



HOW TO COMPLETE THE PICA Net ADMISSION DATA COLLECTION FORM

PICA Net Paediatric Intensive Care Audit Network - Data Collection Form **Admission**

Patient details (or hospital label)

Family name: _____

First name: _____

Address: _____

Postcode: _____

Ethnic category

White British Asian Bangladeshi

White Irish Asian other (specify below)

White other (specify below) Black Caribbean

Mixed White and Black Caribbean Black African

Mixed White and Black African Black other (specify below)

Mixed White and Asian Chinese

Mixed other (specify below) Other (specify below)

Asian Indian Not stated (declined)

Asian Pakistani 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

Estimated Anonymised Unknown

Sex

Male Female Ambiguous 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): _____ / _____ / 20____ : _____

Admission number: _____

Type of admission to unit

Planned – following surgery

Unplanned – following surgery

Planned – other

Unplanned – other

Previous ICU admission (during current hospital stay)

ICU

PICU

NICU

None

Unknown

Source of admission

Same hospital Clinic

Other hospital Home

Care area admitted from (includes transfers in)

X-ray / endoscopy / CT scanner ICU / PICU / NICU

Recovery only Ward

HDU (step up/step down unit) Theatre and recovery

Other intermediate care area A & E

Retrieval / transfer?

Yes No

Type of transport team

PICU Other specialist team

Centralised transport service (PIC) Non-specialist team

Transport team from neonates Unknown

Transport team: _____

Collection unit: _____

Contact us · picanet@leeds.ac.uk

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

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

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

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

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

Number recorded in unit admission record

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

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

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

Local Hospital Case note Number.

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

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

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

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

Where child was immediately prior to PICU admission

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

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

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

Record specific name of transport team

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

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

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

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

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

PIM2/PIM3

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

Elective admission
 Tick if this is an elective admission

Main reason for PICU admission

Asthma
 Bronchiolitis
 Croup
 Obstructive sleep apnoea
 Recovery from surgery → Bypass cardiac procedure
 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

Yes, tick all that apply

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

Systolic blood pressure
[] [] [] mmHg

Blood gas measured?
 Yes No

Arterial PaO₂
[] [] . [] [] kPa OR [] [] [] mmHg

Arterial PaO₂ (At the time of arterial PaO₂ sample)

FiO₂
[] . [] []

Intubation?
 Yes No

Headbox?
 Yes No

Base excess (specify source)
[] [] [] . [] mmol/l → Arterial
 Capillary
 Venous

Lactate (specify source)
[] [] . [] [] mmol/l → Arterial
 Capillary
 Venous

Mechanical ventilation?
 Yes No

CPAP? (include mask, nasal, and negative pressure ventilation)
 Yes No

Pupil reaction
 Both fixed and dilated
 Other reaction
 Unknown

Diagnoses and procedures

Primary diagnosis for this admission

Other reasons for this admission

Operations and procedures performed during and prior to this admission

Co-morbidity

Was a tracheostomy performed during this admission?
 Yes No

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

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

First arterial PaO₂ even if second actual gas patient had taken because first was venous/cap • Do not document if venous or capillary gases. Record '999' if missing

FiO₂ recorded at time of first arterial gas
If arterial gas not recorded write '999'

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

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

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

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

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

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

Primary diagnosis for this admission – can only choose one diagnosis & must be a disorder/condition • May confirm at end of admission • Not a procedure e.g. hernia repair or cause e.g. apnoea must be the underlying condition • If multiple diagnoses, pick most relevant

Other reasons for this admission • Includes additional diagnoses or procedures that may or may not have required intensive care e.g. partially obstructed airway
Operations or procedures during the admission e.g. scoliosis repair, lung biopsy. Where type of admission is Planned or Unplanned following surgery at least one operation or procedure is required
Co-morbidity • Diagnoses child has prior to admission that may not be related to reason for this admission. Any underlying conditions e.g. syndromes

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

HFNCT-record maximum flow in l/min that day

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

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

Daily interventions

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

Admission date: _____

Day 0 1 2 3 4 5 6 7 8 9 10 11 12 13

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

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

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

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

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

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

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

<p>Clinical trial (if required by your unit)</p> <p>Is the patient on a clinical trial? <input type="checkbox"/> Yes (specify name of trial) <input type="checkbox"/> No</p> <p>Name of trial <input type="text"/></p> <p>Growth measurements (if required by your unit)</p> <p>Height <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm</p> <p>Weight <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> kg</p> <p>Abdominal circumference <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> cm</p>	<p>Follow-up 30 days post-discharge from your unit</p> <p>Status <input type="checkbox"/> Alive <input type="checkbox"/> Dead <input type="checkbox"/> Unknown</p> <p>Date of death (dd/mm/yyyy) <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/></p> <p>Location <input type="checkbox"/> Normal residence <input type="checkbox"/> Same hospital <input type="checkbox"/> Hospice <input type="checkbox"/> Other hospital</p> <p style="margin-left: 150px;"> <input type="checkbox"/> ICU <input type="checkbox"/> PICU <input type="checkbox"/> NICU <input type="checkbox"/> HDU <input type="checkbox"/> SCBU <input type="checkbox"/> Ward <input type="checkbox"/> Other </p>
<p>Discharge information</p> <p>Status at discharge from your unit <input type="checkbox"/> Alive <input type="checkbox"/> Dead</p> <p>Discharged for palliative care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date and time of discharge (dd/mm/yyyy hh:mm) <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/></p> <p>Date and time of death (dd/mm/yyyy hh:mm) <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/></p> <p>Destination following discharge from your unit <input type="checkbox"/> Normal residence <input type="checkbox"/> Same hospital <input type="checkbox"/> Hospice <input type="checkbox"/> Other hospital</p> <p style="margin-left: 150px;"> <input type="checkbox"/> ICU <input type="checkbox"/> PICU <input type="checkbox"/> NICU <input type="checkbox"/> HDU <input type="checkbox"/> SCBU <input type="checkbox"/> Ward <input type="checkbox"/> Other </p>	<p>Comments</p> <div style="border: 1px solid black; height: 150px;"></div> <p>Form completed by <input type="text"/></p>
<p>Customised data collection (for local use)</p> <div style="border: 1px solid black; height: 150px;"></div>	

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