) <input type="checkbox"/> Other intermediate care area <input type="checkbox"/> ICU / PICU / NICU <input type="checkbox"/> Ward <input type="checkbox"/> Theatre and recovery <input type="checkbox"/> A & E	
	Retrieval / transfer	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Type of transport team	<input type="checkbox"/> PICU <input type="checkbox"/> Centralised transport service (PIC) <input type="checkbox"/> Transport team from neonates <input type="checkbox"/> Other specialist team <input type="checkbox"/> Other non-specialist team <input type="checkbox"/> Unknown	
PIM	Transport team [name]	<input type="text"/>	
	Elective admission	<input type="checkbox"/> Yes [Ticked] <input type="checkbox"/> No [Unticked]	
	Main reason for admission	<input type="checkbox"/> Asthma <input type="checkbox"/> Bronchiolitis <input type="checkbox"/> Croup <input type="checkbox"/> Obstructive sleep apnoea <input type="checkbox"/> Recovery from surgery <input type="checkbox"/> Diabetic ketoacidosis <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Other (none of the above)	
	Surgical procedure	<input type="checkbox"/> Bypass cardiac procedure <input type="checkbox"/> Non-bypass cardiac procedure <input type="checkbox"/> Elective liver transplant <input type="checkbox"/> Other procedure	

Continued over...

Variable	Visit value	Discrepancy
Systolic blood pressure	<input type="text"/> <input type="text"/> <input type="text"/> mmHg ± 5 mmHg is acceptable	
Blood gas measured	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Arterial PaO ₂	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> kPa OR <input type="text"/> <input type="text"/> <input type="text"/> mmHg	
FiO ₂	<input type="text"/> . <input type="text"/> <input type="text"/>	
Intubation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Headbox	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Base excess	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> mmol/l	
Base excess source	<input type="checkbox"/> Arterial <input type="checkbox"/> Capillary <input type="checkbox"/> Venous	
Lactate	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> mmol/l	
Lactate source	<input type="checkbox"/> Arterial <input type="checkbox"/> Capillary <input type="checkbox"/> Venous	
Mechanical ventilation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CPAP	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pupil reaction	<input type="checkbox"/> Both fixed and dilated <input type="checkbox"/> Other reaction <input type="checkbox"/> Unknown	
Primary diagnosis for this admission	<div><input type="text"/></div> <div><input type="text"/></div>	
Invasive ventilation days	<div><input type="text"/><input type="text"/><input type="text"/></div> <div>Start date <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> / 20 <input type="text"/><input type="text"/> Stop date <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> / 20 <input type="text"/><input type="text"/></div>	
Non-invasive ventilation days	<div><input type="text"/><input type="text"/><input type="text"/></div> <div>Start date <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> / 20 <input type="text"/><input type="text"/> Stop date <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> / 20 <input type="text"/><input type="text"/></div>	
High flow nasal cannula therapy days	<div><input type="text"/><input type="text"/><input type="text"/></div> <div>Start date <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> / 20 <input type="text"/><input type="text"/> Stop date <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> / 20 <input type="text"/><input type="text"/></div>	
Date of discharge	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/>	
Time of discharge	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> ± 30 minutes is acceptable	

K. DATA VALIDATION REPORT

This is a sample validation report, these real-time reports along with many others, can be produced by individual organisations through PICANet Web.

Validation Report Core Dataset

London General Hospital

The following events have outstanding validation issues. If you need to query any of these issues with the PICANet team please quote the EventID of the record. The RuleID is a unique identifier for each rule used by the PICANet team.

EventID:				
Event Type	Event Date	Local ID	Record Number	Case Note No
Admission	14/01/2014		2571	55598
Rule ID	Rule Title		Rule Message	
4306	Address line 1		Missing value	

EventID:				
Event Type	Event Date	Local ID	Record Number	Case Note No
Admission	29/01/2014		258	555
Rule ID	Rule Title		Rule Message	
4306	Address line 1		Missing value	

EventID:				
Event Type	Event Date	Local ID	Record Number	Case Note No
Admission	30/01/2014		25	5567
Rule ID	Rule Title		Rule Message	
4308	NHS/CHI/H&C number		Missing value	

EventID:				
Event Type	Event Date	Local ID	Record Number	Case Note No
Admission	16/04/2014		20140178	2437
Rule ID	Rule Title		Rule Message	
3072	Status at 30 days post-discharge from your unit		Missing value	

L. PUBLICATIONS, ABSTRACTS & PRESENTATIONS

PUBLICATIONS

Journal	Title	Authors
Pediatrics (2004) 113 1653-1657	Trends in the incidence of severe retinopathy of prematurity in a geographically defined population over a 10-year period	Hameed B, Shyamanur K, Kotecha S, Manktelow B, Woodruff G, Draper ES & Field D
Archives of Disease in Childhood (2005) 90 380-387	Neuropsychological and educational problems at school age associated with neonatal encephalopathy	Marlow N, Rose AS, Rands CE & Draper ES
Archives of Disease in Childhood (2005) 90 1182-1187	Epidemiology of traumatic brain injury in children receiving intensive care in the UK	Parslow RC, Morris KP, Tasker RC, Forsyth RJ & Hawley C
British Medical Journal (2005) 330 43 (1 January)	Paediatric cardiac surgical mortality after Bristol: details of risk adjustment tools were not given (letter)	Parry GJ, Draper ES & McKinney P
British Medical Journal (2005) 330 877-879 (16 April)	A feasibility study of signed consent for the collection of patient identifiable information for a national paediatric clinical audit database	McKinney PA, Jones S, Parslow R, Davey N, Darowski M, Chaudhry B, Stack C, Parry G, Draper ES for the PICANet Consent Study Group
European Journal of Obstetrics, Gynecology & Reproductive Biology (2005) 118 272-274	Presentation of the European project models of organising access to intensive care for very preterm births in Europe (MOSAIC) using European diversity to explore models for the care of the very preterm babies.	Zeitlin J, Papiernik E, Breart G, Draper E & Kollee L
Prenatal Diagnosis (2005) 25 286-291	Population based study of the outcome following the antenatal diagnosis of cystic hygroma	Howart ES, Draper ES, Budd JLS, Konje J, Kurinczuk JJ & Clarke M
Emergency Medical Journal (2006) 23 519-522	Emergency access to neurosurgery in the United Kingdom	Tasker RC, Morris KP, Forsyth RJ, Hawley CA, Parslow RC, on behalf of the UK Paediatric Brain Injury Study
Intensive Care Medicine (2006) 32 (9) 1458	Organ donation in paediatric traumatic brain injury	Morris KP, Tasker RC, Parslow RC, Forsyth RJ, Hawley CA
Intensive Care Medicine (2006) 32 (10) 1606-1612	Monitoring and management of intracranial pressure complicating severe traumatic brain injury in children	Morris KP, Forsyth RJ, Parslow RC, Tasker RC, Hawley CA on behalf of the UK Paediatric Traumatic Brain Injury Study Group and the Paediatric Intensive Care Society Study Group
Pediatrics (2006) 117 733-742	Assessment and optimisation of mortality prediction tools for admissions to paediatric intensive care in the United Kingdom	Brady AR, Harrison D, Black S, Jones S, Rowan K, Pearson G, Ratcliffe J, Parry GJ; UK PICOS Study Group
Archives of Disease in Childhood Fetal & Neonatal Ed (2007) 92 356-360.	Mortality patterns of very preterm babies: a comparative analysis of two European regions in France and England	Draper ES, Zeitlin J, Field DJ, Manktelow BN, Truffert P.
Paediatric Intensive Care Medicine, (2008) 9 (1) 8-14	Prediction of raised intracranial pressure complicating severe traumatic brain injury in children: implications for trial design	Forsyth RJ, Parslow RC, Tasker RC, Hawley CA, Morris KP. On behalf of the UK Paediatric Traumatic Brain Injury Study Group and the Paediatric Intensive Care Society Study Group
British Medical Journal (2008) 336 7655	Survival of extremely preterm babies in a geographically defined population: prospective cohort study of 1994-9 compared to 2000-5.	Field DJ, Dorling JS, Manktelow B, Draper ES
American Journal of Epidemiology, (2008) 167 485-491.	Recreational drug use: a major risk factor for gastroschisis?	Draper ES, Rankin J, Tonks A, Abrams K, Field DJ, Clarke M, Kurinczuk JJ
Archives of Disease in Childhood (2009) 94 210 - 215	Epidemiology of Critical Ill Children in England and Wales: incidence, mortality, deprivation and ethnicity	Parslow RC, Tasker RC, Draper ES, Parry GJ, Jones S, Chater T, Thiru K, McKinney P, on behalf of PICANet
British Medical Journal (2009) 338 b1749	Institutional Performance (letter)	McShane P, Draper ES, McKinney P, Parslow R

Pediatric Critical Care Medicine 27 Feb 2009.	Hyperglycemia and insulin therapy in the critically ill child.	Nayak P, Lang H, Parslow RC, Davies P, Morris KP, on behalf of UK Paediatric Intensive Care Society Study Group.
Diabet. Med, 2010; 27, 705–708	Paediatric intensive care admissions for acute diabetic complications.	Burns MR, Bodansky HJ, Parslow RC
Acta Paediatr, 2010 99(8):1186-119.1	Deprivation, ethnicity and prematurity in infant respiratory failure in PICU in the UK.	O'Donnell DR, Parslow RC, Draper ES
Palliative Med (September 2010) 6 608-615	Palliative care discharge from paediatric intensive care units in Great Britain.	Fraser LK, Fleming T, Miller M, Draper ES, McKinney PA, Parslow RC
Archives of Disease in Childhood [2010] doi:10.1136/adc.2009.178269	Place of Death and Palliative Care following discharge from Paediatric Intensive Care Units.	Fraser LK, Miller M, Draper ES, McKinney PA, Parslow RC
Multiple Sclerosis [Sep 27 th 2010] Doi:10.1177/1352458510382554	Inflammatory Demyelination Working Group and the Paediatric Intensive Care Audit Network. Severe Acute Disseminated Encephalomyelitis: A Paediatric Intensive Care population based study	M Absoud, R C Parslow, E Wassmer, C Hemingway, H P Duncan, C Cummins, M J Lim On behalf of The UK & Ireland Childhood CNS Inflammatory Demyelination Working Group and PICANet
Lancet 376(9742):698-704.	Effect of specialist retrieval teams on outcomes in children admitted to paediatric intensive care units in England and Wales: a retrospective cohort study.	Ramnarayan P, Thiru K, Parslow RC, Harrison DA, Draper ES, Rowan KM.
Br J Neurosurg [2011] Feb 25(1):68-77.	Severe Head Injury in Children: intensive care unit activity and mortality in England and Wales.	Tasker RC, Fleming TJ, Young AER, Morris KP, Parslow RC.
Anaesthesia 2012 doi:10.1111/j.1365-2044.2012.07159.x	Anaphylaxis admissions to UK critical care units between 2005-2009	B Gibbison D Harrison P McShane C Haddow A Sheikh J Soar
Archives of Disease in Childhood 2011;96:Suppl 1 A90	Tracheostomy in children admitted to Paediatric Intensive Care	Dora Wood, Philip McShane, Peter Davis
Intensive Care Medicine, online 1 st , 9 th May 2012	International comparison of the performance of the paediatric index of mortality (PIM) 2 score in two national data sets.	Stéphane Leteurtre, Bruno Grandbastien, Francis Leclerc, Roger Parslow and Groupe Francophone de Réanimation et Urgences Pédiatriques, <i>et al.</i>
Intensive Care Med 38(12):2042-2046 Dec 2012	The relationship between blood lactate concentration, the Paediatric Index of Mortality 2 (PIM2) and mortality in paediatric intensive care.	Morris KP, McShane P, Stickley J, Parslow RC
The Journal of Pediatrics [April 2013] (in press DOI: 10.1016/j.jpeds.2013.03.061)	Effects of Out-of-Hours and Winter Admissions and Number of Patients per Unit on Mortality in Pediatric Intensive Care	Phil McShane, Elizabeth S. Draper, Patrician A. McKinney, Jillian McFadzean, Roger C. Parslow on behalf of PICANet
Pediatric Critical Care Medicine [2013] DOI: 10.1097/PCC.0b013e31829760cf	Paediatric Index of Mortality 3: An Updated Model for Predicting Mortality in Pediatric Intensive Care	Lahn Straney, Archie Clements, Roger C. Parslow, Gale Pearson, Frank Shann, Jan Alexander, Anthony Slater, for the ANZICS Paediatric Study Group and PICANet
PLOS ONE [December 20, 2013] doi:10.1371/ journal.pone.0085278	Linkage, Evaluation and Analysis of National Electronic Healthcare Data: Application to Providing Enhanced Blood-Stream Infection Surveillance in Paediatric Intensive Care	Katie Harron, Harvey Goldstein, Angie Wade, Berit Muller-Pebody, Roger Parslow, Ruth Gilbert
The New England Journal of Medicine. [January 9, 2014] (doi:10.1056/NEJMoa1302564)	A Randomized Trial of Hyperglycemic Control in Pediatric Intensive Care.	Duncan Macrae, F.R.C.A., Richard Grieve, Ph.D., Elizabeth Allen, Ph.D., Zia Sadique, Ph.D., Kevin Morris, M.D., John Pappachan, F.R.C.A., Roger Parslow, Ph.D., Robert C. Tasker, M.D., and Diana Elbourne, Ph.D. for the CHiP Investigators
Health Technology Assessment	A clinical and economic evaluation of Control	Duncan Macrae, Richard Grieve,

Volume 18 Issue 26 April 2014 DOI 10.3310/hta18260	of Hyperglycaemia in Paediatric intensive care (CHiP): a randomised controlled trial	Elizabeth Allen, Zia Sadique, Helen Betts, Kevin Morris, Vithayathil John Pappachan, Roger Parslow, Robert C Tasker, Paul Baines, Michael Broadhead, Mark L Duthie, Peter-Marc Fortune, David Inwald, Paddy McMaster, Mark J Peters, Margrid Schindler, Carla Guerriero, Deborah Piercy, Zdenek Slavik, Claire Snowdon, Laura Van Dyck and Diana Elbourne
Intensive Care Medicine. [October 21, 2014] (doi:10.1007/s00134-014-3516-0)	Risk of bloodstream infection in children admitted to paediatric intensive care units in England and Wales following emergency inter-hospital transfer.	Katie Harron, Quen Mok, Roger Parslow, Berit Muller Pebody, Ruth Gilbert and Padmanabhan Ramnarayan.
BMJ Open 2014;4(11)	Estimating the incidence, prevalence and true cost of asthma in the UK: Secondary analysis of national stand-alone and linked databases in England, Northern Ireland, Scotland and Wales-A study protocol.	Mukherjee M, Gupta R, Farr A, Heaven M, Stoddart A, Nwaru BI, Fitzsimmons D, Chamberlain G, Bandyopadhyay A, Fischbacher C, Dibben C, Shields M, Phillips C, Strachan D, Davies G, McKinstry B, Sheikh A, McClelland K, Hamilton K, Burgess K, Stewart R, McVeigh S, Murray P, Gingles J, Maguire J, Kennedy C, Myers J, Doole C, Rosato M, Brunton C, Walsh C, McKeown N, Fitzpatrick S, McLoughlin R, Vitty A, Copyright C, Batchelor J, McShane P, Fleming S, Parslow R, Robinson E, Hickford D, Dingle H, Lloyd-Scott L, Harrison D, Martin P, Hussey L, Agius R, Price D, Von Ziegenweidt J, Carter V, Skinner D, Hutton C, Bathie E, Chisolm A, Been J, Kotz D, Payne R, Julious S, Goodacre S, Devereux G, Steiner M, Weir C, Parker R, Feng Z, McAllister D, Carter R, May L, Limb E, Vidal-Diez A, Carey I, Dickie C, Malloy A, Milligan D, Barclay K, Ho D, Alexander M, Burns G, McAnaw J, Hourcastagné P, Ralph L, Smith A, Walker C, Mikolajczak D, Briggs R, Hopkins L, Wilson L, Bell M, Quirk S, Morris C, Simpson M, Sisk R, Haddow C, Nowell S, Hair D, Duffy A, Robertson I, Pritchard A, Peacock J, Fleming M, Kirby B, Clark D, Caldwell J, Young C, Bailey A, Melrose C, Morrice L, Douglas A, Bromley C, Campbell R, Wierzoch A.
Critical care medicine 2015;43(5):1070-78	Monitoring Quality of Care Through Linkage of Administrative Data: National Trends in Bloodstream Infection in U.K. PICUs 2003-2012.	Harron K, Parslow R, Mok Q, Tibby SM, Wade A, Muller-Pebody B, Gilbert R.

ABSTRACTS

Abstract	Title	Authors
Health Protection Agency (HPA) Annual Conference, 12-15 September 2005, Warwick (oral presentation)	Mortality, deprivation and ethnicity of critically ill children in England and Wales: preliminary findings from the Paediatric Intensive Care Audit Network (PICANet)	Parslow RC, Tasker RC, Chater T, Davey N, Draper ES, Jones S, Parry GJ & McKinney PA.
European Society for Paediatric and Neonatal Intensive Care (ESPNIC)	Mortality, deprivation and ethnicity of critically ill children in England and Wales:	Parslow RC, Tasker RC, Chater T, Davey N, Draper ES, Jones S, Parry GJ, Thiru K

annual conference, 15-17 September 2005, Antwerp (oral presentation)	preliminary findings from the Paediatric Intensive Care Audit Network (PICANet)	& McKinney PA.
Developmental Medicine and Child Neurology (2005) 47 (Suppl 101) 4	Design of randomized controlled trials of the management of raised intracranial pressure in paediatric traumatic brain injury	Forsyth RJ, Morris K, Parslow RC, Hawley C & Tasker RC
5 th World Congress on Pediatric Critical Care, 24-28 June 2007, Geneva, Switzerland (oral presentation)	Infants admitted to paediatric intensive care with acute respiratory failure in England and Wales	Parslow RC, McKinney PA, Draper ES, O'Donnell R
5 th World Congress on Pediatric Critical Care, 24-28 June 2007, Geneva, Switzerland (poster presentation)	Collecting national data for clinical audit: The Paediatric Intensive Care Audit Network in Great Britain	Parslow RC, McKinney PA, Draper ES, Thiru K
5 th World Congress on Pediatric Critical Care, 24-28 June 2007, Geneva, Switzerland (poster presentation)	Admission to PICU with severe bronchiolitis and acute respiratory failure after preterm birth is associated with a longer duration of stay and a higher incidence of apnoeas but not mortality	O'Donnell DR, Parslow RC, McKinney PA, Draper ES
5 th World Congress on Pediatric Critical Care, 24-28 June 2007, Geneva, Switzerland (poster presentation)	Severe bronchiolitis is associated with the annual UK winter increase in PICU admissions and prolonged stay compared with other diagnoses	O'Donnell DR, Parslow RC, McKinney PA, Draper ES
5 th World Congress on Pediatric Critical Care, 24-28 June 2007, Geneva, Switzerland (poster presentation)	Hyperglycaemia and insulin therapy in UK paediatric intensive care units	Nayak P, Morris KP, Parslow RC
5 th World Congress on Pediatric Critical Care, 24-28 June 2007, Geneva, Switzerland (oral presentation)	The effect of missing data on PIM-predicted SMR	Emsden S, Baines P, McClelland T, Parslow RC
5 th World Congress on Pediatric Critical Care, 24-28 June 2007, Geneva, Switzerland (poster presentation)	Clinical information system utilisation in paediatric intensive care: A UK perspective	Ramnarayan P, Thiru K, Rowe S on behalf of pan Thames Health Informatics Group
The 15th Annual Public Health Forum, Edinburgh International Conference Centre, 28-29 March 2007, Edinburgh (poster presentation)	Using Data to Inform Commissioning of Paediatric Intensive Care	Sidhu S, Rowe S & Thiru K
HSRN and NIHR SDO Programme joint annual conference. 4 & 5 June 2008, Manchester (oral presentation)	Workforce wellbeing in paediatric intensive care units with and without extended nursing roles.	Coleby D, Tucker J, Draper E, Parry G, McKee L, Skatun D, Davey N, Darowski M
EASD Rome, 44th Annual Meeting of the European Association for the Study of Diabetes Rome, 7-11 September 2008 (Oral Presentation)	Title: Intensive care admissions for acute diabetic complications of children and adolescents in England and Wales.	Bodansky HJ, Parslow RC, Feltbower RG, McKinney PA.
PICS Annual Meeting, Holland House, Cardiff. 20 th November 2008	PIM Recalibration	Parslow RC
Royal College of Paediatrics and Child Health Conference 2009 30th March-2nd April 2009 – York. (Poster presentation)	Exploring Gender Ratios in Child Mortality and Severe Illness in an Ethnically Mixed Population.	Robin L, Oddie S, Parslow RC.
6th World Congress on Paediatric Critical Care, 13 th -17 th March 2011 (oral presentation)	Paediatric Index of Mortality (PIM) score performance is improved by inclusion of admission blood lactate concentration.	P McShane, R C Parslow, J Stickley, K P Morris
6th World Congress on Paediatric Critical Care, 13 th -17 th March 2011 (oral presentation)	Increased mortality for long-stay patients on PICU: PIM2 is not predictive	D. Wood, P. McShane, P. Davis
6th World Congress on Paediatric	Tracheostomy On The Paediatric Intensive	D. Wood; P. McShane; P. Davis

Critical Care, 13 th -17 th March 2011 (poster presentation)	Care Unit.	
6th World Congress on Paediatric Critical Care, 13 th -17 th March 2011 (poster presentation)	Implications Of Data Quality And Interface Problems Between Audit Management Systems On Mortality Outcome Of PICU	A.Deep , P McShane R.C Parslow
6th World Congress on Paediatric Critical Care, 13 th -17 th March 2011 (oral presentation)	Cardiac Arrest Requiring Intensive Care Admission: A United Kingdom Epidemiology Study.	B. Scholefield; H. Duncan; P. McShane; R. Parslow; R. Tasker; F. Gao; K. Morris
6th World Congress on Paediatric Critical Care, 13 th -17 th March 2011 (mini oral presentation)	Use Of A National PICU Database To Inform The Design Of A Post-Cardiac Arrest Intervention Study - The Cold-Pack Study (Post Arrest Cooling In Kids).	B. Scholefield; H. Duncan; P. McShane; R. Parslow; R. Tasker; F. Gao; K. Morris
22 nd ESPNIC Medical and Nursing Annual Congress, 2 nd – 5 th Nov 2011 Hannover. (oral presentation)	Hospital admissions and mortality of children admitted to paediatric intensive care in the UK - a linkage study	P. Mc Shane, R.C. Parslow, P.A. Mc Kinney, E.S. Draper
22 nd ESPNIC Medical and Nursing Annual Congress, 2 nd – 5 th Nov 2011 Hannover. (oral presentation)	Lactate predicts mortality in a multicentre population in paediatric intensive care	P. McShane, S. Leteurtre, R.C. Parslow, F. Leclerc, E.S. Draper
22 nd ESPNIC Medical and Nursing Annual Congress, 2 nd – 5 th Nov 2011 Hannover. (oral presentation)	H1N1 influenza in paediatric intensive care in the UK and Ireland	R.C. Parslow, P. McShane, P. Lister, P.A. Mc Kinney, E.S. Draper
92 nd British Association Dermatologists meeting, 3 rd – 5 th July 2012 (poster presentation)	Children with dermatological conditions admitted to paediatric intensive care: analysis of national clinical audit database	S George, D Harrison, P McShane, Kamal Patel, C Darley
24 th ESPNIC Annual Meeting, Rotterdam, 12 th -15 th June 2013 (Oral Presentation)	Weight-for-age distribution and case-mix adjusted outcomes of 14,205 critically ill children	N.J. Prince, K. Brown, R.C. Parslow, M.J. Peters

PRESENTATIONS

Meeting/Conference	Venue	Date	Presentation Title	PICANet Team Attendees
NW Paediatric Intensive Care Seminar (North West Specialised Commissioning Group)	Dunkenhalgh Hotel, Clayton-le-Moors, Lancashire	23/06/2004	PICANet: Results of national activity	Sam Jones & Roger Parslow
PICANet AGM	London	24/06/2004	Presentation of National report	PICANet Team
Welsh National Commissioning Advisory Board Meeting	Royal Welsh Showground, Builth Wells	28/07/2004	PICANet: Presentation of National and Welsh report	Liz Draper & Nicky Davey
Strategic Issues in Health Care Management, Sixth International Conference	University of St Andrews	02/09/2004	Collection of personally identifiable information for a national clinical database: how feasible is it to obtain signed consent?	Sam Jones
PICS SG	Cambridge University	09/09/2004	PICANet: How can it be used for research and audit?	Nicky Davey, Sam Jones, Roger Parslow & Krish Thiru
Confidential Enquiry into Maternal and Child Health	London	08/03/2005	National Paediatric Intensive Care Database (PICANet)	Liz Draper
Intensive Care National Audit & Research Centre (ICNARC): Eight Annual Meeting of the Case Mix Programme	Savoy Hotel, London	13/04/2005	Why is it important to include information on paediatric admissions in the new Case Mix Programme Dataset?	Sam Jones
Pan Thames Report Update: Commissioning Consortium	London	06/05/2005	PICANet: Update on Pan Thames data quality for commissioning	Krish Thiru & Sam Jones
Paediatric Intensive Care Study Day	Royal Manchester Children's Hospital	10/05/2005	The epidemiology of critical illness in children	Roger Parslow
Trent PIC commissioners	QMC, Nottingham	12/05/2005	PICANet: Presentation of	Liz Draper

			National report 2003-2004	
Paediatric Intensive Care Trainee Meeting	Royal Liverpool Children's Hospital (Alder Hey)	13/05/2005	Role of PICANet and the relevance of the national audit to the clinical community	Nicky Davey & Sam Jones
PICANet AGM	London	24/05/2005	Presentation of National report	PICANet Team
NORCOM, TRENTCOM & LNR PIC commissioners	Leicester	13/06/2005	PICANet in LNR, Trent & South Yorkshire PCTs	Liz Draper
Health Protection Agency (HPA) annual conference	Warwick	12/09/2005	Mortality, deprivation and ethnicity of critically ill children in England and Wales: preliminary findings from PICANet	Roger Parslow
Paediatric Critical Care Network Board (East Leeds PCT)	Leeds	06/10/2005	PICANet: Presentation of national data and relevance to commissioning	Tricia McKinney
Welsh National Commissioning Advisory Board Meeting	Lamb and Flag Hotel, Llanwenarth, Abergavenny	11/10/2005	PICANet: Presentation of National and Welsh Report	Gareth Parry
PICANet AGM	Perinatal Institute, Birmingham	29/06/2006	Presentation of the National Report	PICANet Team
Pan Thames Commissioners Meeting	London	28/07/2006	Pan Thames PICANet Report 2004-2005	Krish Thiru, Tricia McKinney
Paediatric Intensive Care Society Scientific Meeting	Glasgow	16 & 17/11/2006	PICU Health Informatics	Krish Thiru
University of Leicester,	Department of Health Sciences. University of Leicester	14/03/2007	The UK Paediatric Traumatic Brain Injury Study	Roger Parslow
Pan Thames Commissioners PbR Roadmap	ASIA House	14/06/2007	PICANet and the PCCMDS	Roger Parslow
Exploiting Existing Data for Health Research	University of St Andrews	19/09/2007	Privacy preserving record linkage	Tom Fleming
PICANet AGM	Leeds University Business School	04/07/2007	Presentation of the National Report	PICANet Team
PICANet Annual Meeting	Bristol Children's Hospital	06/11/2008	Revision and recalibration of PIM2 for great Britain	Roger Parslow
PICS Annual meeting	Holland House Cardiff	20/11/2008	The PICANet Report	Roger Parslow
PICS Annual Meeting	Holland House, Cardiff	20/11/2008	Clinical Information systems in UK PIC: Opportunities and challenges on behalf of the UK PIC Health Informatics Group (poster)	Krish Thiru
National Clinical Advisory Group (NCAAG)	London	24/06/2009	PICANet; its origins structures and outputs.	Roger Parslow
PICS Annual Meeting	Cambridge	3 & 4/09/2009	The PICANet Report	Liz Draper
PICANet AGM	Institute of Child Health, London	12/11/2009	Presentation of the National Report	PICANet Team
2010 International Trauma Care Conference	Park Inn, Telford	13/05/2010	PICANet Data	Roger Parslow
PICS SG Summer Meeting	Lord's Cricket Ground, London	09/07/2010	H1N1 – How should we use our data?	Roger Parslow
PICANet AGM	Perinatal Institute, Birmingham	14/10/2010	Presentation on National Report	Roger Parslow/ Liz Draper
PICANet AGM	Thackray Medical Museum, Leeds	11/10/2011	Presentation on National Report	Roger Parslow/ Liz Draper

PICANet AGM	John Foster Hall, University of Leicester	18/10/2012	Presentation on National Report	Roger Parslow/ Liz Draper
24 th ESPNIC Annual Meeting	Rotterdam, Netherlands	12- 15/06/2013	Presentation on 'Epidemiology of paediatric and neonatal intensive care'	Liz Draper
PICANet AGM	University Hospitals Bristol Education centre,	13/11/2013	Presentation on National Report	Roger Parslow/ Liz Draper
PICANet AGM	Manchester	05/01/2014	Presentation on National Report	PICANet Team
Royal College of Paediatrics and Child Health Annual Conference 2015	ICC, Birmingham	29/04/2015	Prolonged invasive ventilation in paediatric intensive care: children resident in England and Wales, 2004-2013	S Fleming, K Morris, C Lamming; A Evans; R Parslow; E Draper

M. STAFFING STUDY DATA COLLECTION FORMS

WEEK COMMENCING – 17th November 2014	PICU Staffing Study 2014 <i>A study of occupancy & nursing and medical staffing provision</i> Nursing Establishment and Staffing Information	PLEASE COMPLETE:- Site ID _____ Hospital _____ Unit _____ Form completed by: _____ (print name)
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- Please see instructions overleaf
- Please complete every column, insert zero if no staff at this grade

Bands of Nursing Staff	1. Nursing establishment W.T.E. Exclude supernumerary student nurses, receptionists, audit staff/ data clerks, housekeepers	2. No. of persons currently in post	3. Combined W.T.E. of persons currently in post	4. No. of specialist nurses with paediatric intensive care qualification	5. No. of registered children's nurses RSCN or degree or diploma recognised by NMC in children's branch of nursing	6. No. with Valid Paediatric Resuscitation Training	7. No. with Valid Advanced Paediatric Resuscitation Training
Band 2 - 4							
Band 5							
Band 6							
Band 7							
8 Modern Matron							
8 Nurse Consultant							
9 Nurse Consultant - higher level							
Other please specify details- i.e. Agency / Bank (state Band)							
1.							
2.							
3.							

Does your unit have the following persons in post: (please tick appropriate box)				No. in post		Please return in FREEPOST envelope supplied to:- FREEPOST RTHJ-ZYYG-BXRT PICANet Staffing Study (0593) F.A.O: Caroline Lamming, PICANet Research Nurse University of Leicester, Dept of Health Sciences 22-28 Princess Road West Leicester, LE1 6TP by 28/11/2014
1. Family Care Sister?	NO	YES				
2. Discharge co-ordinator?	NO	YES				
3. Practice Educator?	NO	YES				

PICANet Staffing Study 2014/Nursing Establishment & Staffing Info v1.4 15/10/2014

PICU Staffing Study 2014



week commencing 17th November 2014

HOW TO FILL IN THE Nursing Establishment and Staffing Information Form

This form applies to the designated paediatric intensive care unit in your hospital. Only count HDU if located in the same unit and staffed by the PICU shift staffing roster. The form collects information on both *STAFF* and *skill mix*.

Each PICU should complete one copy of this form. Every section should be completed once on the first day of the staffing study (Please enter zeros to show you have not missed a column).

COUNTING STAFF - DIFFERENT GROUPS OF STAFF

Only count the staff included in the establishment to deliver clinical care to patients. EXCLUDE clerical staff, research and audit staff/data clerks, receptionists, housekeepers and supernumerary student nurses

1. The current combined, whole time equivalent, funded nursing establishment of persons working at this grade to give clinical care. Include all clinical nursing staff, any link nurses employed to give clinical care, any learners or nurses in training but only if not supernumerary.
2. The overall total number of (persons) on your PICU currently in post at this grade.
3. The combined whole time equivalents of staff currently in post at this grade i.e. a nurse working part time may only be 0.5 WTE.
4. The number of specialist nurses with a paediatric nursing intensive care qualification currently in post. Include all specialist nurses in PIC with a critical care course qualification (equivalent to the former ENB 415).
5. The number of registered children's nurses currently in post to give clinical care. Include all nurses with an RSCN or degree or diploma in children's branch nursing recognised by the NMC.
6. The number of nurses currently in post with valid Paediatric Resuscitation training or equivalent
7. The number of nurses currently in post with valid Advanced Paediatric Resuscitation training or equivalent

If you have any additional queries please contact: Caroline Lamming tel: 0116 252 5414 or email: crl4@leicester.ac.uk

We advise you to retain a photocopy of the completed form.

Using the FREEPOST envelope supplied, please return the completed forms by FRIDAY 28th NOVEMBER 2014 to:-

FREEPOST RTHJ-ZYYG-BXRT
 PICANet Staffing Study (0593)
 F.A.O: Caroline Lamming, PICANet Research Nurse
 University of Leicester, Dept of Health Sciences
 22-28 Princess Road West
 Leicester, LE1 6TP

WEEK COMMENCING –
17th November 2014



PICU Staffing Study 2014

A study of occupancy & nursing and medical staffing provision

Medical Establishment Information

- Please see instructions overleaf
- Please complete every column, insert zero if no staff at this grade

Type of Medical staff	1. Medical establishment W.T.E.	2. No. of staff currently in post	3. Combined W.T.E. of staff currently in post	4. No. with valid APLS/EPLS training
Foundation Year 1 -2				
ST1-3 Paediatrics				
ST4-8 Paediatrics				
ST1-3 Anaesthesia				
ST4-8 Anaesthesia				
Associate Specialist/Staff Grade				
Consultant Paediatric Intensivists				
Consultant Paediatricians				
Consultant Anaesthetists				
Other Consultants working on PICU				

Any other medical staff included in establishment on PICU <i>Insert grade</i>				
1. <i>Grade:</i>				
2. <i>Grade:</i>				
3. <i>Grade:</i>				

Site ID _____

Hospital _____

Unit _____

Form completed by _____
(print name)

Email address _____

Please return in FREEPOST envelope to:-

FREEPOST RTHJ-ZYVG-BXRT
PICA Net Staffing Study (0593)
F.A.O: Caroline Lamming, PICA Net Research Nurse
University of Leicester, Dept of Health Sciences
22-28 Princess Road West
Leicester, LE1 6TP
by 28/11/2014

PICU Staffing Study 2014

week commencing 17th November 2014



HOW TO FILL IN THE Medical Establishment Information Form

This form applies to the designated paediatric intensive care unit in your hospital. Only count HDU if located in the same unit and staffed by the PICU shift staffing roster. The form collects information on both *STAFF* and *skill mix*.

Each PICU should complete one copy of this form. Every section should be completed once on the first day of the staffing study. (Please enter zeros to show you have not missed a column)

COUNTING STAFF - DIFFERENT GROUPS OF STAFF

Only count the staff who deliver or are on call to deliver clinical care to patients. EXCLUDE supernumerary medical students etc.

1. The current combined, whole time equivalent, funded medical establishment of persons working at this grade. Include all medical staff but only if NOT supernumerary.
2. The overall total number of staff (persons) on your PICU currently in post at this grade.
3. The combined whole time equivalents of staff currently in post at this grade i.e. a doctor working half time will be 0.5 WTE.
4. The shift pattern of staff at this grade e.g. 12 hour shifts to cover a 24 hour period.
5. The number of doctors currently in post with valid Advanced Paediatric Life Support, European Paediatric Life Support or equivalent.

If you have any additional queries please contact: *Caroline Lamming tel: 0116 252 5414 or email: crl4@leicester.ac.uk*

We advise you to retain a photocopy of the completed form.

Using the FREEPOST envelope supplied, please return the completed forms by FRIDAY 28TH NOVEMBER 2013 to:-

FREEPOST RTHJ-ZYVG-BXRT
PICA Net Staffing Study (0593)
F.A.O: Caroline Lamming, PICA Net Research Nurse
University of Leicester, Dept of Health Sciences
22-28 Princess Road West
Leicester, LE1 6TP

Occupancy/ Nursing & Medical Log A

- Please complete at 12 noon on Wednesday 19/11/2014
- Please see notes for completion overleaf

Bands of Nursing staff	No. on duty at 12 noon	Total number with PIC qualification	Grades of Medical staff	No. on duty at 12 noon	No. on call at 12 noon
Band 2 - 4			Foundation Years 1-2		
Band 5			ST1-3 equivalent		
Band 6			ST4-8 equivalent		
Band 7			Associate Specialist Staff Grade		
Band 8 Modern Matron			Consult. Paediatric Intensivists		
Band 8 Nurse Consultant			Consultant Paediatricians		
Band 9 Nurse Consultant higher level			Consultant Anaesthetists		
Other please specify details - i.e. Agency / Bank incl. band			Advanced Nurse Practitioner		
1.			Other medical staff: Consultants working on PICU, specify specialty/grade below:-		
2.			1.		
3.			2.		
4.			3.		
Nurse on rota available for retrieval			4.		
Number of rostered			Number of rostered		
Nursing staff off sick			Medical staff off sick		

Additional Information to be collected at 12 noon

Number of beds on PICU	No. of funded beds	No. of Beds: Open & occupied	No. of Beds: Open & empty	Closed	Reason for closure i.e. sickness, infection, staff shortage
ICU designated					
HDU designated					
Total number of children in the unit	No. Level IV	No. Level III	No. Level II	No. Level I	

PLEASE COMPLETE:- Site ID _____

Hospital _____

Unit _____

Form completed by: (print name) _____

Contact tel. no: _____

Email address: _____

Please return in FREEPOST envelope to:-
 FREEPOST RTHJ-ZYVG-BXRT
 PICA Net Staffing Study (0593)
 F.A.O. Caroline Lunning,
 PICA Net Research Nurse
 University of Leicester, Dept of
 Health Sciences
 22-28 Princess Road West
 Leicester, LE1 6TP
 by 28/11/2014

PICA Net Staffing Study 2014/Daily Log A v1.4 15/10/2014

Occupancy/ Nursing & Medical Log B

- Please complete at 12 midnight on Weds 19/11/2014
- Please see notes for completion overleaf

Bands of Nursing staff	No. on duty at 12 midnight	Total number with PIC qualification	Grades of Medical staff	No. on duty at 12 midnight	No. on call at 12 midnight
Band 2 - 4			Foundation Years 1-2		
Band 5			ST1-3 equivalent		
Band 6			ST4-8 equivalent		
Band 7			Associate Specialist Staff Grade		
Band 8 Modern Matron			Consult. Paediatric Intensivists		
Band 8 Nurse Consultant			Consultant Paediatricians		
Band 9 Nurse Consultant higher level			Consultant Anaesthetists		
Other please specify details - i.e. Agency / Bank incl. band			Advanced Nurse Practitioner		
1.			Other medical staff: Consultants working on PICU, specify specialty/grade below:-		
2.			1.		
3.			2.		
4.			3.		
Nurse available on rota for retrieval			4.		
Number of rostered			Number of rostered		
Nursing staff off sick			Medical staff off sick		

Additional Information to be collected at 12 midnight

Number of beds on PICU	No. of funded beds	No. of Beds: Open & occupied	No. of Beds: Open & empty	Closed	Reason for closure i.e. sickness, infection, staff shortage
ICU designated					
HDU designated					
Total number of children in the unit	No. Level IV	No. Level III	No. Level II	No. Level I	

PLEASE COMPLETE:- Site ID _____

Hospital _____

Unit _____

Form completed by: (print name) _____

Contact tel. no: _____

Email address: _____

Please return in FREEPOST envelope to:-
 FREEPOST RTHJ-ZYVG-BXRT
 PICA Net Staffing Study (0593)
 F.A.O. Caroline Lunning,
 PICA Net Research Nurse
 University of Leicester, Dept of
 Health Sciences
 22-28 Princess Road West
 Leicester, LE1 6TP
 by 28/11/2014

PICA Net Staffing Study 2014/Daily Log B v1.4 15/10/2014

Occupancy/ Nursing & Medical Log C

- Please complete at 12 noon on Sunday 23/11/2014
- Please see notes for completion overleaf

Bands of Nursing staff	No. on duty at 12 noon	Total number with PIC qualification	Grades of Medical staff	No. on duty at 12 noon	No. on call at 12 noon
Band 2 - 4			Foundation Years 1-2		
Band 5			ST1-3 equivalent		
Band 6			ST4-8 equivalent		
Band 7			Associate Specialist Staff Grade		
Band 8 Modern Matron			Consult. Paediatric Intensivists		
Band 8 Nurse Consultant			Consultant Paediatricians		
Band 9 Nurse Consultant higher level			Consultant Anaesthetists		
Other please specify details - i.e. Agency / Bank incl. band			Advanced Nurse Practitioner		
1.			Other medical staff: Consultants working on PICU, specify specialty/grade below:-		
2.			1.		
3.			2.		
4.			3.		
Nurse available on rota for retrieval			4.		
Number of rostered			Number of rostered		
Nursing staff off sick			Medical staff off sick		

Additional Information to be collected at 12 noon

Number of beds on PICU	No. of funded beds	No. of Beds: Open & occupied	No. of Beds: Open & empty	Closed	Reason for closure i.e. sickness, infection, staff shortage
ICU designated					
HDU designated					
Total number of children in the unit	No. Level IV	No. Level III	No. Level II	No. Level I	

PLEASE COMPLETE:- Site ID _____

Hospital _____

Unit _____

Form completed by: (print name) _____

Contact tel. no: _____

Email address: _____

Please return in FREEPOST envelope to:-
 FREEPOST RTHJ-ZYVG-BXRT
 PICA Net Staffing Study (0593)
 F.A.O. Caroline Lunning,
 PICA Net Research Nurse
 University of Leicester, Dept of
 Health Sciences
 22-28 Princess Road West
 Leicester, LE1 6TP
 by 28/11/2014

PICA Net Staffing Study 2014/Daily Log C v1.4 15/10/2014

Occupancy/ Nursing & Medical Log D

- Please complete at 12 midnight on Sunday 23/11/2014
- Please see notes for completion overleaf

Bands of Nursing staff	No. on duty at 12 midnight	Total number with PIC qualification	Grades of Medical staff	No. on duty at 12 midnight	No. on call at 12 midnight
Band 2 - 4			Foundation Years 1-2		
Band 5			ST1-3 equivalent		
Band 6			ST4-8 equivalent		
Band 7			Associate Specialist Staff Grade		
Band 8 Modern Matron			Consult. Paediatric Intensivists		
Band 8 Nurse Consultant			Consultant Paediatricians		
Band 9 Nurse Consultant higher level			Consultant Anaesthetists		
Other please specify details - i.e. Agency / Bank incl. band			Advanced Nurse Practitioner		
1.			Other medical staff: Consultants working on PICU, specify specialty/grade below:-		
2.			1.		
3.			2.		
4.			3.		
Nurse available for retrieval			4.		
Number of Nursing staff off sick			Number of Medical staff off sick		

Additional Information to be collected at 12 midnight

Number of beds on PICU	No. of funded beds	No. of Beds: Open & occupied	No. of Beds: Open & empty	Closed	Reason for closure i.e. sickness, infection, staff shortage
ICU designated					
HDU designated					
Total number of children in the unit	No. Level IV	No. Level III	No. Level II	No. Level I	

PLEASE COMPLETE:- Site ID _____

Hospital _____

Unit _____

Form completed by: (print name) _____

Contact tel. no: _____

Email address: _____

Please return in FREEPOST envelope to:-
 FREEPOST RTHJ-ZYVG-BXRT
 PICA Net Staffing Study (0593)
 F.A.O. Caroline Lunning,
 PICA Net Research Nurse
 University of Leicester, Dept of
 Health Sciences
 22-28 Princess Road West
 Leicester, LE1 6TP
 by 28/11/2014

PICA Net Staffing Study 2014/Daily Log D v1.4 15/10/2014



PICU Staffing Study

November 2014

HOW TO FILL IN THE Occupancy/Nursing & Medical Log

This form applies to the designated paediatric intensive care unit in your hospital. **Only count HDU** if located in the same unit and staffed by the PICU shift staffing roster. The form collects information on both *STAFF and skill mix* and *OCCUPANCY and illness severity* by actual counts on the unit at noon and midnight

EVERY section of the form should be completed by the nurse in charge of the unit at the time and date specified

Please complete every column, insert zero if no staff at this grade

COUNTING STAFF - DIFFERENT GROUPS OF STAFF

NURSING STAFF

Only count the staff on duty to deliver clinical care to patients. **INCLUDE** nurse in charge and runner **EXCLUDE** clerical staff, receptionists, housekeepers and supernumerary student nurses

1. The overall total number of nurses on duty at this time to give clinical care. Include all clinical nursing staff, any link nurse present giving clinical care, any learners or nurse in training but only if not supernumerary.

2. The number of nurses with a nationally paediatric nursing intensive care qualification on duty at this time to give clinical care. Include all specialist nurses in PIC with a critical care course qualification: equivalent to the former ENB 415.

3. The number of nurses on duty and included in the duty numbers who are also available for retrieval. Where the retrieval service is integrated into the PICU nurse(s) may have clinical duties until required for retrieval.

NOTE only count **YOUR CLINICAL NURSE MANAGER** for example, if on the unit at noon or midnight giving clinical care. (includes on ward round)

MEDICAL STAFF

Count the number of medical staff on duty and the number on call at the specified time.

SICKNESS

Count the number of staff who were rostered for duty but off sick at specified time.

COUNTING INFANTS/CHILDREN – DIFFERENT GROUPS OF CHILDREN

Count the overall total children on your unit at this time. **INCLUDE** any children being retrieved in or transferred out from your unit at this time by staff from your shift roster

Count the number of children receiving each Level of Care I to IV (adhere to the PICS Standard Appendix 1, levels of care and dependency)

If you have any additional queries please contact: Caroline Lamming tel: 0116 252 5414 or email: crl4@leicester.ac.uk

Using the FREEPOST envelope supplied, please return the completed forms by **FRIDAY 28TH NOVEMBER 2014** to:-
FREEPOST RTHJ-ZYYG-BXRT, PICANet Staffing Study (0593), F.A.O: Caroline Lamming, PICANet Research Nurse, University of Leicester, Dept of Health Sciences
22-28 Princess Road West, Leicester, LE1 6TP

PICANet Staffing Study 2014/Daily Log A v 1.4 15/10/2014



PICU Staffing Study 2014

A study of occupancy & nursing and medical staffing provision

Other Professionals Survey Form

- Applies to the designated PICU in your hospital
- Please complete every column, insert zero if no staff at this grade or access to this service
- If you have any queries please contact Caroline Lamming
0116 252 5414 or email cr14@leicester.ac.uk

1. Type of Staff	2. Please tick if your unit has dedicated time	3. Total number of sessions per week i.e. half day = 1 session	4. Please tick if attends the daily clinical round
Paediatric Pharmacist			
Paediatric Physiotherapist			
Paediatric Dietician			
Play Specialists			
Any other staff group working on PICU			
1.			
2.			

Please tick the boxes below if your PICU has the following:-

5. Type of Service	6. Access to service in hospital	7. Time dedicated to PICU	8. Time dedicated to paediatrics services
Interfaith support			
Social Workers			
Interpreters			
Bereavement Support			
Patient Advice and Advocacy Service			
Psychological Support for Families			
Psychological Support for Staff			

Site ID _____ Hospital _____

Unit _____

Form completed by: _____

Tel no: _____

Email address _____

Please return in FREEPOST envelope to:-
FREEPOST RTHJ-ZYYG-BXRT
PICANet Staffing Study (0593)
F.A.O: Caroline Lamming, PICANet
Research Nurse
University of Leicester, Dept of Health
Sciences
22-28 Princess Road West
Leicester, LE1 6TP
by 28/11/2014

WEEK COMMENCING –
17th November 2014



PICU Staffing Study 2014

A study of occupancy, nursing and medical staffing provision

Advanced Practice Practitioner (APP) Establishment Information

PLEASE COMPLETE:- Site ID _____
Hospital _____
Unit _____
Form completed by: _____
(print name)

- Please see instructions overleaf
- Please complete every column, insert zero if no staff at this grade
- If your unit DOES NOT employ Advanced Practice Practitioners

please tick this box ☐ and return the form

Bands of Advance Practitioners	1. A.P.P establishment W.T.E.	2. No. of persons currently in post	3. Combined w.t.e. of persons currently in post	4. Number educated to Masters level	5. Number currently in training	6. Proportion of w.t.e. attributed to nursing/medical or research rota			7. Is/are person(s) included on Nursing (N) or Medical (M) establishment? Please insert N or M or both	8. No. with Valid Advanced Paediatric Resuscitation Training or equivalent
						Nursing	Medical	Research		
Band 8										
Band 7										
Band 6										
Other (please state Band)										

Additional information:-		(Please tick appropriate box)		Please return in FREEPOST envelope supplied to:- FREEPOST RTHJ-ZYVG-BXRT PICA Net Staffing Study (0593) F.A.O: Caroline Lamming, PICA Net Research Nurse University of Leicester, Dept of Health Sciences 22-28 Princess Road West, Leicester, LE1 6TP by 28/11/2014
Do you include the w.t.e. for the A.P.P.s in your calculation for the number of qualified nurses per funded bed? (please tick box)		YES	NO	
Any additional comments:				

PICANet Staffing Study 2014 APP Establishment & Staffing Info v 1.2_ 15/10/2014

PICU Staffing Study 2014

week commencing 17th November 2014



HOW TO COMPLETE THE Advanced Practice Practitioner Establishment Form

This form applies to the designated paediatric intensive care unit in your hospital. Only count HDU if located in the same unit and staffed by the PICU shift staffing roster. The form collects information on both STAFF and skill mix.

- If your unit DOES NOT employ APP's please tick the box on the form and return.

Each PICU should complete one copy of this form. Every section should be completed once on the first day of the staffing study (Please enter zeros to show you have not missed a column).

COUNTING STAFF - DIFFERENT GROUPS OF STAFF

This is a separate count of Advanced Practice Practitioners (APPs) who will also be recorded on the nursing or medical establishment form to reflect funding source

1. The current combined, whole time equivalent, funded establishment of persons working at this grade to give clinical care. Include APPs who are qualified and those in training but only if not supernumerary.
2. The overall total number of persons on your PICU currently in post at this grade.
3. The combined whole time equivalents of staff currently in post at this grade i.e. an APP employed part time may be 0.5 wte.
4. The number of APPs who have attained a Master's degree.
5. The number of APPs currently in training.
6. Proportion of w.t.e's attributed to the nursing or medical rota.
7. Identifies whether APPs are included in the nursing or medical establishment, insert N(nursing) or M(medical) or both if applicable.
8. The number of APPs currently in post with valid Advanced Paediatric Life Support, European Paediatric Life Support or equivalent.

If you have any additional queries please contact: Caroline Lamming tel: 0116 252 5414 or email: cr14@leicester.ac.uk
You are advised to retain a photocopy of the completed form.

Using the FREEPOST envelope supplied, please return the completed forms by FRIDAY 28th NOVEMBER 2014, to:-

FREEPOST RTHJ-ZYVG-BXRT
PICA Net Staffing Study (0593)
F.A.O: Caroline Lamming, PICA Net Research Nurse
University of Leicester, Dept of Health Sciences
22-28 Princess Road West
Leicester, LE1 6TP

PICANet Staffing Study 2014 APP Establishment & Staffing Info v 1.2_ 15/10/2014

N. Data Requests December 2013 – December 2014

More detailed information can be requested from picanet@leeds.ac.uk

Request Date	Name	Position & Place of Work	Data requested	Date Provided	What has been/will be done with the data?
13/11/2014	Bronagh Blackwood	Senior Lecturer, Queen's University Belfast	Duration of mechanical ventilation (if available) otherwise average numbers of days ventilated (invasive not tracheostomy)/month (mean, SD, median & IQR) for each participating unit.	25/11/2014	NIHR grant application
08/11/2014	Edgar Brincat	Clinical Fellow, Birmingham Children's Hospital	Number of admissions to PICU of children with croup (may come under various diagnosis including tracheobronchitis, laryngotracheobronchitis, viral croup, recurrent croup etc. by year, location, and unit within the UK. For this cohort of patients: - a number of demographics including: age, sex, weight, significant PMH, previous intubations (if available)... may need to be discussed further - how many required non-invasive ventilation - how many required invasive ventilation - place of intubation (PICU or referral hospital) - number of days on NIV - number of days ventilated / + type of ventilation - total length of stay in PICU - length of stay in PICU post extubation - outcome on discharge.	09/04/2015	To describe the epidemiology of croup cases that are admitted to PICU, their ventilatory management and their outcomes. Also considering the possibility of liaising with ANZPIC and looking at same Australian data and comparing the two, as a secondary part to the project.
21/10/2014	Marianne Jeffries	PICU Data Manager, Bristol Royal Hospital for Children	Number of patients expected to die on PICU (as per PICANET risk adjustment methodology) in time period. Time periods Number of patients expected to die on PICU required for: 2014/15 Q1 (01-Apr-2014 to 30-Jun-2014) 2014/15 Q2 (01-Jul-2014 to 30-Sep-2014)	21/10/2014	Quality Dashboard Submission.
16/10/2014	Craig Parylo	Data & Outcomes Analyst, University Hospitals of Leicester	The number of children who are residents of the East Midlands who go out of the East Midlands for PIC. We would like this data broken down by month, and also by the PIC provider.	Ongoing	For use internally by the Trust (University Hospitals of Leicester NHS Trust) and the information or a derivative analysis may be shared with local healthcare economy and council partners.
14/10/2014	Philip Hudnott	Research and Audit Nurse, Royal Manchester Children's Hospital	Total number of patients each month with daily intervention PCCMDS codes 16, 66 or 67 on a monthly basis.	21/10/2014	Trying to determine the likely numbers of patients that would be eligible for inclusion in a future study looking into

					the excretion of biomarkers in filtrate whilst on CVVH.
08/09/2014	Guru Venkatesha	Clinical Fellow-PICC, Birmingham Children's Hospital	All patients in the neonatal age group (under 4 weeks of age) with one of the following diagnostic codes in any of the diagnostic code sections: Herpes simplex Herpes simplex infection Disseminated herpes simplex Herpes simplex encephalitis Herpes simplex septicaemia Other codes containing the phrase "herpes simplex". For each of the patients we require the following: Age Gender Weight Gestation age PIM score ICU death Ventilated on admission? Duration of invasive ventilation Length of stay in PICU Inotropes / vasopressors on day 1 Duration of inotrope / vasopressor requirement (in days) Renal replacement therapy (if possible, to state which type of renal replacement therapy – CVVH, CVVHD, CVVDF, other) Duration of renal replacement therapy (in days) If possible we would like the following additional data (but I'm not sure if this is in the database): 1.Type of location on discharge from PICU: another PICU / hospital ward / other. 2. Liver failure or hepatic failure as diagnostic code 3.Liver transplant during PICU admission.	Ongoing	To comprehensively define the specific clinical course and identify factors predicting outcome in a cohort of neonates with Herpes infection.
12/08/2014	Mildred Iro	Paediatric Clinical Research fellow, Oxford Vaccine Group	Clinical information on children between the ages of 6 weeks and 17 years with a diagnosis of encephalitis and who were admitted to PICU in the past 10 years. To include baseline demographic data as well PIM score on admission, need for and duration of ventilation, treatment received (antibiotic, antiviral, antiepileptic, steroid, inotrope, immunoglobulin treatment and/or plasmapheresis), and outcome data (length of stay on PICU and mortality).	12/08/2014	To define the PICU burden of encephalitis - DPhil thesis .
17/07/2014	Lizzy Rivers	ST3 Paediatrics, Great Ormond Street Hospital	Children admitted to PICU with severe combined immunodeficiency (SCID): - number of admissions - number of deaths (and cause of death if possible) - length of stay - length of ventilation - if child is pre/ post-transplant (if possible).	10/09/2014	Evaluate recent trends in outcomes for children with SCID who are admitted to PICU.
15/07/2014	Amy Pickard	Audit Nurse, Sheffield Children's PICU	PIMS scores for all patients admitted with an oncology diagnosis/ co-morbidity.	24/10/2014	To identify outcomes associated with ICU admissions if first diagnosis of oncology problem compared with admissions re. Remission. Registrar Audit Project.

11/07/2014	Joseph Manning	Clinical Nursing Research Fellow, Nottingham University Hospitals NHS	Ethnic category data -Sex -Age -Type of admission -Primary diagnosis for admission -Status at discharge. To provide contextual and demographic information of study sample.	07/01/2015	To explore and understand psychological and social well-being and needs of critical illness survivors, six to twenty-two months post paediatric intensive care admission. PhD Thesis.
20/06/2014	Sarah Crook	MSc student, University of Leeds	Variables for calculating PIM2, height, weight, time of admission, time of discharge, age, sex, calculated PIM2 scores, admission type, diagnostic group, anonymised unit code.	23/07/2014	For analysis in MSc research project.
10/06/2014	Mandy Middlecott	Clinical Data Coordinator, Cambridge University Hospital	Risk adjusted SMR. Using paediatric index of mortality adjustment tool version 2 recalibrated by PICANET	23/09/2014	CQUINS 2013-2014: Domain 1: Preventing people from dying prematurely.
10/06/2014	Amber Young	Consultant Paediatric Anaesthetist, University Hospitals Bristol NHS Foundation Trust	All children < 16 years with burns or TENS Age %TBSA %TBSA – Full Thickness Aetiology / Type of burn: flame scald Inhalation Injury - Y / N Outcomes Survival ICU LOS Ventilated Ventilator bed days Oscillation Oscillated Days Inotropes Inotrope days Renal support (Hemofiltration) Renal Support Days, TPN Y /N, TPN Days, Number Ops Time 95% healing days.	11/09/2014	To enable an NHS England and Wales strategy for major paediatric burns
02/06/2014	Carla Hayes	PICU Audit Clerk, Nottingham Children's Hospital	Patients admitted with TBI with and without intracranial monitoring.	04/09/2014	Analyse the children admitted with TBI in NUH.
02/06/2014	Carla Hayes	PICU Audit Clerk, Nottingham Children's Hospital	First name, family name, Case note number, NHS number, date of birth, diagnosis, operations and procedures, admission dates and times and discharge dates and times for code ARDS = XEOYE, HFOV is advanced ventilator support.	04/09/2014	Audit of practice: Management strategies for children with ARDS/respiratory failure who received HFOV and or ECMO. Retrospective case note review.
07/05/2014	Sam Lamont	Consultant Anaesthetist/Intensivist, RBHSC, Belfast	Number of admission with diagnosis of pyloric stenosis with corrected gestational age and sex. Admission base excess and ventilatory status. If possible broken down by year of admission.	15/10/2014	Looking at local patterns.
30/04/2014	David Harrison	Senior Statistician,	Number of admissions (excluding multiple admissions of the same child) with an admission diagnosis consistent with infection. Mortality for	02/05/2014	To support outline grant proposal for Fever randomised

		ICNARC	these admissions.		controlled trial.
29/04/2014	P Ramnarayan	Consultant in Paediatric Intensive, Children's Acute Transport Service	infants with a primary respiratory diagnosis of bronchiolitis admitted to PICUs within the past 5 years, and managed on non-invasive ventilation (only NIV, or NIV followed by invasive ventilation)	25/06/2014	To plan a trial of high flow nasal cannula oxygen therapy in infants with acute respiratory failure.
28/04/2014	Christine Mackerness	Senior Sister, Great North Children's Hospital	Patients discharged from PICUs that on the day of discharge were still ventilated via tracheostomy PbR code 52	08/09/2014	Data to be used in ethics debate at PICS 2014 to demonstrate the rise in technology dependent care in the last 10 years.
26/04/2014	David Inwald	Imperial College NHS Trust	Would it be possible to provide a years' worth of anonymised data (i.e. no name, NHS number, hospital number, address, postcode or unit identifier needed) from all UK units (calendar year 2012 or 2013, whichever easier) including date of birth date of admission diagnostic data - admission diagnosis, other diagnosis and comorbidities care area admitted from retrieved y/n date of discharge or death PICU intervention days - invasive ventilation, inotropes, renal support, ECMO PICU outcome - alive/dead If there is some way to narrow down the diagnostic codes to those reflecting sepsis that would be great.	02/05/2014	Develop proposal for FiSh - Fluids in Shock -an RCT to determine optimum fluid bolus volume for resuscitation in paediatric community acquired severe sepsis.
10/04/2014	Calum Semple	Senior Lecturer & Hon. Consultant, Alder Hey Children's Hospital	For each of the winter seasons 2010/11, 2011/12, 2012/13 and 2013/14, where a Winter season be 01NOV to 31MAR. 1. How many children (National total) are admitted to PICU for invasive mechanical ventilation in England and Wales with a diagnosis of bronchiolitis (all causes) in each of the in winter seasons 2010/11, 2011/12, 2012/13 and 2013/14. 2. For the same seasons, what number of children with bronchiolitis (all causes) were under six months of age (ideally identified as less than 26 weeks of age corrected for prematurity). 3. For the same seasons what number of children with bronchiolitis (all causes) who were under six months of age (corrected), are identified on PICANET as being RSV POSITIVE. 4. Then please could I have the answer to question 2 broken down by paediatric intensive care unit (not named) but with a unique identifier that is known only to PICANet and could later be used to identify sites for recruitment. 5. Same again for 1 to 4, separately for Scotland, and Northern Ireland.	04/07/2014	Feasibility to support Grant Application.

10/04/2014	Sarah Knox	Unit Secretary, Oxford University Hospitals	PICANet Expected Death Rate 01.04.2013 - 31.03.2014	29/04/2014	CQUIN Data set.
08/04/2014	Kristina Siemens	PICU Fellow, PICU Evelina London Children's Hospital	Anonymised data with preferably regionalised tagging (South, East, West, North England and Wales) including the following: primary and secondary diagnosis, retrieval or not, age, weight, ventilation (LOV), length of stay, inotropes, dialysis, PIM Score (including specifically base excess and BP, CPR pre ICU, fixed pupils), comorbidity, death, multiple admissions. Data only required for patients with primary or secondary diagnosis of diabetic ketoacidosis.	11/09/2014	Looking at ten year trend of retrievals to PICU for DKA in South Thames region and would like to put this in context of national findings.
07/04/2014	Julia Phillips	Data Manager, Bristol Royal Hospital for Children	Number of patients expected to die on PICU (as per PICANET risk adjustment methodology) in time period 01/01/2013 - 31/12/2013	10/04/2014	PICU quality dashboard.
30/03/2014	Allison Graham	Consultant, Spinal injuries CRG	Children in trauma group with spinal cord injury Children in trauma group with spinal cord injury who remain ventilated.	25/02/2015	For spinal injury CRG to develop specialty service development.
20/03/2014	Ian Dawkins	Data Manager, OLCHC Dublin	We require median (IQR), mean and mode statistics for all individual PICANet sites (anonymised except for ZC) + all PICANet sites combined for admissions 2010-2012 combined for Length of Stay, Length of Invasive Ventilation and Length of Non-Invasive Ventilation.	27/10/2014	To benchmark our duration metrics against those of other PICANet PICUs to support an external audit of the activity in the Unit.
19/03/2014	Amy Pickard	Audit Nurse PCCU, PCCU Sheffield Children's NHS Foundation Trust	PICU admissions with primary diagnosis/ other reason for admission as anaphylaxis or allergic reaction in time frame identified.	24/03/2014	Service evaluation.

17/03/2014	Zarah Yusuf	Medical student, Evelina Children's Hospital	Children with possible hypoxic-ischemic encephalopathy, aged older than 4 weeks to 16 years. Diagnoses (ICD-10) to include: 1)Hypoxic-ischemic encephalopathy (G93.1) 2)Drowning (T75.1, W65-W74) 3)Accidental threats to breathing (W75-W84) 4)Asphyxia, respiratory arrest (T71, T17.9, R09.0, R09.2) 5)Cardiac arrest (I46, I46.0, I46.1, I46.9) 6)CO-Poisoning, smoke inhalation (T58, T59.8, T59.9, X08, X09) 7)Self harm by gases, hanging/ strangulation/ suffocation, drowning, smoke (X67, X70, X71, X76) 8)Assault by gases, hanging/ strangulation/ suffocation, drowning, smoke (X88, X91, X92, X97) 9)Post procedural disorders of nervous system (G97.8) - if associated with HIE We would like to have information on date of birth, age, sex, primary diagnosis, preadmission clinical status and underlying conditions, previous ICU admission, use of inotropes and ventilation, first blood gas, operations and procedures performed during this admission e.g. use and timing of imaging (MRI/CT) and EEG outcome, time of discharge and follow up, location at 30 days post follow up. We will explore completeness before using any data.	15/07/2014	Publication to evaluate outcome prediction of clinical features, EEG and MRI data in infants and children, who have suffered accidents resulting in hypoxic ischemic encephalopathy and describe the use of prognostic tools.
05/03/2014	Aaron Carr	Senior Staff Nurse, NHS Highland	Numbers per month on all children retrieved over the time frame 01/01/2010 - 01/01/2014 with home post-codes within the NHS Highland catchment excluding Argyll & Bute?	14/03/2014	To measure success of our new service benchmarked against number of retrievals.
21/02/2014	Amy Hodgkinson	Audit Nurse, PCCU Sheffield Children's Hospital	Numerator: Number of patients that died on the unit. Denominator: No of patients expected to die.	27/02/2014	Quality Dashboard

20/02/2014	Mome Mukherjee	Senior Data Analyst, Medical School, University of Edinburgh	<p>1. What is the healthcare utilization of patients resident in Northern Ireland, England, Scotland and Wales with primary diagnosis of Asthma in paediatric ICUs in the financial years since 2001-02, where healthcare utilization is measured by a) number b) Crude Discharge Rate per 1000 Population (95% CI) c) Age-Sex Standardised Discharge Rate per 1000 UK Population (95% CI) of i) patients, ii) episodes, iii) connected to a ventilator, iv) intubations of trachea (OPCS X56) v) re-admissions in a year vi) discharge destination, d) mean and SD of vii) severity (PIM and SAPS II score) e) total, median and IQR of viii) duration of length of stay? f) Number of ix) deaths g) Crude Mortality Rate per 1000 Population (95% CI) h) Age-Sex Standardised Mortality Rate per 1000 UK Population (95% CI), for individual countries?</p> <p>2. How does 1 above vary by i) age-group, ii) sex, and iii) socioeconomic status (quintiles of EIMD 2010, SIMD 2012, WIMD 2011, NIMD 2010), over time in the individual countries?</p> <p>3. What is the average (mean and SD, SE) cost (see below) per patient to the NHS for ICU admissions treated in Northern Ireland, England, Scotland and Wales in the financial year 2011-12 with a primary diagnosis of asthma broken down by: i) country ii) age-group, iii) sex iv) socioeconomic status (quintiles of EIMD 2010, SIMD 2012, WIMD 2011, NIMD 2010). ICU cost to be based on national average costs as per HRG4 code for each admission based on the Department of health NHS reference costs for the financial year 2011-12. [Comment: Please do not worry if you cannot do the costs. If you could give us the HRG4 codes, that will be fine]</p> <p>Additional questions</p> <p>4. 1 above by patients treated in Northern Ireland, England, Scotland and Wales with primary diagnosis of Asthma in the financial year 2011-12.</p> <p>5. What were the regional variations by local health authorities/Health Boards in numbers of ICU admissions for Asthma in the financial years since 2001-02, by sex, and age-group?</p>	07/08/2014	<p>This application to PICANet relates to finding severity and healthcare utilisation of children with asthma in ICUs in England, Northern Ireland, Scotland, Wales and whole of UK.</p> <p>We will produce:</p> <ul style="list-style-type: none"> • Estimates of the prevalence of asthma for the UK and each member nation • Estimates of the health and social care, and societal costs associated with asthma • A lay summary and online interactive map of the main findings that will be produced following appropriate discussions with Asthma UK and data providers • Recommendations on future research that is needed to better understand costs and estimates of the likely reduction in uncertainty that is likely to be gained from undertaking this additional work • Presentations at major scientific conferences and publications in international peer-reviewed journals.
14/02/2014	Nigel Humphreys	HDU Consultant, PCCU Sheffield Children's Hospital	Predicted mortalities of all (PIM and PIM2r) for all deaths in Sheffield Children's PCCU between specified dates. EVENT ID	27/02/2014	Unit Audit.

20/01/2014	Timothy Thiruchelvam	Consultant, Great Ormond Street Hospital	Number of admissions to ICU with a diagnosis of Myocarditis or cardiomyopathy by year. Number of children with these diagnoses supported by ECMO by year	01/05/2014	To establish feasibility of centralising care of these children to specialist heart failure/ transplant centres if the burden of disease is increasing.
17/01/2014	Claire Magner	Clinical Audit & Research Nurse, Our Lady's Children's Hospital	The duration of mechanical ventilation and length of PICU stay for children under 3yrs of age post repair of tetralogy of fallot, AVSD repair and repair of isolated VSD.	21/02/2014	To compare the incidence of Trisomy 21 or Down's Syndrome in the population of patients admitted to UK PICU's in 2011 (Jan 1st to 31st Dec) with the Rep of Ireland. The focus of my study is in relation to analgesia and sedation use in PICU, and of course the T21 population emerged as a subgroup that required a particular focus.
12/01/2014	Paula Garcia Casas	Research Fellow, Great Ormond Street Hospital	Total number of admissions. Microbiological data review from 2008-2013.	21/01/2014	Analyse antimicrobial resistance pattern changes in the last 6 years.

UNIVERSITY OF LEEDS

ROGER PARSLOW
SARAH FLEMING
MELPO KAPETANSTRATAKI
LEE NORMAN
JODIE SINGH

PICANet
SCHOOL OF MEDICINE
UNIVERSITY OF LEEDS
8.49 WORSLEY BUILDING
LEEDS
LS2 9JT

R.C.PARSLOW@LEEDS.AC.UK
0113 343 4856

UNIVERSITY OF LEICESTER

ELIZABETH DRAPER
ALUN EVANS
CAROLINE LAMMING
SARAH MCLOUGHLIN
MARTIN PERKINS

PICANet
DEPARTMENT OF HEALTH SCIENCES
UNIVERSITY OF LEICESTER
22-28 PRINCESS ROAD WEST
LEICESTER
LE1 6TP

MSN@LEICESTER.AC.UK
0116 252 5414

www.PICANet.org.uk
PICANet@leeds.ac.uk