



NOVEMBER 2016 ANNUAL REPORT

APPENDICES

Paediatric Intensive
Care Audit **Network**



DATA COLLECTION PERIOD
JANUARY 2013 – DECEMBER 2015

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A. PARTICIPATING ORGANISATION & HOSPITAL CHARACTERISTICS

NHS Trust / Organisation	Participating Hospital	Unit	Funded PIC beds	Funded HD beds	Type of unit
Barts Health NHS Trust	The Royal London Hospital	PCCU	2	4 ¹	General
Birmingham Children's Hospital NHS Trust	Birmingham Children's Hospital	PICU	29	0	General including cardiac, liver, neurosurgical, ECLS, ENT, oncology, metabolic and spinal
Cambridge University Hospitals NHS Foundation Trust	Addenbrooke's Hospital	PICU	9	4	General including neurosurgery and major trauma
Cardiff & Vale NHS Trust	Cardiff University Hospital	PCCI	6	4	General
Central Manchester & Manchester Children's University Hospitals NHS Foundation Trust	Royal Manchester Children's Hospital	PICU	15	0	General
Great Ormond Street Hospital for Children NHS Trust	Great Ormond Street Hospital for Children	CCCU	17	0	Cardiac
		PICU	13	0	General
		NICU	8	0	Neonatal Unit
Guy's & St. Thomas' NHS Foundation Trust	Evelina London Children's Hospital	PICU	18	0	General & Cardiac
HSE (Health Services Executive)	Children's University Hospital, Dublin	PICU	9	0	General, Neurosurgical (up to 6 years of age), Craniofacial & Surgical Neonatal.
	Our Lady's Children's Hospital, Dublin	PICU	18	5	General & Cardiac
Hull & East Yorkshire Hospitals NHS Trust	Hull Royal Infirmary	AICU	2	0	2 designated PIC beds
King's College Hospital NHS Trust	King's College Hospital	PICU	7	8 ¹	General & Hepatic & Neurosurgical
Leeds Teaching Hospitals NHS Trust	Leeds General Infirmary	PICU	16	0	General, Neurosurgery, Liver & Cardiac
Newcastle Upon Tyne Hospitals NHS Foundation Trust	Great North Children's Hospital	PICU	11	2	General & Surgical ICU
	Freeman Hospital	CICU	11	0	Cardiothoracic surgery, heart failure, ECMO
NHS Lothian – University Hospitals Division	Royal Hospital for Sick Children, Edinburgh	PICU	8	6	General (plus neurosurgical and spinal)
NHS Greater Glasgow and Clyde – Women and Children's Division	Royal Hospital for Sick Children (Yorkhill)	PICU	20	2	General, Neurosurgical Cardiac & ECMO
Oxford University Hospitals NHS Trust	The John Radcliffe Hospital	PCCU	8	9	General including neurosurgical, craniofacial and major trauma.

NHS Trust / Organisation	Participating Hospital	Unit	Funded PIC beds	Funded HD beds	Type of unit
Nottingham University Hospitals NHS Trust	Nottingham Children's Hospital	PICU	8	6	General (plus regional oncology, major trauma, ENT, paediatric surgery, neurosurgical, spinal, supraregional renal service and cleft lip & palate services)
Royal Brompton & Harefield NHS Foundation Trust	Royal Brompton Hospital	PICU	16	4	Cardiac & Respiratory
Alder Hey Children's NHS Foundation Trust	Alder Hey Children's Hospital	PICU	21	0	General & Cardiac
Sheffield Children's NHS Foundation Trust	Sheffield Children's Hospital	PCCU	10	8 ²	General (plus major trauma, neurosurgery, ENT, oncology, metabolic, paediatric surgery, spinal)
University Hospitals Southampton NHS Foundation Trust	Southampton Children's Hospital	PICU	13	0	General, Cardiac & Neurosurgery
South Tees Hospitals NHS Foundation Trust	The James Cook University Hospital	PICU	4	3	General
St. George's Healthcare NHS Trust	St. George's Hospital	PICU	6	6	General, Neurosurgical, Oncology & Paediatric Surgery
Imperial College Healthcare NHS Trust	St. Mary's Hospital	PICU	8	2	General
Belfast Health and Social Care Trust	Royal Belfast Hospital for Sick Children	PICU	12 ³	0	General
University Hospitals Bristol NHS Foundation Trust	Bristol Royal Hospital for Children	PICU	17	0	General, Cardiac, Neurosurgery, Burns and Major Trauma
University Hospitals of Leicester NHS Trust	Leicester Royal Infirmary	CICU	6	0	General
	Glenfield Hospital	PICU	7	0	Cardiac & ECMO
University Hospitals of North Midlands NHS Trust	Royal Stoke University Hospital	PICU	6	1	General
HCA Healthcare (non NHS)	The Harley Street Clinic	PICU	13	5	General & Cardiac
	The Portland Hospital for Women and Children	PICU	7	0	General

The Royal Alexandra Children's Hospital, Brighton ceased designation as a PICU in 2014

1 ITU/ HDU beds are used flexibly if required

2 Sheffield did not submit data for HDU beds in 2015 but nurse staffing establishment covers ICU and HD beds

3 Belfast routinely admits patients under 14 years only

* The above information was recorded in November 2015

B. CLINICAL ADVISORY GROUP MEMBERSHIP

Name	Position	NHS Trust / Hospital	Period served
Dr Rachel Agbeko	Paediatric Intensivist	Newcastle upon Tyne Hospitals NHS Foundation Trust Great North Children's Hospital	2012 - present
Dr John Alexander	Consultant in Paediatric Intensive Care	University Hospitals of North Midlands NHS Trust Royal Stoke University Hospital	2012 - present
Simon Chiles	Senior Charge Nurse	University Hospitals of Leicester NHS Trust Leicester Royal Infirmary	2014 - present
Kathryn Claydon - Smith	Clinical Nurse Specialist	Central Manchester & Manchester Children's University Hospitals NHS Trust Royal Manchester Children's Hospital	2009 - present
Dr Peter Davis (Chair)	Consultant in Paediatric Intensive Care	University Hospitals Bristol NHS Foundation Trust Royal Hospital for Children	2006 - present
Dr Andrew Durward (sharing with Dr Shane Tibby)	Consultant in Paediatric Intensive Care	Guy's & St Thomas' NHS Foundation Trust Evelina Children's Hospital	2002 - present
Judith Gray	Sister	Newcastle upon Tyne Hospitals NHS Foundation Trust Newcastle Freeman Hospital	2015 - present
Dr Hilary Klonin	Consultant in Paediatric Intensive Care	Hull & East Yorkshire Hospitals NHS Trust Hull Royal Infirmary	2002 - present
Dr Jillian McFadzean (representing Scotland)	Consultant in Paediatric Intensive Care	NHS Lothian – University Hospitals Division Edinburgh Royal Hospital for Sick Children	2005 - 2015
Dr Cathy McMahon	Consultant in Paediatric Intensive Care	Our Lady's Children's Hospital, Crumlin, Dublin 12 & The Children's University Hospital, Dublin	2011 -2016
Lesley Molony	Information Officer	Southampton Universities Hospital NHS Trust Southampton Children's Hospital	2013 - present
Dr Roddy O'Donnell	Consultant in Paediatric Intensive Care	Cambridge University Hospitals NHS Foundation Trust Addenbrooke's Hospital	2002 - present
Dr Paula Lister	Consultant Paediatric Intensivist	Great Ormond Street Hospital for Children NHS Trust Great Ormond Street Hospital for Sick Children	2012 - present
Dr John Pappachan (shared with Peter Wilson)	Anaesthetics and Paediatric Intensive Care Medicine	Southampton Universities Hospital NHS Trust Southampton Children's Hospital	2012 - present
Dr Nazima Pathan (shared with Roddy O'Donnell)	Consultant in Paediatric Intensive Care	Cambridge University Hospitals NHS Foundation Trust Addenbrooke's Hospital	2012 - present
Dr Adrian Plunkett	Consultant Paediatric Intensivist	Birmingham Children's Hospital NHS Trust Birmingham Children's Hospital	2012 - present
Dr Padmanabhan Ramnarayan	Consultant	Great Ormond Street Hospital NHS Trust Children's Acute Transport Service	2012 - present

Name	Position	NHS Trust / Hospital	Period served
Dr Kay Rushforth	Senior Sister	Leeds Teaching Hospitals NHS Trust Leeds General Infirmary	2012 - 2015
Dr Mark Terris (representing Northern Ireland)	Consultant Anaesthetist	Belfast Health and Social Care Trust Royal Belfast Hospital for Sick Children	2014 - present
Dr Shane Tibby (Shared with Dr Andrew Durward)	Consultant in Paediatric Intensive care	Guys and St Thomas Foundation Trust Evelina Children's Hospital	2011 - present
Dr Alistair Turner	Consultant in Paediatric Intensive Care	Royal Hospital for Children, Glasgow	2016 - present
Dr Allan Wardhaugh (representing Wales)	Consultant in Paediatric Intensive Care	Cardiff & Vale NHS Trust University Hospital of Wales	2004 - present
Dr Peter Wilson (shared with John Pappachan)	PICU Consultant	Southampton Universities Hospital NHS trust Southampton Children's Hospital	2011 - present

C. STEERING GROUP MEMBERSHIP

Name	Position	Organisation	Representation	Period Served
Christopher Coslett	Directorate Manager for Cardiothoracic Services and Critical Care	Cardiff University Hospitals	Wales, ICNARC	2016 - present
Dr Mark Darowski	Consultant Paediatric Anaesthetist	Leeds Teaching Hospitals NHS Trust Leeds General Infirmary PICU	Royal College of Anaesthetists	2002 - 2015
Dr Peter Davis	Consultant in Paediatric Intensive Care	University Hospitals Bristol NHS Foundation Trust Bristol Royal Hospital for Children	Chair of PICANet CAG	2011 - present
Charlie Evans	Case Mix Programme Manager	Intensive Care National Audit & Research Centre (ICNARC)	Intensive Care National Audit & Research Centre (ICNARC)	2015 - present
Peter-Marc Fortune	Consultant Paediatric Intensivist Associate Clinical Head	Royal Manchester Children's Hospital	Paediatric Intensive Care Society President (October 2016)	2016- Present
Julia Grace	National Commissioner	NHS England	National Commissioner for PIC CRG	2013 - 2016
Tasneem Hoosain	HQIP PICANet Coordinator	Healthcare Quality Improvement Partnership	Commissioning and funding body	2015-present
Rachel Lundy	National Commissioner	NHS England	National Commissioner for PIC CRG	2016-present
Dr Michael Marsh (Chair)	Consultant in Paediatric Intensive Care	Southampton University Hospitals NHS Trust Southampton Children's Hospital PICU	Royal College of Paediatrics and Child Health	2002 - present
Dr Jillian McFadzean	Consultant in Anaesthesia & Intensive Care / PA	NHS Lothian – University Hospitals Division Edinburgh Royal Hospital for Sick Children	Edinburgh Royal Hospital for Sick Children	2005 - present
Jenny Mooney	Director of Operations	Healthcare Quality Improvement Partnership	Commissioning and funding body	2015- present
Dr Kevin Morris	Consultant in Paediatric Intensive Care	Birmingham Children's Hospital NHS Trust Birmingham Children's Hospital PICU	Immediate Past President of the Paediatric Intensive Care Society	2006 - 2016
Professor John Newton	Regional Director of Public Health	South Central Strategic Health Authority	Public Health England	2009 - 2015
Dr Gale Pearson	Consultant in Paediatric Intensive care	Birmingham Children's Hospital NHS Trust Birmingham Children's Hospital	Chair of Paediatric Intensive Care Clinical Reference Group	2015 - present
Dr Mark Peters	Clinical Unit Chair	Great Ormond Street Hospital for Children Great Ormond Street Hospital, London	Chair of Paediatric Intensive Care Society Study Group	2008 - 2016
Laura Reekie	Data Manager	NHS Lothian – University Hospitals Division Edinburgh Royal Hospital for Sick Children	Database Representative	2005 - 2016
Lucy Lloyd Scott	Casemix Programme Manager	Intensive Care National Audit & Research Centre (ICNARC)	Intensive Care National Audit & Research Centre (ICNARC)	2002 – 2015
Dr Mark Terris	Consultant Anaesthetist	Belfast Health and Social Care Trust Royal Belfast Hospital for Sick Children	Northern Ireland	2012 - present

Name	Position	Organisation	Representation	Period Served
Heather Wardle	Matron PICU & Cardiac Children's Services	Leeds Teaching hospital	PICS Nurse Management Group	2016-present
Dominique Gray Williams	Audit Co-ordinator	Welsh Health Specialised Services Committee	Welsh Health Specialised Services Committee	2003 - 2016
Lucy Wheeler	Parent	N/A	Parent representation	2011 - present
Dr Peter Wilson	Clinical Director for Child Health	Southampton Children's Hospital	Paediatric Intensive Care Society President	2011 - present

D. PIC FAMILIES GROUP MEMBERSHIP

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

E. DATA COLLECTION FORM - ADMISSION

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

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PIM2/PIM3

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

Elective admission

☐ Tick if this is an elective admission

Main reason for PICU admission

- ☐ Asthma
☐ Bronchiolitis
☐ Croup
☐ Obstructive sleep apnoea
☐ Recovery from surgery → ☐ Bypass cardiac procedure
☐ Diabetic ketoacidosis → ☐ Non-bypass cardiac procedure
☐ Seizure disorder → ☐ Elective liver transplant
☐ Other (none of the above) → ☐ Other procedure

Is evidence available to assess past medical history?

☐ Yes ☐ No

If yes, tick all that apply

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

Systolic blood pressure

mmHg

Blood gas measured?

☐ Yes ☐ No

Arterial PaO₂

kPa OR mmHg

FiO₂**Intubation?**

☐ Yes ☐ No

At the time of arterial PaO₂ sample

Headbox?

☐ Yes ☐ No

Base excess (specify source)

mmol/l → ☐ Arterial
☐ Capillary
☐ Venous

Lactate (specify source)

mmol/l → ☐ Arterial
☐ Capillary
☐ Venous

Mechanical ventilation?

☐ Yes ☐ No

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

☐ Yes ☐ No

Pupil reaction

- ☐ Both fixed and dilated
☐ Other reaction
☐ Unknown

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

☐ Yes ☐ No

Discharge information	Comments
<p>Status at discharge from your unit</p> <p><input type="checkbox"/> Alive <input type="checkbox"/> Dead</p> <p>Discharged for palliative care?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date and time of discharge (dd/mm/yyyy hh:mm)</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center;">20</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p>Date and time of death (dd/mm/yyyy hh:mm)</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center;">20</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p>Destination following discharge from your unit</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 20px;"> <input type="checkbox"/> Normal residence <input type="checkbox"/> Same hospital <input type="checkbox"/> Hospice <input type="checkbox"/> Other hospital </div> <div style="border-left: 1px solid black; padding-left: 10px;"> <input type="checkbox"/> ICU <input type="checkbox"/> PICU <input type="checkbox"/> NICU <input type="checkbox"/> HDU <input type="checkbox"/> SCBU <input type="checkbox"/> Ward <input type="checkbox"/> Other </div> </div>	<div style="border: 1px solid black; height: 400px; margin-bottom: 10px;"></div> <p>Form completed by</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>Follow-up 30 days post-discharge from your unit</p> <p>Status</p> <p><input type="checkbox"/> Alive <input type="checkbox"/> Dead <input type="checkbox"/> Unknown</p> <p>Date of death (dd/mm/yyyy)</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center;">20</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p>Location</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 20px;"> <input type="checkbox"/> Normal residence <input type="checkbox"/> Same hospital <input type="checkbox"/> Hospice <input type="checkbox"/> Other hospital </div> <div style="border-left: 1px solid black; padding-left: 10px;"> <input type="checkbox"/> ICU <input type="checkbox"/> PICU <input type="checkbox"/> NICU <input type="checkbox"/> HDU <input type="checkbox"/> SCBU <input type="checkbox"/> Ward <input type="checkbox"/> Other </div> </div>	
<p>Custom audits (for local use)</p> <div style="border: 1px solid black; height: 250px; width: 100%;"></div>	

F. DATA COLLECTION FORM - REFERRAL

Paediatric Intensive Care Audit Network - Data Collection Form		Referral	
<p><i>Please complete this form for all requests for transport within the PIC service and/or for all requests for a PICU admission when clinicians agree that a PICU bed is necessary</i></p>			
Patient details (or hospital label)			
<p>Family name <input style="width: 100%;" type="text"/></p> <p>First name <input style="width: 100%;" type="text"/></p> <p>Postcode <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> </p>	<p>NHS/CHI/H&C number <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input type="checkbox"/> Tick if patient is not eligible for number </p> <p>Date of birth (dd/mm/yyyy) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> </p> <p>Indicate if date of birth is <input type="checkbox"/> Estimated <input type="checkbox"/> Anonymised <input type="checkbox"/> Unknown </p> <p>Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Ambiguous <input type="checkbox"/> Unknown </p>		
Referral details (complete only when clinicians agree that PIC transport and/or PICU admission is necessary)			
<p>Date and time of referral call when clinicians agreed that PIC transport and/or PICU admission was necessary <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> </p> <p>Referring unit (from where patient was transferred) <input style="width: 100%;" type="text"/> </p> <p>Referring speciality <input style="width: 100%;" type="text"/> </p> <p>Grade of referring doctor or nurse <input type="checkbox"/> Consultant / Associate Specialist / Staff Grade <input type="checkbox"/> ST 4 – 8 <input type="checkbox"/> ST 1 – 3 <input type="checkbox"/> F1 / F2 <input type="checkbox"/> GP <input type="checkbox"/> Nurse practitioner <input type="checkbox"/> Nurse <input type="checkbox"/> Unknown </p> <p>Was the patient receiving invasive ventilation (by ET tube, laryngeal mask or tracheostomy) at time of referral call? <input type="checkbox"/> Yes <input type="checkbox"/> No – not indicated <input type="checkbox"/> No – advised to intubate <input type="checkbox"/> Unknown </p>	<p>Outcome of this referral event Record the outcomes for both transport and admission; if either not requested of your organisation, tick "not requested" </p> <p>Transport outcome <input type="checkbox"/> Accepted for transport <input type="checkbox"/> Refused – no transport team available <input type="checkbox"/> Refused – time critical transfer <input type="checkbox"/> Refused – out of scope of care <input type="checkbox"/> Transport not requested </p> <p>Admission outcome <input type="checkbox"/> Accepted for admission <input type="checkbox"/> Refused – no staffed bed available <input type="checkbox"/> Refused – out of scope of care <input type="checkbox"/> Admission not requested </p> <p>Transport team <input style="width: 100%;" type="text"/> </p> <p>Destination unit (or location) <input style="width: 100%;" type="text"/> </p>		
Comments			
<input style="width: 100%; height: 20px;" type="text"/>			
Form completed by			
<input style="width: 100%;" type="text"/>			
Contact us • picanet@leeds.ac.uk			
Jodie Batchelor <i>Project officer</i> (0113) 343 8125 j.a.batchelor@leeds.ac.uk	Lee Norman <i>Database manager</i> (0113) 343 8125 l.j.norman@leeds.ac.uk	Caroline Lamming <i>Research nurse</i> (0116) 252 5414 cri4@leicester.ac.uk	Sarah Fleming <i>Senior research fellow</i> (0113) 343 4878 s.j.fleming@leeds.ac.uk

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Paediatric Intensive Care Audit Network - Data Collection Form			Transport
Patient details (or hospital label)			
Family name <input style="width: 95%;" type="text"/> First name <input style="width: 95%;" type="text"/> Address <input style="width: 95%; height: 40px;" type="text"/> Postcode <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	NHS/CHI/H&C number <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input type="checkbox"/> Tick if patient is not eligible for number Case note number (destination PICU) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Date of birth (dd/mm/yyyy) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Indicate if date of birth is <input type="checkbox"/> Estimated <input type="checkbox"/> Anonymised <input type="checkbox"/> Unknown Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Ambiguous <input type="checkbox"/> Unknown		
Transport details			
Date and time accepted for transport <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Transport number <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Type of transport team <input type="checkbox"/> PICU <input type="checkbox"/> Centralised transport service (PIC) <input type="checkbox"/> Transport team from neonates <input type="checkbox"/> Other specialist team <input type="checkbox"/> Other non-specialist team Transport team <input style="width: 95%; height: 20px;" type="text"/> Grade of clinical team leader <input type="checkbox"/> Consultant/Associate Specialist/Staff Grade <input type="checkbox"/> ST 4 – 8 <input type="checkbox"/> ST 1 – 3 <input type="checkbox"/> Nurse practitioner Speciality of clinical team leader <input style="width: 95%; height: 20px;" type="text"/> Grade of most senior nurse <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> Nurse not present	Collection area <input type="checkbox"/> X-ray/endoscopy/CT scanner <input type="checkbox"/> ICU <input type="checkbox"/> Recovery only <input type="checkbox"/> PICU <input type="checkbox"/> HDU (step up/step down unit) <input type="checkbox"/> NICU <input type="checkbox"/> Other intermediate care area <input type="checkbox"/> Ward <input type="checkbox"/> Theatre and recovery <input type="checkbox"/> A & E <input type="checkbox"/> Other transport service Collection unit (or location) <input style="width: 95%; height: 20px;" type="text"/> Most senior member of medical staff present at collection unit <input type="checkbox"/> Consultant/Associate Specialist/Staff Grade <input type="checkbox"/> ST 4 – 8 <input type="checkbox"/> ST 1 – 3 <input type="checkbox"/> None Did a medical technician accompany the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No Did a parent accompany the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No – parent not present <input type="checkbox"/> No – parent declined to accompany <input type="checkbox"/> No – parent not permitted to accompany	Outcome of this transport event <input type="checkbox"/> Patient transported <input type="checkbox"/> Not transported – condition improved <input type="checkbox"/> Not transported – condition deteriorated <input type="checkbox"/> Not transported – other reason <input type="checkbox"/> Patient died before transport team arrived <input type="checkbox"/> Patient died while transport team present <input type="checkbox"/> Patient died during transit Destination type <input type="checkbox"/> PICU <input type="checkbox"/> NICU <input type="checkbox"/> ICU <input type="checkbox"/> HDU <input type="checkbox"/> Ward <input type="checkbox"/> Theatre <input type="checkbox"/> Other transport service <input type="checkbox"/> Normal residence <input type="checkbox"/> Hospice Destination unit (or location) <input style="width: 95%; height: 20px;" type="text"/>	
Critical incidents			
Identify all critical incidents while transport team in attendance (tick all that apply)			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> No critical incidents <input type="checkbox"/> Accidental extubation <input type="checkbox"/> Required intubation in transit <input type="checkbox"/> Complete ventilator failure </div> <div style="width: 50%;"> <input type="checkbox"/> Loss of medical gas supply <input type="checkbox"/> Loss of all IV access <input type="checkbox"/> Cardiac arrest <input type="checkbox"/> Medication administration error </div> <div style="width: 50%;"> <input type="checkbox"/> Equipment failure or incompatibility impacting on patient care <input type="checkbox"/> Other critical incident (specify) <input style="width: 95%; height: 20px;" type="text"/> </div> </div>			
Comments		Form completed by	
<input style="width: 95%; height: 20px;" type="text"/>		<input style="width: 95%; height: 20px;" type="text"/>	
Contact us - picanet@leeds.ac.uk			
Jodie Batchelor <i>Project officer</i> (0113) 343 8125 j.a.batchelor@leeds.ac.uk	Lee Norman <i>Database manager</i> (0113) 343 8125 l.j.norman@leeds.ac.uk	Caroline Lamming <i>Research nurse</i> (0116) 252 5414 clr4@leicester.ac.uk	Sarah Fleming <i>Senior research fellow</i> (0113) 343 4878 s.j.fleming@leeds.ac.uk

H. INFORMATION LEAFLET – FAMILIES AND CARERS

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

Talk to the **Doctors and Nurses**

Email picanet@leeds.ac.uk

Visit our website at www.picanet.org.uk

Or

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

0116 252 5414

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

Or by post at:

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 **HQIP**
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PICA Net

**Paediatric Intensive Care
Audit Network**



 **University of Leicester**

 **UNIVERSITY OF LEEDS**

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

What does PICANet do?

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

Why is PICANet important?

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

How is PICANet funded?

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

How is information collected?

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

What information is needed?

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

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

What will the information be used for?

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

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

Will the information be safe?

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

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

What have we found out so far?

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

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

Does my child have to be included?

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



I. INFORMATION LEAFLET- CHILDREN

If you would like to know
more about PICANet you can:

Talk to your **nurse or doctor**

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

Visit our website at
www.picanet.org.uk

Or

Call our Research Nurse,
Caroline Lamming on

0116 252 5414

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

Or by post at:

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Paediatric Intensive Care Audit Network



Information leaflet for children
admitted to paediatric intensive care.

What is a paediatric intensive care unit?

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

What is PICANet?

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

What does PICANet do?

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

Why is PICANet important?

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

What information is needed?

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

How is information collected?

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

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

What happens to my information?

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

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

Will the information be safe?

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

Do I have to be included?

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

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



J. DATA VALIDATION FORM



PICANet Admission data validation audit

PICU name <input style="width: 100%;" type="text"/>	Visited by <input style="width: 100%;" type="text"/>	Date of visit <input style="width: 100%;" type="text"/> / <input style="width: 100%;" type="text"/> / <input style="width: 100%;" type="text"/>
--	---	--

	Variable	Visit value	Discrepancy
Event	Case note number	<input style="width: 100%;" type="text"/>	
	Event ID	<input style="width: 100%;" type="text"/>	
Admission details	Date of admission	<input style="width: 100%;" type="text"/>	
	Time of admission	<input style="width: 100%;" type="text"/> : <input style="width: 100%;" type="text"/> ± 30 minutes is acceptable	
	Type of admission to unit	<input type="checkbox"/> Planned – following surgery <input type="checkbox"/> Unplanned – following surgery <input type="checkbox"/> Planned – other <input type="checkbox"/> Unplanned – other	
	Previous ICU admission	<input type="checkbox"/> ICU <input type="checkbox"/> PICU <input type="checkbox"/> NICU <input type="checkbox"/> None <input type="checkbox"/> Unknown	
	Care area admitted from	<input type="checkbox"/> X-ray / endoscopy / CT scanner <input type="checkbox"/> Recovery only <input type="checkbox"/> HDU (step up / step down unit) <input type="checkbox"/> Other intermediate care area <input type="checkbox"/> ICU / PICU / NICU <input type="checkbox"/> Ward <input type="checkbox"/> Theatre and recovery <input type="checkbox"/> A & E	
	Retrieval / transfer	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Type of transport team	<input type="checkbox"/> PICU <input type="checkbox"/> Centralised transport service (PIC) <input type="checkbox"/> Transport team from neonates <input type="checkbox"/> Other specialist team <input type="checkbox"/> Other non-specialist team <input type="checkbox"/> Unknown	
	Transport team [name]	<input style="width: 100%;" type="text"/>	
PIM	Elective admission	<input type="checkbox"/> Yes [Ticked] <input type="checkbox"/> No [Unticked]	
	Main reason for admission	<input type="checkbox"/> Asthma <input type="checkbox"/> Bronchiolitis <input type="checkbox"/> Croup <input type="checkbox"/> Obstructive sleep apnoea <input type="checkbox"/> Recovery from surgery <input type="checkbox"/> Diabetic ketoacidosis <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Other (none of the above)	
	Surgical procedure	<input type="checkbox"/> Bypass cardiac procedure <input type="checkbox"/> Non-bypass cardiac procedure <input type="checkbox"/> Elective liver transplant <input type="checkbox"/> Other procedure	

Continued over...

PICANet Admission data validation audit data collection form - Version 2.0 - 8 January 2015

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

K. DATA VALIDATION REPORT

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

Web.

Validation Report Core Dataset

London General Hospital

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

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

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

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

EventID:				
Event Type	Event Date	Local ID	Record Number	Case Note No
Admission	16/04/2014		20140178	2437
Rule ID	Rule Title		Rule Message	
3072	Status at 90 days post-discharge from your unit		Missing value	

L. PUBLICATIONS, ABSTRACTS & PRESENTATIONS 2013-2015

PUBLICATIONS

Journal	Title	Authors
Paediatric Critical Care Medicine 2013; 14(7): 673-81	Paediatric Index of Mortality 3: An Updated Model for Predicting Mortality in Paediatric Intensive Care.	Lahn Straney, Archie Clements, Roger C. Parslow, Gale Pearson, Frank Shann, Jan Alexander, Anthony Slater, for the ANZICS Paediatric Study Group and PICANet
Journal of Paediatrics 2013;163(4): 1039-44	Effects of out-of-hours and winter admissions and number of patients per unit on mortality in paediatric intensive care.	McShane P, Draper ES, McKinney PA, McFadzean J, Parslow RC.
Intensive Care Med 2013;39(6): 1080-87	Risk-adjusted monitoring of blood-stream infection in paediatric intensive care: a data linkage study.	Harron K, Wade A, Muller-Pebody B, Goldstein H, Parslow R, Gray J, Hartley JC, Mok Q, Gilbert R.
PLOS ONE 2013; 8 (12): e.85278	Linkage, Evaluation and Analysis of National Electronic Healthcare Data: Application to Providing Enhanced Blood-Stream Infection Surveillance in Paediatric Intensive Care.	Katie Harron, Harvey Goldstein, Angie Wade, Berit Muller-Pebody, Roger Parslow, Ruth Gilbert
N Engl J Med 2014;370(2): 107-18	A randomized trial of hyperglycemic control in paediatric intensive care.	Macrae D, Grieve R, Allen E, Sadique Z, Morris K, Pappachan J, Parsow R, Tasker RC, Elbourne D
Health Technology Assessment 2014; 18 (26): 1-209	A clinical and economic evaluation of Control of Hyperglycaemia in Paediatric intensive care (CHiP): a randomised controlled trial.	Duncan Macrae, Richard Grieve, Elizabeth Allen, Zia Sadique, Helen Betts, Kevin Morris, Vithayathil John Pappachan, Roger Parslow, Robert C Tasker, Paul Baines, Michael Broadhead, Mark L Duthie, Peter-Marc Fortune, David Inwald, Paddy McMaster, Mark J Peters, Margrid Schindler, Carla Guerriero, Deborah Piercy, Zdenek Slavik, Claire Snowdon, Laura Van Dyck and Diana Elbourne
Intensive Care Medicine 2014; 40 (12): 1916-23	Risk of bloodstream infection in children admitted to paediatric intensive care units in England and Wales following emergency inter-hospital transfer.	Katie Harron, Quen Mok, Roger Parslow, Berit Muller Pebody, Ruth Gilbert and Padmanabhan Ramnarayan.
BMJ Open 2014;4(11): e006647	Estimating the incidence, prevalence and true cost of asthma in the UK: Secondary analysis of national stand-alone and linked databases in England, Northern Ireland, Scotland and Wales-A study protocol.	Mukherjee M, Gupta R, Farr A, Heaven M, Stoddart A, Nwaru BI, Fitzsimmons D, Chamberlain G, Bandyopadhyay A, Fischbacher C, Dibben C, Shields M, Phillips C, Strachan D, Davies G, McKinstry B, Sheikh A, McClelland K, Hamilton K, Burgess K, Stewart R, McVeigh S, Murray P, Gingles J, Maguire J, Kennedy C, Myers J, Doole C, Rosato M, Brunton C, Walsh C, McKeown N, Fitzpatrick S, McLoughlin R, Vitty A, Copyright C, Batchelor J, McShane P, Fleming S, Parslow R, Robinson E, Hickford D, Dingle H, Lloyd-Scott L, Harrison D, Martin P, Hussey L, Agius R, Price D, Von Ziegenweidt J, Carter V,

Journal	Title	Authors
		Skinner D, Hutton C, Bathie E, Chisolm A, Been J, Kotz D, Payne R, Julious S, Goodacre S, Devereux G, Steiner M, Weir C, Parker R, Feng Z, McAllister D, Carter R, May L, Limb E, Vidal-Diez A, Carey I, Dickie C, Malloy A, Milligan D, Barclay K, Ho D, Alexander M, Burns G, McAnaw J, Hourcastagné P, Ralph L, Smith A, Walker C, Mikolajczak D, Briggs R, Hopkins L, Wilson L, Bell M, Quirk S, Morris C, Simpson M, Sisk R, Haddow C, Nowell S, Hair D, Duffy A, Robertson I, Pritchard A, Peacock J, Fleming M, Kirby B, Clark D, Caldwell J, Young C, Bailey A, Melrose C, Morrice L, Douglas A, Bromley C, Campbell R, Wierzoch A.
N Engl J Med 2014; 370 (2): 107-18	A randomized trial of hyperglycemic control in pediatric intensive care.	Macrae D, R Grieve, E Allen, Z Sadique, K Morris, J Pappachan, R Parslow, RC Tasker, D Elbourne
BMJ Quality & Safety 2014; 23 (9): 782-8	Differences in case-mix can influence the comparison of standardised mortality ratios even with optimal risk adjustment: an analysis of data from paediatric intensive care.	Manktelow BN, TA Evans, and ES Draper.
Critical care medicine 2015;43(5):1070-78	Monitoring Quality of Care Through Linkage of Administrative Data: National Trends in Bloodstream Infection in U.K. PICUs 2003-2012.	Harron K, Parslow R, Mok Q, Tibby SM, Wade A, Muller-Pebody B, Gilbert R.
BMJ Open 2015; 5 (8): e008118	Data linkage errors in hospital administrative data when applying a pseudonymisation algorithm to paediatric intensive care records.	Hagger-Johnson G, K Harron, T Fleming, R Gilbert, H Goldstein, R Landy, RC Parslow
Resuscitation 2015; 97: 122-128	Observational study of children admitted to United Kingdom and Republic of Ireland Paediatric Intensive Care Units after out-of-hospital cardiac arrest.	Scholefield, B.R., F. Gao, H.P. Duncan, R.C. Tasker, R.C. Parslow, E.S. Draper, P. McShane, P. Davies, K.P. Morris
Seizure: European Journal of Epilepsy 2015; 29: 153-161	Admissions to paediatric intensive care units (PICU) with refractory convulsive status epilepticus (RCSE): A two-year multi-centre study.	Tully, I., E.S. Draper, C.R. Lamming, D. Mattison, C. Thomas, T. Martland, R. Appleton

ABSTRACTS

Abstract	Title	Authors
24 th ESPNIC Annual Meeting, Rotterdam, 12 th -15 th June 2013 (Oral Presentation)	Weight-for-age distribution and case-mix adjusted outcomes of 14,205 critically ill children	N.J. Prince, K. Brown, R.C. Parslow, M.J. Peters
PICS 2015 conference, 14 th -16 th September 2015	Descriptive Epidemiology of Admissions to PICU of Children Less Than 2 Years Old Who Were Born Post-Term in the UK and the Republic of Ireland, 2003-2014	M. Kapetanstrataki, S.J. Fleming, E. S. Draper, K. Johnson, R. C. Parslow
Survival Analysis for Junior Researchers Conference, 13-14 April 2016	Survival in Paediatric Intensive Care Units (PICU) and Beyond, England	Kapetanstrataki M, Fleming SJ, Parslow RC

PRESENTATIONS

Meeting/Conference	Venue	Date	Presentation Title	PICANet Team Attendees
24 th ESPNIC Annual Meeting	Rotterdam, Netherlands	12-15/06/2013	Presentation on 'Epidemiology of paediatric and neonatal intensive care'	Liz Draper
PICANet AGM	University Hospitals Bristol Education centre	13/11/2013	Presentation on National Report	Roger Parslow/ Liz Draper
PIC Directors Meeting	London	25/03/2014	Capacity in PIC	Liz Draper
East Midlands PIC Commissioners	NEC Birmingham	04/2014	Ten year trends in PIC	Liz Draper
PICANet AGM	Manchester	05/11/2014	Presentation on National Report	PICANet Team
HQIP Clinical Audit & QI Awards. Junior Doctors Finals Day	Leicester	19/11/2014	National Clinical Audit Update - PICANet	Liz Draper
Royal College of Paediatrics and Child Health Annual Conference 2015	ICC, Birmingham	29/04/2015	Prolonged invasive ventilation in paediatric intensive care: children resident in England and Wales, 2004-2013	S Fleming, K Morris, C Lamming; A Evans; R Parslow; E Draper
29 th Annual PICS Conference	ICC, Birmingham	14-16/09/2015	Survival in PICU and beyond	Roger Parslow, Sarah Fleming, Melpo Kapetanstrataki
PICANet AGM	Royal College of Nursing, London	04/11/2015	Presentation on National Report	PICANet Team

M. STAFFING STUDY DATA COLLECTION FORMS 2015-16

<p>WEEK COMMENCING – 16th November 2015</p> <p>PICANet</p>	<p>PICU Staffing Study 2015 <i>A study of occupancy & nurse staffing provision</i></p> <p>Nursing Establishment and staffing Information</p> <ul style="list-style-type: none"> • Please see attached instructions • Complete part 1 and 2 • Please complete every column, insert zero if no staff at this grade 	<p>PLEASE COMPLETE <small>2</small> Site ID _____</p> <p>Hospital _____</p> <p>Unit _____</p> <p>Form completed by: _____ <small>(print name)</small></p>					
<p>Part 1 Nurse Establishment Information</p>							
	<p>1. Nursing establishment W.T.E. <small>Exclude supernumerary student nurses, receptionists, audit staff, data clerks, housekeepers</small></p>	<p>2. Vacancies in Nurse establishment WTE</p>	<p>3. No. of persons currently in post</p>	<p>4. No. of specialist nurses with paediatric intensive care qualification</p>	<p>5. No. of registered children's nurses <small>RSCN or degree or diploma recognised by NMC in children's branch of nursing</small></p>	<p>6. No. with Valid Paediatric Resuscitation Training</p>	<p>7. No. with Valid Advanced Paediatric Resuscitation Training</p>
Band 2 - 3							
Band 4							
Band 5							
Band 6							
Band 7							
Band 8							
Band 9							
Other please specify details- i.e. Agency / Bank (state Band)							
1.							
2.							
3.							
4.							

Complete Part 2 overleaf

Part 2 Dedicated Roles

Does your unit have the following persons in post: <small>(please tick appropriate box)</small>					No. in post	
1. Family Care Sister				YES	NO	
2. Practice Educator				YES	NO	
3. Discharge co-ordinator				YES	NO	
<p>↓</p> <p><i>If NO tick one box below:</i></p>						
Who has responsibility for discharge planning?	a) Named PIC nurse					
	b) Named PIC team					
	c) Specialist team providing care for specific condition i.e. long term ventilation					
	d) Hospital wide discharge planning team					

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

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

Using the FREEPOST envelope supplied, please return the completed forms by **FRIDAY 27th NOVEMBER 2015** to:-

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

PICU Staffing Study 2015



week commencing 16th November 2015

HOW TO FILL IN THE Nursing Establishment and Staffing Information Form

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

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

COUNTING STAFF - DIFFERENT GROUPS OF STAFF

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

1. The current combined, whole time equivalent, funded nursing establishment of persons working at this grade to give clinical care. Include all clinical nursing staff, any link nurses employed to give clinical care, any learners or nurses in training **but only if not supernumerary**.
2. The current, whole time equivalent, vacancies in nurse establishment at the specified grade.
3. The overall total number of (persons) on your PICU currently in post at this grade.
4. 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.
5. The number of nurses with appropriate level competencies in paediatric critical care currently in post. Include all specialist nurses in PIC with critical appropriate level competencies in paediatric critical care assessed through a validated accredited education and training programme.
6. 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.
7. The number of nurses currently in post with valid Paediatric Resuscitation training or equivalent.
8. 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: cr14@leicester.ac.uk

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

by **Friday 27th November 2015**

PICANet Staffing Study 2015 Nursing Establishment & Staffing Info v1.4 27/10/2014

WEEK COMMENCING –
16th November 2015



PICU Staffing Study 2015

A study of occupancy, nursing and medical staffing provision

Medical Establishment Information

- Please see attached instructions
- Complete part 1 and 2
- Please complete every column, insert zero if no staff at this grade

What is the model of service in your Hospital?

(please circle): Standalone PICU Combined PICU and retrieval service

PLEASE COMPLETE: Site ID _____

Hospital _____

Unit _____

Form completed by: _____

(signature name)

Part 1 Medical Establishment Information:

				Number of staff in post		Number of vacant posts		Combined total DCC PAs of funded staff in post.		Combined total DCC PA's vacant posts	
				ICU	Transport	ICU	Transport	ICU	Transport	ICU	Transport
Consultant grade	Consultant Paediatric Intensivists	Paediatricians	substantive								
			locum								
		Anaesthetists	substantive								
			locum								
	Non-PICU consultants		substantive								
			locum								
Associate specialists/staff grade			substantive								
			locum								
				Number of staff in post		Number of vacant posts		Combined total WTE of medical establishment		Combined total WTE of vacant posts	
				ICU	Transport	ICU	Transport	ICU	Transport	ICU	Transport
Training grade	ST 4-8 UK training scheme	Paediatrics									
		Anaesthesia									
		Other (please specify)									
	ST 4-8 equivalent, not on UK training scheme										
	ST 1-3 UK training scheme	Paediatrics									
		Anaesthesia									
		Other (please specify)									
	ST 1-3 equivalent, not on UK training scheme										
	Foundation year 1-2										
Other staff				Number of staff in post		Number of vacant posts		Total hours per week on medical rota			
				ICU	Transport	ICU	Transport	ICU	Transport		
	ANPs on medical rota										
	Physician Associates										

Part 2 Trainee Rota

Are the trainees on a full shift rota? <i>[tick yes or no]</i>		YES	NO
<i>Definition: Shifts are usually of eight to 13 hours' duration and the doctors on duty are expected to spend virtually all of the duty period, except for natural breaks, working or being immediately available for work. Any working arrangement that does not allow four hours' continuous rest overnight on more than 75% of occasions is of full-shift intensity. All hours in the shift are counted as actual work for the purposes of banding</i>			
If not on a full shift rota, what rota pattern are the trainees on?		Please tick appropriate box	
		Partial shift	On call
		YES	YES
What banding supplements do the trainee posts attract?		Please tick appropriate box	
Band 1 (40 -48 hours/week)	A - most antisocial hours		
	B - moderate antisocial hours		
	C - least antisocial hours -		
Band 2 (48-56 hours/week)	A - most antisocial hours		
	B - least antisocial hours		
Band 3 (>56 hours/week or non-compliance with New Deal regulations)			

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

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

PICU Staffing Study 2015



week commencing 16th November 2015

HOW TO FILL IN THE Medical Establishment Part 1 and 2

This form applies to the **designated paediatric intensive care unit** and where applicable the **PICU based retrieval service in your hospital**.

Only count HDU if located in the same unit and staffed by the PICU shift staffing roster.

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).

The form is collecting data on the total establishment required to deliver the wider service (PART 1) and the trainee (PART 2). These are measured in different ways for different grades. Please complete both sections.

For consultant specialist staff:

1. A Consultant Paediatric Intensivist is defined as one who has undertaken relevant training in paediatric intensive care medicine as described by the Intercollegiate Committee for Training in Paediatric Intensive Care Medicine (ICTPICM) or an equivalent national organisation, including at least two years of L3 PCCU training and a period of anaesthesia training (paediatric trainee) or paediatric training (anaesthesia trainee).
2. Contractual commitments are measured in Programmed Activities (PA's); each PA having a timetabled value of 4 hours (or 3 hours if the PA is undertaken in premium time - defined as 19:00- 07.00hrs Monday to Friday and all day on weekends and bank holidays).
3. PA's are classified as Direct Clinical Care (DCC) if it involves working with patients or named-patient related activity. Do not include SPA's – Supporting Professional Activity which do not involve direct or named-patient clinical care.
4. Some consultants may be employed across 2 units or divisions (e.g. anaesthesia and PICU). DCC's that are flexibly worked across 2 units or divisions should be averaged.

For trainee medical staff:

UK training schemes include those managed by the GMC.

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

PICANet Staffing Study 2015_Medical Establishment v1.0 27.10.2015

Please return in FREEPOST envelope to:-

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

by Friday 27th November 2015

- Please complete at **12 noon on Wednesday 18/11/2015**
- Please see notes for completion overleaf

©CNA/Net Staffing Study 2015/Nursing Daily, Inc. 4 x 1 5/27/10/2015

Medical Log A

- Please complete at **12 noon on Wednesday 18/11/2015**
- See notes for completion overleaf

BMJ 2016;352:g1254. doi:10.1136/bmj.g1254

FICO Staffing Study 2013
A study of occupancy & nursing and medical staffing provision



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

BCCANet Staffing Guide: 2015/Other Professionals Summary Form v1.5 15/10/2014

WEEK COMMENCING –
16th November 2015



PICU Staffing Study 2015
A study of occupancy, nursing and medical staffing provision
Advanced Practice Practitioner (APP)
Establishment Information

PLEASE COMPLETE

Site ID _____

Hospital _____

Unit _____

Form completed by: _____

(print name)

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

please tick this box ☐ and return the form



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

Additional information:-

(Please tick appropriate box)

Do you include the w.t.e. for the A.P.P.s in your calculation for the number of qualified nurses per funded bed? (please tick box)

YES

NO

Any additional comments:

Please return in FREEPOST envelope supplied to:-

FREEPOST RTHJ-ZYVG-EXRT
PICA Net Staffing Study (0593)
F.A.O: Caroline Lammington, PICA Net Research Nurse
University of Leicester, Dept of Health Sciences
21-25 Princes Road West, Leicester, LE1 6TP

by 27/11/2015

PICANet Staffing Study 2015 APP Establishment & Staffing Info v1.3 15/10/2015

N. DATA REQUESTS DECEMBER 2014 – DECEMBER 2015

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

Request Date	Name	Position & Place of Work	Data requested	Date Provided	What has been/ will be done with the data?
17/12/2015	Alison Kemp	Professor of Child Health, Cardiff University	Admissions Dataset 1. Patient details –ethnic category, date of birth, sex, birth order, case note number 2. All fields under Admission Details 3. PIM2/PIM3 – Main reason for PICU admission, 3. Diagnoses and Procedures – Primary diagnosis for this admission, other reasons for this admission, operations and procedures performed during or prior to this admission, co-morbidity, , mechanical ventilation, comorbidity 4. All fields under Discharge Information 5. All fields under Follow up 30 Days Post Discharge from your Unit Referral Dataset 1. Patient details, ethnic category, date of birth, sex, birth order, GP practice code 2. Referral details – Date and Time of Referral Call, Referring Unit, Referring Speciality, Outcome of this Referral Event, Destination Unit (or location) Transport Dataset 1. Patient details - Patient details –ethnic category, other ethnic category, date of birth, sex, case note number 2. Transport details – Collection unit (or location) and destination unit (or location), date and time accepted for transport, transport number, outcome of this transport event, parent accompanying 3. Transport Times – base to collection unit -organisational delay, base to collection not applicable, depart base, arrive collection unit (or location) 4. Transport journey- patient journey – patient journey not applicable, mode of transport, depart collection unit, arrive destination unit, organisational delay. This national programme continues the work of the Confidential Enquiry into Child Health (CMACE) and more recently the Child Health Reviews – UK undertaken by the Royal College of Paediatrics and Child Health. This	Ongoing	This national programme continues the work of the Confidential Enquiry into Child Health (CMACE) and more recently the Child Health Reviews – UK undertaken by the Royal College of Paediatrics and Child Health. This new programme will be undertaken in partnership with Swansea University and will add to the previous work to define the full pathway of care and access to services for children. The programme will look at routinely collected datasets (e.g. PICANET) . Where we can, we will link administrative health care data, which offers a source of data to provide a population based overview of adolescent mental health and childhood neurodisability (we do not intent to link PICANET data with any other routinely collected data however) . The data requested in this form is for the child neurodisability

			new programme will be undertaken in partnership with Swansea University and will add to the previous work to define the full pathway of care and access to services for children. The programme will look at routinely collected datasets (e.g. PICANET). Where we can, we will link administrative health care data, which offers a source of data to provide a population based overview of adolescent mental health and childhood neurodisability (we do not intent to link PICANET data with any other routinely collected data however) . The data requested in this form is for the child neurodisability aspect of the project, and will explore routinely collected administrative healthcare data. Cerebral palsy has been selected as an index condition for chronic neurodisability.		aspect of the project, and will explore routinely collected administrative healthcare data. Cerebral palsy has been selected as an index condition for chronic neurodisability.
16/12/2015	Ann John	Associate Professor, Swansea University (Farr Institute)	<p>Admissions Dataset: 1.Patient details – postcode, ethnic category, other ethnic category, NHS/CHI/H&C number, NHS/CHI/H&C number eligibility, case note number, date of birth, sex, GP practice code. 2. All fields under Admission Details 3.PIM2/PIM3 – Main reason for PICU admission 4. Diagnoses and Procedures – Primary diagnosis for this admission, other reasons for this admission, co-morbidity 5.All fields under Growth Measurements 6.All fields under Discharge Information 7.All fields under Follow up 30 Days Post Discharge from your Unit Referral Dataset: 1.Patient details – postcode, ethnic category, other ethnic category, NHS/CHI/H&C number, NHS/CHI/H&C number eligibility, date of birth, sex, GP practice code. 2.Referral details –Date and time of referral call, Referring Unit, Referring Speciality, Outcome of this Referral Event, Destination Unit (or location) Transport Dataset: 1.Patient details – postcode, NHS/CHI/H&C number, NHS/CHI/H&C number eligibility, date of birth, sex, case note number (destination PICU) 2.Transport details – date and time accepted for transport, transport number, collection unit (or location), parents accompanying, outcome of this transport event, destination unit (or location). 3. Transport Times: base to collection unit – base to collection unit not applicable, depart base, arrive collection unit (or location) organisational delay 4.Transport Times: patient journey – patient journey not applicable, mode of transport, depart collection</p>	Ongoing	This national programme continues the work of the Confidential Enquiry into Child Health (CMACE) and more recently the Child Health Reviews – UK undertaken by the Royal College of Paediatrics and Child Health. This new programme will be undertaken in partnership with Cardiff University and will add to the previous work to define the full pathway of care and access to services for children. The programme will link administrative health care data, which offers a source of data to provide a population based overview of adolescent mental health and childhood neurodisability, with confidential case note reviews, which are detailed enough to explore complex pathways of care, between primary and secondary care, health and social care, and access to

			unit, arrive destination unit, organisational delay. This national programme continues the work of the Confidential Enquiry into Child Health (CMACE) and more recently the Child Health Reviews – UK undertaken by the Royal College of Paediatrics and Child Health. This new programme will be undertaken in partnership with Cardiff University and will add to the previous work to define the full pathway of care and access to services for children. The programme will link administrative health care data, which offers a source of data to provide a population based overview of adolescent mental health and childhood neurodisability, with confidential case note reviews, which are detailed enough to explore complex pathways of care, between primary and secondary care, health and social care, and access to educational needs. In addition to this two surveys will be undertaken: one to look at the organisation of care and one to gain the views of patients, relatives and associated groups. The data requested in this form is for the adolescent mental health aspect of the project, and will explore routinely collected administrative healthcare data.		educational needs. In addition to this two surveys will be undertaken: one to look at the organisation of care and one to gain the views of patients, relatives and associated groups. The data requested in this form is for the adolescent mental health aspect of the project, and will explore routinely collected administrative healthcare data.
15/12/2015	Patrick Davies	Consultant PICU, Nottingham University Hospitals	All patients over a 5 year span who have been admitted to a PIC directly from a Neonatal unit. Gestational age at birth Age at admission to PIC Weight Sex Outcome (discharge and 30 days) Discharge date Tracheostomy inserted yes/no Number of invasive ventilated days Number of tracheostomy ventilated days Number of non-invasive ventilated days Ventilation status at discharge from PIC Oxygen status at discharge If applicable, date of death and diagnosis leading to death	26/01/2016	To investigate the outcome of these babies and try to work out what their pathways are
25/11/2015	P Ramnarayan	Consultant in PICU/Retrieval, CATS, Great Ormond Street Hospital	Date of PICU admission; Admission type; Source of admission; Care area; PIM-2 score; Date of PICU discharge/death; Vital status at discharge; Invasive ventilation days; NIV days; ICU-free days at 28 days; VFD at 28 days. To describe changes over the past decade in clinical outcomes (mortality, LOS, LOV, VFD-28, ICU free days at 28 days) for the 3 main types of PICU admissions (planned, unplanned from same hospital and unplanned from other hospital), including changes in the PIM-2 score between the groups over the past decade.	04/12/2015	To describe changes over the past decade in clinical outcomes (mortality, LOS, LOV, VFD-28, ICU free days at 28 days) for the 3 main types of PICU admissions (planned, unplanned from same hospital and unplanned from other hospital), including changes in the PIM-2 score between the groups

					over the past decade.
16/11/2015	David Inwald	PICU Consultant, Imperial NHS Trust	CRN, admit date, primary and secondary diagnoses, all comorbidities, ideally in single Excel sheet format with above	16/11/2015	Audit
26/10/2015	Andrew Nyman	PICU Consultant, Evelina Hospital, London	Follow up on previous data request for all admissions to PICU for years 2013 and 2014 inclusive.	25/11/2015	Report outcome and activity data for asthma
21/10/2015	Jessica Bate	Locum Consultant, University Hospital Southampton	Number of children with underlying diagnosis of cancer admitted to PICU from 1 Jan 2002 to 1 Jan 2012	19/11/2015	To describe this rare complication in children with cancer requiring intensive care
24/08/2015	Bronagh Blackwood	Senior Lecturer, Queen's University, Belfast	Primary diagnosis Diagnostic group Number of admissions for this diagnosis Median days of invasive ventilation Lower IQR and Upper IQR Number of invasive ventilation days delivered Number of admissions with 1 day of IV Number of admissions with 1 or 2 days IV % admissions with 1 day of IV % admissions with 1 or 2 days of IV. To evaluate the efficacy of a sedation and ventilator weaning protocol in reducing duration of mechanical ventilation	08/09/2015	To evaluate the efficacy of a sedation and ventilator weaning protocol in reducing duration of mechanical ventilation
21/08/2015	Pia Hardelid	Senior Research Associate, UCL Institute of Child Health	We require data on all admissions for influenza or suspected influenza to PICUs between 2003 and 2015. The data items we require are: 1. Demographic/birth: age at admission (in weeks), gender, ethnic group, gestational age, birth weight, birth order, multiplicity 2. Admission: admission date, Anonymised PICU ID, previous ICU admissions, transfer, admission source, admitted from, main reason for admission, planned/unplanned 3. PIM2/3: elective admission, reason for admission, past medical history, blood gases, intubation, headbox, FiO2, mechanical ventilation, CPAP, pupil reaction, PIM/PIM2/3 score including PICANet recalibrated scores 4. Diagnoses: primary diagnoses, other diagnoses, comorbidity, tracheostomy during admission 5. Interventions during admission: airway and ventilator support, ECMO, infusion of inotrope, renal interventions. Daily intervention data (PCCMDS) grouped into HRGs	20/01/2016	The aim of the study is to determine the burden of influenza in PICUs in the UK, and describe characteristics and outcomes of admitted children before, during and after the 2009 pandemic.

			<p>is requested for those PICUs who submit this to PICANet for a sub-analysis of level of care delivered for the later admissions (we recognise that the PCCMDS data will not be available for all PICUs and only for later years). 6. Discharge: dead/alive, date of discharge, discharge destination</p> <p>We request data items listed in point 1 to estimate influenza admission rates to PICU according to demographic characteristics, and according to birth characteristics (for babies aged less than one year). Denominators for these analyses will be obtained from the Office for National Statistics. The data items requested in point 2, 3 and 4 will be used to describe characteristics of children admitted to ICU with influenza/suspected influenza in terms of their method of admission, timing of admission in relation to influenza season, severity of illness at admission and comorbidities. A variable indicating ICU admissions within the same PICU will be used to examine potential differences in testing and diagnosis of influenza. The data items requested in point 4 (tracheostomy during admission) and points 5 and 6 will be used to determine outcomes among children with influenza in intensive care: mortality, need for assisted ventilation and renal support. Discharge and admission dates will be used to calculate length of stay in ICU. The aim of the study is to determine the burden of influenza in PICUs in the UK, and describe characteristics and outcomes of admitted children before, during and after the 2009 pandemic.</p>		
19/08/2015	Philip Hudnott	Research Nurse, Royal Manchester Children's Hospital	Number of patients readmitted to PICU within 48 hours of discharge grouped in to totals each month.	19/08/2015	Data needed for CQC visit to Trust
12/08/2015	Kevin Morris	Consultant in PICU, Birmingham Children's Hospital	The number of children admitted to UK + Eire PICUs with a diagnosis of 'meningitis' and 'encephalitis'. Also the proportion of these groups that underwent ICP monitoring, broken down by age bands ideally (12 years).	14/08/2015	I am presenting at PICS Conference (14th to 16th Sept) and would like to set the scene with the numbers of children currently admitted to PICUs and how often ICP monitoring is being used across different age bands

16/07/2015	Mark S Gilthorpe	Professor of Statistical Epidemiology, University of Leeds	Continued use of the data sought by Ms Omnia Aminas as part of her MSc project (submitted: 17/03/15)	12/08/2015	Data were sought initially by Ms Omnia Aminas (as part of her MSc project) to undertake preliminary/pilot work on methods development with a view that such work would form the basis of a grant proposal to go to external funding bodies, for which this (follow-on) access to data request would be made. Unfortunately, Ms Aminas withdrew from this project and there was no progress made on the proposed preliminary work by her. It is therefore proposed that the preliminary/pilot work is instead undertaken by the now named applicant (Prof Mark S Gilthorpe) and his main methodological collaborator (Dr Marc de Kamps). Preliminary investigation of new methods development will form the basis of a grant proposal to be submitted late 2015 or sometime in 2016, depending upon progress of the pilot work. The target external funding body will be initially the MRC (methodology panel), as the intended proposal will be linked to the established MRC Centre for Medical Bioinformatics based at the University of Leeds. The preliminary/pilot work will explore the feasibility of developing new methods and novel applications of existing methods to assess outcomes in
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					<p>paediatric intensive care, specifically to: a) help identify, with improved precision, factors associated with better patient outcomes b) identify patient subgroups at greatest risk of death or specific morbidities who might therefore be suitable for entry into clinical trials that seek to evaluate novel interventions or improved patient care c) elucidate potential causal factors from non-causal factors amongst the relationships identified as highly predictive of patient outcomes d) assess the performance of these new methodologies through the re-analysis of earlier published studies</p> <p>From this work it is hoped that methodologies developed can be applied to the exploration of complex routinely collected healthcare data (often called 'big data') beyond the paediatric intensive care setting We will apply conventional statistical methods such as generalised linear and mixed modelling along with Bayesian networks to model the patient journey through the paediatric intensive care system to address a), b) and c) above. Moreover, we intend to investigate the viability of so-called Deep Learning architectures to capture hidden regularities in these patient journeys.</p>
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					<p>Scientific outputs (e.g. abstracts, journal publications, funding proposals) arising from this work will involve collaborators listed below according to appropriate levels of input, but always specifically informed by the lead collaborator, Dr Roger Parslow. A key outcome will be the identification of potential new methods or applications of existing methods that would improve the assessment of outcomes in paediatric intensive care, followed by the submission of at least one grant for external funding to develop these ideas further. The research team will offer a seminar and/or workshop on methods developed, once complete, for dissemination at appropriate venues such as PICANet affiliated departments or at relevant conferences. We understand that we seek access to an unusually large amount of data, but access will be limited to the research team, data will be stored on a secure server at the University of Leeds with the same security arrangements as the main PICANet server, and Dr Parslow, a member of the research team and co-PI for PICANet, will have direct involvement in and oversight of how the data are analysed.</p>
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06/07/2015	Serena Braccio	Data Manager, Research coordinator, Public Health England	0-16 year old children admitted to PICU in UK and Republic of Ireland with Enterovirus or Human Parechovirus infection (positive culture and/or PCR from any site). To inform evidence-based national guidance and to prompt a new surveillance study on Enterovirus and Human Parechovirus serious infection	22/09/2015	To inform evidence-based national guidance and to prompt a new surveillance study on Enterovirus and Human Parechovirus serious infection
01/07/2015	Dora Wood	SpR, Great Ormond Street Hospital	For children aged 12 years and older at admission : age at admission length of stay admission PIM2 score year admitted sex source of admission admission type primary diagnosis outcome invasive ventilation tracheostomy ECMO vasoactive therapy renal support ICP device. Comparison of characteristics and outcome of teenagers admitted to intensive care units (with data from ICNARC\'s CMP).	27/08/2015	Comparison of characteristics and outcome of teenagers admitted to intensive care units (with data from ICNARC\'s CMP).
03/06/2015	Samiran Ray	Great Ormond Street Hospital	Mortality data for children retrieved by CATS in the period between 01/10/2013 and 30/09/2014.	31/07/2015	As approximately only 40% of children have arterial gases available at the time of admission to ICU, the oxygenation variable is likely to be under-represented in the PIM score. Oxygen saturations measured using plethysmography however is used universally. We have created an saturation based relcement for the PaO2/Fio2 variable in the PIM score and aim to validate it on the children retrieved via CATS between 01/10/2013 and 30/09/2014
06/05/2015	Alison Booth	Research Fellow, Centre for Reviews & Dissemination	Total number of records for children (age 28 days to <=16) who have had a cardiac arrest between 1st January 2010 and 1 May 2015 - number where location of arrest was pre-hospital - number of these where the location of arrest was an emergency department - number where the location of arrest was a PICU We are also interested in data on duration of resuscitation but understand collection of this information is not within the remit of PICANET.	07/07/2015	Our proposed research aims to develop prediction models that will explore when and in what circumstances it might be appropriate to stop CPR in children and young people. It will also explore how such information is best shared with families, providing an

					evidence base to support the management and involvement of parents and carers in decision-making processes.
01/05/2015	Julia Grace	Accountable Commissioner, PCC CRG, NHS England	For all Level 3 PCC's - for the following years: Oct 11 - Feb 12 Oct 12 - Feb 13 Oct 13 - Feb 14 Admissions and Discharges per month Occupied bed days per month	11/05/2015	Planning and development of appropriate winter surge plans.
17/04/2015	Clare Wilson	SHO, St Mary's Hospital, London	Full dataset, including PIM2 score	29/05/2015	Troponin is routinely measured on all children admitted to our PICU. We want to review and correlate this with the clinical parameters available through PICANET.
23/03/2015	Philip Keel	Scientist, Public Health England	Please could you supply the following data for all children admitted to PICUs in England with a diagnosis of Varicella. The date range is January 1st 2004 – December 31st 2013 Age at admission Sex Week, month and year of admission. PIM2 score Length of stay in days Ventilation mode (IV, NIV, IV and NIV, none) Ventilation days (NIV, IV) Discharge outcome (Alive/Dead) Primary and secondary diagnoses (Read Codes and associated terms) Source of Admission Health Region	01/05/2015	We are currently producing an update paper on the epidemiology of varicella in England. Using data on PICU submissions will allow us to explore the burden of disease at the severe end of the spectrum.
19/03/2015	Karen Keown	ST6 Trainee PICU, Royal Belfast Hospital for Sick Children	1. Number of patients with Bronchiolitis as primary diagnosis 2. Number of these patients invasively Ventilated, number of patients ventilated with advanced vent (HFOV) 3. Number of patients with primary diagnosis of Bronchiolitis requiring use of Nitric Oxide 4. Number of patients with primary diagnosis of Bronchiolitis requiring inotropes. To ascertain numbers and level of support for bronchiolitis patients this winter, with comparative figures with last winter	01/05/2015	Significant morbidity associated with Bronchiolitis in our unit winter 2014, figures for internal audit and analysis and to facilitate planning and resources for next winter.

18/03/2015	Simon Drysdale	Academic Clinical Lecturer, University of Oxford	All' available (e.g. demographics, LOS, type & duration of ventilation/O2, inotrope use, medications prescribed, fluids prescribed, underlying medical conditions, diagnoses on PICU etc) anonymised PICAnet data for children admitted to UK PICUs and testing positive for human metapneumovirus (HMPV). To assess the burden of disease and healthcare costs of HMPV to PICU services in the UK to help provide a case for the development of a new vaccine/treatment.	02/09/2015	To assess the burden of disease and healthcare costs of HMPV to PICU services in the UK to help provide a case for the development of a new vaccine/treatment.
17/03/2015	Omnia Izzeldin Kamil Amin	MSc student, University of Leeds	Patient demographics Age in months Sex IMD Ethnic category Other ethnic category Birth order (all admissions) Gestational age at delivery Multiplicity Admission details Admission time of day Admission month Admission day (Mon, Tue etc.) Admission quarter of year (Autumn, Winter, etc.) Admission number Type of admission to unit Previous ICU admission Source of admission Care area admitted from Retrieval/transfer Type of transport team Retrieval by Transport team Other transport team PIM2 / PIM3 elements Elective admission Main reason for PICU admission Recovery from surgery: procedure Is evidence available to assess past medical history Cardiac arrest before ICU admission Cardiac arrest OUT of hospital Cardiomyopathy or myocarditis Severe combined immune deficiency (SCIDS) Hypoplastic left heart syndrome Leukaemia or lymphoma after completion of first induction Liver failure main reason for ICU admission Admitted following cardiac bypass Acute Necrotising Enterocolitis (NEC) main reason for ICU admission Spontaneous cerebral haemorrhage Neurodegenerative disorder Severe developmental delay Human Immunodeficiency Virus (HIV) Bone marrow transplant recipient Systolic blood pressure Blood gas measured? Arterial PaO2: Oxygen pressure (kPa) Arterial PaO2: Oxygen pressure (mmHg) FiO2 Intubation Headbox Base excess Base excess: Source Lactate Lactate: Source Mechanical ventilation CPAP Pupil reaction Tracheostomy Is the patient on a clinical trial Clinical trial name Height Weight Abdominal circumference Comments Status at discharge from your unit Discharged for palliative care Date of discharge Time of discharge Date of death Time of death Destination following discharge	20/05/2015	1) This is a Master's student project that will address the development of new methodologies to assess outcomes in paediatric intensive care; specifically to: a) help identify, with improved precision, factors associated with better patient outcomes b) identify patient subgroups at greatest risk of death or specific morbidities who might therefore be suitable for entry into clinical trials that seek to evaluate novel interventions or improved patient care c) elucidate potential causal factors from non-causal factors amongst the relationships identified as highly predictive of patient outcomes d) assess the performance of these new methodologies through the re-analysis of earlier published studies 2) From this work it is hoped that methodologies developed can be applied to the exploration of complex routinely collected healthcare data (often called 'big data') beyond the paediatric

			<p>from your unit Destination following discharge from your unit: hospital area Follow up 30 days post discharge from your unit Location at 30 days following discharge from your unit Location at 30 days following discharge from your unit: hospital area Invasive ventilation Invasive ventilation: days Non-invasive ventilation Non-invasive ventilation: days Extracorporeal membrane oxygenation (ECMO) IV vasoactive drug therapy Left ventricular assist device (LVAD) Intracranial pressure device Intracranial pressure device (ventricular drain) Intracranial pressure device (ICP bolt) Renal support Renal support: haemofiltration Renal support: haemodialysis Renal support: plasmafiltration Renal support: plasma exchange Renal support: peritoneal dialysis Diagnoses and Procedures Primary Diagnosis Other Reason Operation or Procedure Co-Morbidity Daily Interventions Activity date No defined critical care activity Continuous ECG monitoring Continuous pulse oximetry Invasive ventilation via endotracheal tube Invasive ventilation via tracheostomy tube Non-invasive ventilatory support Advanced ventilatory support (jet ventilation) Advanced ventilatory support (oscillatory ventilation) Nasopharyngeal airway Tracheostomy cared for by nursing staff Supplemental oxygen therapy (irrespective of ventilatory state) High flow nasal cannula therapy Upper airway obstruction requiring nebulised adrenaline (epinephrine) Apnoea requiring intervention (>3 in 24 hours or requiring bag and mask ventilation) Acute severe asthma requiring intravenous bronchodilator therapy or continuous nebuliser Unplanned extubation Arterial line monitoring External pacing Central venous pressure monitoring Continuous infusion of inotrope, vasodilator or prostaglandin Bolus IV fluids (>80 ml/kg/day) in addition to maintenance IV fluids Cardio-pulmonary resuscitation Extracorporeal membrane oxygenation (ECMO) Ventricular assist device (VAD) Aortic balloon pump Peritoneal dialysis Haemofiltration Haemodialysis Plasma filtration Plasma exchange ICP-intracranial pressure monitoring Intraventricular catheter or external ventricular drain Diabetic ketoacidosis (DKA) requiring continuous infusion of insulin Exchange transfusion</p>		<p>intensive care setting 3) The Masters project will provide pilot information on the feasibility for a larger scientific proposal to go to external funding bodies for research into developing methodologies appropriate for 'big data', linked to the established MRC Centre for Medical Bioinformatics at the University of Leeds We will apply conventional statistical methods such as generalised linear and mixed modelling along with Bayesian networks to model the patient journey through the paediatric intensive care system to address a), b) and c) above. Moreover, we intend to investigate the viability of so-called Deep Learning architectures to capture hidden regularities in these patient journeys. Scientific outputs (e.g. abstracts, journal publications, funding proposals) arising from this work will involve collaborators listed below according to appropriate levels of input. A key outcome will be the outline proposal of at least one grant for external funding to develop methods further. A further data request will be submitted for the continued use of the PICANet dataset provided for this request to be used as part of the grant proposal. The research team will offer a seminar</p>
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			Intravenous thrombolysis Extracorporeal liver support using molecular absorbent recirculating system (MARS) Patient nursed in single occupancy cubicle Medical gases band 1 - nitric oxide Surfactant Reason for isolation		and/or workshop on the methods developed for dissemination at appropriate venues, such as PICANet affiliated departments or at relevant conferences. We understand that we have requested an unusually large amount of data which may cause concern about how it is used and where it will be stored. Access to the data will be limited to the research team and will be stored on a secure server at the University of Leeds with the same security arrangements as the main PICANet server. As a member of the research team, Dr Parslow, who is a co-PI for PICANet will have direct involvement in and oversight of how the data is analysed.
10/03/2015	Louise Eastland	The Portland Hospital	If possible I require a report regarding the number of bed days seperated into HDU and PICU levels of care for each individual month from the start March 14 to End of Feb 2015.	23/03/2015	Data for submission to CQC
26/02/2015	Bronagh Blackwood	Senior Lecturer, Queens University Belfast	We'd like data for the following variables: PICU ID Event ID Admission date Admission time Discharge date Discharge time Admission type (all admissions) Ventilation status (none; invasive; non-invasive) Age of the child in weeks Number of ventilator days (invasive; non-invasive).	16/04/2015	The intervention in the SANDWICH trial is a bundle comprising sedation and ventilation weaning practice. It will most likely involve titrating sedation to achieve a sedation level appropriate to a stage in the ventilator weaning process terminating with a daily screening of readiness to undertake a 2-h SBT prior to extubation. The main outcomes that will make a meaningful difference for patients/parents and

					<p>healthcare resource are the duration of mechanical ventilation and PICU LOS. Generally, children who are admitted following elective surgery who, once awake, are extubated quickly without the need for a 2-h SBT are not likely to receive the sedation and ventilation bundle and perhaps should be excluded from the trial or the analysis. Furthermore, there are 20 PICUs that have expressed an interest in participating in this study and there are some differences in terms of geographical location, size of unit and staffing, and usual care practices. We intend to explore these factors by interrogating data from the paediatric clinical database.</p> <p>ANALYSIS</p> <p>OBJECTIVES: To provide information relevant to the SANDWICH trial regarding number of (a) ventilation days and (b) PICU LOS for the purpose of determining: -What is the distribution [mean/SD; median/IQR] of these outcomes across PICUs on all admissions of invasively ventilated children? -What is the distribution of these outcomes across PICUs for planned (elective) admissions and non-planned admissions of invasively ventilated children? -Does the distribution of these outcomes vary</p>
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					across PICUs for the 8 main reasons for PICU admission? -What is the number of invasively ventilated children who are discharged < 12 and < 24 hours across all PICUs? -Are there differences in the distribution of these outcomes between PICUs that have nurse/physiotherapy staff trained to wean ventilation (n = 6 units) versus those that do not? -Are there differences in the distribution of these outcomes between PICUs that always practice 24/7 extubation (n = 3 units) versus those units that do not?
20/02/2015	Jenny Morris	MSc Epidemiology & Biostats Student, University of Leeds	Summary Interventions PCCMDS (2007-2013) Sex, Age (in weeks) Diagnostic Groups Ethnicity PIMr and Variables Source of admission Admission type Admission date Discharge data: date and discharge status Tracheostomy performed Unit (de-identified) Primary Diagnosis: clinical code and diagnosis description.	19/05/2015	The aim of this study is to investigate the use of acute NIV as first line therapy within first 24 hours of PICU admission. In particular, exploring if the use of NIV as first line therapy is associated with increased PICU length of stay and PICU mortality compared to use of IV as first line therapy.
18/02/2015	Ian Braithwaite	Senior Transport Nurse, EMBRACE	I would like to find out what air transports took place over a recent 12 month period, using the \"aircraft type\" field, and the collection/destination units and transport team. I would also like to find out the occasions over the same period where transports that were performed by road took longer than 2 hours from leaving base to arriving at the collection unit, or longer than 2 hours between departing the collection unit and arriving at the destination unit.	18/08/2015	To establish actual and potential air transport utilisation in the UK. Data will stimulate discussion within the PICS air transport group.

03/02/2015	Deepan Vyas	Locum Consultant, Imperial Healthcare NHS Trust	We are interested in knowing the number of intensive care unit (Critical Care) admissions for anaphylaxis in years 2008-2013. We would like the data broken down by sex, by quinary age group, by calendar year of admission, and by diagnostic code ie ICD-10 codes T63.4 and X23 [insect venom anaphylaxis], T78.0 and T78.1 [food anaphylaxis], T78.2 [idiopathic anaphylaxis], T80.5 and T88.6 [drug anaphylaxis].	09/03/2015	Aim of study is to better understand the epidemiology of anaphylaxis
22/01/2015	Robin Marlow	PhD Student / ST7 Bristol Childrens, University of Bristol	Number of admissions to PICU with head injury (ICD10 codes S00-S09) per year. If allowable the number of these that died per year.	17/05/2015	To determine how epidemiology of paediatric head injury has changed over time and if there have been benefits from the introduction of the NICE guidelines.
16/12/2014	James Woods	Information Manager, Royal Brompton and Harefield Hospitals Trust	PICANet Risk adjusted mortality score for our patients, 2013/2014	16/12/2014	Check against national dashboard score

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