

# Annual Report of the Paediatric Intensive Care Audit Network

January 2009— December 2011  
Appendices



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**Paediatric Intensive Care Audit Network**

University of Leeds  
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## APPENDIX A PARTICIPATING UNITS 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	The Royal London 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 <sup>1</sup>	3	General
Cardiff & Vale University Health Board	University Hospital of Wales	PICU	7	0	General
Central Manchester University Hospitals NHS Foundation 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 <sup>2</sup>	0	General & Cardiac
HSE (Health Services Executive)	Children's University Hospital, Temple Street, Dublin	PICU	9	0	General
	Our Lady's Children's Hospital, Crumlin, Dublin	PICU	18	5	General & Cardiac
Hull & East Yorkshire Hospitals NHS Trust	Hull Royal Infirmary	PICU beds on AITU	2	4 <sup>3</sup>	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 L2 & L7	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 <sup>4</sup>	General (plus neurosurgical and spinal)
NHS Greater Glasgow and Clyde – Women and Children's Division	Royal Hospital for Sick Children, Yorkhill	PICU	16 <sup>5</sup>	10	General, Cardiac & ECMO
Oxford Radcliffe Hospitals NHS Trust	The John Radcliffe Hospital	PICU	8	6	General & Cardiac
Nottingham University Hospitals NHS Trust	Queen's Medical Centre	PICU	6	4	General (plus regional neurosurgical, spinal, supraregional renal service and cleft lip &

NHS Trust	Participating Hospital	Unit / Ward	Number of ITU beds	Number of HDU beds	Type of unit
					palate services)
Royal Brompton & Harefield NHS Foundation Trust	Royal Brompton Hospital	PICU	14 <sup>6</sup>	4	Cardiac & Respiratory
Royal Liverpool Children's NHS Trust	Royal Liverpool Children's Hospital	PICU	22	0	General & Cardiac
Sheffield Children's NHS Foundation Trust	Sheffield Children's Hospital	PCCU	9	8	General, major trauma, neurosurgery, ENT, oncology, metabolic, paediatric surgery, spinal
	Sheffield Children's Hospital	Neonatal Surgical Unit	2	0	Neonatal Surgical Unit
Southampton University Hospitals NHS Trust	Southampton General Hospital	PICU	12 <sup>7</sup>	8 <sup>7a</sup>	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 <sup>9</sup>	2	General & Surgery
Belfast Health and Social Care Trust	Royal Belfast Hospital for Sick Children	PICU	8 <sup>10</sup>	0	General
University Hospitals Bristol NHS Foundation Trust	Bristol Royal Hospital for Children	PICU	15 <sup>11</sup>	0	General & Cardiac
University Hospitals of Leicester NHS Trust	Leicester Royal Infirmary	CICU	6 <sup>13</sup>	2	General
	Glenfield Hospital	PICU	7 <sup>12</sup>	0	Cardiac & ECMO
University Hospital of North Staffordshire NHS Trust	University Hospital of North Staffordshire	PICU	6	1	General
Non NHS	The Harley Street Clinic	PICU	13	5	General

1 Increase from 6 ITU and 2 HDU beds effective from 1<sup>st</sup> 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 From 1<sup>st</sup> June 2012 unit has 12 beds. Previously 13.

7a HDU beds are in 2 separate HDU units (4 Cardiac and 4 General)

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

13 Reduced by 1 ITU bed in June, July and August

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

Name	Position	NHS Trust / Hospital	Period served
Dr Rachel Agbeko	Paediatric Intensivist	Great North Children's Hospital Newcastle upon Tyne Hospitals NHS Foundation Trust	2012 - present
Dr John Alexander	Consultant in Paediatric Intensive Care	University Hospital of North Staffordshire NHS Trust Stoke On Trent City General	2012 - present
Dr Paul Baines	Consultant in Paediatric Intensive Care	Royal Liverpool Children's NHS Trust Alder Hey Hospital	2002 - 2012
Ms Corenna Bowers	Sister	Cardiff & Vale NHS Trust University Hospital of Wales	2002 - 2004
Dr Anthony Chisakuta	Lead Clinician	The Royal Group of Hospitals & Dental Hospital HSS 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
David Cope	Audit Nurse	Sheffield Children's Hospital	2012 - present
Dr Gillian Colville	Consultant Clinical Psychologist	St George's Healthcare NHS Trust St Georges Hospital, London	2009 - 2012
Dr Peter Davis	Consultant in Paediatric Intensive Care	United Bristol Healthcare NHS Trust Bristol Royal Hospital for Children	2006 – present (From 2012 Chair)
Dr Andrew Durward (sharing with Dr Shane Tibby)	Consultant in Paediatric Intensive Care	Guy's & St Thomas' NHS Foundation Trust Evelina Children's Hospital	2002 - present
Ms Georgina Gymer	Research Nurse	Nottingham University Hospitals NHS Trust Queen's Medical Centre	2005 - 2006
Dr James Fraser	Consultant in Paediatric Intensive Care	United Bristol Healthcare NHS 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 - 2012
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 (representing Scotland)	Consultant in Paediatric Intensive Care	NHS Lothian – University Hospitals Division Edinburgh Royal Hospital for Sick Children	2005 - present
Elizabeth McKinty	Sister	The Royal Group of Hospitals and Dental Hospital HHS 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
Cathy McMahon	tbc	Our Lady's Children's Hospital, Crumlin, Dublin 12 and The Children's University Hospital, Dublin	2011 - present
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	Our Lady's Children's Hospital, Crumlin, Dublin 12	2010 - 2011
Ms Geralyn Oldham	Information Support Manager	Great Ormond Street Hospital for Children NHS Trust Great Ormond Street Hospital for Sick Children	2002 - present
Dr John Pappachan (shared with Dr Peter Wilson)	tbc	Southampton Universities Hospital NHS trust Southampton General Hospital	2012 - present
Dr Nazima Pathan	Consultant in Paediatric Intensive Care	Royal Brompton and Harefield NHS Trust Royal Brompton Hospital	2012 - present
Dr Gale Pearson	Consultant in Paediatric Intensive Care	Birmingham Children's Hospital NHS Trust Birmingham Children's Hospital	2002 – 2011
Dr Adrian Plunkett	Consultant Paediatric Intensivist	Birmingham Children's Hospital NHS Trust Birmingham Children's Hospital	2012 - present
Dr Damian Pryor	Consultant in Paediatric Intensive Care	Cardiff & Vale NHS Trust 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 - 2011
Kay Rushforth	Senior Sister	Leeds Teaching Hospitals NHS Trust Leeds General Infirmary	2012 - present
Shane Tibby (Sharing with Dr Andrew Durward)	Consultant in Paediatric Intensive care	Guys and St Thomas Foundation Trust Evelina Children's Hospital	2011 - present
Dr Allan Wardhaugh (representing Wales)	Consultant in Paediatric Intensive Care	Cardiff & Vale NHS Trust University Hospital of Wales	2004 - present
Ms Debbie White	Sister	Cambridge University Hospitals NHS Foundation Trust Addenbrooke's Hospital	2002 - 2012
Dr Peter Wilson (shared with John Pappachan)	PICU Consultant	Southampton General Hospital Southampton Universities Hospital NHS trust	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 PIC FAMILIES GROUP MEMBERSHIP

Name	Position	Organisation	Period Served
Dr John Alexander	Consultant in Paediatric Intensive care	University Hospital of North Staffordshire PICU	2010 to present
Dr Tariq Ali	Consultant in Paediatric Intensive care and Anaesthesia	John Radcliffe Hospital, Oxford	2010 –2011
Fiona Bickell	Retrieval Nurse Practitioner	South Thames Retrieval Service	2010 - present
Sally Bolsover	Sister	Sheffield Childrens Hospital	2011 to present
Sarah Bundy	Family Liaison Sister	Birmingham Children’s Hospital	2010 to present
Dr Gillian Colville	Clinical Psychologist	St Georges Hospital	2009 to present
Helene Craddock	Senior Staff Nurse	Bristol Royal Hospital for Children	2011 to present
Professor Elizabeth Draper	Principle Investigator	PICANet	2009 to present
Debra Ehala	Sister	Great North Childrens Hospital	2009 to present
Phillip Hudnott	Audit Nurse	Manchester Childrens Hospital	2011 to present
Dr Hilary Klonin	Consultant in Paediatric Intensive care	Hull Royal Infirmary	2009 to present
Caroline Lamming	Research Nurse	PICANet	2009 to present
Anna Leather	Critical Care Audit Nurse	Sheffield Children’s Hospital	2011 to present
Shelley Marsh	Lay Representative	N/A	2011 to present
Tina McClelland	Audit Sister	Alderhey Hospital	2009 to present
Anna Leather	Critical Care Audit Nurse	Sheffield Children’s Hospital	2011 to present
Petra Schroff	Family Liaison Nurse	Great Ormond Street Hospital for Children	2011 to present
Adam Tansey	Lay Representative	N/A	2011 to present
Dr Ulf Thielen	Consultant Paediatric Intensivist	Edinburgh Royal hospital for Sick Children	2009-2011

### Patient details (or hospital label)

<p><b>Family name</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><b>First name</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><b>Address</b></p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p><b>Postcode</b></p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p><b>Ethnic category</b> (refer to categories on back page)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><b>GP practice code</b></p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<p><b>NHS number</b> (or CHI number)</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Tick if patient is not eligible for NHS no.         </div> <p><b>Case note number</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><b>Date of birth</b> (dd/mm/yyyy)</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p><b>Indicate if date of birth is</b></p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Estimated             <input type="checkbox"/> Anonymised             <input type="checkbox"/> Unknown         </div> <p><b>Sex</b></p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Male             <input type="checkbox"/> Female             <input type="checkbox"/> Ambiguous             <input type="checkbox"/> Unknown         </div> <p><b>Gestational age at delivery</b> (if patient is under 2 years old)</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="margin: 0 5px;">weeks</div> </div> <p><b>Birth order</b>      <b>Multiplicity</b></p> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="margin: 0 5px;">of</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
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### Admission details

<p><b>Date and time of admission to unit</b> (dd/mm/yyyy)</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="margin: 0 5px;">20</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p><b>Admission number</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><b>Type of admission to unit</b></p> <div style="margin-top: 5px;"> <input type="checkbox"/> Planned – following surgery  <input type="checkbox"/> Unplanned – following surgery  <input type="checkbox"/> Planned – other  <input type="checkbox"/> Unplanned – other         </div> <p><b>Previous ICU admission</b> (during current hospital stay)</p> <div style="margin-top: 5px;"> <input type="checkbox"/> ICU  <input type="checkbox"/> PICU  <input type="checkbox"/> NICU  <input type="checkbox"/> None  <input type="checkbox"/> Unknown         </div>	<p><b>Source of admission</b></p> <div style="margin-top: 5px;"> <input type="checkbox"/> Same hospital      <input type="checkbox"/> Clinic  <input type="checkbox"/> Other hospital      <input type="checkbox"/> Home         </div> <p><b>Care area admitted from</b> (includes transfers in)</p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> X-ray / endoscopy / CT scanner  <input type="checkbox"/> Recovery only  <input type="checkbox"/> HDU (step up/step down unit)  <input type="checkbox"/> Other intermediate care area             </div> <div> <input type="checkbox"/> ICU / PICU / NICU  <input type="checkbox"/> Ward  <input type="checkbox"/> Theatre and recovery  <input type="checkbox"/> A &amp; E             </div> </div> <p><b>Retrieval / transfer</b></p> <div style="margin-top: 5px;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No         </div> <p><b>Retrieved / transferred by</b></p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Own team  <input type="checkbox"/> Other specialist PIC team  <input type="checkbox"/> Unknown             </div> <div> <input type="checkbox"/> Specialist non-PIC team  <input type="checkbox"/> Non-specialist team             </div> </div> <p><b>Transport team</b></p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
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### Diagnoses and procedures

**Primary diagnosis for this admission:**

.....

**Other reasons for this admission:**

.....

**Operations and 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	X842													

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

PIM2

PIM2 applies to observations recorded between the first face-to-face contact with ICU doctor **until one hour after admission**. Always use the first recorded measurement during this time period.

**Elective admission**

☐ Tick if this is an elective admission

**Main reason for PICU admission**

☐ Asthma

☐ Bronchiolitis

☐ Croup

☐ Obstructive sleep apnoea

☐ Recovery from surgery

☐ Diabetic ketoacidosis

☐ Other (none of the above)

**Is evidence available to assess past medical history?**

☐ Yes    ☐ No

**If yes, tick all that apply**

☐ Cardiac arrest before ICU admission

    ➡ ☐ Cardiac arrest OUT of hospital

☐ Cardiomyopathy or myocarditis

☐ Severe combined immune deficiency

☐ Hypoplastic left heart syndrome

☐ Leukaemia or lymphoma after first induction

☐ Liver failure main reason for ICU admission

☐ Admitted following cardiac bypass

☐ Spontaneous cerebral haemorrhage

☐ Neurodegenerative disorder

☐ Human Immunodeficiency Virus (HIV)

☐ Unknown

**Phil McShane**  
*Statistician*  
(0113) 343 8304  
p.mcshane@leeds.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 PICA Net you can:

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

## PICA Net contact information:

**Website:** [www.picanet.org.uk](http://www.picanet.org.uk)

**Email:** [picanet@leeds.ac.uk](mailto:picanet@leeds.ac.uk)

✉ **Roger Parslow, Sarah Skinner, Phil McShane & Lee Norman**  
PICA Net  
Paediatric Epidemiology Group  
Centre for Epidemiology & Biostatistics  
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[p.mcshane@leeds.ac.uk](mailto:p.mcshane@leeds.ac.uk)

☎ 0113 343 8304

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[l.j.norman@leeds.ac.uk](mailto:l.j.norman@leeds.ac.uk)

☎ 0113 343 8125

## Contact information (cont)

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

PICA Net

Department of Health Sciences

University of Leicester

22 -28 Princess Road West

Leicester LE1 6TP

[msn@leicester.ac.uk](mailto:msn@leicester.ac.uk)

☎ 0116 252 3200

[crl4@le.ac.uk](mailto:crl4@le.ac.uk)

☎ 0116 252 5414

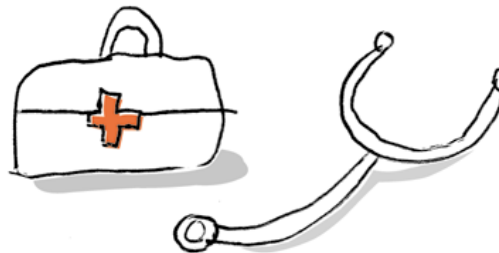
[rg16@le.ac.uk](mailto:rg16@le.ac.uk)

☎ 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 <sub>2</sub>	<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 <sub>2</sub>	<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> mmHg</div> <div><i>± 5 mmHg is acceptable</i></div>	
	Base excess (arterial/capillary)	<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> <div>Start date</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> <div>Stop date</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> <div>Start date</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> <div>Stop date</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><i>± 30 minutes is acceptable</i></div>	

## APPENDIX H DATA VALIDATION REPORT

*(This report was used throughout the reporting period of this publication but has been superseded by the web based system self validating reports)*

### 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

SITE ID	2009												2009 Total	2010												2010 Total	2011												2011 Total	TOTAL	
	1	2	3	4	5	6	7	8	9	10	11	12		1	2	3	4	5	6	7	8	9	10	11	12		1	2	3	4	5	6	7	8	9	10	11	12			
PIC001	99	107	102	94	111	110	121	105	120	115	116	139	1339	114	92	115	105	98	102	115	106	112	96	103	121	1279	111	96	104	91	115	105	115	112	104	99	108	115	1275	3893	
PIC002	53	38	53	39	41	39	27	28	40	37	34	54	483	48	26	43	33	40	33	42	31	36	54	49	50	485	19	13	14	15	12	7	14	8	14	10	3	20	149	1117	
PIC003	52	51	44	48	58	52	56	47	39	58	61	67	633	57	62	58	62	53	57	54	45	55	57	46	68	674	74	58	52	58	56	54	51	51	52	63	58	59	686	1993	
PIC004	47	39	56	37	49	39	43	35	48	45	46	49	533	46	48	53	40	47	54	52	41	53	56	48	46	584	45	56	61	57	45	40	43	47	57	56	61	47	615	1732	
PIC005	29	31	34	25	16	23	27	29	24	23	36	47	344	29	17	29	24	21	22	20	12	18	9	26	36	263	24	21	27	19	25	23	19	15	18	17	28	29	265	872	
PIC006	75	55	77	69	74	72	62	59	64	63	82	73	825	64	63	60	70	74	63	61	47	60	67	74	69	772	82	70	85	69	71	63	54	49	65	71	67	88	834	2431	
PIC008	30	27	33	32	30	40	35	36	41	27	38	33	402	32	38	41	30	47	37	33	26	29	31	25	25	394	32	28	32	25	15	21	24	26	28	20	36	21	308	1104	
PIC009	35	29	37	34	31	30	33	33	40	33	40	35	410	28	23	23	22	31	31	20	23	41	31	31	35	339	19	26	29	21	28	26	36	32	48	33	43	48	389	1138	
PIC010	93	71	95	91	83	103	79	77	104	99	105	123	1123	98	82	100	100	88	95	100	84	93	106	108	116	1170	89	93	99	85	86	94	93	79	83	96	93	113	1103	3396	
PIC011	77	66	84	99	82	76	63	77	75	84	96	91	970	76	58	73	74	70	86	94	82	75	95	85	84	952	88	78	69	62	96	96	77	78	73	80	100	99	996	2918	
PIC012	96	87	102	94	92	104	81	90	92	107	101	121	1167	106	92	93	97	100	93	96	100	86	82	122	133	1200	121	105	103	95	100	98	108	102	78	93	98	125	125	1243	3610
PIC013	52	44	51	44	55	48	50	48	51	42	47	49	581	43	40	69	51	55	46	51	45	56	56	45	50	607	51	48	55	32	54	38	48	41	56	48	50	69	590	1778	
PIC014	48	53	59	50	55	60	53	58	63	62	66	69	696	58	51	70	74	76	54	56	76	66	61	55	50	747	54	51	49	41	46	62	49	69	68	63	65	59	676	2119	
PIC015	36	35	48	43	24	44	42	35	51	53	53	46	510	46	45	54	46	31	26	39	32	27	50	47	50	493	52	42	50	39	48	40	36	30	45	46	32	41	501	1504	
PIC016	33	30	30	19	27	24	23	20	24	29	38	39	336	39	31	32	17	20	24	26	21	24	31	32	37	334	24	20	31	30	21	20	24	16	29	30	22	26	293	963	
PIC017	7	5	9	11	7	10	6	5	8	14	19	17	118	11	17	16	10	10	6	7	1					78														196	
PIC018	60	53	64	65	64	51	73	45	64	61	67	65	732	61	50	57	56	55	60	60	45	63	53	82	80	722	75	76	77	54	49	62	52	39	54	53	74	72	737	2191	
PIC019	16	10	22	11	7	12	9	7	19	19	23	17	172	21	12	19	12	18	18	9	12	15	21	25	29	211	29	17	30	26	19	22	22	14	24	19	16	19	257	640	
PIC020	18	24	20	26	18	14	21	26	26	23	23	34	273	29	23	20	18	33	25	18	25	9	16			216														489	
PIC021	31	24	32	14	22	29	36	31	29	27	27	20	322	25	26	41	35	30	35	28	31	25	28	34	24	362	30	27	24	26	25	35	23	25	35	45	27	33	355	1039	
PIC022	29	30	27	15	28	34	19	21	24	27	30	10	294	37	37	26	25	24	27	35	27	34	22	45	54	393	55	42	63	34	49	44	51	52	39	57	50	56	592	1279	
PIC023	25	27	30	35	24	24	37	24	44	33	30	36	369	31	28	31	29	30	27	29	34	26	32	34	43	374	32	35	36	24	27	33	30	14	33	22	30	36	352	1095	
PIC024	30	36	31	25	31	25	29	27	29	26	23	36	348	22	23	24	25	24	17	21	19	15	14	21	24	249	25	19	19	22	20	15	17	11	23	24	20	25	240	837	
PIC025	6	6	9	10	10	6	11	4	11	8	8	9	98	10	7	7	5	4	6	7	10	8	7	14	6	91	8	3	9	10	10	10	9	9	11	8	5	9	101	290	
PIC026	61	62	64	57	54	61	68	57	78	69	76	72	779	73	65	81	81	80	87	78	70	76	74	76	88	929	76	72	82	80	74	88	88	85	86	73	86	92	982	2690	
PIC027	27	21	27	14	23	29	27	25	36	33	29	47	338	32	38	37	25	18	23	23	20	23	24	37	37	337	33	36	31	26	27	19	21	25	23	23	33	32	329	1004	
PIC028	4	3	1	2	6	2	3	2	1	2	2	4	32	4	5	2	2	4	5	2	3	4	2	2	5	40		5	1	1	1	3	4	4	1	1			1	22	94
PIC029	44	28	29	26	26	35	25	25	29	23	31	42	363	38	22	43	34	33	26	37	32	28	29	55	57	434	35	37	44	43	36	44	29	40	64	62	41	60	535	1332	
PIC031	45	36	37	29	40	32	38	39	25	34	42	50	447	40	41	41	41	40	41	42	32	36	37	40	43	474	48	43	46	35	32	55	39	40	33	32	35	36	474	1395	
PIC032	40	30	37	28	37	38	42	25	36	32	28	28	401	25	31	38	21	34	34	33	34	46	44	56	39	435	28	26	30	30	29	37	31	31	38	33	33	35	381	1217	
PIC033	86	75	69	82	77	82	80	76	77	93	90	71	958	89	55	76	86	61	93	76	69	83	82	79	94	943	88	73	79	67	68	84	67	88	75	59	78	69	895	2796	
PIC034	45	31	38	46	36	51	33	32	40	52	40	42	486	39	36	47	29	37	34	34	37	33	40	38	46	450	35	40	49	33	31	35	24	37	38	40	45	38	445	1381	
PIC035														85	78	90	95	63	84	86	86	87	84	85	71	994	82	82	86	72	77	76	83	81	93	98	105	85	1020	2014	
PIC036														49	37	34	44	33	43	33	32					488	50	48	62	46	37	39	38	33	31	36	48	51	519	1007	
PIC037																						19	41	38	21	119	26	38	28	28	41	51	47	36	34	36	43	26	434	553	
PIC039	58	46	52	45	60	59	62	52	62	68	62	56	682	55	60	58	65	63	80	68	59	69	59	67	66	769	66	64	59	58	63	70	78	75	72	68	49	66	788	2239	
TOTAL	1487	1310	1503	1359	1398	1458	1414	1300	1514	1521	1609	1691	17564	1660	1459	1701	1583	1545	1594	1585	1449	1575	1632	1769	1849	19401															

## APPENDIX J - DATA STATUS REPORT

*(This is an example report only)*

OrganisationID	First Event	Last Event	First Edit	Last Edit	Events	Events With No Errors	Missing Values	Warnings	Errors	Total Errors
PIC001	01/11/2002	31/05/2012	22/03/2012	19/06/2012	10901	10539	437	17	19	473
PIC002	02/01/2003	18/05/2012	01/11/2011	21/05/2012	2570	2570	0	0	0	0
PIC003	02/11/2002	30/12/2011	20/04/2012	20/04/2012	6341	6341	0	0	0	0
PIC004	05/03/2002	10/05/2012	19/01/2012	22/05/2012	5044	3690	7427	68	90	7585
PIC005	04/11/2002	14/06/2012	13/12/2011	15/06/2012	2827	2802	36	0	0	36
PIC006	01/11/1993	29/05/2012	05/10/2011	20/06/2012	8330	8260	70	0	0	70
PIC008	01/11/2002	16/05/2012	20/10/2011	18/06/2012	4301	4276	26	0	0	26
PIC009	01/11/2002	18/06/2012	25/10/2011	20/06/2012	3759	3703	56	1	0	57
PIC010	02/11/2002	04/04/2012	21/06/2011	20/04/2012	10380	10380	0	0	0	0
PIC011	16/01/2003	20/03/2012	20/04/2012	20/04/2012	8667	8667	0	0	0	0
PIC012	01/01/2003	28/03/2012	21/02/2012	13/04/2012	10771	7196	3836	787	4724	9347
PIC013	01/03/2003	02/06/2012	16/01/2012	07/06/2012	3955	2563	2249	60	5	2314
PIC014	01/03/2003	15/04/2012	20/02/2012	26/04/2012	5823	5745	182	0	8	190
PIC015	01/03/2003	11/06/2012	06/10/2011	13/06/2012	4130	3899	423	0	32	455
PIC016	16/06/2003	29/04/2012	19/01/2012	22/05/2012	3126	2942	341	43	3	387
PIC017	04/03/2003	05/08/2010	10/05/2012	10/05/2012	776	776	0	0	0	0
PIC018	01/11/2002	20/06/2012	10/10/2011	21/06/2012	6344	6072	833	4	0	837
PIC019	01/11/2002	11/06/2012	10/10/2011	15/06/2012	1875	1867	14	0	0	14
PIC020	02/11/2002	31/10/2010	21/05/2012	21/05/2012	2393	2393	0	0	0	0
PIC021	01/11/2002	31/01/2012	20/04/2012	20/04/2012	3136	3136	0	0	0	0
PIC022	02/11/2002	09/06/2012	21/06/2011	18/06/2012	3232	3210	68	1	0	69
PIC023	01/11/2002	31/05/2012	01/11/2011	20/06/2012	3672	3629	119	0	0	119
PIC024	01/11/2002	01/02/2012	20/04/2012	20/04/2012	2804	2804	0	0	0	0
PIC025	01/11/2002	30/12/2011	20/04/2012	20/04/2012	819	819	0	0	0	0
PIC026	01/11/2002	07/06/2012	09/12/2011	14/06/2012	7357	7277	251	3	4	258
PIC027	01/11/2002	10/06/2012	17/10/2011	15/06/2012	3019	2985	37	0	0	37
PIC028	01/11/2002	05/04/2012	01/11/2011	31/05/2012	396	396	0	0	0	0
PIC029	01/11/2002	16/06/2012	06/10/2011	20/06/2012	4598	4555	64	0	0	64
PIC031	07/12/2004	10/04/2012	20/04/2012	20/04/2012	3356	3356	0	0	0	0
PIC032	13/02/2007	18/05/2012	23/01/2012	11/06/2012	2141	2140	1	0	0	1
PIC033	01/01/2001	04/10/2012	17/01/2012	12/06/2012	4704	4400	4061	136	2	4199
PIC034	21/04/2008	11/03/2012	18/11/2011	15/06/2012	1735	1686	99	40	1	140
PIC035	18/12/2008	09/04/2012	20/04/2012	20/04/2012	3128	3128	0	0	0	0
PIC036	01/01/2010	21/03/2012	20/04/2012	20/04/2012	1134	1134	0	0	0	0
PIC037	03/09/2010	12/06/2012	01/12/2011	21/06/2012	656	570	506	19	9	534
PIC038	20/01/2012	26/03/2012	12/03/2012	29/05/2012	15	0	15	0	0	15
PIC039	01/03/2003	03/02/2012	20/04/2012	20/04/2012	6471	6471	0	0	0	0
					<b>154686</b>	<b>146377</b>	<b>21151</b>	<b>1179</b>	<b>4897</b>	<b>27227</b>

## APPENDIX K PUBLICATIONS / PRESENTATIONS

### K.1 Publications

Journal	Title	Authors
Pediatrics (2004) <b>113</b> 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) <b>90</b> 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) <b>90</b> 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) <b>330</b> 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) <b>330</b> 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) <b>118</b> 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) <b>25</b> 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) <b>23</b> 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) <b>32</b> (9) 1458	Organ donation in paediatric traumatic brain injury	Morris KP, Tasker RC, Parslow RC, Forsyth RJ, Hawley CA
Intensive Care Medicine (2006) <b>32</b> (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) <b>117</b> 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) <b>92</b> 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) <b>9</b> (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) <b>336</b> 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) <b>167</b> 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) <b>94</b> 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) <b>338</b> 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 <sup>th</sup> 2010] Doi:10.1177/1352458510382554	Inflammatory Demyelination Working Group and the Paediatric Intensive Care Audit Network. Severe Acute Disseminated Encephalomyelitis: A Paediatric Intensive Care population based study	M Absoud, R C Parslow, E Wassmer, C Hemingway, H P Duncan, C Cummins, M J Lim On behalf of The UK & Ireland Childhood CNS Inflammatory Demyelination Working Group and PICANet
Lancet 376(9742):698-704.	Effect of specialist retrieval teams on outcomes in children admitted to paediatric intensive care units in England and Wales: a retrospective cohort study.	Ramnarayan P, Thiru K, Parslow RC, Harrison DA, Draper ES, Rowan KM.
Br J Neurosurg [2011] Feb 25(1):68-77.	Severe Head Injury in Children: intensive care unit activity and mortality in England and Wales.	Tasker RC, Fleming TJ, Young AER, Morris KP, Parslow RC.
Anaesthesia 2012 doi:10.1111/j.1365-2044.2012.07159.x	Anaphylaxis admissions to UK critical care units between 2005-2009	B Gibbison D Harrison P McShane C Haddow A Sheikh J Soar
Archives of Disease in Childhood 2011;96:Suppl 1 A90	Tracheostomy in children admitted to Paediatric Intensive Care	Dora Wood, Philip McShane, Peter Davis
Intensive Care Medicine, online 1 <sup>st</sup> , 9 <sup>th</sup> May 2012	International comparison of the performance of the paediatric index of mortality (PIM) 2 score in two national data sets.	Stéphane Leteurtre, Bruno Grandbastien, Francis Leclerc, Roger Parslow and Groupe Francophone de Réanimation et Urgences Pédiatriques, <i>et al.</i>

## 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 <sup>th</sup> 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 <sup>th</sup> 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 <sup>th</sup> 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 <sup>th</sup> 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 <sup>th</sup> 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 <sup>th</sup> World Congress on Pediatric Critical	The effect of missing data on PIM-predicted SMR	Emsden S, Baines P, McClelland T, Parslow

Care, 24-28 June 2007, Geneva, Switzerland (oral presentation)		RC
5 <sup>th</sup> 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 <sup>th</sup> 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 <sup>th</sup> -17 <sup>th</sup> 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 <sup>th</sup> -17 <sup>th</sup> 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 <sup>th</sup> -17 <sup>th</sup> 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 <sup>th</sup> -17 <sup>th</sup> 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 <sup>th</sup> -17 <sup>th</sup> 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 <sup>th</sup> -17 <sup>th</sup> 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 <sup>nd</sup> ESPNIC Medical and Nursing Annual Congress, 2 <sup>nd</sup> – 5 <sup>th</sup> Nov 2011 Hannover. (oral presentation)	Hospital admissions and mortality of children admitted to paediatric intensive care in the UK - a linkage study	P. Mc Shane, R.C. Parslow, P.A. Mc Kinney, E.S. Draper
22 <sup>nd</sup> ESPNIC Medical and Nursing Annual Congress, 2 <sup>nd</sup> – 5 <sup>th</sup> Nov 2011 Hannover. (oral presentation)	Lactate predicts mortality in a multicentre population in paediatric intensive care	P. McShane, S. Leteurtre, R.C. Parslow, F. Leclerc, E.S. Draper
22 <sup>nd</sup> ESPNIC Medical and Nursing Annual Congress, 2 <sup>nd</sup> – 5 <sup>th</sup> Nov 2011 Hannover. (oral presentation)	H1N1 influenza in paediatric intensive care in the UK and Ireland	R.C. Parslow, P. McShane, P. Lister, P.A. Mc Kinney, E.S. Draper
92 <sup>nd</sup> British Association Dermatologists meeting, 3 <sup>rd</sup> – 5 <sup>th</sup> July 2012 (poster presentation)	Children with dermatological conditions admitted to paediatric intensive care: analysis of national clinical audit database	S George, D Harrison, P McShane, Kamal Patel, C Darley,

### 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	London	24/06/2009	PICANet; its origins structures and	Roger Parslow



Group (NCAAG)			outputs.	
PICS Annual Meeting	Cambridge	3 & 4/09/2009	The PICANet Report	Liz Draper
PICANet AGM	Institute of Child Health, London	12/11/2009	Presentation of the National Report	PICANet Team
2010 International Trauma Care Conference	Park Inn, Telford	13/05/2010	PICANet Data	Roger Parslow
PICS SG Summer Meeting	Lord's Cricket Ground, London	09/07/2010	H1N1 – How should we use our data?	Roger Parslow
PICANet AGM	Perinatal Institute, Birmingham	14/10/2010	Presentation on National Report	Roger Parslow/ Liz Draper
PICANet AGM	Thackray Medical Museum, Leeds	11/10/2011	Presentation on National Report	Roger Parslow/ Liz Draper

**WEEK COMMENCING –  
14<sup>th</sup> November 2011**



# PICU Staffing Study 2011

*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	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 Paediatric Resuscitation Training	7. No. with Valid Advanced Paediatric Resuscitation Training
Band 2 - 4							
Band 5							
Band 6							
Band 7							
8 Modern Matron							
8 Nurse Consultant							
9 Nurse Consultant higher level							
Other please specify details- i.e. Agency / Bank incl: Band							
1.							
2.							
3.							

### Additional information:-

(Please tick appropriate box)

1. Does your unit have a Family Care Sister?	YES		NO	
2. Does your unit have a Discharge co-ordinator?	YES		NO	
3. Does your unit provide training for nursing staff in PIC in collaboration with local universities?	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 **25/11/2011**



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

If you have any additional queries please contact: *Caroline Lamming tel: 0116 252 5414 or email: [crl4@leicester.ac.uk](mailto: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 25<sup>th</sup> NOVEMBER 2011, 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 2011***

*A study of occupancy & nursing and medical staffing provision*

## ***Medical Establishment Information***

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

Type of Medical staff	1. Medical establishment W.T.E.	2. No. of staff currently in post	3. Combined W.T.E. of staff currently in post	4. No. with valid APLS 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. <i>Grade:</i>				
2. <i>Grade:</i>				
3. <i>Grade</i>				

Site ID _____	
Hospital	_____
Unit	_____
Form completed by <i>(print name)</i>	_____
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 25/11/2011**



## ***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](mailto: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 25<sup>TH</sup> NOVEMBER 2011, to:-**

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FREEPOST LE3296,  
22-28 Princess Road West,  
Leicester LE1 7ZE

# PICU Staffing Study 2011

*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](mailto: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.			
<b>Please tick the boxes below if your PICU has the following:-</b>			
5. Type of Service	6. Access to service in hospital	7. Time dedicated to PICU	8. Time dedicated to paediatrics services
Interfaith support			
Social Workers			
Interpreters			
Bereavement Support			
Patient Advice and Advocacy Service			
Psychological Support for Families			
Psychological Support for Staff			

Site ID \_\_\_\_\_ Hospital \_\_\_\_\_

Unit \_\_\_\_\_

Form completed by: \_\_\_\_\_

Tel no: \_\_\_\_\_

Email address \_\_\_\_\_

*Please return in FREEPOST envelope to:-*  
 Caroline Lamming, PICANet  
 Research Nurse  
 University of Leicester  
 Dept. of Health Sciences,  
 FREEPOST LE3296  
 22-28 Princess Road West  
 Leicester, LE1 7ZE.  
 By **25/11/2011**



# Occupancy/ Nursing & Medical Log A

- Please complete at **12 noon** on **Wednesday 16/11/2011**
- 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.		

**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 **25/11/2011**



## Occupancy/ Nursing & Medical Log B

- Please complete at **12 midnight** on **Weds 16/11/2011**
- 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.		

**Additional Information to be collected at 12 midnight**

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 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 **25/11/2011**





## Occupancy/ Nursing & Medical Log C

- Please complete at **12 noon** on **Sunday 20/11/2011**
- 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.		

**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, financial
		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 **25/11/2011**



## *PICU Staffing Study*

*November 2011*

### *HOW TO FILL IN THE **Occupancy/Nursing & Medical Log***

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

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

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

#### **COUNTING STAFF - DIFFERENT GROUPS OF STAFF**

##### **NURSING STAFF**

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

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

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

**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.**

#### **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](mailto:crl4@leicester.ac.uk)**

**Using the FREEPOST envelope supplied, please return the completed forms by **FRIDAY 25TH NOVEMBER, 2011**, to:-**

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



## Occupancy/ Nursing & Medical Log D

- Please complete at **12 midnight** on **Sunday 20/11/2011**
- 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.		

Additional Information to be collected at 12 midnight	Number of beds on PICU	No. of funded beds	No. of Beds			Reason for closure i.e. sickness, infection, staff shortage, financial
			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 25/11/2011**

## APPENDIX M

## DATA REQUESTS RECEIVED SINCE LAST ANNUAL REPORT

More detailed information can be requested from [picanet@leeds.ac.uk](mailto:picanet@leeds.ac.uk)

Request date	Name	Position & Place of Work	Data requested	Date Provided	Data Provided by	Follow up – What has been done with the data?
03/05/12	David Fell	Consultant in Anaesthesia, Leicester Royal Infirmary	<b>SURGICAL ADMISSIONS</b>  Number of admissions to PICU in LRI from surgical specialty. i.e. children “admitted after surgery” and “recovery from surgery”	03/05/12	Phil McShane	Planning future strategy within unit
16/04/12	Anne Brown,	Secretary, Royal Belfast Hospital.	<b>CARDIAC PATIENTS IN 2010/2011</b>  Number of cardiac patients admitted, their length of stay and if possible, what day of the week did they were admitted.	17/04/12	Roger Parslow	Data needed for a cardiac review
13/04/12	Carla Hayes	PICU Audit Clerk, Queens Medical Centre, Nottingham	<b>BRONCHIOLITIS</b>  To find out if there are any differences in severity of illness that can be predicted by the microbiological organism isolated in the NPA and to assess severity of illness – PRISM score, length of stay, inotropes etc	02/05/12	Lee Norman	We will use data to predict outcomes in future bronchiolitics
09/03/12	Kesava Ananth Ramakrishnan	Consultant, PICU, Southampton General Hospital	<b>SEPTIC SHOCK</b>  The number of children admitted to PICU in UK with a diagnosis of septic shock, mortality, timing of death (<24 hours, 24-48 hours 48-72 hours, >72 hours), length of PICU and hospital stay, length of mechanical ventilation. I am aware that we have not been collecting the cause of mortality. I am also aware PICANET was trying to link with death registry. If this has already happened I would like to know what proportion had nosocomial infection causing or contributing to their death	Not yet provided		I plan to publish the results and consider the feasibility of clinical trials aimed at reducing nosocomial infections using immunomodulatory therapy
28/02/12	Georgina Scarff, Shervin Poladi, Afsha Ahmed, Samin Amin	2 <sup>nd</sup> year Medical Students, University of Leeds	<b>ADMISSION RATES AND SOCIAL DEPRIVATION</b>  Identifying possible factors that might affect regional admission rates between Paediatric Intensive Care Units (PICUs) in the UK and the role of social deprivation So we would like to request the England and Wales data from 2006 to 2010. The variable fields we would like are: Date of admission, date of discharge, age in months, sex, diagnostic group - ventilation status (invasive, non-invasive, both, none), patient IMD, PCT average IMD for the patient, mortality rate (discharge status: alive/dead), the paediatric index of mortality.	29/02/12	Phil McShane	This is being used for a university teaching module only and is not being published.
13/02/12	Catherine Whibley	Paediatric Epidemiology Group, Uni of Leeds	<b>GASTROSCHISIS and EXOMPHALOS</b>  Number of cases of gastroschisis and Exomphalos in period of 01/03/07 to 30/06/11. Diagnosis codes : J3200, J3210, J3220, J3230, J32y0, XE2eb, PG71., Xa9ZS, Xa9ZT. Our data shows low numbers of these diagnosis. We need to determine how many cases are missing from our data.	13/02/12	Roger Parslow	This is for information purposes only to determine our levels of ascertainment for the specified anomalies.

02/02/12	Simon Nadal	Consultant in PICU, St Mary's Hospital, London	<b>MENINGGOCOCCAL DISEASE</b>  Can I have data for the number of patients with meningococcal disease admitted for the last year?	23/02/11	Phil McShane	
09/02/12	Peter Barry	Consultant Paediatric Intensivist,  University Hospitals of Leicester,	<b>TRANSFERS OUT OF REGION</b>  How many children with East Midland postcodes were admitted to PICU other than University Hospitals of Leicester (Glenfield or LRI) or Nottingham University Hospitals.  For each year 2006 to present: Split if possible by primary diagnosis, Split if possible by dependency level, Split if possible by % ROM (ie >30%; 20-30% etc) , Overall ROM for this group as a whole	09/02/11	Phil McShane	To identify variations in our acceptance of patients from our SHA, and identify any trends
12/01/12	Claire Magner	Clinical Audit and Research Nurse, Our Lady's Children's Hospital	<b>PIM SCORES</b>  Follow on request from 16/08/11	12/01/11	Phil McShane	
12/01/12	Andrew Nyman	PICU Fellow, Evelina Children's Hospital, St Thomas Hospital, London,	<b>PICU ASTHMA</b>  Follow up data from request 11/05/10	12/01/11	Phil McShane	Results to be published, 1st results published in PICANet annual report
12/01/12	Nick Kirk	Service Manager, Paediatric Surgery and Critical Care, Leicester Royal Infirmary	<b>BUSINESS PLANNING</b>  I would like to be able to quantify the percentage of patients treated at LRI children's intensive care unit, that are L1, L2 and L3 care	12/01/11	Phil McShane	Use in Business Planning for 2012/13 to inform decisions around finance, and staff/environment planning
07/12/11	Semeer Kallaroath	PICU SpR, Glenfield Hospital	<b>TRENT PHOSPHATE AUDIT,</b>  To look at phosphate correction needed for patients needed CRRT excluding PD. To find Non ECMO patients who received CVVH/DF.	07/12/11	Phil McShane	Present results of this retrospective audit internally
09/11/11	Carla Hayes	PICU Audit Clerk, Nottingham Universities Hospital	<b>HAEMOFILTRATION AND HAEMODIALYSIS</b>  Can I please have a report on the last 20 patients by day of admission, who have received haemofiltration and Haemodialysis?	09/11/11	Lee Norman	Will be used for Ward Review
05/11/11	Madhuri Dasarathi	ST7, PICU, Great North Children's Hospital,	<b>BONE MARROW TRANSPLANT</b>  List of paediatric cases known to have undergone BMT and admitted to PICU within a year post transplantation. BMT cases with neurological complications within 6 months of BMT admitted to PICU	10/11/11	Phil McShane	Plan to Analyse and present data at meetings and aim to publish the findings.
09/11/11	Ramesh Kumar	Evelina Children's Hospital, Westminster Bridge Road, London,	<b>HFOV</b>  Evaluate the use of High frequency Oscillation since 2005 (is use changing with time) and its relationship to	10/11/11	Phil McShane	Local audit and subsequent publication if national data useful. Need

		SE1 7EH	<p>ECMO use as end point</p> <p>Total number of HFO cases since 2005 as % of MV with outcome as Death, Alive, ECMO. Detail needed is age,weight,sex, PIM2, diagnosis, comorbid diagnosis, (PIM2 components), LOV, LOS, Prematurity. Also use of surfactant, Nitric oxide, CVVH. Individual anonymised data but with tag if PICU is ECMO centre or not. Include local identifier for our PICU (Evelina). Is it possible to tag on PICU unit size (ie &lt;700 admissions per year or not) to see if volume effect)</p>			to evaluate if use of HFO influenced by availability of in house ECMO.
10/11/10	Emer Aldridge	CLINICAL Nurse Manager 2, Children's university hospital, Temple street Dublin	<p><b>PCCMDS</b></p> <p>Can I request the PCCMDS data for 2010 and the HRG information for 2010</p>	10/11/10	Phil McShane	Will be presented in our report
19/10/11	Claire Magner	Clinical Audit and Research Nurse, Our Lady's Childrens Hospital. Crumlin	<p><b>HFOV</b></p> <p>The number of PICU patients who received HFOV in PICANet hospitals 2010 and to end of September 2011. Is it possible to subdivide this number into neonates and paediatrics? Also, the number of these PICU patients who received HFOV as a percentage of the total admissions in PICANet hospitals in 2010 and to the end of September 2011.</p> <p>We are aiming to develop a MDT protocol on the management of HFOV patients in PICU. We are trying to gain background knowledge on this patient group to see how critically ill they were, and also see how well this patient group has done after HFOV intervention.</p>	31/10/11	Phil McShane	We will analyse the data and use it as a basis for our protocol/guideline of the management of HFOV patients in our unit.
09/09/11	Stephen Playfor	Consultant Paediatric Intensivist, Clinical Manager for PICU, Royal Manchester Children's Hospital	<p><b>H1N1</b></p> <p>Is it possible to retrieve data regarding our unit's experience of H1N1 in the 2009-10 pandemic? Number of cases, length of stay, mortality etc.</p>	30/09/11	Phil McShane	Upcoming presentation to regional Critical Care Network
08/09/11	Roz Jones	North West Specialist Commissioning Manager, North West Specialised Commissioning Team Warrington,	<p><b>CAPACITY PLANNING IN NORTH WEST</b></p> <p>For capacity planning purposes to identify if the programme of investment locally has reduced the number of inappropriate North West out of area referrals. To identify non north west patient inflows into the North West 2009/10 and 2010/11</p>	31/10/11	Phil McShane	
12/10/11	Dr John Pappachan	Consultant Paediatric Intensivist, Southampton general Hospital.	<p><b>REMOTE ISCHEMIC PRECONDITIONING</b></p> <p>LOS (hospital and PICU), Age, Days of ventilation [51 Invasive ventilation via endotracheal tube,52 Invasive ventilation via tracheostomy tube,53 Non-invasive ventilatory support,55 Nasopharyngeal airway, 56 Advanced ventilatory support (Jet or Oscillatory ventilation) and , 06 Continuous infusion of inotrope, pulmonary vasodilator or prostaglandin FOR</p>	20/09/11	Phil McShane	

			Planned following surgery groups: Hypoplastic left heart syndrome (P67..) Ventricular septal defect (P54..) Tetralogy of Fallot (P52..) Discordant ventriculoarterial connection (P51..) Atrioventricular septal defect & common atriovent junction (X77wc) Hypoplastic left heart syndrome (P67..) BT shunt Cavo Pulmonary connection Fontan/TCPC			
20/09/11	Dr Dhushy Surendra Kumar	Medical Director  Warwickshire and Northampton  shire Air Ambulance	<b>OPERATIONAL PLANNING</b> To assess the seasonal need for paediatric transfers on a month by month basis. Operational planning only. Distance from home to receiving hospital (as surrogate for transferring hospital) Numbers of patients transferred by month Last full 12 months on record for England and Wales	23/09/11	Lee Norman	Local operational planning
14/09/11	Dr Ruth Trinick	Clinical Research Fellow  ,  Institute of Child Health, Alder Hey Children's Hospital NHS Trust. Liverpool	<b>INTERVENTIONAL RCT</b> To gather background information for an HTA funding application for a future interventional RCT for children with severe neurodisability and chronic respiratory difficulties. The current evidence base for the majority of our medical respiratory interventions in this group of patients is extremely limited. We would like information firstly, about the burden of the problem in terms of national PICU admissions/outcomes and secondly, if possible, some further detailed information about the background medical history of the children being admitted and microbiological/viral growth on respiratory specimens during admission. We request information about: -number of PICU admissions/year of children with neurodisability being admitted with respiratory failure secondary to a suspected lower respiratory tract infection or aspiration. -the above expressed in bed days as % of total acute PICU bed days -neurological diagnoses of the above group, if available -breakdown of patient numbers according to age -proportion on home oxygen, nocturnal non-invasive ventilation or long term invasive ventilation -mean and median length of admission (bed occupancy) -mean and median number of ventilated days -mortality (total number and percentage of admissions) -microbiological/viral growth on respiratory secretions (number of samples taken and positive/negative growth)	pending		
12/10/11	Dr Peter Barry	Consultant Paediatric Intensivist  Department of Child Health,  University Hospitals of Leicester	<b>R-SPRT plots, EWMA charts</b> and underlying data for all admissions to Glenfield hospital for the period 1/1/2010 to the present day (or as near as possible); Adjusted and unadjusted mortality, R-SPRT plots, EWMA charts and underlying data for admissions to Glenfield hospital where the primary diagnostic group is cardiac for the period 1/1/2010 to the present day (or as near as possible); Adjusted and unadjusted mortality, R-SPRT plots, EWMA charts and underlying data for admissions to Glenfield hospital where the primary diagnostic group is cardiac and the admission type is planned or	12/10/11	Phil McShane	

			<p>unplanned following surgery for the period 1/1/2010 to the present day (or as near as possible).</p> <p>To respond to issues raised by the recent review of cardiac services, and other reports on cardiac services performance.</p>			
29/09/11	Dr Christopher Flannagan	Paediatric Intensive Care Unit, Royal Belfast Hospital for Sick Children	<p><b>WEIGHT</b></p> <p>To determine if APLS formula for estimating weight in children are appropriate for use in PICU patients. Anonymised data on weight and age (in years and months) of children admitted to PICU. For children under 1 year information on gestation age would also be required. To cover for variations with location admitting unit would also be required.</p>	20/10/11	Phil McShane	
27/09/11	Dr David Inwald	Senior Lecturer PICU, Imperial College London	<p><b>FEASIBILITY OF A TRIAL OF FLUIDS IN SEPTIC SHOCK</b></p> <p>All 2010 admissions – no patient or unit identifiers Diagnoses/codes, Care area admitted from, PIM2 score (%), PICU mortality (Y/N), ventilation (Y/N), length of ventilation, length of PICU stay</p>	27/09/11	Phil McShane	
16/09/11	Jessica Veitch	Medical Student, PICU, Royal Manchester Childrens Hospital	<p><b>TOGD</b></p> <p>Assess the PICU course of neurologically impaired children following total oesophago-gastric dissociation (TOGD) – compare with other elective PICU post-surgical admissions. Need data on: ELECTIVE SURGICAL ADMISSIONS TO PICU Length of stay % requiring ventilation, ventilator days, % requiring inotropes</p>	14/09/11	Phil McShane	
17/08/11	Peter Wilson	Consultant Paediatric intensivist, Clinical Director Paediatrics, Southampton General Hospital	<p><b>CYSTIC FIBROSIS</b></p> <p>Understand the number and reasons for cystic fibrosis patients being admitted to PICU. All cystic fibrosis patients admitted to <b>Southampton</b> PICU between 2002 and 2011 with the following details: Ventilatory status, Primary Diagnosis, Secondary Diagnosis, Age, Outcome, Length of stay, PIM 2 score</p>	25/08/11	Phil McShane	
17/08/11	Peter Wilson	Consultant Paediatric intensivist, Clinical Director Paediatrics, Southampton General Hospital	<p><b>CYSTIC FIBROSIS</b></p> <p>Understand the number and reasons for cystic fibrosis patients being admitted to PICU. All cystic fibrosis patients admitted to PICU <b>nationally</b> 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</p>	25/08/11	Phil McShane	
16/08/11	Claire Magner	Clinical Audit and Research Nurse, Our Lady's Children's Hospital	<p><b>PIM SCORES</b></p> <p>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</p>	16/08/11	Phil McShane	
08/08/11	Simon Nadal	Consultant in PICU, St Mary's Hospital, London	<p><b>IMMUNISATIONS AND INCREASED RISK OF DEATH IN GIRLS</b></p> <p>To look at the outcome of girls vs boys due to infection in children &lt; 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 (&lt; 1 year) by month, and gender? Length of stay, admission date, ventilation status and outcome. Geographical location</p>	17/08/11	Phil McShane	



17/08/11	Peter Wilson	Consultant Paediatric intensivist, Clinical Director Paediatrics, Southampton General Hospital	<b>HRG GROUPINGS – SOUTHAMPTON</b>  Patients admitted per financial year (1 <sup>st</sup> April to 31 <sup>st</sup> 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, 201/11)	17/08/11	Phil McShane	
11/08/11	Phil Hyde	Consultant Paediatric Intensivist, PICU, Southampton General Hospital	<b>PROVISION OF INTENSIVE CARE IN SOUTH ENGLAND</b>  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	<b>SOUTH CENTRAL STRATEGIC HEALTH AUTHORITY PROVISION</b>  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	<b>INFANTS WITH BRONCHIOLITIS</b>  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	<b>MORTALITY COMPARISON WITH CHKS</b>  Correlate 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	24/08/11 3 monthly	Phil McShane	

			population and should not be used for mortality calculation in child Health. We propose to use SMR provided by PICANet			
01/08/11	Martin Hart	Head of Information, West Midlands Specialised Commissioning Group	<b>UNDERSTANDING THE SEVERITY OF PIC FOR WEST MIDLANDS PATIENTS</b>  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	Withdrawn due to availability of permissions		
22/07/11	Phil Wilson	Lead Nurse, WM Paediatric Retrieval Service,  Birmingham Children’s Hospital NHS Foundation Trust	<b>WMPRS ON REFERRAL PATTERNS IN WEST MIDLANDS</b>  Years -- 2005,2006,2007,2008,2009,2010 No . Patients from West Midland SHA admitted to PICUs <b>other</b> 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.	<b>BPSU CHYLOTHORAX</b>  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,	<b>RENAL REPLACEMENT THERAPY</b>  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	Phil McShane	Data forwarded to NICE to inform NICE AKI guidance
01/07/11	Matthew Norridge	Lecturer Practioner, Guy’s & St Thomas’ NHS Foundation Trust/King’s College London	<b>NURSES</b>  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	Caroline Lamming	

21/06/11	Dr Claire Westrope	Consultant PICU, Universities Hospital of Leicester	<b>USE OF CRRT</b> 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	Phil McShane	
23/06/11	Judith Budd	Co-ordinator, East Midlands & South Yorkshire Congenital Anomalies Register	<b>CONGENITAL ANOMOLIES</b> 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 <sup>st</sup> 1997, admitted to any unit since July 1 <sup>st</sup> 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	Phil McShane	
10/06/11	Peter Broughton	Senior Information Design Consultant, The NHS Information Centre.	<b>PAEDIATRIC CRITICAL CARE HRG'S</b> 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	14/06/11	Lee Norman	
08/06/11	Peter Barry	Consultant Paediatric Intensivist, University Hospitals of Leicester	<b>CARDIAC PICU SERVICE PLANNING</b> 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	Phil McShane	Not a research study – data used to support PICU service planning and delivery.



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