

Patient details (or hospital label)

Family name

First name

Address

Postcode

NHS/CHI/H&C number

Tick if patient is not eligible for number

Case note number

Date of birth (dd/mm/yyyy)

Indicate if date of birth is

Estimated Anonymised Unknown

Sex

Male Female Ambiguous Unknown

Ethnic category

- | | |
|--|--|
| <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

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

- 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)

- | | |
|---|---|
| <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?

Yes 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"/> Non-specialist team |
| <input type="checkbox"/> Transport team from neonates | <input type="checkbox"/> Unknown |

Transport team

Collection unit

Contact us - picanet@leeds.ac.uk - 0113 343 8125

For more contact details, go to www.picanet.org.uk/contact-us

For dataset manuals and guidance, go to www.picanet.org.uk/Documentation/Guidance/

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

SpO₂ (via pulse oximetry)

%

FiO₂ (at the time SpO₂ measured)

.

Blood gas measured?

Yes No

Arterial PaO₂

. kPa

Arterial PaO₂

mmHg

FiO₂

.

Intubation?

Yes No

At the time of arterial PaO₂ sample

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?

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

		Code	0	1	2	3	4	5	6	7	8	9	10	11	12	13
Basic	No defined critical care activity	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)

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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**

<input type="checkbox"/> Normal residence	<input type="checkbox"/> Same hospital	} →	<input type="checkbox"/> ICU
<input type="checkbox"/> Hospice	<input type="checkbox"/> Other hospital		<input type="checkbox"/> PICU
			<input type="checkbox"/> NICU
			<input type="checkbox"/> HDU
			<input type="checkbox"/> SCBU
			<input type="checkbox"/> Ward
			<input type="checkbox"/> Other

Discharge information**Status at discharge from your unit** Alive Dead**Date and time of discharge (dd/mm/yyyy hh:mm)** / / 20 : *If alive at discharge***Discharged for palliative care?** Yes No**Destination following discharge from your unit**

<input type="checkbox"/> Normal residence	<input type="checkbox"/> Same hospital	} →	<input type="checkbox"/> ICU
<input type="checkbox"/> Hospice	<input type="checkbox"/> Other hospital		<input type="checkbox"/> PICU
			<input type="checkbox"/> NICU
			<input type="checkbox"/> HDU
			<input type="checkbox"/> SCBU
			<input type="checkbox"/> Ward
			<input type="checkbox"/> Other

*If dead at discharge***Date and time of death (dd/mm/yyyy hh:mm)** / / 20 : **Mode of death**

Treatment withdrawn

Treatment limitation

Brain stem death

Failed cardiopulmonary resuscitation

Transplant donor?

No

Yes – solid organs only

Yes – tissues only

Yes – both solid organs and tissues

Comments**Customised data collection (for local use)****Form completed by**