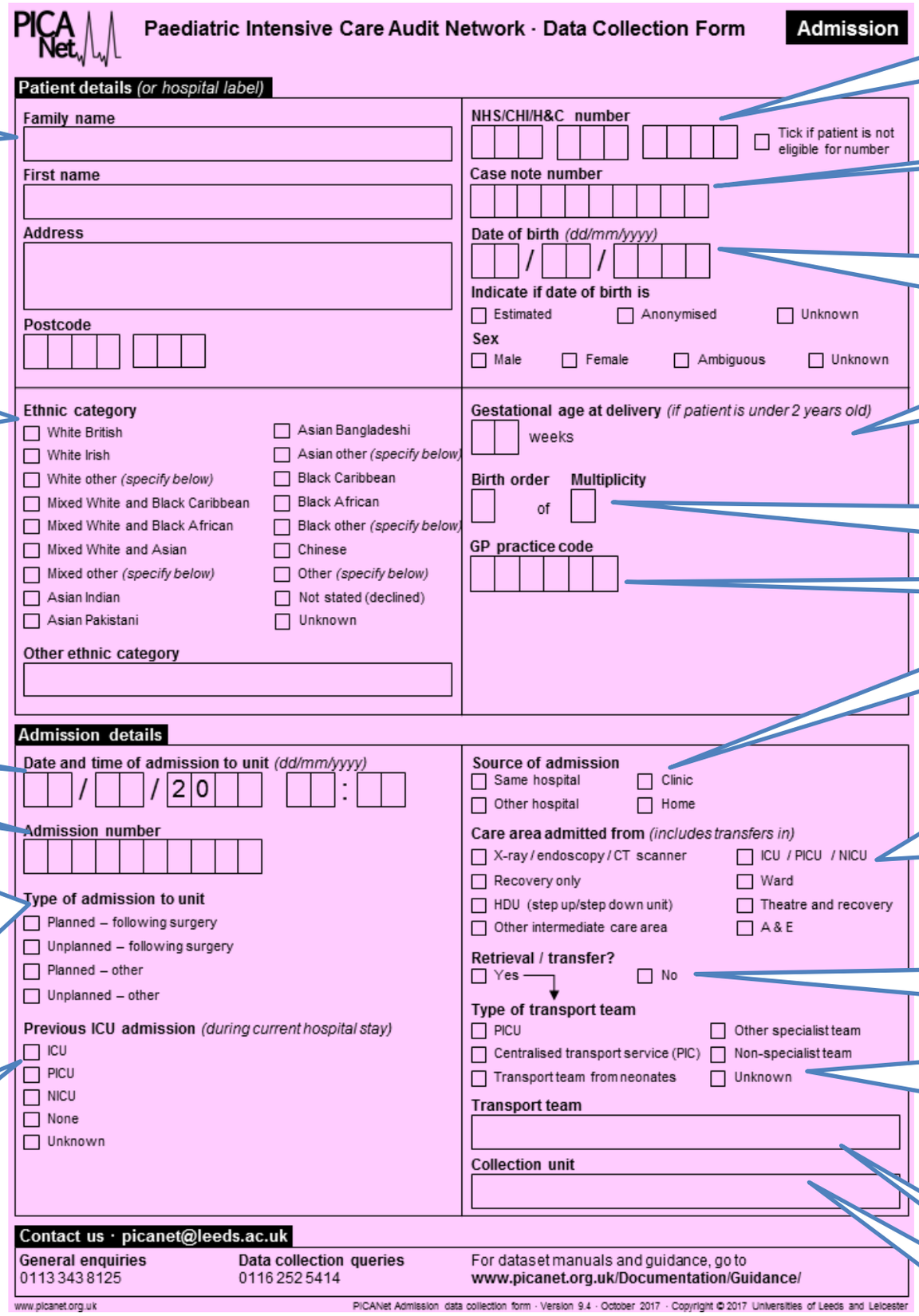
How to complete the PICANet Admission Data Collection Form



PICA Net

Paediatric Intensive Care Audit Network · Data Collection Form **Admission**

Patient details *(or hospital label)*

Family name

First name

Address

Postcode

NHS/CHI/H&C number ☐ Tick if patient is not eligible for number

Case note number

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

Indicate if date of birth is ☐ Estimated ☐ Anonymised ☐ Unknown

Sex ☐ Male ☐ Female ☐ Ambiguous ☐ Unknown

Ethnic category

☐ White British ☐ White Irish ☐ White other *(specify below)* ☐ Mixed White and Black Caribbean ☐ Mixed White and Black African ☐ Mixed White and Asian ☐ Mixed other *(specify below)* ☐ Asian Indian ☐ Asian Pakistani ☐ Asian Bangladeshi ☐ Asian other *(specify below)* ☐ Black Caribbean ☐ Black African ☐ Black other *(specify below)* ☐ Chinese ☐ Other *(specify below)* ☐ Not stated (declined) ☐ Unknown

Other ethnic category

Gestational age at delivery *(if patient is under 2 years old)* weeks

Birth order of Multiplicity

GP practice code

Admission details

Date and time of admission to unit *(dd/mm/yyyy)* / / 20 :

Admission number

Type of admission to unit

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

Previous ICU admission *(during current hospital stay)*

☐ ICU ☐ PICU ☐ NICU ☐ None ☐ Unknown

Source of admission ☐ Same hospital ☐ Other hospital ☐ Clinic ☐ Home

Care area admitted from *(includes transfers in)*

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

Retrieval / transfer? ☐ Yes ☐ No

Type of transport team

☐ PICU ☐ Centralised transport service (PIC) ☐ Transport team from neonates ☐ Other specialist team ☐ Non-specialist team ☐ Unknown

Transport team

Collection unit

Contact us · picanet@leeds.ac.uk

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

www.picanet.org.uk PICANet Admission data collection form · Version 9.4 · October 2017 · Copyright © 2017 Universities of Leeds and Leicester

Record family name, first name, full address and postcode. If not known, record UNKNOWN and state reason why in comments section

Select the appropriate category, for other i.e. "White other" complete text box "Other ethnic category". Usually found on PAS or ask parents • Categories defined in the 2001 census are national mandatory standard

Precise date & time of admission• Not time of first contact with unit doctor

Number recorded in unit admission record

Planned following surgery – unit aware of admission before surgery begun or surgery that could be delayed by >24hrs. Surgery is defined as undergoing all or part of a procedure or anaesthesia for a procedure in theatre or anaesthetic room • Unplanned following surgery – not aware prior to surgery starting but do not include admissions from theatre where surgery is not the primary reason for admission e.g. ICP monitor insertion where head injury is the reason for admission • Planned other – not an emergency e.g. post liver biopsy • Unplanned – other – an unexpected/emergency admission

During current hospital stay i.e. from admission to hospital until discharge/death. Can be this or other hospital, not been home in-between. If multiple PICU admissions, choose most recent

NHS – England& Wales • CHI – Scotland • H&C - Northern Ireland • Patient not eligible if overseas national who does not have an allocated NHS,CHI or H&C number

Local Hospital Case note Number.

•Estimated- if DOB unknown, estimate year by looking at child (so age can be calculated) and enter 01/01 for dd/mm • Anonymised - tick if anonymising. Enter 01 for dd/correct month/correct year • Unknown- only tick if data being extracted retrospectively from notes & dob not recorded

Record if <2 years only as can be prognostic factor • Obtain from notes or ask parents • If term record 40. If truly unknown record '99'

If singleton '1' of '1'. Multiplicity '1' or '2' of '2' for twin… of '3' for triplet etc • Ask parents or search notes. If not documented in notes assume singleton • If NO information record '9' of '9'. Do not leave blank

Format: in England and Wales - letter followed by 5 digits • Scotland - 5-digit code

Where child was immediately prior to PICU admission

Immediately prior to transfer. • Recovery only – child cared for in recovery but not been in theatre for procedure • Other immediate care area – care level greater than normal ward but not HDU, PICU, ICU • Theatre and recovery – had part or all of surgery or received anaesthesia for procedure within theatre or recovery area

Any patient retrieved/transferred from another hospital regardless of who brought the child. Do not include unit doctor going to ward within same hospital to stabilise & transfer patients

PICU – a specialised PICU transport team • Centralised transport service (PIC) –team from a centralised PIC transport service • Transport team from neonates- specialist neonatal transport service • Other specialist team – i.e. A&E or theatre staff • Other non-specialist team – i.e. DGH ward staff

Record specific name of transport team

Name of hospital or location at time of collection by transport team

Tick if this is an elective admission i.e. after elective surgery/procedure or for monitoring • Considered elective if could be postponed for >6hrs without adverse effects (NB: differs from definition of planned surgery which is >24hrs)

Main reason for PICU admission
Evidence available at the time of the admission event from notes, GP or family. Not including new diagnosis during this PICU admission event. If recovery from surgery select type of procedure

Past medical history, tick all that apply
Cardiac arrest before ICU admission - documented absence of pulse or requirement for external cardiac compression before this admission to paediatric intensive care service. Not past history of cardiac arrest
Cardiomyopathy or myocarditis - documented diagnosis during 1 month period before or at contact with unit doctor. Not if develops after admission• Not including children with impaired cardiac function due to sepsis or surgery• ECHO findings of endocardial fibroelastosis + poor ventricular function are sufficient not just poor function
Severe combined immune deficiency - documented at or prior to admission. Tick even if had successful bone marrow transplant
Hypoplastic left heart syndrome • including those with previous successful surgical repair • not hypoplastic left ventricle unless documented ventriculo-arterial concordance
Leukaemia/lymphoma after first induction – irrespective of state of immunity or remission
Liver failure includes patients recovering from liver transplant for acute or chronic liver failure
Acute NEC prior to or at first contact with PIC service
Spontaneous cerebral haemorrhage e.g. aneurysm. associated with need for admission. Not intracranial bleeds as a result of trauma
Neurodegenerative disorder- Progressive deterioration with loss of speech, vision, hearing, locomotion. Not static disability even if severe, unless progressive loss of milestones
HIV antigen positive
Bone marrow transplant recipient during this hospital admission

Tracheostomy performed during this admission event
Do not include those done prior to this admission where tracheostomy insertion is the reason for admission • Complete at discharge

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 ☐ Non-bypass cardiac procedure ☐ Elective liver transplant ☐ Other procedure
☐ Diabetic ketoacidosis
☐ Seizure disorder
☐ Other (none of the above)

Is evidence available to assess past medical history?
☐ Yes ☐ No

If yes, tick all that apply
☐ Cardiac arrest before ICU admission → ☐ Cardiac arrest OUT of hospital
☐ Cardiomyopathy or myocarditis
☐ Severe combined immune deficiency
☐ Hypoplastic left heart syndrome
☐ Leukaemia or lymphoma after first induction
☐ Liver failure main reason for ICU admission
☐ 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 PaO_2 ☐☐.☐☐ kPa OR **Arterial PaO_2** ☐☐☐ mmHg

FiO_2 ☐.☐☐

Intubation?
☐ Yes ☐ No

Headbox?
☐ Yes ☐ No

At the time of arterial PaO_2 sample

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

First systolic BP recorded within defined time period, record '0' if patient in cardiac arrest, or '30' if patient shocked and BP is measured but not recordable. If not measured enter '999'

Tick if arterial, capillary or venous gas samples taken and recorded within defined time period

First arterial Pa02 even if second actual gas patient had taken because first was venous/cap • Do not document if venous or capillary gases. Record '999' if missing

Fi02 recorded at time of first arterial gas
If arterial gas not recorded write '999'

Tick if intubated at time of arterial gas • Includes endotracheal tube, LMA and tracheostomy

First **base excess** from arterial, capillary or venous gas within defined time period • If not/never recorded write '999'• Do not forget to record negative or positive value. • Specify sample type

First blood lactate from arterial, capillary or venous gas within defined time period• Specify sample type

Where all or some of the breaths, or portion of the breaths (pressure support) are delivered by a mechanical device • Includes high frequency, jet ventilators, negative pressure ventilators, BIPAP & CPAP

CPAP includes via ET, mask, nasal prongs or negative pressure . Do NOT include high flow nasal cannula therapy

First pupillary reaction measured AND recorded within defined time period • Both fixed and dilated if both >3mm and both unreactive to light. Used as evidence of brain function so do not record if due to toxins, drugs, acute local injury to eye, or chronically altered from previous disease

Primary diagnosis for this admission – can only choose one diagnosis & must be a disorder/condition • May confirm at end of admission • Not a procedure e.g. hernia repair or cause e.g. apnoea must be the underlying condition • If multiple diagnoses, pick most relevant
Other reasons for this admission • Includes additional diagnoses or procedures that may or may not have required intensive care e.g. partially obstructed airway
Operations or procedures during the admission e.g. scoliosis repair, lung biopsy. Where type of admission is Planned or Unplanned following surgery at least one operation or procedure is required
Co-morbidity • Diagnoses child has prior to admission that may not be related to reason for this admission. Any underlying conditions e.g. syndromes

Daily Interventions – record admission date and insert X in box for each intervention given at any time in each 24 hour period from midnight to midnight • If no interventions given choose 'No defined critical care activity' i.e. no subsequent interventions recorded, to signify daily intervention record completed for identified day of stay

HFNCT-record maximum flow in l/min that day

Record the number of unplanned extubations that day • dislodgement of the ETT from the trachea without the intention to extubate immediately and without the presence of airway competent clinical staff appropriately prepared for the procedure

Nursed in single occupancy cubicle record **X** in box AND write **Reason for isolation** in text box below

Daily interventions

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

Admission date: .....

			Day 0	1	2	3	4	5	6	7	8	9	10	11	12	13
Basic	No defined critical care activity	Code 99														
	Continuous ECG monitoring	50														
	Continuous pulse oximetry	73														
Airway and ventilatory	Invasive ventilation via endotracheal tube	51														
	Invasive ventilation via tracheostomy tube	52														
	Non-invasive ventilatory support	53														
	Advanced ventilatory support (jet ventilation)	56														
	Advanced ventilatory support (oscillatory ventilation)	56														
	Nasopharyngeal airway	55														
	Tracheostomy cared for by nursing staff	13														
	Supplemental oxygen therapy (irrespective of ventilatory state)	09														
	High flow nasal cannula therapy *(record maximum daily flow in l/min)*	88														
	Upper airway obstruction requiring nebulised adrenaline (epinephrine)	57														
	Apnoea requiring intervention (>3 in 24 hours or need for bag-mask ventilation)	58														
	Acute severe asthma requiring IV bronchodilator therapy or continuous nebuliser	59														
	Unplanned extubation *(record number of unplanned extubations)*	90														
Cardio-vascular	Arterial line monitoring	60														
	External pacing	61														
	Central venous pressure monitoring	62														
	Continuous infusion of inotrope, vasodilator or prostaglandin	06														
	Bolus IV fluids (>80 ml/kg/day) in addition to maintenance IV fluids	63														
	Cardio-pulmonary resuscitation	64														
	Extracorporeal membrane oxygenation (ECMO)	65														
	Ventricular assist device (VAD)	65														
	Aortic balloon pump	65														
	Arrhythmia requiring intravenous anti-arrhythmic therapy	94														
Renal	Peritoneal dialysis	05														
	Haemofiltration	16														
	Haemodialysis	66														
	Plasma filtration	67														
	Plasma exchange	67														
Neuro-logical	ICP-intracranial pressure monitoring	68														
	Intraventricular catheter or external ventricular drain	69														
	Status epilepticus requiring treatment with continuous infusion of anti-epileptic drugs	97														
	Reduced conscious level (GCS ≤ 12) AND hourly (or more frequent) GCS monitoring	95														
Analgesia/ sedation	Epidural catheter in situ	85														
	Continuous intravenous infusion of a sedative agent	96														
Metabolic	Diabetic ketoacidosis (DKA) requiring continuous infusion of insulin	70														
Other	Exchange transfusion	04														
	Intravenous thrombolysis	71														
	Extracorporeal liver support using molecular absorbent recirculating system (MARS)	72														
	Patient nursed in single occupancy cubicle *(state reason for isolation below)*	74														
High cost drugs	Medical gases Band 1 - nitric oxide	X841														
	Surfactant	X842														

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

Check the hospital notes or ask the parents as if on a trial this could affect prognosis. Includes clinical trials outside PICU

Discharged from unit to palliative care area – signifies withdrawal of care at the current level from which it is deemed the admission can no longer benefit

As recorded in unit admission book • Physical discharge and recording of discharge from bed or cot• Discharge does not include temporary transfer e.g. to theatre for surgery when there is expectation of a return to your unit

If death occurs whilst on unit and/or prior to discharge even if patient not physically present on the unit at the time i.e. in theatre • Include those who leave the unit to become beating heart donors • If time of death prior to admission add note in comments box and inform PICANet by separate email

Clinical trial *(if required by your unit)*

Is the patient on a clinical trial?
☐ Yes *(specify name of trial)* ☐ No

Name of trial

Growth measurements *(if required by your unit)*

Height ☐☐☐.☐ cm

Weight ☐☐☐.☐☐☐ kg

Abdominal circumference ☐☐☐.☐ cm

Discharge information

Status at discharge from your unit
☐ Alive ☐ Dead

Discharged for palliative care?
☐ Yes ☐ No

Date and time of discharge *(dd/mm/yyyy hh:mm)*
☐☐/☐☐/20☐☐ ☐☐:☐☐

Date and time of death *(dd/mm/yyyy hh:mm)*
☐☐/☐☐/20☐☐ ☐☐:☐☐

Destination following discharge from your unit
☐ Normal residence ☐ Same hospital → ☐ ICU ☐ PICU ☐ NICU ☐ HDU ☐ SCBU ☐ Ward ☐ Other
☐ Hospice ☐ Other hospital

Follow-up 30 days post-discharge from your unit

Status
☐ Alive ☐ Dead ☐ Unknown

Date of death *(dd/mm/yyyy)*
☐☐/☐☐/20☐☐

Location
☐ Normal residence ☐ Same hospital → ☐ ICU ☐ PICU ☐ NICU ☐ HDU ☐ SCBU ☐ Ward ☐ Other
☐ Hospice ☐ Other hospital

Complete for all PICU discharges• Status at day 30 post discharge• Unknown if cannot find out • Location at 30 days post discharge • Information found by using hospital record systems, contacting ward, GP, medical records •NOT directly calling family

Comments

Form completed by

Customised data collection *(for local use)*

For additional information view the PICANet Admission Dataset Manual available at www.picanet.org.uk