

# Paediatric Intensive Care Audit Network Annual Report 2018



## Appendices

**Data collection period  
January 2015–December 2017**



UNIVERSITY OF  
**LEICESTER**



**UNIVERSITY OF LEEDS**

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## A. PARTICIPATING ORGANISATION & HOSPITAL CHARACTERISTICS

NHS Trust / Organisation	Participating Hospital	Unit / Ward	Number of ITU beds	Number of HDU beds	Type of unit
Barts Health NHS Trust	The Royal London Hospital	PCCU	2	4 <sup>1</sup>	General
Birmingham Children's Hospital NHS Trust	Birmingham Children's Hospital	PICU	29.5	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
Cardiff & Vale NHS Trust	The Children's Hospital for Wales	PCCU	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	19	0	Cardiac
		PICU & NICU	26	0	General & Neonatal
Guy's & St. Thomas' NHS Foundation Trust	Evelina London Children's Hospital	PICU	19	0	General & Cardiac
HSE (Health Services Executive)	Children's University Hospital, Temple Street, Dublin	PICU	9	0	General
	Our Lady's Children's Hospital, Crumlin, Dublin	PICU	18	5	General & Cardiac
King's College Hospital NHS Trust	King's College Hospital	PICU	8	8 <sup>1</sup>	General, Hepatic & Neurosurgical
Leeds Teaching Hospitals NHS Trust	Leeds General Infirmary	PICU	16	0	General & Cardiac
Newcastle Upon Tyne Hospitals NHS Foundation Trust	Great North Children's Hospital	PICU	11	0	General & Surgical ICU
	Freeman Hospital	CICU	12	0	Cardiothoracic surgery, heart failure, ECMO & ENT
NHS Lothian – University Hospitals Division	Royal Hospital for Sick Children, Edinburgh	PICU	10	9	General, Neurosurgical & Spinal
NHS Greater Glasgow and Clyde – Women and Children's Division	Royal Hospital for Children, Glasgow	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 / Ward	Number of ITU beds	Number of HDU 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, regional 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	9	8	General (plus major trauma, neurosurgery, ENT, oncology, metabolic, paediatric surgery, spinal)
University Hospitals Southampton NHS Foundation Trust	Southampton Children's Hospital	PICU	14	0	General, Cardiac & Neurosurgery
South Tees Hospitals NHS Foundation Trust	The James Cook University Hospital	PICU	4	2	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	7	0	General
Belfast Health and Social Care Trust	Royal Belfast Hospital for Sick Children	PICU	12 <sup>2</sup>	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	6.5	0	General
HCA Healthcare (non NHS)	The Harley Street Clinic	PICU	13	5	General & Cardiac
	The Portland Hospital for Women and Children	PICU	10	0	General

1. ITU/ HDU beds are used flexibly if required.

2. PICU Royal Belfast Hospital for Sick Children routinely admit children up to 14 years of age.

The above information was recorded in November 2017

## 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
LOUISE DEWSBURY	PICU MATRON	GUY'S & ST THOMAS' NHS FOUNDATION TRUST EVELINA CHILDREN'S HOSPITAL	2017 - PRESENT
DR ANDREW DURWARD	CONSULTANT IN PAEDIATRIC INTENSIVE CARE	GUY'S & ST THOMAS' NHS FOUNDATION TRUST EVELINA CHILDREN'S HOSPITAL	2002 - 2018
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 - 2018
DR PAULA LISTER	CONSULTANT PAEDIATRIC INTENSIVIST	GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS TRUST GREAT ORMOND STREET HOSPITAL FOR SICK CHILDREN	2012 - 2018
DR CATHY McMAHON	CONSULTANT IN PAEDIATRIC INTENSIVE CARE	OUR LADY'S CHILDREN'S HOSPITAL, CRUMLIN, DUBLIN & 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 JOHN PAPPACHAN	ANAESTHETICS AND PAEDIATRIC INTENSIVE CARE MEDICINE	SOUTHAMPTON UNIVERSITIES HOSPITAL NHS TRUST SOUTHAMPTON CHILDREN'S HOSPITAL	2012 - PRESENT
DR ADRIAN PLUNKETT	CONSULTANT PAEDIATRIC INTENSIVIST	BIRMINGHAM CHILDREN'S HOSPITAL NHS TRUST BIRMINGHAM CHILDREN'S HOSPITAL	2012 - 2018
DR PADMANABHAN RAMNARAYAN (REPRESENTING TRANSPORT ORGANISATIONS)	CONSULTANT	GREAT ORMOND STREET HOSPITAL NHS TRUST CHILDREN'S ACUTE TRANSPORT SERVICE	2012 - PRESENT
DR MARK TERRIS (REPRESENTING NORTHERN IRELAND)	CONSULTANT ANAESTHETIST	BELFAST HEALTH AND SOCIAL CARE TRUST ROYAL BELFAST HOSPITAL FOR SICK CHILDREN	2014 - PRESENT

NAME	POSITION	NHS TRUST / HOSPITAL	PERIOD SERVED
DR SHANE TIBBY	CONSULTANT IN PAEDIATRIC INTENSIVE CARE	GUY'S AND ST THOMAS' FOUNDATION TRUST EVELINA CHILDREN'S HOSPITAL	2011 - PRESENT
DR ALISTAIR TURNER (REPRESENTING SCOTLAND)	CONSULTANT IN PAEDIATRIC INTENSIVE CARE	ROYAL HOSPITAL FOR CHILDREN, GLASGOW	2016 - PRESENT
DR ALLAN WARDHAUGH (REPRESENTING WALES)	CONSULTANT IN PAEDIATRIC INTENSIVE CARE	CARDIFF AND VALE UNIVERSITY HEALTH BOARD UNIVERSITY HOSPITAL OF WALES	2004 - PRESENT
DR PETER WILSON	PICU CONSULTANT	UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST SOUTHAMPTON CHILDREN'S HOSPITAL	2011- PRESENT

Membership recorded above is the membership spanning the reporting period 2015-2017

## C. STEERING GROUP MEMBERSHIP

NAME	POSITION	ORGANISATION	REPRESENTATION	PERIOD SERVED
CHRISTOPHER COSLETT	DIRECTORATE MANAGER FOR CARDIOTHORACIC SERVICES AND CRITICAL CARE	UNIVERSITY HOSPITAL OF WALES	WALES	2016 - 2018
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
LOUISE DEWSBURY	MATRON PICU	EVELINA LONDON CHILDREN'S HOSPITAL	PICS NURSE MANAGEMENT GROUP	2017 - PRESENT
CHARLIE EVANS	CASE MIX PROGRAMME MANAGER	INTENSIVE CARE NATIONAL AUDIT & RESEARCH CENTRE (ICNARC)	INTENSIVE CARE NATIONAL AUDIT & RESEARCH CENTRE (ICNARC)	2015 - 2016
ANDREW FLEMING	NATIONAL CLINICAL AUDIT MANAGER	INTENSIVE CARE NATIONAL AUDIT & RESEARCH CENTRE (ICNARC)	INTENSIVE CARE NATIONAL AUDIT & RESEARCH CENTRE (ICNARC)	2017 - 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
SASHA HEWITT	HQIP PICANet COORDINATOR	HEALTHCARE QUALITY IMPROVEMENT PARTNERSHIP (HQIP)	COMMISSIONING AND FUNDING BODY	2017 - PRESENT
TASNEEM HOOSAIN	HQIP PICANet COORDINATOR	HEALTHCARE QUALITY IMPROVEMENT PARTNERSHIP (HQIP)	COMMISSIONING AND FUNDING BODY	2015 - 2017
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, SCOTLAND	2005 - PRESENT
JENNY MOONEY	DIRECTOR OF OPERATIONS	HEALTHCARE QUALITY IMPROVEMENT PARTNERSHIP	COMMISSIONING AND FUNDING BODY	2015 - 2016
DR KEVIN MORRIS	CONSULTANT IN PAEDIATRIC INTENSIVE CARE	BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST BIRMINGHAM CHILDREN'S HOSPITAL PICU	IMMEDIATE PAST PRESIDENT OF THE PAEDIATRIC INTENSIVE CARE SOCIETY	2006 - 2016
DR GALE PEARSON	CONSULTANT IN PAEDIATRIC INTENSIVE CARE	BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION 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

NAME	POSITION	ORGANISATION	REPRESENTATION	PERIOD SERVED
DR BARNEY SCHOLEFIELD	CONSULTANT INTENSIVIST	BIRMINGHAM CHILDRENS HOSPITAL	CHAIR OF PAEDIATRIC INTENSIVE CARE STUDY GROUP	2016 - PRESENT
VIVIENNE SEAGROVE	HQIP PICA <sup>Net</sup> COORDINATOR	HEALTHCARE QUALITY IMPROVEMENT PARTNERSHIP	COMMISSIONING AND FUNDING BODY	2017 - PRESENT
DR MARK TERRIS	CONSULTANT ANAESTHETIST	BELFAST HEALTH AND SOCIAL CARE TRUST ROYAL BELFAST HOSPITAL FOR SICK CHILDREN	NORTHERN IRELAND	2012 - PRESENT
HEATHER WARDLE	MATRON PICU & CARDIAC CHILDREN'S SERVICES	LEEDS TEACHING HOSPITAL	PICS NURSE MANAGEMENT GROUP	2016 - 2017
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 - 2016

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## 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 - PRESENT
FIONA BICKELL /KAREN STARKIE	RETRIEVAL NURSE PRACTITIONER	SOUTH THAMES RETRIEVAL SERVICE	2010 - PRESENT
KATHY BRENNAN	MATRON	KING'S COLLEGE HOSPITAL NHS TRUST THOMAS COOK CHILDREN'S CRITICAL CARE UNIT	2016 - PRESENT
SARAH BUNDY	FAMILY LIAISON SISTER	BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST BIRMINGHAM CHILDREN'S HOSPITAL PICU	2010 - PRESENT
DR MARIA CLARE	SPECIALIST CLINICAL PSYCHOLOGIST	UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST BRISTOL ROYAL HOSPITAL FOR CHILDREN	2016 - PRESENT
HELENE CRADDOCK	SENIOR STAFF NURSE	UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST BRISTOL ROYAL HOSPITAL FOR CHILDREN	2011 - PRESENT
PROFESSOR ELIZABETH DRAPER	PRINCIPAL INVESTIGATOR	PICANET	2009 - PRESENT
DEBRA EHALA	SISTER	NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST GREAT NORTH CHILDREN'S HOSPITAL	2009 - PRESENT
CLAIRE GREEN	FAMILY LIAISON SISTER	SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST SHEFFIELD CHILDREN'S HOSPITAL	2015 - PRESENT
KELLEY HUMPHREY	FAMILY CARE SISTER	LEEDS TEACHING HOSPITALS NHS TRUST LEEDS GENERAL INFIRMARY	2017 - PRESENT
DR HILARY KLONIN	CONSULTANT IN PAEDIATRIC INTENSIVE CARE	HULL & EAST YORKSHIRE HOSPITALS NHS TRUST HULL ROYAL INFIRMARY	2009 - 2017
CAROLINE LAMMING	RESEARCH NURSE	PICANET	2009 - PRESENT
SHELLEY MARSH	LAY REPRESENTATIVE	N/A	2011 - PRESENT
CLAIRE RYAN	MATRON	CENTRAL MANCHESTER & MANCHESTER CHILDREN'S UNIVERSITY HOSPITALS NHS TRUST ROYAL MANCHESTER CHILDREN'S HOSPITAL	2014 - PRESENT
JOANNE WILLIAMS	FAMILY LIAISON SISTER	IMPERIAL COLLEGE HEALTHCARE NHS TRUST ST MARY'S HOSPITAL	2017 – PRESENT
VACANCY	LAY REPRESENTATIVE	N/A	
VACANCY	LAY REPRESENTATIVE	N/A	

Membership recorded above is the membership spanning the reporting period 2015-2017

## E. DATA COLLECTION FORM – ADMISSION



Paediatric Intensive Care Audit Network · Data Collection Form

Admission

Patient details (or hospital label)

Family name

First name

Address

Postcode

Ethnic category

<input type="checkbox"/> White British	<input type="checkbox"/> Asian Bangladeshi
<input type="checkbox"/> White Irish	<input type="checkbox"/> Asian other (specify below)
<input type="checkbox"/> White other (specify below)	<input type="checkbox"/> Black Caribbean
<input type="checkbox"/> Mixed White and Black Caribbean	<input type="checkbox"/> Black African
<input type="checkbox"/> Mixed White and Black African	<input type="checkbox"/> Black other (specify below)
<input type="checkbox"/> Mixed White and Asian	<input type="checkbox"/> Chinese
<input type="checkbox"/> Mixed other (specify below)	<input type="checkbox"/> Other (specify below)
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Not stated (declined)
<input type="checkbox"/> Asian Pakistani	<input type="checkbox"/> Unknown

Other ethnic category

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

<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
-------------------------------	---------------------------------	------------------------------------	----------------------------------

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

weeks

Birth order Multiplicity

of

GP practice code

Admission details

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

Admission number

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 (during current hospital stay)

<input type="checkbox"/> ICU
<input type="checkbox"/> PICU
<input type="checkbox"/> NICU
<input type="checkbox"/> None
<input type="checkbox"/> Unknown

Source of admission

<input type="checkbox"/> Same hospital	<input type="checkbox"/> Clinic
<input type="checkbox"/> Other hospital	<input type="checkbox"/> Home

Care area admitted from (includes transfers in)

<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

Retrieval / transfer?

<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

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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 PaO<sub>2</sub>**

kPa OR    mmHg

**FiO<sub>2</sub>****Intubation?**

☐ Yes ☐ No

**Headbox?**

☐ Yes ☐ No

*At the time of arterial PaO<sub>2</sub> 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

## 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
<b>Basic</b>	No defined critical care activity	Code 99														
	Continuous ECG monitoring	50														
	Continuous pulse oximetry	73														
<b>Airway and ventilatory</b>	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															
<b>Cardio-vascular</b>	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															
<b>Renal</b>	Peritoneal dialysis	05														
	Haemofiltration	16														
	Haemodialysis	66														
	Plasma filtration	67														
	Plasma exchange	67														
<b>Neuro-logical</b>	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														
<b>Analgesia/sedation</b>	Epidural catheter in situ	85														
	Continuous intravenous infusion of a sedative agent	96														
<b>Metabolic</b>	Diabetic ketoacidosis (DKA) requiring continuous infusion of insulin	70														
<b>Other</b>	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														
<b>High cost drugs</b>	Medical gases Band 1 - nitric oxide	X841														
	Surfactant	X842														

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

**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**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☐ Hospice☐ Other hospital
☐ ICU  
☐ PICU  
☐ NICU  
☐ HDU  
☐ SCBU  
☐ Ward  
☐ Other
**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☐ Hospice☐ Other hospital
☐ ICU  
☐ PICU  
☐ NICU  
☐ HDU  
☐ SCBU  
☐ Ward  
☐ Other
**Comments**

Form completed by

**Customised data collection (for local use)**

## F. DATA COLLECTION FORM – REFERRAL



### Paediatric Intensive Care Audit Network - Data Collection Form

**Referral**

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**

#### Patient details (or hospital label)

<b>Family name</b> <input type="text"/> <b>First name</b> <input type="text"/> <b>Postcode</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>NHS/CHI/H&amp;C number</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Tick if patient is not eligible for number <b>Date of birth (dd/mm/yyyy)</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>Indicate if date of birth is</b> <input type="checkbox"/> Estimated <input type="checkbox"/> Anonymised <input type="checkbox"/> Unknown <b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Ambiguous <input type="checkbox"/> Unknown
---	---

#### Referral details (complete only when clinicians agree that PIC transport and/or PICU admission is necessary)

<b>Date and time of referral call when clinicians agreed that PIC transport and/or PICU admission was necessary</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <b>Referral number</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>Referring unit (from where patient was transferred)</b> <input type="text"/> <b>Referring speciality</b> <input type="text"/> <b>Grade of referring doctor or nurse</b> <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 <b>Was the patient receiving invasive ventilation (by ET tube, laryngeal mask or tracheostomy) at time of referral call?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No – not indicated <input type="checkbox"/> No – advised to intubate <input type="checkbox"/> Unknown	<b>Outcome of this referral event</b> Record the outcomes for <b>both</b> transport and admission; if either not requested of your organisation, tick "not requested" <b>Transport outcome</b> <input type="checkbox"/> Accepted for PIC 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"/> PIC transport not requested <b>Admission outcome</b> <input type="checkbox"/> Accepted for PICU admission <input type="checkbox"/> Refused – no staffed bed available <input type="checkbox"/> Refused – out of scope of care <input type="checkbox"/> PICU admission not requested <b>Transport team</b> <input type="text"/> <b>Destination unit (or location)</b> <input type="text"/> <b>If transport and/or admission outcome is refused, record the name of the transport team and/or destination unit who refused this referral.</b>
--	---

#### Comments

#### Form completed by

#### Contact us

<b>Project Office</b> General enquiries (0113) 343 8125 picanet@leeds.ac.uk	<b>Lee Norman</b> Database Manager (0113) 343 8125 l.j.norman@leeds.ac.uk	<b>Caroline Lamming</b> Research Nurse (0116) 252 5414 crl4@leicester.ac.uk	<b>Melpo Kapetanstrataki</b> Research Statistician (0113) 343 8125 m.kapetanstrataki@leeds.ac.uk
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www.picanet.org.uk

PICANet Referral data collection form - Version 2.2 - February 2016 - Copyright © 2011-16 Universities of Leeds and Leicester

## G. DATA COLLECTION FORM – TRANSPORT



### Paediatric Intensive Care Audit Network - Data Collection Form

### Transport

#### Patient details (or hospital label)

<b>Family name</b> <input type="text"/> <b>First name</b> <input type="text"/> <b>Address</b> <input type="text"/> <b>Postcode</b> <input type="text"/>	<b>NHS/CHI/H&amp;C number</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Tick if patient is not eligible for number <b>Case note number (destination PICU)</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>Date of birth (dd/mm/yyyy)</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>Indicate if date of birth is</b> <input type="checkbox"/> Estimated <input type="checkbox"/> Anonymised <input type="checkbox"/> Unknown <b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Ambiguous <input type="checkbox"/> Unknown
--	--

#### Transport details

<b>Date and time accepted for transport</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>Transport number</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>Type of transport team</b> <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 <b>Transport team</b> <input type="text"/> <b>Grade of clinical team leader</b> <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 <b>Speciality of clinical team leader</b> <input type="text"/> <b>Grade of most senior nurse</b> <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> Nurse not present	<b>Collection area</b> <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 <b>Collection unit (or location)</b> <input type="text"/> <b>Most senior member of medical staff present at collection unit</b> <input type="checkbox"/> Consultant/Associate Specialist/Staff Grade <input type="checkbox"/> ST 4 – 8 <input type="checkbox"/> ST 1 – 3 <input type="checkbox"/> None <b>Did a medical technician accompany the patient?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Did a parent accompany the patient?</b> <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	<b>Outcome of this transport event</b> <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 <b>Destination type</b> <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 <b>Destination unit (or location)</b> <input type="text"/>
--	---	--

#### Critical incidents

**Identify all critical incidents while transport team in attendance (tick all that apply)**

<input type="checkbox"/> No critical incidents <input type="checkbox"/> Accidental extubation <input type="checkbox"/> Required intubation in transit <input type="checkbox"/> Complete ventilator failure	<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	<input type="checkbox"/> Equipment failure or incompatibility impacting on patient care <input type="checkbox"/> Other critical incident (specify) <input type="text"/>
---	--	---

#### Comments

#### Form completed by

#### Contact us - picanet@leeds.ac.uk

<b>Jodie Batchelor</b> Project officer (0113) 343 8125 j.a.batchelor@leeds.ac.uk	<b>Lee Norman</b> Database manager (0113) 343 8125 l.j.norman@leeds.ac.uk	<b>Caroline Lamming</b> Research nurse (0116) 252 5414 cri4@leicester.ac.uk	<b>Sarah Fleming</b> Senior research fellow (0113) 343 4878 s.j.fleming@leeds.ac.uk
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## Transport times

BASE TO COLLECTION UNIT	PATIENT JOURNEY	DESTINATION UNIT TO BASE
<input type="checkbox"/> Tick if this section of the trip is not applicable	<input type="checkbox"/> Tick if this section of the trip is not applicable	<input type="checkbox"/> Tick if this section of the trip is not applicable
<b>Mode of transport (tick all that apply)</b> <input type="checkbox"/> Dedicated ambulance <input type="checkbox"/> RRV <input type="checkbox"/> Taxi <input type="checkbox"/> Other ambulance <input type="checkbox"/> Air → <input type="checkbox"/> Other	<b>Mode of transport (tick all that apply)</b> <input type="checkbox"/> Dedicated ambulance <input type="checkbox"/> RRV <input type="checkbox"/> Taxi <input type="checkbox"/> Other ambulance <input type="checkbox"/> Air → <input type="checkbox"/> Other	<b>Mode of transport (tick all that apply)</b> <input type="checkbox"/> Dedicated ambulance <input type="checkbox"/> RRV <input type="checkbox"/> Taxi <input type="checkbox"/> Other ambulance <input type="checkbox"/> Air → <input type="checkbox"/> Other
<b>Depart base (dd/mm/yyyy hh:mm)</b> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<b>Depart collection unit (or location)</b> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<b>Depart destination unit (or location)</b> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
<b>→ Arrive base airport</b> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<b>→ Arrive collection airport</b> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<b>→ Arrive destination airport</b> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
<b>→ Aircraft type</b> <input type="checkbox"/> Unpressurised fixed-wing <input type="checkbox"/> Dedicated helicopter <input type="checkbox"/> Pressurised fixed-wing <input type="checkbox"/> Other helicopter	<b>→ Aircraft type</b> <input type="checkbox"/> Unpressurised fixed-wing <input type="checkbox"/> Dedicated helicopter <input type="checkbox"/> Pressurised fixed-wing <input type="checkbox"/> Other helicopter	<b>→ Aircraft type</b> <input type="checkbox"/> Unpressurised fixed-wing <input type="checkbox"/> Dedicated helicopter <input type="checkbox"/> Pressurised fixed-wing <input type="checkbox"/> Other helicopter
<b>→ Takeoff base airport</b> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<b>→ Takeoff collection airport</b> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<b>→ Takeoff destination airport</b> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
<b>→ Land collection airport</b> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<b>→ Land destination airport</b> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<b>→ Land base airport</b> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
<b>→ Depart collection airport</b> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<b>→ Depart destination airport</b> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<b>→ Depart base airport</b> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
<b>Arrive collection unit (or location)</b> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<b>Arrive destination unit (or location)</b> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<b>Arrive base</b> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
<b>Blue light or siren used or requested</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Blue light or siren used or requested</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Blue light or siren used or requested</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Organisational delay</b> <input type="checkbox"/> None <input type="checkbox"/> Team out <input type="checkbox"/> Staffing <input type="checkbox"/> Vehicle	<b>Organisational delay</b> <input type="checkbox"/> None <input type="checkbox"/> Team out <input type="checkbox"/> Staffing <input type="checkbox"/> Vehicle	<b>Organisational delay</b> <input type="checkbox"/> None <input type="checkbox"/> Team busy <input type="checkbox"/> Staffing <input type="checkbox"/> Vehicle
<b>Vehicle incident</b> <input type="checkbox"/> None <input type="checkbox"/> Vehicle accident <input type="checkbox"/> Vehicle breakdown	<b>Vehicle incident</b> <input type="checkbox"/> None <input type="checkbox"/> Vehicle accident <input type="checkbox"/> Vehicle breakdown	<b>Vehicle incident</b> <input type="checkbox"/> None <input type="checkbox"/> Vehicle accident <input type="checkbox"/> Vehicle breakdown

## Interventions (retrievals only)

**Interventions by local team prior to arrival of transport team (tick all that apply)**

☐ Primary intubation  
☐ Re-intubation  
☐ Other airway  
☐ Non-invasive ventilation  
☐ Primary central venous access  
☐ Additional central venous access  
☐ Arterial access  
☐ Inotrope or vasopressor infusion  
☐ Prostaglandin infusion  
☐ Primary intraosseous access  
☐ Additional intraosseous access  
☐ Chest drain insertion  
☐ ICP monitoring  
☐ ECMO

**Interventions while transport team in attendance (tick all that apply)**

☐ Primary intubation  
☐ Re-intubation  
☐ Other airway  
☐ Non-invasive ventilation  
☐ Primary central venous access  
☐ Additional central venous access  
☐ Arterial access  
☐ Inotrope or vasopressor infusion  
☐ Prostaglandin infusion  
☐ Primary intraosseous access  
☐ Additional intraosseous access  
☐ Chest drain insertion  
☐ ICP monitoring  
☐ ECMO

## PIM2/PIM3 (retrievals only)

*This applies to observations recorded in the first hour after first face-to-face contact with transport team doctor*

**Elective admission**  
☐ Tick if this is an elective admission

**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)	<input type="checkbox"/> Bypass cardiac proc. <input type="checkbox"/> Non-bypass cardiac proc. <input type="checkbox"/> Elective liver transpl. <input type="checkbox"/> Other procedure
---	--

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

**If yes, tick all that apply**

☐ Cardiac arrest before 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<sub>2</sub> or Arterial PaO<sub>2</sub>**  
 kPa    mmHg

**FiO<sub>2</sub>**

**Intubation**  
☐ Yes   ☐ No

**Headbox**  
☐ Yes   ☐ No

**Base excess**  
 mmol/l

**Lactate**  
 mmol/l

**Mechanical ventilation**  
☐ Yes   ☐ No

**CPAP**  
☐ Yes   ☐ No

**Pupil reaction**  
☐ Both fixed and dilated  
☐ Other reaction  
☐ Unknown

*At the time of PaO<sub>2</sub> sample*

☐ Arterial  
☐ Capillary  
☐ Venous

☐ Arterial  
☐ Capillary  
☐ Venous

\*These forms in appendices E-G refer to latest versions used during the reporting period. Regular reviews and updates may alter these in the future.



## 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](mailto:picanet@leeds.ac.uk)

Visit our website at  
[www.picanet.org.uk](http://www.picanet.org.uk)

Or

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

**0116 252 5414**

Or write to Caroline at:

[cr14@leicester.ac.uk](mailto:cr14@leicester.ac.uk)

Or by post at:

PICANet  
Department of Health Sciences,  
College of Medicine, Biological Sciences and  
Psychology,  
University of Leicester, Centre for Medicine,  
University Road, Leicester, LE1 7RH, UK



### Principal investigators:

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

Version 6.3 December 2016

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## Paediatric Intensive Care Audit Network



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 would identify your child included in PICANet, please tell the nurse or doctor caring for your child. Alternatively, please contact PICANet by telephone or email (details provided overleaf) and we will ensure that your child's personal data is removed from the database. You are free to withdraw at any time and any decision to withdraw will not alter the care your child receive in this or any other hospital.



## I. INFORMATION LEAFLET – CHILDREN

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

Talk to your **nurse or doctor**

Send us an email us at  
**[picanet@leeds.ac.uk](mailto:picanet@leeds.ac.uk)**

Visit our website at  
**[www.picanet.org.uk](http://www.picanet.org.uk)**

Or

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

**0116 252 5414**

Or write to Caroline at:

**[cr14@leicester.ac.uk](mailto:cr14@leicester.ac.uk)**

Or by post at:

**PICANet**  
Department of Health Sciences,  
College of Medicine, Biological Sciences and  
Psychology,  
University of Leicester, Centre for Medicine,  
University Road, Leicester, LE1 7RH, UK



### Principal investigators:

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

Version 6.3 October 2016  
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# PICA Net

## 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?

If you do not want information that would identify you included in PICANet, please tell the nurse or doctor caring for you. If you want, you can contact PICANet by telephone or email (details provided below) and we will ensure that your personal data is taken off the database. You are free to withdraw at any time and any decision to withdraw will not alter the care you receive in this or any other hospital.



\*Parents and Carer and Children's information leaflets are also available for Welsh and Irish patients and families.

## J. PICANET PRIVACY AND FAIR PROCESSING STATEMENT

### PICANet Patient Privacy Notice and Fair Processing Statement.

This statement explains how we use any personal information we collect about you (child / young person) or the child you care for

#### *What data are being collected?*

PICANet collects data on every child and young person referred or admitted to a Paediatric Intensive Care Unit (PICU) in the UK and the Republic of Ireland. The data are sent to us over a very secure web application by each PICU or specialist transport team on a regular basis. Data are collected for each individual for the whole period of their PICU stay and also about what happened to them if they had a critical care transport (this means a specialist team of nurses and doctors travelled in an ambulance to pick them up and take them to a PICU). PICANet has permission to also collect personal identifiers of children or young people admitted to or referred for Paediatric Intensive Care without taking explicit (written) consent from the children or their carers. This was granted by the NHS Health Research Authority Confidentiality Advisory Group. A summary of the entry for PICANet is available on the register of approvals on the [HRA website](#) (PICANet was first approved in 2002 and its reference is: PIAG 4-07(c)/2002). The personal identifiers include name, address, date of birth and health record identifier number (e.g. NHS number)\*.

\* We don't receive name, address or health record identifier number for the Republic of Ireland or Latvia

#### *What are the data being used for?*

We collect this data for clinical audit, research and service evaluation and planning to improve the care given to children and young people admitted to PICU. Each year we produce a report on activity and outcomes for paediatric intensive care in the UK and Ireland. No personal information will ever be made public in any report or publication.

#### *Where are the data held and for how long?*

All of the data is held at the University of Leeds in a highly secure environment. As we are an audit, we keep this data permanently so we can check on what has happened in the past. We do remove personal identifiers from our data base once an individual is older than 18 years and has not been in PICU for the last five years.

#### *Sharing data with other organisations*

PICANet may share data held on its database with researchers, other audits or other healthcare providers in order to help improve patient care. We will NOT share personal identifiers (such as name, address, date of birth or NHS number) with anyone else unless the appropriate legal, ethical and security arrangements are in place to keep your personal details safe and secure. Very occasionally, personal data may be processed by an authorised third party such as NHS Digital, again,

only with the necessary regulatory permissions. They have very high levels of security and will keep these data very safe.

We have a rigorous process of assessing the merit of requests for data and information and publish details of these requests each year in our annual report. Data collected in English NHS paediatric intensive care units and specialist transport teams are controlled by the Healthcare Quality Improvement Partnership and all requests go through their Data Access Request Group. More details about the HQIP data request process can be found at: <http://www.hqip.org.uk/national-programmes/a-z-of-nca/audits-and-data-gov-uk/>.

*What if I don't want information about me or about the child I care for included?*

If you do not want information that would identify you or the child you care for included in PICANet, please tell the nurse or doctor in the paediatric intensive care unit. Alternatively, you can contact PICANet by telephone or email (details provided below) and we will ensure that your personal identifiers are taken off the database. You are free to request this at any time and any decision request removal of your or your child's identifiers will not alter the care you receive in this or any other hospital. You also have the right to request access to and to request to rectify information held about you or the child you care for.

Richard Feltbower

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LE1 7RH, UK

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

*Who is responsible for the data?*

The **Data Controller** for data collected in English NHS PICUs and transport teams is:

**Healthcare Quality Improvement Partnership**

6th Floor, 45 Moorfields,

London,

EC2Y 9AE

(Charity Reg No. 1127049)

Data Protection Officer: Sasha Hewitt (E: [data.protection@hqip.org.uk](mailto:data.protection@hqip.org.uk))

Data controller registration number provided by the Information Commissioner's Office: Z1780946

The **Data Controller** for data collected in private PICUs and PICUs and transport teams in Scotland, Wales, Northern Ireland and the Republic of Ireland is:

**University of Leeds**

Leeds

LS2 9JT

Data Protection Officer: David Wardle (T: +44(0)113 343 4452, E: [d.wardle@adm.leeds.ac.uk](mailto:d.wardle@adm.leeds.ac.uk))

Data controller registration number provided by the Information Commissioner's Office: Z553814X

*Who processes the data?*

The **Data Processors** for all data are:

**University of Leeds**

Leeds

LS2 9JT

Data Protection Officer: David Wardle

T: +44(0)113 343 4452

E: [d.wardle@adm.leeds.ac.uk](mailto:d.wardle@adm.leeds.ac.uk)

Leicester, LE1 7RH

**University of Leicester**

University Road

Data Protection Officer: Parmjit Gill

T: +44(0)116 229 7945

E: [pg170@le.ac.uk](mailto:pg170@le.ac.uk)

*What is the legal basis for processing the data?*

The data are needed to carry out a task in the public interest to ensure high standards of quality and safety of healthcare. \*

*What if I have concerns about the way the personal data are processed?*

If you wish to raise a complaint about how we have handled your or your child's personal data, please contact the Data Protection Officers (above) who will investigate the matter. If you are not satisfied with our response or believe we are processing the data in a way that is not lawful you can complain to the Information Commissioner's Office (ICO).

<https://ico.org.uk/>

**\* General Data Protection Regulation:**

Article 6 (1) (e) processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller.

Article 9 (2) (i) processing is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health or ensuring high standards of quality and safety of health care and of medicinal products or medical devices, on the basis of Union or Member State law which provides for suitable and specific measures to safeguard the rights and freedoms of the data subject, in particular professional secrecy.

## K. DATA VALIDATION FORM



### PICANet Admission data validation audit

PICU name		Visited by		Date of visit		
<input type="text"/>		<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Variable		Visit value		Discrepancy		
Event	Case note number	<input type="text"/>				
	Event ID	<input type="text"/>				
Admission details	Date of admission	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
	Time of admission	<input type="text"/> : <input type="text"/> <input 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 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 $\pm 5$ mmHg is acceptable	
	Blood gas measured	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Arterial PaO <sub>2</sub>	<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 <sub>2</sub>	<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"/> 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"/> $\pm 30$ minutes is acceptable	

## L. 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 30 days post-discharge from your unit		Missing value	

## M. PUBLICATIONS, ABSTRACTS & PRESENTATIONS 2015-2017

### PUBLICATIONS

JOURNAL	TITLE	AUTHORS
ARCH DIS CHILD. 2017 FEB;102(2):131-138. DOI: 10.1136/ARCHDISCHILD-2016-310800. EPUB 2016 SEP 28.	HOW MANY CHILDREN AND YOUNG PEOPLE WITH LIFE-LIMITING CONDITIONS ARE CLINICALLY UNSTABLE? A NATIONAL DATA LINKAGE STUDY.	JARVIS S, PARSLOW RC, CARRAGHER P, BERESFORD B, FRASER LK.
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
ARCHIVES OF DISEASE IN CHILDHOOD (2016). 101 (9): 798-802.	IS IT TAKING LONGER TO DIE IN PAEDIATRIC INTENSIVE CARE IN ENGLAND AND WALES?.	PLUNKETT, A., & PARSLOW, R. C.
JOURNAL OF THE AMERICAN HEART ASSOCIATION (2016). 5 (5): E003369.	DEATH AND EMERGENCY READMISSION OF INFANTS DISCHARGED AFTER INTERVENTIONS FOR CONGENITAL HEART DISEASE: A NATIONAL STUDY OF 7643 INFANTS TO INFORM SERVICE IMPROVEMENT.	SONYA CROWE, DEBORAH A RIDOUT, RACHEL KNOWLES, JENIFER TREGAY, JO WRAY, DAVID J BARRON, DAVID CUNNINGHAM, ROGER C PARSLOW, MARTIN UTLEY, RODNEY FRANKLIN, CATHERINE BULL, KATHERINE L BROWN
PLOS ONE (2016). 11 (3): E0151348	GENERALISABILITY AND COST-IMPACT OF ANTIBIOTIC-IMPREGNATED CENTRAL VENOUS CATHETERS FOR REDUCING RISK OF BLOODSTREAM INFECTION IN PAEDIATRIC INTENSIVE CARE UNITS IN ENGLAND.	HARRON, K., MOK, Q., HUGHES, D., MULLER-PEBODY, B., PARSLOW, R., RAMNARAYAN, P., & GILBERT, R.
ARCHIVES OF DISEASE IN CHILDHOOD (2016). 101 (2): 140-146.	ADMISSION TO HOSPITAL FOR BRONCHIOLITIS IN ENGLAND: TRENDS OVER FIVE DECADES, GEOGRAPHICAL VARIATION AND ASSOCIATION WITH PERINATAL CHARACTERISTICS AND SUBSEQUENT ASTHMA.	C A GREEN; D YEATES; A GOLDACRE; C SANDE; R C PARSLOW; P MCSHANE; A J POLLARD; M J GOLDACRE
EUROPEAN JOURNAL OF PAEDIATRICS (2016); 175(11), 1545	CURRENT INTENSIVE CARE MANAGEMENT FOR ADOLESCENTS IN THE UNITED KINGDOM: A RETROSPECTIVE COHORT STUDY	WOOD, D., GOODWIN, S., DAVIS, P., PAPPACHAN, J., PARSLOW, R., HARRISON, D., & RAMNARAYAN, P.
PALLIATIVE MEDICINE (2017); 32(2), 337-346	CHANGING PLACE OF DEATH IN CHILDREN WHO DIED AFTER DISCHARGE FROM PAEDIATRIC	FRASER, L. K., FLEMING, S., & PARSLOW, R

JOURNAL	TITLE	AUTHORS
	INTENSIVE CARE UNITS: A NATIONAL, DATA LINKAGE STUDY.	
ARCHIVES OF DISEASE IN CHILDHOOD (2017); 102:496-502.	ETHNIC AND SOCIOECONOMIC VARIATION IN INCIDENCE OF CONGENITAL HEART DEFECTS.	KNOWLES RL, RIDOUT D, CROWE S, ET AL
JAMA PEDIATRICS (2017); 171(7), 678-686	ASSOCIATION OF SHORT ANTENATAL CORTICOSTEROID ADMINISTRATION-TO-BIRTH INTERVALS WITH SURVIVAL AND MORBIDITY AMONG VERY PRETERM INFANTS RESULTS FROM THE EPICE COHORT.	NORMAN, M., PIEDVACHE, A., BORCH, K., HUUSOM, L. D., BONAMY, A. -K. E., HOWELL, E. A., . . DRAPER, E.S., ZEITLIN, J.
ARCHIVES OF DISEASE IN CHILDHOOD (2018); 103:540-547	CHILDREN WITH LIFE-LIMITING CONDITIONS IN PAEDIATRIC INTENSIVE CARE UNITS: A NATIONAL COHORT, DATA LINKAGE STUDY	FRASER, L. K., & PARSLow, R
BMJ Open Respiratory Research (2018) 5 (1): e000297.	IMPACT OF THE INTRODUCTION OF A UNIVERSAL CHILDHOOD INFLUENZA VACCINATION PROGRAMME ON INFLUENZA-RELATED ADMISSIONS TO PAEDIATRIC INTENSIVE CARE UNITS IN ENGLAND	HARDELID, PIA, MELPO KAPETANSTRATAKI, LEE NORMAN, SARAH J FLEMING, PAULA LISTER, RUTH GILBERT, AND ROGER C PARSLow
Respiratory Medicine (2018). 137: 23-29	CHARACTERISTICS AND MORTALITY RISK OF CHILDREN WITH LIFE-THREATENING INFLUENZA INFECTION ADMITTED TO PAEDIATRIC INTENSIVE CARE IN ENGLAND 2003-2015	HARDELID, PIA, MELPO KAPETANSTRATAKI, LEE NORMAN, SARAH J. FLEMING, PAULA LISTER, RUTH GILBERT, AND ROGER C. PARSLow
Pediatric Critical Care Medicine (2018). 19 (3): 210-217	RENAL REPLACEMENT THERAPY IN THE CRITICALLY ILL CHILD	WESTROPE, CLAIRE A., SARAH FLEMING, MELPO KAPETANSTRATAKI, ROGER C. PARSLow, AND KEVIN P. MORRIS
PEDIATRIC INFECTIOUS DISEASE JOURNAL (2018). 36 (3): 339-342.	INTENSIVE CARE ADMISSIONS FOR CHILDREN WITH ENTEROVIRUS AND HUMAN PARECHOVIRUS INFECTIONS IN THE UNITED KINGDOM AND THE REPUBLIC OF IRELAND, 2010-2014	BRACCIO S., KAPETANSTRATAKI M., SHARLAND M., & LADHANII S.N.
CRITICAL CARE MEDICINE (2018), 45(6), 1045-1053. DOI:10.1097/CCM.0000000000002369	OUTCOMES FOR CHILDREN RECEIVING NON-INVASIVE VENTILATION AS THE FIRST-LINE MODE OF MECHANICAL VENTILATION AT INTENSIVE CARE ADMISSION: A PROPENSITY SCORE-MATCHED COHORT STUDY.	MORRIS, J. V., RAMNARAYAN, P., PARSLow, R. C., & FLEMING, S. J.
BMJ-BRITISH MEDICAL JOURNAL, (2018) 361, 1 PAGE	RISING INFANT MORTALITY RATES IN ENGLAND AND WALES-WE NEED TO UNDERSTAND GESTATION SPECIFIC MORTALITY	DAVIS, P. J., FENTON, A. C., STUTCHFIELD, C. J., & DRAPER, E. S.
PEDIATRIC CRITICAL CARE MEDICINE : A JOURNAL OF THE SOCIETY OF CRITICAL CARE MEDICINE AND THE WORLD FEDERATION OF PEDIATRIC INTENSIVE AND CRITICAL CARE SOCIETIES (2018); 19(6) E300-311	INTERHOSPITAL TRANSPORT OF CRITICALLY ILL CHILDREN TO PICUS IN THE UNITED KINGDOM AND REPUBLIC OF IRELAND: ANALYSIS OF AN INTERNATIONAL DATASET.	RAMNARAYAN, P., DIMITRIADES, K., FREEBURN, L., KASHYAP, A., DIXON, M., BARRY, P. W., DRAPER, E. S

JOURNAL	TITLE	AUTHORS
ARCHIVES OF DISEASE IN CHILDHOOD, (2018); 103(4), 341-345	INCREASING ADMISSIONS TO PAEDIATRIC INTENSIVE CARE UNITS IN ENGLAND AND WALES: MORE THAN JUST RISING A BIRTH RATE.	DAVIS, P., STUTCHFIELD, C., EVANS, T. A., & DRAPER, E.

## ABSTRACTS

ABSTRACT	TITLE	AUTHORS
PICS 2015 CONFERENCE, 14 <sup>TH</sup> -16 <sup>TH</sup> 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 AND WALES, 2004 -2014	KAPETANSTRATAKI M, FLEMING SJ, PARSLow RC
9 <sup>TH</sup> CONGRESS OF THE WORLD FEDERATION OF PEDIATRIC INTENSIVE & CRITICAL CARE SOCIETIES 9-13 JUNE 2018	USE OF CONTINUOUS RENAL REPLACEMENT THERAPY BY PAEDIATRIC INTENSIVE CARE UNITS IN THE UK AND THE REPUBLIC OF IRELAND	WESTROPE, C.; KAPETANSTRATAKI, M.; PARSLow, R.; MORRIS
9 <sup>TH</sup> CONGRESS OF THE WORLD FEDERATION OF PEDIATRIC INTENSIVE & CRITICAL CARE SOCIETIES 9-13 JUNE 2018	PROGNOSTIC FACTORS FOR SURVIVAL POST CARDIAC ARREST IN KIDS THE NETPACK-2 AUDIT. PEDIATRIC CRITICAL CARE MEDICINE	EVANS, S.; MARTIN, J.; KAPETANSTRATAKI, M.; PARSLow, R.C.; SCHOLEFIELD

## PRESENTATIONS AND POSTERS

MEETING/CONFERENCE	VENUE	DATE	PRESENTATION/POSTER TITLE	PICANET TEAM ATTENDEES
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 <sup>TH</sup> ANNUAL PICS CONFERENCE	ICC, BIRMINGHAM	14-16/09/2015	SURVIVAL IN PICU AND BEYOND	ROGER PARSLow, SARAH FLEMING, MELPO KAPETANSTRATAKI
ANNUAL TIPNET MEETING	MILAN	10/2016	PICANET – NATIONAL PIC AUDIT IN THE UK	LIZ DRAPER
PICANET AGM	ROYAL COLLEGE OF NURSING, LONDON	04/11/2015	PRESENTATION ON NATIONAL REPORT	PICANET TEAM
PICANET AGM	BIRMINGHAM	02/11/2016	PRESENTATION ON NATIONAL REPORT	ROGER PARSLow, MELPO KAPETANSTRATAKI
PAEDIATRIC CRITICAL CARE NETWORK ANNUAL CONFERENCE	ALDER HEY, LIVERPOOL	08/03/2017	IS MORTALITY A USEFUL MEASURE OF PICU OUTCOME?	ROGER PARSLow
9TH CONGRESS OF THE WORLD FEDERATION OF PEDIATRIC INTENSIVIST & CRITICAL CARE SOCIETIES	SINGAPORE	9-13/06/2018	THE RELATIONSHIP BETWEEN LACTATE, BASE EXCESS AND MORTALITY IN PAEDIATRIC INTENSIVE CARE	MELPO KAPETANSTRATAKI
9TH CONGRESS OF THE WORLD FEDERATION OF PEDIATRIC INTENSIVIST & CRITICAL CARE SOCIETIES	SINGAPORE	9-13/06/2018	IMPROVING MORTALITY PREPDICTION USING ACID/BASE PARAMETERS IN PIM2	MELPO KAPETANSTRATAKI

## N. STAFFING STUDY DATA COLLECTION FORMS

<b>WEEK COMMENCING –</b> <b>20th November 2017</b>	<b>PICU Staffing Study 2017</b> <i>A study of occupancy &amp; nurse staffing provision</i> <b>Nursing Establishment and staffing Information</b>					<b>PLEASE COMPLETE:-</b> Site ID _____ Hospital _____ Unit _____ Form completed by: _____ (print name)	
<div style="clear: both;"></div> <div style="margin-left: 200px;"> <ul style="list-style-type: none"> <li>Please see attached instructions</li> <li>Complete part 1 and 2</li> <li>Please complete every column, insert zero if no staff at this grade</li> </ul> </div>							
<b>Part 1 Nurse Establishment Information</b>							
	1. Nursing establishment W.T.E. <i>Exclude supernumerary student nurses, receptionists, audit staff / data clerks, housekeepers</i>	2. Vacancies in Nurse establishment WTE	3. No. of persons currently in post	4. No. of nurses with paediatric intensive care qualification	5. No. of registered children's nurses <i>RSCN or degree or diploma recognised by NMC in children's branch of nursing</i>	6. No. with Valid Basic Paediatric Resuscitation and Life Support Competencies	7. No. with Valid Advanced Paediatric Resuscitation and Life Support Competencies
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: <i>(please tick appropriate box)</i>					No. in post
1. Family Care Sister	YES		NO		
2. Educator for training, education and continuing professional development of staff	YES		NO		
3. Educator for families of children with complex and/or equipment needs going home	YES		NO		
4. Discharge co-ordinator responsible for managing the discharge of children with complex care needs	YES		NO		
<i>If NO tick one box below:</i>					
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](mailto:crl4@leicester.ac.uk)*

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

Using the FREEPOST envelope supplied, please return the completed forms by **Monday 4th December 2017** to:

**FREEPOST RTHJ-ZYYG-BXRT PICANet (0593), F.A.O: Caroline Lamming, PICANet Research Nurse, University of Leicester, Dept. of Health Sciences, University Road, LEICESTER, LE1 7RH.**



## PICU Staffing Study 2017

Week commencing 20th November 2017



### 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 Basic 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](mailto:cr14@leicester.ac.uk)**

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

PICANet Staffing Study 2017 Nursing Establishment & Staffing Info v01.6. 11.10.2017

Please return in *FREEPOST* envelope to:-  
FREEPOST RTHJ-ZYYG-BXRT  
PICANet (0593),  
F.A.O: Caroline Lamming, PICANet  
Research Nurse  
University of Leicester, Dept. of Health  
Sciences,  
University Road, LEICESTER, LE1  
7RH  
**by Monday 04/12/2017**

WEEK COMMENCING  
20th November 2017

## PICU Staffing Study 2017



A study of occupancy, nursing and medical staffing provision

### Medical Establishment Information

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

PLEASE COMPLETE:- Site ID \_\_\_\_\_

Hospital \_\_\_\_\_

Unit \_\_\_\_\_

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

(print name)

### Medical Establishment Information:

#### Part 1a

Consultant grade				Number of staff in post		Number of vacant posts		DCC PAs of funded staff in post			DCC PAs of funded vacant posts		
				ICU	Transport	ICU	Transport	ICU	Transport	Other clinical care	ICU	Transport	Other clinical care
	Consultant Paediatric Intensivists	Paediatricians	substantive										
			locum										
		Anaesthetists	substantive										
			locum										
	Non-PICM consultants			substantive									
				locum									
	Associate specialists/staff grade			substantive									
locum													

## Medical establishment information

### Part 1b

			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 <i>[please specify]</i>								
	ST 4-8 equivalent, not on UK training scheme									
	ST 1-3 UK training scheme	Paediatrics								
		Anaesthesia								
		Other <i>[please specify]</i>								
	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 establishment									
	Physician Associates									

## Part 2 Trainee Rota

1. Are the trainees on a full shift rota? [tick yes or no]		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
2. 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: [cr14@leicester.ac.uk](mailto:cr14@leicester.ac.uk)**

**Please ensure all information recorded is confirmed by the Lead Clinician/Clinical Director prior to return**

You are advised to retain a photocopy of the completed form.

Using the FREEPOST envelope supplied, please return the completed forms by **MONDAY 4th DECEMBER 2017** to:

**FREEPOST RTHJ-ZYYG-BXRT PICANet (0593),  
F.A.O: Caroline Lamming, PICANet Research Nurse University of Leicester,  
Dept. of Health Sciences, University Road, LEICESTER, LE1 7RH**

## PICU Staffing Study 2017



Week commencing 20th November 2017

### HOW TO FILL IN THE Medical Establishment Part 1 and 2

This form applies to the **designated paediatric intensive care unit**.

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 all 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. If **high dependency** is located **in the same unit** and staffed by the PICU shift staffing roster record all DCC's as **ICU**. If high dependency is **outside PICU** and patient admission event data **is not** submitted to PICANet record DCC's as **Other clinical care**. This will also include general paediatric cover.
5. For PICU Consultants with allocated shifts for PIC transport record the DCC PAs as **Transport**.
6. 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](mailto:crl4@leicester.ac.uk)

Please return in *FREEPOST* envelope to:-

FREEPOST RTHJ-ZYYG-BXRT PICANet (0593),  
F.A.O: Caroline Lamming, PICANet Research Nurse  
University of Leicester, Dept. of Health Sciences,  
University Road, LEICESTER, LE1 7RH

**by Monday 04/12/2017**

WEEK COMMENCING –  
20th November 2017



## PICU Staffing Study 2017

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. A.P.P 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) or Medical (M) 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-ZYYG-BXRT PICANet (0593),  
F.A.O: Caroline Lamming, PICANet Research Nurse  
University of Leicester, Dept. of Health Sciences,  
University Road, LEICESTER, LE1 7RH

By **Monday 04/12/2017**



## ***HOW TO COMPLETE THE Advanced Practice Practitioner Establishment Form***

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

- If your unit **DOES NOT** employ APP's please tick the box on the form and return.

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**

This is a separate count of Advanced Practice Practitioners (APPs) who will also be recorded on the nursing or medical establishment form to reflect funding source

1. The current combined, whole time equivalent, funded establishment of persons working at this grade to give clinical care. Include APPs who are qualified and those in training **but only if not supernumerary**.
2. The overall total number of persons on your PICU currently in post at this grade.
3. The combined whole time equivalents of staff currently in post at this grade i.e. an APP employed part time may be 0.5 wte.
4. The number of APPs who have attained a Master's degree.
5. The number of APPs currently in training.
6. Proportion of w.t.e's attributed to the nursing or medical rota.
7. Identifies whether APPs are included in the nursing or medical establishment, insert N(nursing) or M(medical) or both if applicable.
8. The number of APPs currently in post with valid Advanced Paediatric Life Support, European Paediatric Life Support or equivalent.

If you have any additional queries please contact: *Caroline Lamming tel: 0116 252 5414 or email:crl4@leicester.ac.uk*  
You are advised to retain a photocopy of the completed form.

Using the FREEPOST envelope supplied, please return the completed forms by **MONDAY 4<sup>th</sup> DECEMBER 2017:-**

**FREEPOST RTHJ-ZYYG-BXRT PICANet Staffing Study (0593)**  
**F.A.O:** Caroline Lamming, PICANet Research Nurse,  
University of Leicester, Dept. of Health Sciences,  
University Road, LEICESTER, LE1 7RH

**WEEK COMMENCING –  
20th November 2017**



## **PICU Staffing Study 2017**

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

### **Other Professionals Survey Form**

- Applies to the designated PICU in your hospital
- Please complete every column, tick the boxes below if your PICU has the following staff available
- If you have any queries please contact Caroline Lamming 0116 252 5414 or email [crl4@leicester.ac.uk](mailto:crl4@leicester.ac.uk)

1. Type of Staff	2. With time allocated to work on your unit.	3. On call 24hr / 7 day Access
<b>Do you have the following staff available at least 5 days per week?</b>		
Pharmacist - with competencies in paediatric critical care		
Paediatric Physiotherapist		
Dietetic staff		
Play - Appropriately qualified staff to provide support for play and distraction during procedures available <b>EVERY DAY – Sunday to Saturday incl.</b>		
Psychological Support for Families		
Psychological Support for Staff		
Health Care Scientist or other technical support for the management of equipment.		
Operating Department Practitioner or equivalent with competences in assisting with advanced airway interventions.		
<b>Any other staff group working on PICU:</b>		
1.		
2.		
<b>Please tick the boxes below if your PICU has the following support services available:-</b>		
5. Type of Service	6. Access to service in hospital	7. Time dedicated to PICU
Interfaith and spiritual support		
Social Workers		
Interpreters		
Bereavement Support		
Patient Advice and Advocacy Service		
Dedicated PICANet Data Collection staff		

Site ID \_\_\_\_\_ Hospital \_\_\_\_\_  
 Unit \_\_\_\_\_  
 Form completed by: \_\_\_\_\_  
 Tel no: \_\_\_\_\_  
 Email address \_\_\_\_\_

Please return in **FREEPOST**  
 envelope to:-  
 FREEPOST RTHJ-ZYYG-BXRT  
 PICANet (0593),  
 F.A.O: Caroline Lamming, PICANet  
 Research Nurse  
 University of Leicester, Dept. of Health  
 Sciences, University Road,  
 LEICESTER, LE1 7RH  
**by Monday 04/12/2017**





## Nursing & Occupancy Log A

- Please complete at **12 noon** on **Wednesday 22/11/2017**
- Please see notes for completion overleaf

Bands of Nursing staff	No. on duty at 12 noon	Total no. with PIC competencies	No. of registered children's nurses	No. with Paediatric Resus & Life support competencies		No. of persons off sick	No. on duty available for retrieval
				Basic	Advanced		
Band 2 - 3							
Band 4							
Band 5							
Band 6							
Band 7							
Band 8							
Band 9							
Other please specify details- i.e. Agency / Bank incl. band							
1.							
2.							
3.							

**Additional information to be collected at 12 noon.**

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

Total number of children in the unit.	No. Level III	No. Level II	No Level I

PLEASE COMPLETE:-

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

Hospital \_\_\_\_\_

Unit \_\_\_\_\_

Form completed by: \_\_\_\_\_  
(print name)

Contact tel. no: \_\_\_\_\_

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

Please return in **FREEPOST** envelope to:-  
 FREEPOST RTHJ-ZYYG-BXRT  
 PICA Net (0593),  
 F.A.O: Caroline Lamming, PICA Net  
 Research Nurse  
 University of Leicester, Dept. of Health Sciences,  
 University Road, LEICESTER, LE1 7RH  
**by Monday 04/12/2017**



## Nursing & Occupancy Log B

- Please complete at **12 midnight** on **Wednesday 22/11/2017**
- Please see notes for completion overleaf

Bands of Nursing staff	No. on duty at 12 midnight	Total no. with PIC competencies	No. of registered children's nurses	No. with Paediatric Resus & Life support competencies		No. of persons off sick	No. on duty available for retrieval
				Basic	Advanced		
Band 2 - 3							
Band 4							
Band 5							
Band 6							
Band 7							
Band 8							
Band 9							
Other please specify details- i.e. Agency / Bank incl. band							
1.							
2.							
3.							

**Additional information to be collected at 12 midnight.**

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

Total number of children in the unit.	No. Level III	No. Level II	No. Level I

PLEASE COMPLETE:-

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

Hospital \_\_\_\_\_

Unit \_\_\_\_\_

Form completed by: \_\_\_\_\_  
(print name)

Contact tel. no: \_\_\_\_\_

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

Please return in **FREEPOST** envelope to:-  
 FREEPOST RTHJ-ZYYG-BXRT  
 PICA Net (0593),  
 F.A.O: Caroline Lamming, PICA Net  
 Research Nurse  
 University of Leicester, Dept. of Health Sciences,  
 University Road, LEICESTER, LE1 7RH  
**by Monday 04/12/2017**



## Nursing & Occupancy Log C

- Please complete at **12 noon** on **Sunday 26/11/2017**
- Please see notes for completion overleaf

Bands of Nursing staff	No. on duty at 12 noon	Total no. with PIC competencies	No. of registered children's nurses	No. with Paediatric Resus & Life support competencies		No. of persons off sick	No. on duty available for retrieval
				Basic	Advanced		
Band 2 - 3							
Band 4							
Band 5							
Band 6							
Band 7							
Band 8							
Band 9							
Other please specify details- i.e. Agency / Bank incl. band							
1.							
2.							
3.							

**Additional information to be collected at 12 noon.**

Number of beds on PICU	No. of funded beds	No. of Beds			Reason for closure <i>i.e. sickness, infection, staff shortage</i>
		Open & occupied	Open & empty	Closed	
IC designated					
HD designated					

Total number of children in the unit.	No. Level III	No. Level II	No. Level I

PLEASE COMPLETE:-

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

Hospital \_\_\_\_\_

Unit \_\_\_\_\_

Form completed by: \_\_\_\_\_  
(print name)

Contact tel. no: \_\_\_\_\_

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

Please return in **FREEPOST** envelope to:-

FREEPOST RTHJ-ZYYG-BXRT  
PICANet (0593),  
F.A.O: Caroline Lamming, PICANet  
Research Nurse  
University of Leicester, Dept. of Health Sciences,  
University Road, LEICESTER, LE1 7RH  
**by Monday 04/12/2017**



## Nursing & Occupancy Log D

- Please complete at **12 midnight** on **Sunday 26/11/2017**
- Please see notes for completion overleaf

Bands of Nursing staff	No. on duty at 12 midnight	Total no. with PIC competencies	No. of registered children's nurses	No. with Paediatric Resus & Life support competencies		No. of persons off sick	No. on duty available for retrieval
				Basic	Advanced		
Band 2 - 3							
Band 4							
Band 5							
Band 6							
Band 7							
Band 8							
Band 9							
Other please specify details- i.e. Agency / Bank incl. band							
1.							
2.							
3.							

**Additional information to be collected at 12 midnight.**

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

Total number of children in the unit.	No. Level III	No. Level II	No. Level I

PLEASE COMPLETE:-

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

Hospital \_\_\_\_\_

Unit \_\_\_\_\_

Form completed by: \_\_\_\_\_  
(print name)

Contact tel. no: \_\_\_\_\_

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

Please return in **FREEPOST** envelope to:-  
 FREEPOST RTHJ-ZYYG-BXRT  
 PICA Net (0593),  
 F.A.O: Caroline Lamming, PICA Net  
 Research Nurse  
 University of Leicester, Dept. of Health Sciences,  
 University Road, LEICESTER, LE1 7RH  
**by Monday 04/12/2017**



## *PICU Staffing Study*

*November 2017*

### ***HOW TO FILL IN THE Nursing and Occupancy Log***

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

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

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

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

##### **NURSING STAFF**

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

- 1. The overall total number of nurses and non registered health care staff on duty at this time to give clinical care.** Include all clinical nursing staff, any link nurse present giving clinical care and non registered health care staff, any learners or nurses in training **but only if not supernumerary.**
- 2. The number of nurses with appropriate level competencies in paediatric critical care on duty at this time to give clinical care.** Include all specialist nurses in PIC with appropriate level competencies in paediatric critical care assessed through a validated accredited education and training programme.
- 3. The number of registered children's nurses on duty at this time to give clinical care.** Include all nurses with an RSCN or degree or diploma in children's branch nursing recognised by the NMC.
- 4. The number of nurses on duty at this time with valid Basic Paediatric Resuscitation training or equivalent.**
- 5. The number of nurses on duty at this time with valid Advanced Paediatric Resuscitation training or equivalent.**
- 5. SICKNESS - count the number of staff who were rostered for duty but off sick at specified time.**
- 6. The number of nurses on duty and available for retrieval. Only complete where the retrieval service is integrated into the PICU and nurses(s) have clinical duties required for retrieval.**
- 7. NOTE only count YOUR CLINICAL NURSE MANAGER for example, if on the unit at noon or midnight giving clinical care (includes on ward round).**

#### **COUNTING INFANTS/CHILDREN – DIFFERENT GROUPS OF CHILDREN**

**Count the overall total children on your unit at this time. INCLUDE any children being retrieved in or transferred out from your unit at this time by nursing staff from your shift roster. Count the number of children receiving each Level of Care 1 to 3 (adhere to the PICS Quality Standards 5<sup>th</sup> edition 2015 levels of care and dependency). If you have any additional queries please contact: Caroline Lamming tel: 0116 252 5414 or email: [crl4@leicester.ac.uk](mailto:crl4@leicester.ac.uk)**

Using the FREEPOST envelope supplied, please return the completed forms by **Monday 4th December 2017** to:

**FREEPOST RTHJ-ZYYG-BXRT PICANet (0593),**

**F.A.O: Caroline Lamming, PICANet Research Nurse,**

**University of Leicester, Dept. of Health Sciences, University Road, LEICESTER, LE1 7RH.**



## Medical Log A

- Please complete at **12 noon** on **Wednesday 22/11/2017**
- See notes for completion overleaf

Grades of Medical Staff				12 noon		
				No. of persons on <b>duty</b> and present	No of persons on <b>call</b>	No. of persons off <b>sick</b>
<b>Consultant</b>	Primary clinical responsibility to PICU*	Consultant Paediatric Intensivists	Paediatricians			
			Anaesthetists			
		Non-PICM consultants				
	Clinical availability but not primary responsibility**	Consultant Paediatric Intensivists	Paediatricians			
			Anaesthetists			
		Non-PICM consultants				
Associate specialist/staff						
Senior trainee - ST 4-8 or equivalent						
Junior trainee – ST 1-3 or equivalent						
Foundation Year 1-2						
ANP on the medical rota						
Physician Assistant on the medical rota						
Any <b>other staff</b> working on the medical rota at specified time	State speciality & grade					
	1.					
	2.					
	3.					

PLEASE COMPLETE:-

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

Hospital \_\_\_\_\_

Unit \_\_\_\_\_

Form completed by: \_\_\_\_\_  
(print name)

Contact tel. no: \_\_\_\_\_

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

Please return in **FREEPOST** envelope to:-

FREEPOST RTHJ-ZYYG-BXRT  
PICANet (0593),  
F.A.O: Caroline Lamming, PICANet  
Research Nurse  
University of Leicester, Dept. of Health  
Sciences,  
University Road, LEICESTER, LE1 7RH

**by Monday 04/12/2017**



## Medical Log B

- Please complete at **12 midnight** on **Wed 22/11/2017**
- See notes for completion overleaf

Grades of Medical Staff				12 midnight		
				No. of persons on duty and present	No of persons on call	No. of persons off sick
<b>Consultant</b>	Primary clinical responsibility to PICU*	Consultant Paediatric Intensivists	Paediatricians			
			Anaesthetists			
		Non-PICM consultants				
	Clinical availability but not primary responsibility**	Consultant Paediatric Intensivists	Paediatricians			
			Anaesthetists			
		Non-PICM consultants				
Associate specialist/staff						
Senior trainee - ST 4-8 or equivalent						
Junior trainee – ST 1-3 or equivalent						
Foundation Year 1-2						
ANP on the medical rota						
Physician Assistant on the medical rota						
Any other staff working on the medical rota at specified time	State speciality & grade					
	1.					
	2.					
	3.					

PLEASE COMPLETE:-	Site ID _____
Hospital	_____
Unit	_____
Form completed by: (print name)	_____
Contact tel. no:	_____
Email address:	_____

Please return in <i>FREEPOST envelope</i> to:- FREEPOST RTHJ-ZYYG-BXRT PICA Net (0593), F.A.O: Caroline Lamming, PICA Net Research Nurse University of Leicester, Dept. of Health Sciences, University Road, LEICESTER, LE1 7RH  <b>by Monday 04/12/2017</b>
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## Medical Log C

- Please complete at **12 noon** on **Sunday 26/11/2017**
- See notes for completion overleaf

Grades of Medical Staff				12 noon		
				No. of persons on <b>duty</b> and present	No of persons on <b>call</b>	No. of persons off <b>sick</b>
Consultant	Primary clinical responsibility to PICU*	Consultant Paediatric Intensivists	Paediatricians			
			Anaesthetists			
		Non-PICM consultants				
	Clinical availability but not primary responsibility**	Consultant Paediatric Intensivists	Paediatricians			
			Anaesthetists			
		Non-PICM consultants				
Associate specialist/staff						
Senior trainee - ST 4-8 or equivalent						
Junior trainee – ST 1-3 or equivalent						
Foundation Year 1-2						
ANP on the medical rota						
Physician Assistant on the medical rota						
Any other staff working on the medical rota at specified time	State speciality & grade					
	1.					
	2.					
	3.					

PLEASE COMPLETE:-

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

Hospital \_\_\_\_\_

Unit \_\_\_\_\_

Form completed by: \_\_\_\_\_  
(print name)

Contact tel. no: \_\_\_\_\_

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

Please return in *FREEPOST* envelope to:-

FREEPOST RTHJ-ZYYG-BXRT  
PICA Net (0593),  
F.A.O: Caroline Lamming, PICA Net  
Research Nurse  
University of Leicester, Dept. of Health  
Sciences,  
University Road, LEICESTER, LE1 7RH

**by Monday 04/12/2017**





## Medical Log D

- Please complete at **12 midnight** on **Sunday 26/11/2017**
- See notes for completion overleaf

Grades of Medical Staff				12 midnight		
				No. of persons on duty and present	No of persons on call	No. of persons off sick
<b>Consultant</b>	Primary clinical responsibility to PICU*	Consultant Paediatric Intensivists	Paediatricians			
			Anaesthetists			
		Non-PICM consultants				
	Clinical availability but not primary responsibility**	Consultant Paediatric Intensivists	Paediatricians			
			Anaesthetists			
		Non-PICM consultants				
Associate specialist/staff						
Senior trainee - ST 4-8 or equivalent						
Junior trainee – ST 1-3 or equivalent						
Foundation Year 1-2						
ANP on the medical rota						
Physician Assistant on the medical rota						
Any other staff working on the medical rota at specified time	State speciality & grade					
	1.					
	2.					
	3.					

PLEASE COMPLETE:-	Site ID _____
Hospital	_____
Unit	_____
Form completed by: (print name)	_____
Contact tel. no:	_____
Email address:	_____

Please return in **FREEPOST** envelope to:-  
 FREEPOST RTHJ-ZYYG-BXRT  
 PICA Net (0593),  
 F.A.O: Caroline Lamming, PICA Net  
 Research Nurse  
 University of Leicester, Dept. of Health  
 Sciences,  
 University Road, LEICESTER, LE1 7RH  
**by Monday 04/12/2017**



## *PICU Staffing Study*

*November 2017*

### **HOW TO FILL IN THE *Medical Log***

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 *numbers of STAFF and skill mix* by actual **counts on the unit at the specified time:-noon and midnight**

Please **complete every section** at the time specified, insert zero if no staff at this grade

#### **COUNTING STAFF**

**Count the number of staff who are on the medical rota, on duty and physically present on the PICU or on retrieval at the specified time.**

**Count the number of staff who are on the medical rota for PICU, on-call but not physically present on the PICU or on retrieval at the specified time.**

#### **SICKNESS**

**Count the number of staff rostered for duty but off sick at the specified time.**

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).

\*Consultants with primary clinical responsibility to the PICU will include first on call as well as consultant support roles; provided the primary clinical responsibility is to the PICU.

\*\*Consultants with primary responsibility to an allied service (e.g. transport service) may offer clinical time to the PICU if available.

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

Using the FREEPOST envelope supplied, please return the completed forms by **Monday 4th December 2017** to:  
**FREEPOST RTHJ-ZYYG-BXRT PICANet (0593), F.A.O: Caroline Lamming, PICANet Research Nurse, University of Leicester, Dept. of Health Sciences, University Road, LEICESTER, LE1 7RH.**

## O. DATA REQUESTS DECEMBER 2016 – DECEMBER 2017

\*If you require further details of the Data Requests made to PICANet please contact the team by email.

REQUEST DATE:	NAME, POSITION AND PLACE OF WORK/STUDY:	AIM OF DATA REQUEST:	DATA PROVIDED?	DATA PROVIDED BY:	REQUEST CLOSED?
04/09/2017	PROFESSOR ELIZABETH DRAPER, UNIVERSITY OF LEICESTER	DO DIFFERENCES IN TIMELINESS OF ACCESS (TO PIC TRANSPORT TEAMS AND PICU ADMISSION), AND CARE DELIVERED DURING TRANSPORT (TEAM COMPOSITION, CRITICAL INCIDENTS, INTERVENTIONS), AFFECT PATIENT OUTCOME (30-DAY MORTALITY)? THESE DATA WILL BE LINKED TO OTHER DATA SOURCES SUCH AS HES, ONS, CASE Mix PROGRAMME (ADULT CRITICAL CARE DATA). DATA LINKAGE WILL BE PERFORMED BY NHS DIGITAL USING THE IDENTIFIERS SUPPLIED (NHS NO, DOB, SEX, POSTCODE). ONCE DATA LINKAGE HAS BEEN PERFORMED, THE PSEUDONYMISED STUDY DATASET WILL BE SENT TO AND ANALYSED AT UNIVERSITY OF LEICESTER.	YES	LEE NORMAN	YES
28/07/2017	REBECCA MITTING, IMPERIAL COLLEGE HEALTHCARE NHS TRUST	THE AIM IS TO EXPAND ON OUR OBSERVATION THAT PRACTICE VARIATION BETWEEN UK INTENSIVE CARE UNITS INFLUENCES THE DURATION OF INVASIVE MECHANICAL VENTILATION FOR BRONCHIOLITIS AND TO IDENTIFY WHETHER THIS HAS AN EFFECT ON LENGTH OF STAY. (A RECENT ARTICLE IN J PEDIATRIC (2017 JUN 8 S0022-3476. ESSOURI S ET AL) SUGGESTED THAT LENGTH OF STAY MAY BE SIMILAR DESPITE VARYING USE OF NIV)	YES	-	YES
28/06/2017	SOUMENU MANNA, ST GEORGE'S HOSPITAL NHS FOUNDATION TRUST	REVIEW OF SAFETY (INDICATION, COMPLICATION) AND OUTCOME OF SURGICAL TRACHEOSTOMY IN CHILDREN WITH CANCER RECEIVING INDUCTION CHEMOTHERAPY AND COMPARE WITH OUR INSTITUTIONAL OUTCOME.	NO	-	YES

REQUEST DATE:	NAME, POSITION AND PLACE OF WORK/STUDY:	AIM OF DATA REQUEST:	DATA PROVIDED?	DATA PROVIDED BY:	REQUEST CLOSED?
28/06/2017	BUVANA DWARAKANATHAN, ST GEORGE'S HOSPITAL NHS FOUNDATION TRUST	WE WOULD LIKE TO IDENTIFY FACTORS WHICH INDICATE POOR OUTCOME IN VENTILATED CHILDREN WITH DKA.	No	-	YES
27/03/2017	DR PETER BARRY, UNIVERSITY HOSPITALS OF LEICESTER	SERVICE EVALUATION	No	-	YES
24/03/2017	DR HARI KRISHNAN, BIRMINGHAM CHILDREN'S HOSPITAL	WE AIM TO EXPLORE RELATIONSHIP BETWEEN FACTORS INFLUENCING 48-HOUR UNPLANNED READMISSION RATE, WITH PARTICULAR EMPHASIS ON RELATIONSHIP WITH SIZE OF THE UNITS, OCCUPANCY RATES AND WEEKEND V WEEKDAY VARIATION. WE WILL ALSO ANALYSE WHETHER THERE IS AN OUTCOME DIFFERENCE AMONG PATIENTS WHO HAD UNPLANNED READMISSION V THOSE THAT DID NOT.	YES	MELPO KAPETANSTRATAKI	ONGOING
24/03/2017	OFRAN ALMOSSAWI, LONDON SCHOOL OF HYGEINE AND TROPICAL MEDICINE	TO INVESTIGATING THE DIFFERENCES IN MORTALITY BETWEEN GENDERS FOR THOSE UNDER THE AGE OF 1 YEAR, AND ADMITTED WITH AN INFECTIVE CAUSE.	YES	MELPO KAPETANSTRATAKI	YES

REQUEST DATE:	NAME, POSITION AND PLACE OF WORK/STUDY:	AIM OF DATA REQUEST:	DATA PROVIDED?	DATA PROVIDED BY:	REQUEST CLOSED?
03/03/2017	ROMA McCLUSKEY AND DR KATHERINE BOHANAN, ADDENBROOKE'S HOSPITAL, CAMBRIDGE	TO DESCRIBE THE BURDEN OF DROWNING AND NEAR-DROWNING ON PICU PROVIDERS IN THE UK AND IRELAND, AND FACTORS THAT MAY INFLUENCE THIS	No	-	YES
03/03/2017	MARK RUSSELL, BIRMINGHAM CHILDREN'S HOSPITAL	<ul style="list-style-type: none"> <li>• TO DESCRIBE THE USE OF INO ACROSS THE UK</li> <li>• TO DESCRIBE THE VARIATION IN USE ACROSS DIFFERENT UNITS IN THE UK</li> <li>• CATEGORISE THE MAIN REASON/PRIMARY DIAGNOSIS FOR THIS ADMISSION IN ALL PATIENTS THAT RECEIVE INO (E.G RESPIRATORY)</li> <li>• DESCRIBE 30 DAY MORTALITY FOR ALL PATIENTS THAT RECEIVED INO AND SEPARATE INTO GROUPS BASED ON PRIMARY DIAGNOSIS FOR ADMISSION</li> <li>• DESCRIBE THE PERCENTAGE OF PATIENTS RECEIVING INO AND ADVANCED VENTILATORY SUPPORT DURING ADMISSION (HFOV) COMPARED TO CONVENTIONAL INVASIVE VENTILATION</li> <li>• DESCRIBE THE PERCENTAGE OF PATIENTS RECEIVING INO AND THEN PROGRESSING TO ECMO</li> </ul>	Yes	LEE NORMAN	YES
03/03/2017	MEL MILLER, NATIONAL SERVICE DIVISION, SCOTLAND	<p>TO DETERMINE THE EXTENT TO WHICH PAEDIATRIC BED CAPACITY SHOULD BE INCREASED TO MEET THE RECOMMENDATIONS OF THE 2012 REVIEW AND IF DEMAND FOR PAEDIATRIC INTENSIVE CARE IN SCOTLAND IS CONTINUING TO INCREASE.</p> <p>TO ASCERTAIN ACTIVITY OVER THE PAST FOUR YEARS AND IDENTIFY ANY SIGNIFICANT SHIFTS IN THE PROFILE OF PATIENTS, LENGTH OF STAY, DIAGNOSTIC GROUPS</p> <p>THE RESULTS WILL INFORM THE ANALYSIS OF WHETHER ADDITIONAL PAEDIATRIC INTENSIVE CARE BEDS ARE REQUIRED IN SCOTLAND.</p>	Yes	***	YES

REQUEST DATE:	NAME, POSITION AND PLACE OF WORK/STUDY:	AIM OF DATA REQUEST:	DATA PROVIDED?	DATA PROVIDED BY:	REQUEST CLOSED?
24/01/2017	DAGAN LONSDALE, ST GEORGE'S, UNIVERSITY OF LONDON	TO EXPLORE THE MAIN DETERMINENTS OF PHARMACOKINETIC VARIABILITY IN CRITICALLY ILL PATIENTS	No	-	YES
24/01/2017	PRASHNA PRIMULAPATHI, NEWCASTLE UPON TYNE HOSPITALS NHS TRUST	CVVH IN TUMOUR LYSIS SYNDROME- IS THERE A POPULATION WHICH MAY BENEFIT FROM STARTING CVVH EARLIER PRIOR TO MEETING CURRENT CRITERIA. AN EPIDEMIOLOGICAL STUDY.	No	-	YES
24/01/2017	ELIZABETH STEPHENSON, NHS ENGLAND, SPECIALIST COMMISSIONING	<p>THE REVIEW INTO PAEDIATRIC CRITICAL CARE AND SPECIALISED SURGERY IN CHILDREN WILL LOOK AT BOTH THE CONNECTED AND DISTINCT ELEMENTS OF EACH SERVICE. THE REVIEW WILL ASCERTAIN THE OPTIMAL MODELS FOR THE PROVISION OF SUSTAINABLE, HIGH QUALITY, RESPONSIVE PAEDIATRIC CRITICAL CARE AND SPECIALISED SURGERY IN CHILDREN IN ENGLAND, CONSIDERING CRITICAL CO-DEPENDENCIES WITH OTHER ESSENTIAL SERVICES. IN PARTICULAR WE WILL SEEK TO ADDRESS THE FOLLOWING ISSUES:</p> <ul style="list-style-type: none"> <li>· CLARIFY PATHWAY LINKAGES BETWEEN PAEDIATRIC CRITICAL CARE AND SPECIALISED SURGERY IN CHILDREN;</li> <li>· HOW BEST TO OPTIMISE USE OF PAEDIATRIC INTENSIVE CARE BEDS, THROUGH CONSIDERATION OF DIFFERENT LEVELS OF CRITICAL CARE REQUIRED TO SUPPORT STABLE AND UNSTABLE CHILDREN OF DIFFERENT LEVELS OF ACUITY;</li> <li>· THE POTENTIAL ROLE OF NETWORKED MODELS OF CARE FOR CHILDREN'S SPECIALISED SURGERY AND PAEDIATRIC CRITICAL CARE, SUPPORTING CARE CLOSER TO PATIENTS HOME RESIDENCE WHERE POSSIBLE;</li> </ul>	YES	LEE NORMAN	YES

REQUEST DATE:	NAME, POSITION AND PLACE OF WORK/STUDY:	AIM OF DATA REQUEST:	DATA PROVIDED?	DATA PROVIDED BY:	REQUEST CLOSED?
		<ul style="list-style-type: none"> <li>· THE OPTIMAL NATIONAL MODEL OF PROVISION FOR (PAEDIATRIC CARDIAC AND RESPIRATORY) EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) SERVICES;</li> <li>· HOW BEST TO DELIVER COMPREHENSIVE TRANSPORT SERVICES FOR CHILDREN REQUIRING PICU ADMISSION, AND IN DUE COURSE, REPATRIATION; AND</li> <li>· CRITICAL LINKAGES TO OTHER CURRENT AND FORTHCOMING SERVICE REVIEWS, ESPECIALLY CONGENITAL HEART DISEASE (CHD), BURNS AND NEONATAL INTENSIVE CARE.</li> </ul>			
21/12/2016	MARK PETERS, PROFESSOR OF PAEDIATRIC INTENSIVE CARE, ICNARC/PICS SG/UCL GREAT ORMOND ST ICH	FEVER OBSERVATIONAL STUDY: FOR UK BETWEEN 1/2/17 AND 1/8/2018 TO INFORM THE FEASIBILITY OF CONDUCTING A STUDY TO TEST DIFFERENT TEMPERATURE THRESHOLDS AT WHICH CLINICIANS DELIVER ANTIPYRETIC INTERVENTION IN CRITICALLY ILL CHILDREN WITH FEVER DUE TO INFECTION.	No	MELPO KAPETANSTRATAKI	YES
07/12/2016	AHMED OSMAN, PICU REGISTRAR, UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST	CHANGES IN THE BURDEN OF OBESITY-RELATED CONDITIONS PRESENTING TO PAEDIATRIC INTENSIVE CARE: DATA FROM ALL UNITS REPORTING TO PICANET (I.E. ENGLAND, WALES, SCOTLAND, NORTHERN IRELAND, REPUBLIC OF IRELAND BETWEEN JANUARY 2002 AND DECEMBER 2016 TO ASSESS WHETHER THE INCIDENCE OF OBESITY-RELATED ILLNESSES PRESENTING TO PAEDIATRIC INTENSIVE CARE IS INCREASING OVER TIME, AND WHETHER CHILDHOOD OBESITY IS BECOMING MORE COMMON IN PATIENTS PRESENTING TO PAEDIATRIC INTENSIVE CARE.	~	MELPO KAPETANSTRATAKI	ONGOING
01/12/2016	GRACE RAHMAN, STUDENT, KINGS COLLEGE LONDON	NATIONAL GEOGRAPHICAL SCOPE BETWEEN 29/08/2014 AND 29/08/2015, WHAT FACTORS INFLUENCE A PARENT'S DECISION TO DONATE THEIR CHILD'S ORGANS IN A CRITICAL CARE SETTING?	No	MELPO KAPETANSTRATAKI	No

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Paediatric Intensive  
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