

Annual Report of the Paediatric Intensive Care Audit Network

January 2008— December 2010
Appendices



Elizabeth Draper
Rachel Hobson
Caroline Lamming
Phil McShane
Lee Norman
Roger Parslow
Sarah Skinner

Paediatric Intensive Care Audit Network

University of Leeds
University of Leicester

Appendices Contents

A	Participating NHS Trusts and Hospital Characteristics	2-3
B	Clinical Advisory Group membership	4-5
C	Steering Group Membership	6-7
D	Families Group Membership	8
E	Data Collection Form	9-12
F	Parent Information Leaflet	13-14
G	Data Validation Form	15-16
H	Data Validation Report	17
I	Monthly Admissions Report	18
J	Data Status Report	19
K	Publications, Presentations and Abstracts	20-23
L	Staffing Study Data Collection Forms	24-33
M	Data Requests since last annual report	34-41

APPENDIX A PARTICIPATING NHS TRUSTS AND HOSPITAL CHARACTERISTICS

NHS Trust	Participating Hospital	Unit / Ward	Number of ITU beds	Number of HDU beds	Type of unit
Barts and the London NHS Trust	Barts and The London Children's Hospital	PCCU	4 ventilated beds	4	General
Birmingham Children's Hospital NHS Trust	Birmingham Children's Hospital	PICU	20	0	General & Cardiac
Brighton & Sussex University Hospitals NHS Trust	The Royal Alexandra Children's Hospital	L8 PICU	1	6	General
Cambridge University Hospitals NHS Foundation Trust	Addenbrooke's Hospital	PICU	8 ¹	3	General
Cardiff & Vale University Health Board	University Hospital of Wales	PICU	7	0	General
Central Manchester & Manchester Children's University Hospitals NHS Trust	Royal Manchester Children's Hospital	PICU	17	0	General
Great Ormond Street Hospital for Children NHS Trust	Great Ormond Street Hospital for Children	CCCU	16	0	Cardiac
	Great Ormond Street Hospital for Children	PICU & NICU	21	0	General & Neonatal Unit
Guy's & St. Thomas' NHS Foundation Trust	Evelina Children's Hospital	PICU	15 ²	0	General & Cardiac
HSE (Health Services Executive)	Children's University Hospital, Temple Street, Dublin	PICU	9	0	PICU
	Our Lady's Children's Hospital, Crumlin, Dublin	PICU	16	5	General
Hull & East Yorkshire Hospitals NHS Trust	Hull Royal Infirmary	PICU beds on AITU	2	4 ³	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	Wards 2 & 4	17	0	General & Cardiac
Newcastle Upon Tyne Hospitals NHS Foundation Trust	Newcastle General Hospital	PICU	11	0	General
	Royal Victoria Infirmary	Ward 12 PICU			Surgical ICU
	Freeman Hospital	PICU Freeman	8	3	Cardiothoracic surgery & ECMO Orthopaedics and ENT
NHS Lothian – University Hospitals Division	Royal Hospital for Sick Children, Edinburgh	PICU	8	6 ⁴	General (plus neurosurgical and spinal)
NHS Greater Glasgow and Clyde – Women and Children's Division	Royal Hospital for Sick Children, Yorkhill	PICU	16 ⁵	10	General, Cardiac & ECMO
Oxford Radcliffe Hospitals NHS Trust	The John Radcliffe Hospital	PICU	8	6	General & Cardiac

NHS Trust	Participating Hospital	Unit / Ward	Number of ITU beds	Number of HDU beds	Type of unit
Nottingham University Hospitals NHS Trust	Queen's Medical Centre	PICU	6	4	General (plus regional neurosurgical, spinal, supraregional renal service and cleft lip & palate services)
Royal Brompton & Harefield NHS Foundation Trust	Royal Brompton Hospital	PICU	14 ⁶	4	Cardiac & Respiratory
Royal Liverpool Children's NHS Trust	Royal Liverpool Children's Hospital	PICU	21	0	General & Cardiac
Sheffield Children's NHS Foundation Trust	Sheffield Children's Hospital	PCCU	9	8	General
	Sheffield Children's Hospital	Neonatal Surgical Unit	2	0	Neonatal Surgical Unit
Southampton University Hospitals NHS Trust	Southampton General Hospital	PICU	13 ⁷	8	General & Cardiac
South Tees Hospitals NHS Trust	James Cook University Hospital	PICU	4	3	General
St. George's Healthcare NHS Trust	St. George's Hospital	PICU	10	0	General, Neurosurgical, Oncology & Paediatric Surgery
St. Mary's NHS Trust	St. Mary's Hospital	PICU	8	2	General
The Lewisham Hospital NHS Trust	University Hospital, Lewisham	PICU	1 ⁹	2	General & Surgery
Belfast Health and Social Care Trust	Royal Belfast Hospital for Sick Children	PICU	8 ¹⁰	0	General
University Hospitals Bristol NHS Foundation Trust	Bristol Royal Hospital for Children	PICU	15 ¹¹	0	General & Cardiac
University Hospitals of Leicester NHS Trust	Leicester Royal Infirmary	CICU	6	2	General
	Glenfield Hospital	PICU	7 ¹²	0	Cardiac & ECMO
University Hospital of North Staffordshire NHS Trust	University Hospital of North Staffordshire	PICU	6	1	General

1 Increase from 6 ITU and 2 HDU beds effective from 1st April 2010.

2 Physically 20 beds but only 15 are staffed.

3 With capacity to ventilate two patients on the Adult ICU.

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

5 Staffing covers only 14 ICU beds and 6 HDU beds, however sometimes peak to 16 ICU and 10 HDU.

6 ITU/ HDU beds are used flexibly.

7 Moved from 11 -13 from Nov 2010. HDU beds are in 2 separate HDU units

8 Total capacity 10 beds used flexibly.

9 Now closed.

10 The unit is anaesthetist-led and only admits patients under 13 years unless remaining under the care of an existing Paediatrician. Discussions currently about increasing beds.

11 15 staffed ITU beds in 18 space unit.

12 Used flexibly

APPENDIX B CLINICAL ADVISORY GROUP MEMBERSHIP (Current members are highlighted)

Name	Position	NHS Trust / Hospital	Period served
Dr Paul Baines	Consultant in Paediatric Intensive Care	Royal Liverpool Children's NHS Trust Alder Hey Hospital	2002 - present
Ms Corenna Bowers	Sister	Cardiff & Vale University Health Board University Hospital of Wales	2002 - 2004
Dr Anthony Chisakuta	Lead Clinician	Belfast Health and Social Care Trust Royal Belfast Hospital for Sick Children	2008 - present
Kathryn Claydon - Smith	Research Practitioner	Central Manchester & Manchester Children's University Hospitals NHS Trust Royal Manchester Children's Hospital	2009 - present
Dr Gillian Colville	Consultant Clinical Psychologist	St George's Healthcare NHS Trust St Georges Hospital, London	2009 - present
Dr Peter Davis	Consultant in Paediatric Intensive Care	United Bristol Healthcare NHS Trust Bristol Royal Hospital for Children	2006 - present
Dr Andrew Durward	Consultant in Paediatric Intensive Care	Guy's & St Thomas' NHS Foundation Trust Evelina Children's Hospital	2002 - present
Ms Georgina Gymer	Research Nurse	Nottingham University Hospitals NHS Trust Queen's Medical Centre	2005 - 2006
Dr James Fraser	Consultant in Paediatric Intensive Care	University Hospitals Bristol NHS Foundation Trust Bristol Royal Hospital for Children	2002 – 2006
Dr Hilary Klonin	Consultant in Paediatric Intensive Care	Hull & East Yorkshire Hospitals NHS Trust Hull Royal Infirmary	2002 - present
Helen Laing	Contracts and Commissioning Manager	Healthcare Quality and Improvement Partnership (HQIP)	2008 - present
Ms Christine Mackerness	Sister	Newcastle Upon Tyne Hospitals NHS Foundation Trust Newcastle General Hospital	2002 - present
Maria MacDonald	Research and Audit Nurse Coordinator	Central Manchester & Manchester Children's University Hospitals NHS Trust Royal Manchester Children's Hospital	2009 - present
Ms Tina McClelland	Audit Sister	Royal Liverpool Children's NHS Trust Alder Hey Hospital	2006 - present

Dr Jillian McFadzean	Consultant in Paediatric Intensive Care	NHS Lothian – University Hospitals Division Edinburgh Royal Hospital for Sick Children	2005 - present
Elizabeth McKinty	Sister	Belfast Health and Social Care Trust Royal Belfast Hospital for Sick Children	2008 - present
Ms Victoria McLaughlin	Audit Nurse	Central Manchester & Manchester Children's University Hospitals NHS Trust Royal Manchester Children's Hospital	2002 - 2007
Dr Roddy O'Donnell	Consultant in Paediatric Intensive Care	Cambridge University Hospitals NHS Foundation Trust Addenbrooke's Hospital	2002 - present
Brendan O'Hare	Consultant Paediatric Anaesthetist & Intensivist Director of Research	HSE (Health Services Executive) Our Lady's Children's Hospital, Crumlin, Dublin	2010 - Present
Ms Geralyn Oldham	Information Support Manager	Great Ormond Street Hospital for Children NHS Trust Great Ormond Street Hospital for Sick Children	2002 - present
Dr Gale Pearson (Chair)	Consultant in Paediatric Intensive Care	Birmingham Children's Hospital NHS Trust Birmingham Children's Hospital	2002 - present
Dr Damian Pryor	Consultant in Paediatric Intensive Care	Cardiff & Vale University Health Board University Hospital of Wales	2002 - 2004
Ms Chloe Rishton	CHiP Nurse	Central Manchester & Manchester Children's University Hospitals NHS Trust Royal Manchester Children's Hospital	2008 - present
Shane Tibby	Consultant in Paediatric Intensive care	Guys and St Thomas Foundation Trust Evelina Children's Hospital	2011 - present
Dr Allan Wardhaugh	Consultant in Paediatric Intensive Care	Cardiff & Vale University Health Board University Hospital of Wales	2004 - present
Ms Debbie White	Sister	Cambridge University Hospitals NHS Foundation Trust Addenbrooke's Hospital	2002 - present
Dr Peter Wilson	PICU Consultant	Southampton Universities Hospital NHS trust Southampton General Hospital	2011 - present

APPENDIX C STEERING GROUP MEMBERSHIP (current members are highlighted in grey)

Name	Position	Organisation	Representation	Period Served
Mrs Pamela Barnes	Chair of Action for Sick Children	Action for Sick Children	Lay Member	2002 - present
Professor Nick Black	Head of Health Services Research Unit	London School of Hygiene and Tropical Medicine	Health Services Research / Public Health	2002 - 2007
Mr William Booth	Clinical Nurse Manager	University Hospitals Bristol NHS Foundation Trust Bristol Royal Hospital for Children PICU	Royal College of Nursing	2002 - present
Ms Bev Botting	Child Health and Pregnancy Statistics	Office for National Statistics	Office for National Statistics (data protection)	2002 - 2003
Dr Jean Chapple	Consultant in Perinatal Epidemiology / Public Health	Westminster Primary Care Trust	PICNET founder	2002 - 2006
Dr Bill Chaudhry	Consultant Paediatrician	Newcastle Upon Tyne Hospitals NHS Trust Newcastle General Hospital PICU	Clinical IT	2002 - 2003
Dr Anthony Chisakuta	Lead Clinician	Belfast Health and Social Care Trust Royal Belfast Hospital for Sick Children	Northern Ireland	2008 - present
Dr Mark Darowski	Consultant Paediatric Anaesthetist	Leeds Teaching Hospitals NHS Trust Leeds General Infirmary PICU	Royal College of Anaesthetists	2002 - present
Mr Noel Durkin	Department of Health	Child Health Services Directorate	Department of Health	2002 – 2007
Dr Ian Jenkins	Consultant in Paediatric Intensive Care	University Hospitals Bristol NHS Foundation Trust Bristol Royal Hospital for Children PICU	Chair of Paediatric Intensive Care Society	2006 - 2010
Dr Steve Kerr	Consultant in Paediatric Intensive Care	Royal Liverpool Children's NHS Trust Alder Hey Hospital PICU	Chair of Paediatric Intensive Care Society	2003 - 2007
Ms Helen Laing	Contracts and Commissioning Manager	Healthcare Quality and Improvement Partnership (HQIP)		2004 - present
Mr Ian Langfield	Audit Co-ordinator	National Assembly of Wales	National Assembly of Wales	2002 - 2003
Dr Michael Marsh	Consultant in Paediatric Intensive Care	Southampton University Hospitals NHS Trust Southampton General Hospital PICU	Royal College of Paediatrics and Child Health	2002 - present
Dr Jillian McFadzean / Ms Laura Reekie	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 Roddy McFaul	Medical Advisor	Child Health Services Directorate	Department of Health	2002 - 2003

Name	Position	Organisation	Representation	Period Served
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 (Chair)	Regional Director of Public Health	South Central Strategic Health Authority	Lay member	2009 - present
Professor Jon Nicholl	Director of Medical Care Research Unit	School of Health and Related Research University of Sheffield	Health Services Research / Statistics	2002 - 2006
Dr Gale Pearson	Consultant in Paediatric Intensive Care	Birmingham Children's Hospital NHS Trust Birmingham Children's Hospital PICU	Chair of PICANet CAG	2002 - present
Dr Mark Peters	Clinical Unit Chair	Great Ormond Street Hospital for Children NHS Trust Great Ormond Street Hospital, London	Chair of Paediatric Intensive Care Society Study Group	2008 - present
Ms Tanya Ralph	Nursing Research Lead	Sheffield Children's NHS Foundation Trust Sheffield Children's Hospital PICU	PICS	2002 - 2006
Dr Kathy Rowan / Lucy Lloyd Scott	Director / Casemix Programme Manager	ICNARC	Intensive Care National Audit & Research Centre	2002 - present
Mr Stuart Rowe	PCT Commissioner	Commissioning Department Hammersmith & Fulham PCT	PCT Commissioner (Pan-Thames)	2003 - present
Ms Dominique Sammut	Audit Co-ordinator	Health Commission Wales	Health Commission Wales	2003 - present
Dr Jennifer Smith	Medical Advisor	Office Project Team	Commission for Health Improvement	2002 - 2004
Dr Charles Stack	Consultant in Paediatric Intensive Care	Sheffield Children's NHS Foundation Trust Sheffield Children's Hospital PICU	Paediatric Intensive Care Society	2002 - 2006
Professor Stuart Tanner	Medical Advisor in Paediatrics and Child Health	Child Health Services Directorate Department of Health	Department of Health	2003 - 2006
Dr Robert Tasker	Lecturer in Paediatrics	Department of Paediatrics University of Cambridge Clinical School	Paediatric Intensive Care Society Study Group	2004 - 2008
Dr Edward Wozniak	Medical Advisor in Paediatrics and Child Health	Child Health Services Directorate Department of Health	Department of Health	2006 - present

APPENDIX D FAMILIES GROUP MEMBERSHIP

Name	Position	Organisation
Dr John Alexander	Consultant in Paediatric Intensive care	University Hospital of North Staffordshire PICU
Dr Tariq Ali	Consultant in Paediatric Intensive care and Anaesthesia	John Radcliffe Hospital, Oxford
Ms Fiona Bickell	Retrieval Nurse Practitioner	South Thames Retrieval Service
Ms Sarah Bundy	Family Liaison Sister	Birmingham Children's Hospital
Dr Gillian Colville	Clinical Psychologist	St Georges Hospital
Ms Helene Craddock	Senior Staff Nurse	Bristol Royal Hospital for Children
Professor Elizabeth Draper	Principle Investigator	PICANet
Ms Debra Ehala	Sister	Great North Children's Hospital
Dr Hilary Klonin	Consultant in Paediatric Intensive care	Hull Royal Infirmary
Ms Caroline Lamming	Research Nurse	PICANet
Ms Tina McClelland	Audit Sister	Alderhey Hospital
Ms Anna Leather	Critical Care Audit Nurse	Sheffield Children's Hospital
Ms Petra Schroff	Family Liaison Nurse	Great Ormond Street Hospital for Children
Dr Ulf Thielen	Consultant Paediatric Intensivist	Edinburgh Royal hospital for Sick Children

Admission number

NHS number

Case note number

Address (or affix patient sticker here if required)

Postcode

Ethnic category and code (see back of form)

Family name

Second family name

First name

Date of birth (dd/mm/yyyy)

If DOB is estimated (or missing or partly anonymised)

- ☐ Estimated
☐ Anonymised
☐ Not known

Gestational age at delivery (If age < 2 years)

 weeks

Sex

- ☐ Male
☐ Female
☐ Ambiguous
☐ Not known

Birth order

 of Multiplicity

GP Practice Code

Date of admission to your unit (dd/mm/yyyy)

 / / 20

Time of admission to your unit (hh:mm)

 :

Type of admission to your unit

- ☐ Planned – following surgery
☐ Unplanned – following surgery
☐ Planned – other
☐ Unplanned

Previous ICU admission (during current hospital stay)

- ☐ ICU
☐ PICU
☐ NICU
☐ None
☐ Not known

Source of admission

- ☐ Same hospital
☐ Other hospital
☐ Clinic
☐ Home

Retrieval / transfer

- ☐ Yes
☐ No

Retrieved / transferred by

- ☐ Own team
☐ Other specialist team (PICU)
☐ Other specialist team (non-PICU)
☐ Non-specialist team
☐ Not known

Care area admitted from (includes transfers in)

- ☐ X-ray, endoscopy, CT scanner or similar
☐ Recovery only
☐ HDU (step up / step down unit)
☐ Other intermediate care area (not ICU / PICU / NICU)
☐ ICU / PICU / NICU
☐ Ward
☐ Theatre and recovery
☐ A & E

Diagnoses and procedures

Primary diagnosis for this admission:

Other reasons for this admission:

Operations or procedures performed during this admission:

Co-morbidity:

Daily Interventions

Please record all interventions given on each day of admission using a cross ☒.
If no interventions given, choose '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													
	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														
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	TBC													

†For patients nursed in a single occupancy cubicle, please state reason for isolation

Reason for isolation:

PIM/PIM2 – Reason for admission

Tick if this is an elective admission

☐

Main reason for this PICU admission

☐ None of those below

☐ Asthma

☐ Bronchiolitis

☐ Croup

☐ Obstructive sleep apnoea

☐ Recovery from surgery

☐ Diabetic ketoacidosis

PIM/PIM2 – Medical History

Is evidence available to assess past medical history?

(If Yes, tick all that apply)

☐ Yes

☐ No

☐ Cardiac arrest before ICU admission

☐ Cardiac arrest OUT of hospital

☐ Cardiomyopathy or myocarditis

☐ Severe combined immune deficiency

☐ Hypoplastic left heart syndrome

☐ Leukaemia / lymphoma after 1st induction

☐ Liver failure (main reason for PICU admission)

☐ Admitted following cardiac bypass

☐ Spontaneous cerebral haemorrhage

☐ Neurodegenerative disorder

☐ Severe developmental delay

☐ Human Immunodeficiency Virus (HIV)

Status at discharge from your unit

--	--

/

--	--

/

2	0		
---	---	--	--

						2	0		
--	--	--	--	--	--	---	---	--	--

☐ Normal residence
☐ Hospice
☐ Same hospital
☐ Other hospital

→

☐ ICU
☐ PICU
☐ NICU
☐ HDU
☐ SCBU
☐ Ward
☐ Other

--	--

/

--	--

/

2	0		
---	---	--	--

☐ Normal residence
☐ Hospice
☐ Same hospital
☐ Other hospital

→

☐ ICU
☐ PICU
☐ NICU
☐ HDU
☐ SCBU
☐ Ward
☐ Other

Abdominal circumference

--	--	--

 .

--

 cm

[illegible]

White	British Irish Any other White background
Mixed	White & Black Caribbean White & Black African White & Asian Any other mixed background
Asian & Asian British	Indian Pakistani Bangladeshi Any other Asian background
Black or black British	Caribbean African Any other Black background
Other ethnic groups	Chinese Any other ethnic group
Not stated	Not stated

Caroline Lamming
(0116) 252 5414
crl4@leicester.ac.uk

APPENDIX F INFORMATION LEAFLET

What does PICANet do?

PICANet collects information on all children who are admitted to a paediatric (children's) intensive care unit. 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 ill, so that intensive care services can be better planned for and provided.

How is PICANet funded?

Funding is provided by the Healthcare Quality Improvement Partnership, Health Commission Wales Specialised Services, NHS Lothian / National Service Division NHS Scotland and The Royal Belfast Hospital for Sick Children.

What information is needed?

PICANet collects exactly the same information on all children cared for in paediatric intensive care units.

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.

How is information collected?

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

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 safe 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 will the information be used for?

We use the information to help us write

reports and to decide what further information on children's 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 linked up with the Office of National Statistics, so that we can see how your child's health is, after they have left the intensive care unit.

What have we found out so far?

During the past few years, we have shown that about 15,000 children are admitted to paediatric intensive care units in England, Wales and Scotland. 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 on your child included in PICANet, please tell the nurse or doctor caring for your child. Your decision will not alter the care your child receives in this, or any other hospital.

Where can I get more information?

If you have any questions about PICANet you can:

- ask your child's nurse or doctor for more information
- visit the PICANet website (see below)
- email PICANet (see below)
- contact a member of the PICANet team on one of the telephone numbers below

PICANet contact information:

Website: www.picanet.org.uk

Email: picanet@leeds.ac.uk

✉ **Roger Parslow, Sarah Skinner, Phil McShane & Lee Norman**
PICANet
Paediatric Epidemiology Group
Centre for Epidemiology & Biostatistics
The Leeds Institute of Genetics, Health & Therapeutics
8.49 Worsley Building
The University of Leeds
Leeds, LS2 9JT

p.mcshane@leeds.ac.uk

☎ 0113 343 8304

r.c.parslow@leeds.ac.uk

☎ 0113 343 4856

s.skinner@leeds.ac.uk

l.j.norman@leeds.ac.uk

☎ 0113 343 8125

Contact information (cont)

✉ **Elizabeth Draper, Caroline Lamming & Rachel Hobson**

PICANet

Department of Health Sciences

University of Leicester

22 -28 Princess Road West

Leicester LE1 6TP

msn@leicester.ac.uk

☎ 0116 252 3200

crl4@le.ac.uk

☎ 0116 252 5414

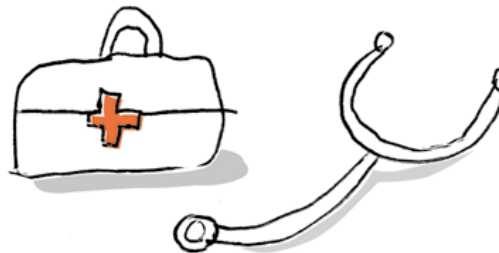
rg16@le.ac.uk

☎ 0116 252 5450



Paediatric Intensive Care Audit Network

Information leaflet for
parents, families and
guardians of children
admitted to paediatric
intensive care



Drawn by Zoe aged 8

Version 5.1 Jan 2011

PICU name

Visited by

Date of visit

 / / 20

Variable

Visit value

Discrepancy

Admission

Case note number

Date of admission

 / / 20

Time of admission

 :

± 30 minutes is acceptable

Previous ICU admission

- ☐ ICU
☐ PICU
☐ NICU
☐ None
☐ Not known

Retrieval / transfer

- ☐ Yes
☐ No

Retrieved / transferred by

- ☐ Own team
☐ Other specialist team (PICU)
☐ Other specialist team (non-PICU)
☐ Non-specialist team
☐ Not known

Care area admitted from

- ☐ X-ray, endoscopy, CT scanner or similar
☐ Recovery only
☐ HDU (step up / step down unit)
☐ Other intermediate care area (not ICU / PICU / NICU)
☐ ICU / PICU / NICU
☐ Ward
☐ Theatre and recovery
☐ A & E

Diagnoses

Primary diagnosis for this admission

PIM/PIM2 - Reason for admission

Main reason for admission

- ☐ None of those below
☐ Asthma
☐ Bronchiolitis
☐ Croup
☐ Obstructive sleep apnoea
☐ Recovery from surgery
☐ Diabetic ketoacidosis

Continued over...

	Variable	Visit value	Discrepancy
PIM/PIM2 - Physiology	Blood gas in first hour?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Arterial PaO ₂	<div> <div><div></div><div></div></div> <div>.</div> <div><div></div><div></div></div> kPa OR <div><div><div></div><div></div><div></div></div></div> mmHg </div>	
	FiO ₂	<div> <div><div></div></div> <div>.</div> <div><div><div></div><div></div></div></div> </div>	
	Intubation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Headbox	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Systolic blood pressure	<div> <div><div><div></div><div></div><div></div></div></div> mmHg <i>± 5 mmHg is acceptable</i> </div>	
	Base excess (arterial/capillary)	\pm <div> <div><div></div></div> <div><div><div></div><div></div></div></div> <div>.</div> <div><div></div></div> </div>	
	Pupil reaction	<input type="checkbox"/> Both fixed and dilated <input type="checkbox"/> Other reaction <input type="checkbox"/> Not known	
Interventions	Mechanical ventilation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	CPAP	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Invasive ventilation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Invasive ventilation days	<div><div><div></div><div></div><div></div></div></div> Start date Stop date <div><div><div></div><div></div></div> / <div><div></div><div></div></div> / <div><div>2</div><div>0</div><div></div><div></div></div></div> <div><div><div></div><div></div></div> / <div><div></div><div></div></div> / <div><div>2</div><div>0</div><div></div><div></div></div></div>	
	Non-invasive ventilation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Non-invasive ventilation days	<div><div><div></div><div></div><div></div></div></div> Start date Stop date <div><div><div></div><div></div></div> / <div><div></div><div></div></div> / <div><div>2</div><div>0</div><div></div><div></div></div></div> <div><div><div></div><div></div></div> / <div><div></div><div></div></div> / <div><div>2</div><div>0</div><div></div><div></div></div></div>	
Discharge	Date of discharge	<div><div><div></div><div></div></div> / <div><div></div><div></div></div> / <div><div>2</div><div>0</div><div></div><div></div></div></div>	
	Time of discharge	<div> <div><div><div></div><div></div></div></div> : <div><div><div></div><div></div></div></div> <i>± 30 minutes is acceptable</i> </div>	

APPENDIX H DATA VALIDATION REPORT

The Royal Hospital

Key to clinical code errors

Value(s):

READ code followed by READ code description followed by the text recorded in the unit notes e.g. XSDOK- Bronchiolitis [respiratory distress]

Example errors:

A) (no code) – (no description) [(no notes)], this means nothing has been supplied.

B) X44vY – [ASD], this means an invalid READ code and no READ code description have been supplied.

C) 00000 – [abdominal tumour resection], this means no READ code and no READ code description have been supplied.

Admission number 200421	Casenote number 233X	Admitted on 12/02/2004	PICANet ID 450
Reason	Variable(s)	Value(s)	Comment
Missing primary reason	Primary reason for admission	(No code) - (No description) [(No notes)]	Must have a primary reason for admission recorded
Admission number 200462	Casenote number 433RX	Admitted on 15/04/2004	PICANet ID 552
Reason	Variable(s)	Value(s)	Comment
Missing value	Intubation		
Missing value	Number of days intubated		
Admission number 200479	Casenote number 756X	Admitted on 01/05/2004	PICANet ID 660
Reason	Variable(s)	Value(s)	Comment
Incorrect concept domain	Primary reason for admission	X20UN - Nissen fundoplication [Nissen fundoplication]	Primary reason must be a disorder
Missing value	Follow-up status		
Admission number 2004111	Casenote number 999X	Admitted on 16/12/2004	PICANet ID 1273
Reason	Variable(s)	Value(s)	Comment
Incongruent value	Hospital location	Normal residence / Ward	Discharge destination not hospital but hospital location recorded
Logic error	Admission date / Discharge date	12/03/2003 / 10/03/2003	Please check dates; cannot be discharged before admitted
Missing value	Unit discharge status	Not known	Status at discharge from your unit expected (Alive or Dead)

APPENDIX I MONTHLY ADMISSIONS REPORT

Admissions		SITEID																																				
YEAR	MONTH	1	2	3	4	5	6	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	31	32	33	34	35	36	37	Grand Total	
2008	1	99	30	60	52	31	93	31	39	93	135	89	34	56	37	26	11	62	19	29	32	27	20	36	5	64	30	4	48	60	27	94				1473		
	2	87	29	53	37	21	70	17	29	86	134	86	23	50	35	15	8	63	17	21	19	27	22	33	5	49	24	7	41	43	30	86			1267			
	3	102	30	58	39	27	69	22	35	97	107	101	29	48	41	25	13	57	17	28	27	29	29	35	13	52	28		53	44	36	76			1367			
	4	90	30	70	35	23	82	33	24	100	119	84	24	44	41	23	17	65	14	30	27	26	35	22	11	48	37	3	43	42	26	68	14		1350			
	5	89	25	58	36	30	71	28	25	86	143	105	39	44	47	30	13	52	12	22	25	30	37	18	6	53	28	2	41	36	22	77	31		1361			
	6	98	22	55	39	22	59	30	28	113	141	103	23	41	38	26	9	47	19	27	33	23	31	25	3	65	23	1	31	28	27	77	29		1336			
	7	104	17	74	30	21	60	50	32	92	136	109	22	47	46	27	4	55	19	24	32	31	42	30	7	64	24	1	31	36	36	62	28		1393			
	8	91	23	62	37	18	50	46	30	90	135	102	30	58	31	24	13	50	9	27	33	21	42	17	10	61	25	1	24	38	25	79	32		1334			
	9	88	27	68	50	24	67	36	30	88	131	87	39	58	37	23	15	49	13	20	24	21	32	19	7	45	34	2	45	33	35	57	31		1335			
	10	89	25	64	41	32	78	40	38	102	151	93	52	62	43	21	10	56	22	21	27	19	32	24	6	75	32	2	43	38	42	79	38		1497			
	11	87	13	64	37	30	69	23	46	101	129	106	50	54	47	25	9	64	19	29	23	25	31	19	8	72	32	5	52	42	45	96	30		1482			
	12	91	18	63	44	30	67	29	42	101	127	111	38	48	47	41	9	52	22	28	26	34	40	25	8	75	36	4	52	43	50	96	25	1		1523		
2008 Total		1115	289	749	477	309	835	398	1149	1588	1176	403	610	490	306	131	672	202	306	328	313	393	303	89	723	353	32	504	483	401	947	258	1		16718			
2009	1	99	53	52	47	29	75	32	35	93	135	96	51	48	36	33	7	60	16	18	31	29	25	30	6	61	27	4	44	45	40	86	45	5		1493		
	2	107	38	51	39	31	55	27	29	71	113	87	44	52	35	30	5	53	10	24	24	30	27	36	6	62	21	3	28	36	30	75	31	61		1371		
	3	102	53	44	56	34	77	33	37	95	138	102	51	59	48	30	9	64	22	20	32	28	30	31	9	64	27	1	29	37	37	69	38	68		1574		
	4	94	39	48	37	25	69	33	35	91	147	94	44	50	43	19	11	65	11	26	14	15	35	25	10	57	14	2	26	29	28	82	46	78		1442		
	5	111	41	58	49	16	74	30	35	83	146	92	55	55	24	27	7	64	7	18	22	28	24	31	10	54	23	6	26	40	37	77	36	74		1480		
	6	110	39	52	39	23	72	40	30	103	136	104	47	60	44	24	10	51	13	14	29	34	24	25	6	61	29	2	35	32	38	82	51	73		1532		
	7	121	27	56	43	27	62	36	33	79	126	81	49	53	42	23	6	73	9	21	36	19	38	29	11	68	27	3	25	38	42	80	32	83		1498		
	8	105	28	47	35	29	59	36	33	77	130	90	48	58	35	21	5	45	7	26	31	21	24	27	4	57	25	2	25	39	25	77	32	66		1369		
	9	120	40	39	48	24	64	41	40	104	156	92	51	63	51	24	8	64	19	26	29	24	44	29	11	78	36	1	29	25	36	77	41	74		1608		
	10	115	37	58	45	23	63	27	33	99	186	107	42	62	53	29	14	61	19	23	27	27	33	26	8	69	33	2	23	34	32	94	52	73		1629		
	11	116	34	61	46	36	82	39	40	105	231	101	47	66	53	38	19	67	23	23	28	30	30	23	8	76	29	2	31	42	28	90	41	71		1756		
	12	139	54	67	49	47	73	33	35	123	234	121	49	69	46	39	17	65	17	34	20	10	36	36	9	72	47	4	42	50	28	71	42	97		1875		
2009 Total		1339	483	633	533	344	825	407	415	1123	1878	1167	578	695	510	337	118	732	173	273	323	295	370	348	98	779	338	32	363	447	401	960	487	823		18627		
2010	1	114	48	57	47	29	64	32	28	98	131	106	43	59	46	39	11	61	21	29	25	37	31	22	10	73	32	4	38	40	24	89	39	85	50		1662	
	2	92	26	62	48	17	63	38	23	83	118	92	40	51	45	31	17	50	12	23	26	37	28	23	7	65	38	5	22	41	25	55	36	78	37		1454	
	3	115	43	58	68	29	60	41	23	102	131	93	69	70	54	32	16	57	19	20	41	26	31	24	7	81	37	2	43	41	17	76	47	90	34		1697	
	4	105	33	62	40	24	70	30	22	100	139	97	51	73	46	17	10	56	12	18	35	25	29	25	5	81	25	2	34	41	18	86	29	95	44		1579	
	5	98	40	54	47	21	74	48	31	88	133	100	55	76	31	20	10	55	18	33	30	24	30	24	4	80	18	4	33	40	29	61	37	63	33		1542	
	6	102	33	57	54	22	63	37	31	95	166	93	46	54	26	24	6	60	18	25	35	27	28	17	6	87	23	5	26	41	26	93	34	84	43		1587	
	7	115	42	53	52	20	61	27	20	100	162	96	51	57	39	26	7	60	9	18	28	35	29	21	7	78	23	2	37	42	26	76	34	86	33		1572	
	8	106	31	45	41	12	47	26	23	84	141	99	45	75	32	21	1	45	12	25	31	27	34	19	10	70	20	3	32	32	19	69	37	86	32		1432	
	9	112	36	55	53	18	60	29	41	93	142	86	56	66	27	24		63	16	9	25	34	26	15	8	76	23	4	28	36	40	83	33	87	45	20		1569
	10	96	54	57	56	9	67	31	31	106	154	82	56	61	50	31		53	21	16	28	22	32	14	7	74	24	2	29	37	36	82	40	84	41	41		1624
	11	103	48	46	48	26	74	25	31	108	151	122	45	55	47	32		82	25		34	45	34	21	14	76	37	2	55	40	46	80	37	85	45	38		1757
	12	121	50	68	46	36	69	25	35	116	149	131	50	50	50	37		80	29		24	54	43	24	6	88	37	5	58	43	70	82	46	71	52	21		1866
2010 Total		1279	484	674	600	263	772	389	339	1173	1717	1197	607	747	493	334	78	722	212	216	362	393	375	249	91	929	337	40	435	474	376	932	449	994	489	120		19341
Grand Total		3733	1256	2056	1610	916	2432	1181	1152	3445	5183	3540	1588	2052	1493	977	327	2126	587	795	1013	1001	1138	940	278	2431	1028	104	1302	1404	1178	2839	1194	1818	489	120		54686

APPENDIX J Data status report

January 2008 - December 2010

SITEID	Last imported	ExportID	Admissions	First admission	Most recent admission	Missing value	Out of range	Invalid value	Logic violation	Incongruity	Check value	Invalid code	Uncoded reason	Total
1	27/04/2011	93	9438	01/11/2002	14/04/2011	10								10
2	01/06/2011	307	2449	02/01/2003	13/05/2011									0
3	25/05/2011	162	5656	02/11/2002	31/12/2010	4847	4	404		46	3	30		5334
4	20/04/2011	583	4411	05/03/2002	18/04/2011	15				10	4	96		125
5	27/05/2011	305	2534	04/11/2002	24/05/2011									0
6	10/06/2011	142	7488	25/09/2002	30/05/2011									0
8	27/05/2011	232	3993	01/11/2002	13/05/2011	99					2			101
9	10/06/2011	389	3293	01/11/2002	03/06/2011	9								9
10	10/06/2011	296	9405	04/04/2001	08/06/2011	84			12	1	8			105
11	19/05/2011	119	13667	16/01/2003	01/05/2011	244								244
12	14/04/2011	48	9331	01/01/2003	30/01/2011	8				3	2			13
13	20/05/2011	172	3306	01/03/2003	17/05/2011	4				1	2	2		9
14	09/03/2011	74	5086	01/03/2003	02/03/2011	1				1		1		3
15	25/05/2011	199	3562	01/03/2003	26/04/2011					1				1
16	10/06/2011	151	2860	16/06/2003	27/05/2011	13				3	2			18
18	16/06/2011	244	5589	01/11/2002	15/06/2011	149			1		12			162
19	10/06/2011	642	1649	01/11/2002	29/05/2011									0
20	08/11/2010	246	2393	02/11/2002	31/10/2010	11						1		12
21	10/06/2011	124	2866	01/11/2002	30/04/2011	1	1			1	3			6
22	18/05/2011	215	2603	02/11/2002	29/04/2011									0
23	08/06/2011	581	3256	01/11/2002	03/05/2011	24					5			29
24	03/03/2011	164	2538	01/11/2002	31/12/2010	13	3				2	4		22
25	24/03/2011	162	718	01/11/2002	31/12/2010	723			1	1				725
26	15/06/2011	201	6343	01/11/2002	31/05/2011									0
27	15/06/2011	424	2696	01/11/2002	06/06/2011	19			2		1			22
28	18/05/2011	218	373	01/11/2002	13/04/2011									0
29	18/05/2011	327	4004	01/11/2002	08/05/2011	15								15
31	10/06/2011	283	2967	07/12/2004	08/06/2011	151					2			153
32	15/04/2011	132	1595	13/02/2007	23/02/2011	2	10			6			2	20
33	20/04/2011	31	3492	02/04/2007	04/01/2011	137	1			7				145
34	10/06/2011	24	1241	21/04/2008	07/02/2011	2362	3		1	4	2			2372
35	16/06/2011	39	2235	18/12/2008	11/06/2011	4					1			5
36	16/06/2011	69	750	01/01/2010	14/06/2011	7				4		1		12
37	01/06/2011	92	262	03/09/2010	24/05/2011	4					1			5
			133037			8945	22	404	17	85	51	134	2	9672

Last imported: the date on which the data was most recently exported**ExportID:** the ID of the most recent export (this increments with each export)**Total admissions:** the number of admissions during the time period of this report**First admission:** the earliest admission date included in this report**Most recent admission:** the latest admission date included in this report**Missing value:** value missing when required**Out of range:** value outside normal ranges (as specified in the manual)**Invalid value:** value not valid (e.g. wrongly enumerated code)**Logic violation:** illogical values supplied (e.g. a discharge date before an admission date)**Incongruity:** value supplied when not required (e.g. a retrieval team specified when the patient was not retrieved)**Check value:** value requiring confirmation**Invalid code:** invalid Read Code supplied**Uncoded reason:** no Read Code supplied**Total:** total number of errors

APPENDIX K PUBLICATIONS / PRESENTATIONS

K.1 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 (PICS SG)
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 Paediatric Intensive Care Audit Network
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.

K.2 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) annual conference, 15-17 September 2005, Antwerp (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, Thiru K & 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, UK (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 University Conference Centre (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 Critical Care, 13 th -17 th March 2011 (poster presentation)	Tracheostomy On The Paediatric Intensive Care Unit.	D. Wood; P. McShane; P. Davis
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) PENDING	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) PENDING	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) PENDING	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

K.3 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 National report 2003-2004	Liz Draper
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 the Paediatric Intensive Care Audit Network (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



Occupancy/ Nursing & Medical Log A

- Please complete at **12 noon** on **Wednesday 10/11/2010**
- 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			Cons. Paediatric Intensivists		
Band 8 Modern Matron			Consultant Paediatricians		
Band 8 Nurse Consultant			Consultant Anaesthetists		
Band 9 Nurse Consultant higher level					
Other please specify details- i.e. Agency / Bank incl. band			Other Consultants working on PICU, specify speciality below:-		
1.			1.		
2.			2.		
3.			3.		
RETRIEVAL STAFF complete if unit has separate			retrieval staff rota		
Band of Nurse <i>Insert band</i>			Grade of Medical Staff <i>Insert grade</i>		

Additional Information to be collected at 12 noon

Number of beds on PICU	No. of funded beds	No. of Beds			Reason for closure i.e. sickness, infection, staff shortage
		Open & occupied	Open & empty	Closed	
ICU designated					
HDU designated					

Total number of children in the unit	No. Level IV	No. Level III	No. Level II	No. Level I	No. Retrievals/Transfers during prev. 12 hr period.

PLEASE COMPLETE:-

Site ID _____

Hospital _____

Unit _____

Form completed by: _____
(print name)

Contact tel. no: _____

Email address: _____

Please return in
FREEPOST envelope to:-

Caroline Lamming,
PICANet Research Nurse,
University of Leicester,
Dept. of Health Sciences,
FREEPOST LE3296, 22-
28 Princess Road West,
Leicester LE1 7ZE.

by **19/11/2010**



Occupancy/ Nursing & Medical Log B

- Please complete at **12 midnight** on **Weds 10/11/2010**
- 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			Cons. Paediatric Intensivists		
Band 8 Modern Matron			Consultant Paediatricians		
Band 8 Nurse Consultant			Consultant Anaesthetists		
Band 9 Nurse Consultant higher level					
Other please specify details- i.e. Agency / Bank incl. band			Other Consultants working on PICU, specify speciality below:-		
1.			1.		
2.			2.		
3.			3.		
RETRIEVAL STAFF <i>complete if unit has separate</i>			<i>retrieval staff rota</i>		
Band of Nurse <i>Insert band</i>			Grade of Medical Staff <i>Insert grade</i>		

Additional Information to be collected at 12 noon

Number of beds on PICU	No. of funded beds	No. of Beds			Reason for closure <i>i.e. sickness, infection, staff shortage, financial</i>
		Open & occupied	Open & empty	Closed	
ICU designated					
HDU designated					
Total number of children in the unit	No. Level IV	No. Level III	No. Level II	No. Level I	No. Retrievals/Transfers <i>during prev. 12 hr period.</i>

PLEASE COMPLETE:-

Site ID _____

Hospital _____

Unit _____

Form completed by: _____
(print name)

Contact tel. no: _____

Email address: _____

Please return in
FREEPOST envelope to:-

Caroline Lamming,
PICANet Research Nurse
University of Leicester
Dept. of Health Sciences,
FREEPOST LE3296
22-28 Princess Road West
Leicester, LE1 7ZE.

by **19/11/2010**



Occupancy/ Nursing & Medical Log C

- Please complete at **12 noon** on **Sunday 14/11/2010**
- 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			Cons. Paediatric Intensivists		
Band 8 Modern Matron			Consultant Paediatricians		
Band 8 Nurse Consultant			Consultant Anaesthetists		
Band 9 Nurse Consultant higher level					
Other please specify details- i.e. Agency / Bank incl. band			Other Consultants working on PICU, specify speciality below:-		
1.			1.		
2.			2.		
3.			3.		
RETRIEVAL STAFF complete if unit has separate			retrieval staff rota		
Band of Nurse <i>Insert band</i>			Grade of Medical Staff <i>Insert grade</i>		

Additional Information to be collected at 12 noon

Number of beds on PICU	No. of funded beds	No. of Beds			Reason for closure <i>i.e. sickness, infection, staff shortage, financial</i>
		Open & occupied	Open & empty	Closed	
ICU designated					
HDU designated					
Total number of children in the unit	No. Level IV	No. Level III	No. Level II	No. Level I	No. of Retrievals/Transfers during prev. 12 hr period.

PLEASE COMPLETE:-

Site ID _____

Hospital _____

Unit _____

Form completed by: _____
(print name)

Contact tel. no: _____

Email address: _____

Please return in
FREEPOST envelope to:-

Caroline Lamming
PICANet Research Nurse
University of Leicester
Dept. of Health Sciences
FREEPOST LE3296
22-28 Princess Road West
Leicester, LE1 7ZE

by 19/11/2010



Occupancy/ Nursing & Medical Log D

- Please complete at **12 midnight** on **Sunday 14/11/2010**
- 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			Cons. Paediatric Intensivists		
Band 8 Modern Matron			Consultant Paediatricians		
Band 8 Nurse Consultant			Consultant Anaesthetists		
Band 9 Nurse Consultant higher level					
Other please specify details- i.e. Agency / Bank incl. band			Other Consultants working on PICU, specify speciality below:-		
1.			1.		
2.			2.		
3.			3.		
RETRIEVAL STAFF complete if unit has separate			retrieval staff rota		
Band of Nurse <i>Insert band</i>			Grade of Medical Staff <i>Insert grade</i>		

Additional Information to be collected at 12 noon

Number of beds on PICU	No. of funded beds	No. of Beds			Reason for closure <i>i.e. sickness, infection, staff shortage, financial</i>
		Open & occupied	Open & empty	Closed	
ICU designated					
HDU designated					
Total number of children in the unit	No. Level IV	No. Level III	No. Level II	No. Level I	No. of Retrievals/Transfers <i>during prev. 12 hr period.</i>

PLEASE COMPLETE:-

Site ID _____

Hospital _____

Unit _____

Form completed by: _____
(print name)

Contact tel. no: _____

Email address: _____

Please return in
FREEPOST envelope to:-

Caroline Lamming
PICANet Research Nurse
University of Leicester
Dept. of Health Sciences
FREEPOST LE3296
22-28 Princess Road West
Leicester, LE1 7ZE
By 19/11/2010



PICU Staffing Study

November 2010

*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. 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.

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.

RETRIEVAL STAFF

Only count staff able to join the retrieval team if necessary. Staff should not be providing essential cover for PICU at the same 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 Standards)

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 19TH NOVEMBER 2010, to:-

Caroline Lamming PICA Net Research Nurse, University of Leicester,
Dept. of Health Sciences, FREEPOST LE3296, 22-28 Princess Road West,
Leicester LE1 7ZE



PICU Staffing Study 2010

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. Shift pattern <i>e.g. 12 hour shifts to cover 24 hour period</i>	5. No. with valid APLS training
Foundation Year 1 -2					
ST1-3 Paediatrics					
ST4-8 Paediatrics					
ST1-3 Anaesthesia					
ST4-8 Anaesthesia					
Consultant Paediatric Intensivists					
Consultant Paediatricians					
Consultant Anaesthetists					
Other Consultants working on PICU					
Any other medical staff working on PICU <i>Insert grade</i>					
1.					
2.					
3.					

Site ID _____

Hospital _____

Unit _____

Form completed by _____
(print name)

Email address _____

Please return in FREEPOST envelope to:-

Caroline Lamming,
PICANet Research Nurse
University of Leicester
Department of Health Sciences,
FREEPOST LE3296
22-28 Princess Road West,
Leicester LE1 7ZE
By **19/11/2010**



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 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 19TH NOVEMBER 2010, to:-**

Caroline Lamming PICANet Research Nurse,
University of Leicester,
Dept. of Health Sciences,
FREEPOST LE3296,
22-28 Princess Road West,
Leicester LE1 7ZE

**WEEK COMMENCING –
8TH November 2010**



PICU Staffing Study 2010

A study of occupancy & nursing and medical staffing provision

Nursing Establishment and Staffing Information

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

PLEASE COMPLETE:- Site ID _____

Hospital _____

Unit _____

Form completed by: _____

(print name)

Bands of Nursing Staff	1. Nursing establishment W.T.E. <i>Exclude supernumerary student nurses, receptionists, clerks, housekeepers</i>	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 <i>Critical care course: formerly ENB 415</i>	5. No. of registered children's nurses <i>RSCN or degree or diploma recognised by NMC in children's branch of nursing</i>	6. No. with Valid PLS Training or Equivalent	7. No. with Valid EPLS/APLS Training or Equivalent
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 incl: Band							
1.							
2.							
3.							

Does your PICU provide:-

(Please tick appropriate box)

1. A 24 hour fully equipped staffed and resourced Retrieval Service?	YES		NO	
2. Ensure 24 hr access to a centralised supra-regional Retrieval Service?	YES		NO	
3. Access to a nationally recognised PIC nurse Education Programme?	YES		NO	
4. Does your unit have a Discharge co-ordinator?	YES		NO	

Please return in FREEPOST envelope supplied to:-

Caroline Lamming, PICANet Research Nurse,
University of Leicester, Dept. of Health Sciences, FREEPOST LE3296,
22-28 Princess Road West, Leicester LE1 6TP

By 19/11/2010



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, 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 nurse 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 and 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 Life Support training or equivalent**
- 7. The number of nurses currently in post with valid Advanced 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 19th November, 2010, to:-

**Caroline Lamming PICA Net Research Nurse
University of Leicester,
Dept. of Health Sciences, FREEPOST LE3296
22-28 Princess Road West,
Leicester LE1 7ZE**



PICU Staffing Study 2010

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 crl4@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
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:-
 Caroline Lamming, PICANet
 Research Nurse
 University of Leicester
 Dept. of Health Sciences,
 FREEPOST LE3296
 22-28 Princess Road West
 Leicester, LE1 7ZE.
 By **19/11/2010**

APPENDIX M DATA REQUESTS RECEIVED SINCE LAST ANNUAL REPORT

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

Request date	Name, Position & Place of Work	Data requested	Date approved and data provided by	Follow up – What has been done with the data?
17/08/11	Peter Wilson Consultant Paediatric intensivist, Clinical Director Paediatrics, Southampton General Hospital	CYSTIC FIBROSIS Understand the number and reasons for cystic fibrosis patients being admitted to PICU. All cystic fibrosis patients admitted to Southampton PICU between 2002 and 2011 with the following details: Ventilatory status, Primary Diagnosis, Secondary Diagnosis, Age, Outcome, Length of stay, PIM 2 score	25/08/11	Phil McShane
17/08/11	Peter Wilson Consultant Paediatric intensivist, Clinical Director Paediatrics, Southampton General Hospital	CYSTIC FIBROSIS Understand the number and reasons for cystic fibrosis patients being admitted to PICU. All cystic fibrosis patients admitted to PICU nationally between 2002 and 2011 with the following details: Ventilatory status, Primary Diagnosis, Secondary Diagnosis, Age, Outcome, Length of stay, PIM 2 score Unit admitted to PICU	25/08/11	Phil McShane
16/08/11	Claire Magner Clinical Audit and Research Nurse, Our Lady's Children's Hospital	PIM SCORES Group 1: Admissions to our PICU from March 01 2009- Feb 28 2010 and Group 2: Admissions to our PICU from Aug 01 2010- July 31 2011. I wish to compare these two groups as in June 2010 we introduced a change in practice and would like to do some before and after analysis	16/08/11	Phil McShane
08/08/11	Simon Nadal Consultant in PICU, St Mary's Hospital, London	IMMUNISATIONS AND INCREASED RISK OF DEATH IN GIRLS To look at the outcome of girls vs boys due to infection in children < 1 year admitted to PICU. The hypothesis is that girls who have completed their primary course of immunisations are at increased risk of death for reasons that are unclear. Cause of admission (ie whether infection-related), vs age (< 1 year) by month, and gender? Length of stay, admission date, ventilation status and outcome. Geographical location Read Code (and description) as well as diagnostic group.	16/09/11	Phil McShane

17/08/11	Peter Wilson Consultant Paediatric intensivist, Clinical Director Paediatrics, Southampton General Hospital	HRG GROUPINGS – SOUTHAMPTON Patients admitted per financial year (1 st April to 31 st March) For each patient I would require the following information Date admission, Age, Sex, Diagnosis, Diagnostic category, Length of stay, HRG group, Postcode, Elective or emergency admission Past 3 years (2008/9, 2009/10, 2011/11)	Phil McShane 17/08/11	
11/08/11	Phil Hyde Consultant Paediatric Intensivist, PICU, Southampton General Hospital	PROVISION OF INTENSIVE CARE IN SOUTH ENGLAND Three specific groups of information are required: 1) The hospital location that paediatric intensive care is provided for severely injured children with home postcodes within the south coast specialised commissioning cluster. To include the first 4 characters of the postcode of the child's home, the diagnosis for each child, diagnostic category, date and time of admission, duration of admission, whether the child was retrieved from another hospital and by whom. Severely injured children would include any child admitted to an intensive care unit with organ dysfunction secondary to trauma. This is also known as major trauma. 2) The hospital location that paediatric intensive care is provided for children with cardiac disease (acquired and congenital) with home postcodes within the south coast specialised commissioning cluster. To include the first 4 characters of the postcode of the child's home, the diagnosis for each child, diagnostic category, date and time of admission, duration of admission, whether the child was retrieved from another hospital and by whom. 3) The hospital location that paediatric intensive care is provided for all children with home postcodes within the south coast specialised commissioning cluster. To include the first 4 characters of the postcode of the child's home, the diagnosis for each child, diagnostic category, date and time of admission, duration of admission, whether the child was retrieved from another hospital and by whom. 2008/ 2009/2010	Pending decision about permissions	
11/08/11	Phil Hyde Consultant Paediatric Intensivist, PICU, Southampton General Hospital	SOUTH CENTRAL STRATEGIC HEALTH AUTHORITY PROVISION Which hospitals outside of Southampton and Oxford provided intensive care to children with South Central strategic health authority home postcodes. Past 3 years (2008, 2009 and 2010)	Pending decision about permissions	
02/08/11	Clare van Miert NIHR Clinical Doctoral Research Fellow, Alder Hey Children's NHS Foundation Trust	INFANTS WITH BRONCHIOLITIS I would like data on the number of infants \leq 12 months of age with a clinical diagnosis of bronchiolitis (\pm RSV, adenovirus, human meta pneumo virus) admitted to PICU. I would like data to be stratified - infants who are otherwise healthy and infants with an existing co-morbidity. I would like data on the age, gender and ethnicity of the infants who are admitted picu I would like data on presenting features / reason for admission to PICU (e.g apnoeas) I would also like outcome data if possible (ie mortality and morbidity data)	Request withdrawn due to information being available in a recently published paper	

05/08/11	Akash Deep Clinical Lead, PICU Kings College Hospital, London	MORTALITY COMPARISON WITH CHKS Corelate PICANet mortality data with Trust CHKS mortality data. Total admissions and Mortality SMR (PIM2r adjusted) RSPRT -'Exponentially weighted moving average' plots (PIM2r adjusted). Currently the Risk Adjusted Mortality Index (RAMI) provided by CHKS shows us to be an outlier with RAMI > 140 Whilst SMR provided by PICANet shows us to be having an acceptable SMR. We feel that CHKS does not apply to our patient population and should not be used for mortality calculation in child Health. We propose to use SMR provided by PICANet	24/08/11 3 monthly	
01/08/11	Martin Hart Head of Information,West Midlands Specialised Commissioning Group	UNDERSTANDING THE SEVERITY OF PIC FOR WEST MIDLANDS PATIENTS Commissioning – understanding the severity of PIC for West Midlands patients where this occurs outside our region For each year we wish to see a cross-tabulation of PIM2 score by provider by month (excluding Birmingham Children’s Hospital and University Hospital North Staffordshire) where a child of a West Midland PCT received paediatric intensive care. Financial years 2009/10 and 2010/11	Pending decision on permissions	
22/07/11	Phil Wilson Lead Nurse, WM Paediatric Retrieval Service, Birmingham Children’s Hospital NHS Foundation Trust	WMPRS ON REFERRAL PATTERNS IN WEST MIDLANDS Years -- 2005,2006,2007,2008,2009,2010 No . Patients from West Midland SHA admitted to PICUs other than BCH and UHNS.Median an Average LOS for these WM patients admitted to these other units. This is for an Internal Service Review	30/07/11	Will Consider publishing depending on findings
22/07/11	Peter Davis Consultant Paediatric Intensivist, Bristol Royal Hospital for Children.	BPSU CHYLOTHORAX This study is supported and has been running via the British Paediatric Surveillance Unit (BPSU) at the Royal College of Paediatrics & Child Health (RCPCH) since June 2010. The purpose of the study is to determine the frequency with which chylothorax occurs & within which groups of infants and children aged between 24 weeks gestation & 16 years in the UK and Ireland. Additionally we aim to establish the characteristics of children with chylothorax, the clinical management and approaches currently used to treat this condition, the length of symptoms & the treatment options considered & used for individual children, the outcome for these children following the treatment. Although the BPSU surveillance structure is a comprehensive data collection system, to increase ascertainment and identify any cases not identified via the BPSU, other data collection sources are being accessed. PICANet is one of these additional sources and will assist in promoting the confirmation of true cases and allow for the estimation of completeness of ascertainment.	Pending decision about permissions	
06/07/11	David Milford Consultant, Birmingham Children’s Hospital	RENAL REPLACEMENT THERAPY The number of children undergoing renal replacement therapy over 12 months The number of children admitted to PICUs in the same 12 months	13/06/11	Data forwarded to NICE to inform NICE AKI guidance

01/07/11	Matthew Norridge Lecturer Practitioner, Guy's & St Thomas' NHS Foundation Trust/King's College London	NURSES Analysis of how GSTT PICU measures up to recommendations in Bridge to the Future. Number of nurses working in PICU nationally with Child Qualification - Number of nurses working in PICU nationally with ICU qualification	pending	
21/06/11	Dr Claire Westrope Consultant PICU, Universities Hospital of Leicester	USE OF CRRT To collect demographic data on use of CRRT in PICU over the last 5 yrs in order to create a prospective RRT dataset as part of the PCCMCDS. Please can you add the PIM data for the patients on the dataset you have already provided me (attached). Want to show whether the patients who received CRRT and died had higher index of mortality on admission to PICU, or of CRRT is a predictor of mortality alone	13/06/11	
23/06/11	Judith Budd Co-ordinator, East Midlands & South Yorkshire Congenital Anomalies Register	CONGENITAL ANOMOLIES The aim is to register every fetus/baby/child up to the age of 16 diagnosed with a congenital anomaly to a mother normally resident within the East Midlands and South Yorkshire region. Every child with a date of birth after January 1 st 1997, admitted to any unit since July 1 st 2008, coded with a congenital anomaly (as defined by an ICD-10 'Q' code and/or the word 'syndrome' in the text field)	13/06/11	
10/06/11	Peter Broughton Senior Information Design Consultant, The NHS Information Centre	PAEDIATRIC CRITICAL CARE HRG'S Investigation into the distribution of Paediatric Critical Care HRGs within PICANet contributor organizations. We wish to produce graphs and summaries to present to the HRG4 Paediatric Critical Care Expert Working Group. Based on previous experience, the PICANet data appears to be of very high quality. The excellent coverage of data in PICANet makes it the most useful data source for HRGs analysis. The latest SUS dashboard indicates that only 60% of eligible (based on KH03 returns) organisations are submitting data to SUS. Update of previous request on 9/6/09	Lee Norman 14/06/11	
08/06/11	Peter Barry Consultant Paediatric Intensivist, University Hospitals of Leicester	CARDIAC PICU SERVICE PLANNING Number of children admitted each year to PICU from the following post codes: PO30; PO31; PO32; PO33; PO34; PO35; PO36: PO37; PO38; PO39; PO40; PO41. Total admissions to any UK PICU, and Admissions where the primary diagnostic group is cardiac. No unit specific information is required, just the total number. Each calendar year 2008 to 2010	13/06/11	Not a research study – data used to support PICU service planning and delivery
12/05/11	Andrew Nyman, PICU Fellow, Evelina Children's Hospital, St Thomas Hospital, London,	PICU ASTHMA – Follow up data from request 11/05/10 The dataset would therefore need to Exclude all cases < 1yr and > 16yrs of Asthma, Exclude Ireland/Scotland, Dataset from 2005 to current date (or to last complete dataset for UK PICUS), Identify our patients only uniquely, Have UK regional coding (as provided before in my last email)	Phil McShane 07/06/11	

31/05/11	Pallavi Yadav, Trainee Doctor, PICU, Royal Victoria Infirmary, Newcastle.	CONTINUOUS VENO-VENOUS HEMOFILTRATION (CVVH). To audit the cvvh runs at RVI ,Newcastle. 1)All cvvh runs at Newcastle general/RVI for 1.1.05-1.1.11. 2)Their PIM scores at admission	Phil McShane 06/07/11	
29/05/11	John Pappachan, Consultant Paediatric Intensivist, Southampton general Hospital.	REMOTE ISCHAEMIC PRE-CONDITIONING <i>picanet filters:</i> type of admission = unplanned, source of admission = same hospital, <i>day 0 intervention data filters:</i> invasive ventilation by endotracheal tube = yes, continuous infusion of inotrope, vasodilator or prostaglandin = yes <i>picanet data:</i> date of birth, care area admitted from, primary diagnosis, care area admitted from, primary diagnosis, other reason for admission, pim/pim2 - medical history, base excess (if available), status at discharge from your unit, date of discharge from your unit, follow-up status at 30 days post discharge from your unit (if available). <i>calculated data:</i> length of stay, number of days ventilated (continuous days would be best but total number of ticks in this row would d.	pending	
24/05/11	Aaron Carr, Clinical Educator and Senior Nurse for HDU, Children's Ward, Raigmore Hospital, Inverness	NEW CHILDRENS HDU SERVICE To target a new Children's HDU service in the Highlands of Scotland and optimise retrieval team referrals. All available data on emergency PICU retrievals from NHS Highland, with a break-down to identify referring hospital – specifically Raigmore. I am especially interested in any data which indicates severity of illness, level of critical care interventions on retrieval, and hence appropriateness of referral. Home address or at least locality will allow me to analyse the primary health service referral process.I'm not interested in elective PICU admissions within this population	Phil McShane 13/06/11	A formal paper based upon these results and the implications for new service development <i>may</i> be written.
24/05/11	Jessica Veitch, Medical Student, PICU, Royal Manchester Children's Hospital	TOTAL OESOPHAGO-GASTRIC DISSOCIATION (TOGD) Assess the immediate post-operative course of neurologically impaired children following total oesophago-gastric dissociation (TOGD) Total oesophago-gastric dissociation/ oesophago-gastric dissociation/ gastro-oesophageal dissociation/ TOGD/ OGD patients: PICU Admission & Discharge date; PIM 2 score; Days on ventilator; If patient received NIV, HFOV or ECMO; Worst oxygenation index; If patient received renal replacement therapy; If patient received inotropes, and if so how many.Dates needed are from 2002 to present for Manchester only.	Phil McShane 02/06/11	Presented at PICS Cambridge 2011
19/05/11	Helen Yates, Specialist Registrar	PREMATURE BABIES To ascertain the proportion of premature babies in each gestational cohort who are admitted to PICU in the first 2 years of their life and to see how gestation impacts upon illness severity. Cases admitted to PICU under 2 years of age, who were born at less than 36 completed weeks of gestation between 1 st January 2007 and 31 st December 2008, and are resident in England and Wales..	Phil McShane 06/07/11	
09/05/11	Rosie Courtney, Op Manager, Royal Alexandra Children's Hospital.	GEOGRAPHICAL MOVEMENT To build a business case regarding our critical care unit. Specifically, to find out all paediatric intensive care patients referred from Trusts in the SE Coast (Kent, Surrey & Sussex) to London Trusts who needed up to 2 nights ventilation. Diagnosis; age (0-19yrs); sex; NHS Trust referral to and from ; Length of stay (up to 2 days); Interventions; Surgical procedure.	Phil McShane 13/06/11	

13/04/11	Erika Brereton , Data Manager, Our Lady's Childrens Hospital, Crumlin	FUNDING FOR A RESPIRATORY ECMO SERVICE We will be submitting a business case to the Health Service Executive, for funding for a respiratory ECMO service in OLCHC. Number of admissions per annum where ECMO was used as an intervention, Number of days on ECMO, Average Days on ECMO, Median Days on ECMO, Range of Days on ECMO (min – max), Interquartile Range on ECMO (25% - 75%), LOS. Grouped by Diagnosis Group. Age Grouping: Neonate Group (age at admission < 29 days), Paediatric Group (29 days – 15 years), Please exclude OLCHC from the totals.	Phil McShane 18/04/11	This data was used to inform a business case we are working on for funding of a Respiratory ECMO service.
28/03/11	Novartis Pharmaceuticals UK Ltd, Surrey	MENINGITIS B VACCINE Meningitis B vaccine in development, which we have to obtain various cost data for a health technology appraisal we are involved with. The total number of bed days annually used by children in PICU due to Meningococcal septicaemia/meningitis in the UK. A retrieval team is often deployed to take children who are severely ill to a tertiary hospital. Is it possible to find out how many transfers of this nature take place annually in the UK due to Meningococcal disease? Annual figures over the last several years, obviously taking into account when you first started collecting the data. Ideally all the UK, but understand that to provide a robust estimate we may have to concentrate on England/Wales.	Phil McShane 20/04/11	
15/03/11	Lynette Akong , MsC student, School of Geography, University of Leeds	SPATIAL PATTERNS OF RESPIRATORY ILLNESS The following fields will be required for this study:Case Reference, Age in weeks, Sex, Ethnicity, Date of Admission, Type of Admission, Geo location of Patient, Geo location of PICU, Diagnosis. A five-six year span should be adequate If possible data from 2004 – 2010. England and Wales given the lowest available level of geography which will permit anonymity and preserve confidentiality. Output areas are preferred for linkage with external variables, however wards may be adequate for a less detailed study. <u>Comment from Roger Parslow</u> : As far as diagnosis goes, this needs to be broad categories with the exception of respiratory that needs to be broken down into Bronchiolitis vs. Others (and possibly flu).	30/06/11 Lee Norman	
12/01/11	Rob Konstant Hambling , North West Specialised Commissioning	CAPACITY PLANNING Could I get hold of the backing data behind your annual report and any you may have in relation to 2010? We have contracts with CMFT, Alderhey, North Staffs, Sheffield Children's, Birmingham Children's and Great Ormond Street but other units would be of use for benchmarking. Ideally patient level data to describe admission date, type and source, LOS, diagnosis/procedure, level of care and/or HRG if available. Patient identifiers to allow linking to spells from SUS data would be useful for the trusts with which we have contracts but not needed for the other units.	Request Withdrawn	
19/01/11	Erika Brereton , PICU Data Manager, Our Lady's Childrens hospital, Crumlin	MEASURING PERFORMANCE MARKERS Average Length of Stay by Age Group, Average Length of Stay by Primary Diagnosis Group, Average Invasive Ventilation Days by Age Group, Average Invasive Ventilation Days by Primary Diagnosis Group. We are looking for the averages based on the same dataset used for the National Report, using the same report layouts.	Phil McShane 21/01/11	We did not publish or present this data, but reviewed it against our own average length of stay figures.
18/01/11	P Ramnayaran Consultant, CATS 44B, Great Ormond Street Hospital, London	PERTUSSIS To describe clinical features and outcomes for children admitted to PICUs in England & Wales with pertussis infection Time period: 2005-2009 inclusive	Phil McShane 03/02/10	

01/12/10	Peter Davis, Consultant Paediatric Intensivist	USE OF ECMO IN ENGLAND AND OUTCOME Use of ECMO in England and outcome: 2005-2009.From the PICANet reports for this 5 year period, it appears that 15 units in England used ECMO to support patients, although only 3 units were nationally designated for neonatal / paediatric respiratory ECMO.By identified PICU, the numbers of children supported on ECMO by diagnostic grouping and the outcome (discharged alive vs survived) of these children by diagnostic grouping. By identified PICU, the primary diagnoses of children supported on ECMO.	Phil McShane 17/12/11	I didn't get a response from all centres to identify themselves so the usefulness of the data remains limited.
25/11/10	Aiden Cullen, ST5 Anaesthetics Royal Belfast Hospital	HEAD INJURY/ INVASIVE VENTILATION Number of children admitted to PICU in the PICANet network since April 2008 with a diagnosis of head injury/ traumatic brain Injury that received invasive ventilation. Actual numbers and numbers as a percentage of total PICU admissions. Also could data be provided for the PICU in Belfast to compare locally?	Request Withdrawn	Still working on project
25/11/10	Chloe Mounsell, Specialist trainee Year 5,Child and adolescent psychiatry, Imperial College, London	SELF HARM We would like to know what data you <i>already</i> have on these patients ie what method, what age, sex, and the numbers? What is the burden to the service, ie number of days on ICU, what interventions they may require and what proportion may be referred to Child and Adolescent Mental health services? As we are wanting to get the <i>incidence</i> of severe self harm in this age group we must try to make sure we don't miss those 14 year olds and younger, who go to Adult ICU's.	Request Withdrawn on 6/12/10	
18/11/10	Claire Magner, Clinical Audit and Research Nurse, OLCH, Crumlin.	TOP 10 DIAGNOSES We would like to know the top ten diagnoses for all patients admitted from an outside hospital to Crumlin in 2009, who were older than 6 weeks.	Phil McShane 06/12/10	
15/11/10	Susannah George, Specialty Registrar in Dermatology, Brighton and Sussex University Hospitals	DERMATOLOGY For all admissions with CT3 codes in the category 'Skin': anonymised PICU identifier; calendar year of admission; age (months); sex; type of admission; source of admission; care area admitted from; PIM predicted risk of mortality; primary diagnosis; other reasons; operations/procedures; co-morbidity; status at PICU discharge; ventilation status; use of vasoactive drugs; renal replacement therapy; length of stay in PICU (hours)	Phil McShane / Lee Norman 29/11/10	Plan to analyse it and publish.
09/11/10	Tracy Reek, Staff Nurse, Nottingham University Hospitals NHS Trust	THERAPEUTIC HYPOTHERMIA An Extended Literature Review to examine the use of Therapeutic Hypothermia in Children following Cardiac Arrest (Dissertation Study, BSc (Hons) Health Care Studies) Total number of admissions to PICU each year. Incidence of children admitted to PICU following a cardiac arrest. Incidence of children sustaining a cardiac arrest within PICU. Survival rates following cardiac arrest (data for last five years please)	Phil McShane / Lee Norman 18/11/10	I requested data for use in a dissertation This is towards the nurse's critical care degree pathway.
05/11/10	Stephen Playfor, Royal Manchester Children's Hospital	LENGTH OF STAY We need to present data from the current PICANET dataset showing Length of Stay Vs Diagnostic Group for a) Planned admissions and b) Unplanned admissions.	Roger Parslow 05/11/10	

03/11/10	Carol Kennelly, Matron, PICU St George's, Tooting	INTERVENTIONS AND HRG'S Report showing patient ID (in some form), interventions; HRG; and group (PICU/HDU) however this information presented. Please can this be done on a monthly basis?	Lee Norman / Phil McShane 03/11/10	
02/11/10	Ravi Agarwal, Consultant Paediatrician. Hope Hospital, Salford	VIROLOGY RESULTS I am looking for full virology (NPA or BAL) results from the infants (<1 year old) ventilated in the PICU during the last 5 years (2004-09). If you do not have 2009 data, it is not a problem. Full virology: virology results in all the bronchiolitis children; e.g. RSV, para influenza or rhino virus etc.	Phil McShane 29/11/10	
28/10/10	Carla Hayes, PICU Audit Clerk, Nottingham.	RENAL SUPPORT Could you do me a report with the data on of any children requiring renal support since i.e. Haemodialysis, plasma exchange ext, from the 1 st of January 2010? Also how many days the children were with us for?	Phil McShane/ Lee Norman 12/11/10	
27/10/10	Lee Ferguson, Paediatric Intensivist, Newcastle Freeman Hospital	ARTERIAL HYPEROXIA To investigate the association between arterial hyperoxia following resuscitation from cardiac arrest and mortality in children.	Phil McShane / Lee Norman 27/10/10	We are in midst of multivariable logistic analysis with view to publishing a paper
26/10/10	Phil Wilson, Lead Nurse, West Midlands Paediatric Retrieval Service	WEST MIDLANDS PCTS – ADDITIONAL How many patients from West Midland PCTs were admitted to PICUs other than Birmingham Children's Hospital, University Hospital of North Staffordshire or University Hospital Leicester (Glenfield or Royal Infirmary) between 14 th September 2009 and 13 th September 2010? Please could I have monthly breakdowns?	Phil McShane/ Lee Norman 12/11/10	
26/10/10	Phil Wilson, Lead Nurse, W Midlands Paediatric Retrieval Service	WEST MIDLANDS PCTS How many patients from West Midland PCTs were admitted to PICUs other than Birmingham Children's Hospital or University Hospital of North Staffordshire between 14/09/09 and 13/09/09	Phil McShane 26/10/10	
20/10/10	Claire Magner Clinical Audit and Research Nurse, Our Lady's Children's Hospital, Crumlin.	MORTALITY We would like to know what is the % mortality in the first 24 hours of PICU stay for patients transferred in from an outside hospital in 2009. <i>This information contributed to a presentation for a meeting of the Intensive Care Society of Ireland in Galway October 2010 entitled: Why we need specialist paediatric retrieval in Ireland – again! (Oral Presentation) Lucia Borovickova, Claire Magner, Brendan O'Hare, Martina Healy, Denise Rohan. This presentation was awarded the Kate Flynn Prize for Critical Care Case History Presentation</i>	Phil McShane 21/10/10	See text to the left

06/10/10	Claire Magner, Clinical Audit and Research Nurse, Our Lady's Children's Hospital, Crumlin.	SMR DATA Would it be possible to divide all our 2009 patients into 2 groups. The first group being the patients who had a blood gas recorded within the first hour of admission, in other words those who have PIM data entered. The second group to comprise patients who did not have a blood gas within the first hour of their admission from our 2009 admissions. Could you calculate an SMR for each of these groups?	Phil McShane 6/10/10	Information was used in a presentation at the PICANet Annual Meeting Birmingham 14 th Oct 2010.
22/09/10	Peter Barry, Consultant Paediatric Intensivist, University Hospitals of Leicester	R-SPRT PLOTS R-SPRT plots and underlying data for all admissions to Glenfield Hospital for the period 1/3/2003 (or earlier) to the present day (or as near as possible); Adjusted and unadjusted mortality, R-SPRT plots and underlying data for admissions to Glenfield Hospital where the primary diagnostic group is cardiac for the period 1/3/2003 (or earlier) to the present day (or as near as possible); Adjusted and unadjusted mortality, R-SPRT plots and underlying data for admissions to Glenfield Hospital where the primary diagnostic group is cardiac and the admission type is planned or unplanned following surgery for the period 1/3/2003 (or earlier) to the present day (or as near as possible).	Phil McShane 30/09/10	
22/09/10	Lyn Jarvis, Info Officer, Southampton Research and Audit Office	DEEP VEIN THROMBOSIS Please can you run a report that shows all children admitted between 01/01/2005 and 31/08/2010 who were admitted to PICU with Deep Vein Thrombosis as a primary or other condition (not sure if there will be many, if any, but we are hopeful?). Need hosp number, date and time of admission and discharge, and primary and other conditions.	Phil Mcshane/ Lee Norman 30/09/10	
18/09/10	Elise Randle / Sophie Skellett, PICU Registrar / PICU Consultant, Great Ormond Street Hospital	DROWNING Children admitted to PICU following drowning or 'near-drowning'. We would like data from 2003 to 2009. We would need date of birth, date of admission, age, sex, ethnic group, ventilation days / non-invasive ventilation, HFOV, inotrope requirement, ICP bolt, seizures, PIMS 2, total days of admission, outcome (death/discharge).	Phil Mcshane/ Lee Norman 18/10/10	
17/09/10	Claire Magner, Clinical Audit and Research Nurse, Our Lady's Children's Hospital, Crumlin.	AGE GROUPS AND MORTALITY We would like to know the age groups and mortality of the main surgical cases including: Tracheo-oesophageal Atresia, Tracheo-oesophageal Fistula, Duodenal Atresia, Oesophageal Atresia, Congenital Diaphragmatic Hernia, Necrotising Enterocolitis, Gastroschisis, Omphalocele For neonates (<28 days) and non neonates. What was the mortality of these patients? What was their gestation? Was surgery performed on these patients?	Phil Mcshane/ Lee Norman 30/09/10	Information was presented in the hospital by General Surgery Consultant.
15/09/10	Lyn Jarvis, Info Officer, Southampton Research and Audit Office	TRACHEOSTOMY Please can you run a report that shows all children admitted to Southampton from when PICANet records began to 31/08/2010, who were admitted to PICU with Traumatic Brain injury/other similar diagnosis but who in addition had a Tracheostomy.	Phil McShane / Lee Norman 30/09/10	

09/09/10	Claire Magner , Clinical Audit and Research Nurse, Our Lady's Children's Hospital, Crumlin.	PNEUMOCOCCAL MENINGITIS We would like to know the survival of pneumococcal meningitis patients who receive invasive ventilation. <i>We did not publish or present this data, but wished to be more informed about this devastating disease when caring for these patients and offering support to their families</i>	Phil McShane 09/09/10	See text to left
07/09/10	Claire Westrope , Locum Consultant PICU / ECMO, Glenfield Hospital Leicester	RENAL REPLACEMENT THERAPY From the original PICANET dataset: numbers of patients who received CRRT (PD/CVVH/CVVHD/CVVHDF) with age, weight, diagnosis and outcomes. Proportion of RRT patients per total admissions by anonymised unit. From the PCCMDS. For those patients who had RRT; mode of RRT, number of days on RRT with age weight diagnosis and outcomes.	Phil McShane 07/09/10	
06/09/10	Oliver Bagshaw , Consultant in Birmingham Children's Hospital	INHALATIONAL INJURY / INHALATIONAL BURNS Numbers, demographic details, interventions, duration of stay and outcome of all admissions with a diagnosis of inhalational injury or inhalational burns.	Lee Norman / Phil McShane 08/09/10	
02/09/10	Lyn Jarvis , Info Officer, Southampton Research and Audit Office	DROWNING / HEAD INJURY List of all patients admitted to Southampton for the last 2 years (01/08/2008 to 31/07/2010) who were admitted with any type of head injury or drowning. Please provide hospital number, date of admission and discharge, diagnosis column and any procedures, and patient outcome.	Lee Norman / Phil McShane 07/09/10	
12/08/10	Lorna Fraser , Research Officer, Paediatric Epidemiology Group, University of Leeds	CEREBRAL PALSY All admissions where Cerebral Palsy is listed as primary or secondary diagnosis. Ethnicities, deprivation score, age at admission are also required. To describe the ethnicity and socioeconomic profile of children/young people with Cerebral Palsy that are admitted to PICU	Lee Norman 10/08/10	
04/08/10	Michael Absoud , Clinical Research Fellow, Birmingham Children's Hospital.	TRANSVERSE MYELITIS What is the incidence of transverse myelitis (TM) admitted to PICUs in England and Wales? What are the interventions and outcome of children admitted to PICU with TM? Timeline: January 2004-December 2009?	Phil McShane 11/08/10	
26/07/10	Andrew Prayle , Clinical Research Fellow, University of Nottingham.	CYSTIC FIBROSIS There is ongoing controversy regarding the appropriateness (or otherwise) of ventilation of acutely unwell patients with cystic fibrosis. Studies to date have been small. There is especially limited data regarding the outcome of children with CF.	Phil McShane 11/08/10	At draft paper stage

07/07/10	Lyn Jarvis , Info Officer, Southampton Research and Audit Office	TRAUMATIC BRAIN INJURY Please can you run a report that shows all children admitted between 01/06/2007 and 30/06/2010 who were admitted to PICU with Traumatic Brain injury?	Phil McShane 08/07/10	
30/06/10	Carla Hayes , PICU Audit Clerk, Nottingham.	RENAL INTERVENTIONS Could we please have the case note numbers of all of our patients who have received renal interventions and which Renal Interventions, since January 2010. Also the number of days they were with us.	Phil McShane 02/07/10	
23/06/10	Lleona Lee , Consultant Neonatologist University Hospital of North Staffordshire	LIGATION OF PATENT DUCTUS ARTERIOSUS The aim is to survey any infant born at less than 37 completed weeks of gestation who undergoes ligation of a patent ductus arteriosus prior to discharge home. Infants with other cardiac structural abnormalities would be excluded.Data required: Patient identifiers – NHS number, date of birth, birth weight, birth gestation, Referring hospital, Date of admission, date of PDA ligation, date of discharge, Medication on arrival, medication on discharge, Ventilatory support on arrival and on discharge, Circulatory support on arrival and on discharge, Length of stay, Date of death if applicable	Request withdrawn	
17/06/10	Carla Hayes , PICU Audit Clerk, Nottingham.	UNPLANNED ADMISSION We need all the unplanned admission to PICU from The Nottingham University Hospitals Wards? Not A&E or Theatres for 2009. We will need the time and date of admission, age & gender, any interventions received and primary diagnosis. Also the length of stay and the outcome at 30 days.	Phil McShane 21/10/10	
08/06/10	Pradip Thakker , Consultant Paediatrician / Special Interest Cardiology, Queens Medical	POST SCOLIOSIS SURGERY All patients who have been admitted post scoliosis surgery that have got underlying diagnosis of Duchennes Muscular Dystrophy over last 10 years. Any deaths in this group over last 10 years? What treatment patient was on and what cardiac function was documented prior to surgery?	Phil McShane 30/07/10	
08/06/10	Hannah Baird , Medical Student, Central Manchester Foundation Trust	CHRONIC / LONG TERM VENTILATED PATIENTS The number of beds used by chronic / long term ventilated patients in PICU's.	Phil McShane 01/07/10	
07/06/10	Barney Scholefield , Clinical Research Fellow, Birmingham Children's Hospital	POST-CARDIAC ARREST ADMISSIONS Evaluate the current epidemiology of post-cardiac arrest admissions to PICU in the UK. Evaluate the In-PICU cardiac arrest population (PCCMDS data). Assess the feasibility of performing a randomised controlled trial of therapeutic hypothermia on the UK post-cardiac arrest population with respect to potential inclusion/exclusion criteria (Trauma, sepsis, age etc). Economic evaluation of burden of therapeutic hypothermia on patients (Length of stay, ventilation, additional modes of mechanical support (CVVH etc))	Phil McShane 07/06/10	Two presentations at Syney PICS 2011



www.picanet.org.uk
picanet@leeds.ac.uk

University of Leeds

**Roger Parslow
Phil McShane
Thomas Fleming
Lee Norman
Sarah Skinner**

PICANet
Paediatric Epidemiology Group
Centre for Epidemiology & Biostatistics
The Leeds Institute of Genetics
Health and Therapeutics
University of Leeds
Worsley Building
Leeds
LS2 9LN

r.c.parslow@leeds.ac.uk
0113 343 4856

University of Leicester

**Elizabeth Draper
Caroline Lamming
Martin Perkins
Rachel Hobson**

PICANet
Department of Health Sciences
University of Leicester
22-28 Princess Road West
Leicester
LE1 6TP

cr14@le.ac.uk
0116 252 5414

