



# HOW TO COMPLETE THE PICANET REFERRAL DATA COLLECTION FORM

**PICA Net** Paediatric Intensive Care Audit Network · Data Collection Form **Referral**

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

**Patient details (or hospital label)**

Family name  
 First name  
 Postcode  
 NHS/CHI/H&C number  
 Date of birth (dd/mm/yyyy)  
 Indicate if date of birth is  
 Sex

**Referral details (complete only when clinicians agree that the patient requires PIC transport and/or a PICU bed)**

Date and time when clinicians agreed that the patient required PIC transport and/or a PICU bed  
 Referral number  
 Referring unit (from where the patient was transferred)  
 Referring area  
 Referring speciality  
 Grade of referring doctor or nurse  
 Destination unit (or location)

**Was the patient receiving invasive ventilation (by ET tube, laryngeal mask or tracheostomy) at time of referral call?**

**Outcome of this referral event**  
 Record the outcomes for both transport and admission; if either not requested of your organisation, tick "not requested"

**Transport outcome**  
**Admission outcome**  
**Transport team**  
**Destination unit (or location)**  
 If transport and/or admission outcome is refused, record the name of the transport team and/or destination unit who refused this referral.

**Comments**  
**Form completed by**

Contact us · [picanet@leeds.ac.uk](mailto: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/](http://www.picanet.org.uk/Documentation/Guidance/)

Record family name, first name and postcode. If not known, record UNKNOWN

The actual date and time when clinicians agreed that the patient required PIC transport and/or a PICU bed, based on the patient's clinical condition (not the availability of a team or a bed). May not be time of first call.

Number recorded within your organisation to identify each referral episode

Identifies the care area where the patient is located at the time of the referral call

Referring specialty from which this request for admission is made e.g. if request call made by Paediatrician at DGH record General paediatrics

Most senior grade of doctor or nurse making the initial referral call

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

• 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.

Was the patient receiving invasive ventilation (by ET tube, laryngeal mask or tracheostomy) or in the process of being intubated at the time the referral is accepted?

Transport outcome after clinicians have agreed that a patient requires PIC transport. PICU's accepting for admission only select **PIC transport not requested**

Admission outcome after clinicians have agreed the patient requires PICU admission. PIC transport teams accepting for PIC transport only select **PICU admission not requested**.

The name of the CTS (PIC) or PICU own team accepting this episode of transport or who refused this referral.

Identifies the exact destination (PICU/location) where the admission was accepted. If the admission outcome is 'refused' record the name of the intended destination unit (PICU) who refused this referral.