Changes to the PICANet Admission and Transport Dataset – Nov 2020

PICANet Admission data collection form Version 10.0 August 2020

PICANet Transport data collection form Version 3.0 August 2020

For further details please see the

PICANet Admissions Dataset Definitions Manual Version 5.4 November 2020

Referral & Transport Dataset Definitions Manual Version 2.2 November 2020

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1. Admission Event – additional fields to be collected following death of a child on PICU

Date and time of death *already included but acts as a filter to mode of death*

Description *Identifies the date and time of death if this occurs whilst the child is resident on your unit. Includes admissions who died whilst physically outside your unit but before being discharged from your unit (e.g. in theatre).*

For admissions declared brainstem dead, the date of death is the date on which the first test indicates brainstem death (even though death is not pronounced until the second test has been completed).

Please note that it is possible in special circumstances for a patient to have a date/time of death prior to the data and time of admission.

Reason *Date of death and Time of death are identified as one of the principal outcomes of paediatric intensive care. Required for epidemiological analysis and assessment of health services delivery. Acts as a filter for further data entry.*

Format *Date; dd/mm/yyyy.*

Time (24 hour clock); hh:mm

Mode of Death

Description Specifies the mode of death

Treatment withdrawn: death follows the withdrawal of ongoing organ support
For example – an infant admitted with Group B septicaemia is extremely unstable, head CT scan shows complete loss of grey-white differentiation; as the infant deteriorates further decisions are made to stop treatment and extubate.

Treatment limitation: death follows a decision to limit on-going organ support and may include a limitation of on-going organ support and/or a decision that the patient is not for active resuscitation.

For example – a child with an underlying congenital condition, which includes immune deficiency is admitted with pneumonia requiring inotropic support but continues to deteriorate. The family agree their child should not be resuscitated; the child arrests and dies.

Brain stem death: death is confirmed using brain stem death criteria/testing
For example: a child with a severe head injury is admitted following a road traffic collision. The child develops fixed dilated pupils and brain stem testing confirms death.

Failed cardiopulmonary resuscitation: death immediately follows an unsuccessful attempt at cardiopulmonary resuscitation
For example: a child with a known renal condition on long-term dialysis develops sepsis and deteriorates despite maximum inotropic support. Cardiac arrest occurs but is unsuccessful.

Reason Required for epidemiological analysis and assessment of health services delivery.

Format Choose from one of the following:

- Treatment withdrawn
- Treatment limitation
- Brain stem death
- Failed CPR

Transplant Donor

Description Identifies whether the deceased patient was a transplant donor, and whether solid organs and/or tissues were removed for transplantation to the body of the recipient.

- **Organs:** may include heart, pancreas, liver, kidneys, lungs or intestines.
- **Tissues:** may include skin, tendons, bone, heart valves and cornea.

Reason Enables review of variance in donor rates. Required for clinical audit, epidemiological analysis and assessment of health services delivery. Acts as a filter for further data entry.

Format Choose from one of the following :

- No
- Yes – solid organs only
- Yes – tissues only
- Yes – both solid organs and tissues

2. Admission and Transport events – additional fields added to the PIM section

SpO2 – Oxygen Saturation % (via pulse oximetry)

Description The patient's oxygen saturation (SpO2), expressed as a percentage.

Record the first SpO_2 (pulse oximetry) that has a corresponding FiO_2 measured and recorded following first face to face contact between the patient and a specialist paediatric intensive care doctor until one hour after admission to your unit.

First contact with a specialist paediatric intensive care doctor refers to first face-to-face (not telephone) contact in your own hospital (on your ICU, emergency department or ward) or another hospital/unit on retrieval.

If there is more than one SpO2 recorded within this time period, use the first available SpO2 that has a corresponding measured and recorded FiO2, even if recorded later than an SpO2 with no recorded FiO2.

Reason To allow calculation of SpO2/FiO2 ratio.

Format Numerical value e.g. 096

Acceptable range 0-100; validation check if range exceeds 50-100

Mandatory Field: YES

FiO2 (at the time SpO2 measured)

Description The patient's fraction of inspired oxygen (FiO2), expressed as a fraction

The FiO2 at the time of the first SpO2 measured and recorded following face to face contact between the patient and a specialist paediatric intensive care doctor until one hour after admission to your unit.

First contact with a specialist paediatric intensive care doctor refers to first face-to-face (not telephone) contact in your own hospital (on your ICU, emergency department or ward) or another hospital/unit on retrieval.

Record the fraction of inspired oxygen being delivered via endotracheal tube (ETT), non-invasive ventilation (NIV), HFNCT or headbox at the same time that the first SpO2 is measured. This means the FiO2 and SpO2 recorded must relate to the same time.

If SpO2 is unknown or missing [999], then FiO2 will also be unknown or missing: record 999.

If room air only record 0.21 (21%).

Reason To allow calculation of SpO2/FiO2 ratio.

Format Numerical value e.g. 0.40

Units: Fraction (decimal) 0.1-1.0; validation - expecting a value between 0.21 and 1.0

Mandatory field: YES

Note: FiO_2 will be collected twice, at the time of the recorded SpO_2 and at the time the Arterial PaO_2 is measured.

3. Amendment to the admission dataset

Weight – Completion of weight is now mandatory as part of the core admission dataset.
Height – to remain an optional variable

Weight

Description	The weight in kilograms measured at or as soon as possible after admission to the unit. If weight is not measured at the specified time; a weight recorded on another ward or department immediately prior to transfer to your unit, or a recent weight provided by a parent or carer may be recorded.
Reason	To enable the audit of the weight of children admitted to intensive care and epidemiological analysis
Format	Numerical value up to 3 decimal places (e.g. 7.940) Units kg; validation check if range <1.000 to >80.000kg