PICANet

Paediatric Intensive Care Audit Network · Data Collection Form

Referral

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

Patient details *(or hospital label)*

Family name

First name

Postcode

NHS/CHI/H&C number

☐ Tick if patient is not eligible for number

Date of birth *(dd/mm/yyyy)*

___ / ___ / _____

Indicate if date of birth is
☐ Estimated ☐ Anonymised ☐ Unknown

Sex
☐ Male ☐ Female ☐ Ambiguous ☐ Unknown

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

Date and time when clinicians agreed that the patient required PIC transport and/or a PICU bed

___ / ___ / 2 0 ___ ___ : ___

Referral number

Referring unit *(from where the patient was transferred)*

Referring area
☐ X-ray/endoscopy/CT scanner   ☐ ICU
☐ Recovery only   ☐ PICU
☐ HDU (step up/step down unit)   ☐ NICU
☐ Other intermediate care area   ☐ Ward
☐ Theatre and recovery   ☐ A & E
☐ Other transport service

Referring speciality

Grade of referring doctor or nurse
☐ Consultant / Associate Specialist / Staff Grade
☐ ST 4 – 8
☐ ST 1 – 3
☐ F1 / F2
☐ GP
☐ Nurse practitioner
☐ Nurse
☐ Unknown

Was the patient receiving invasive ventilation (by ET tube, laryngeal mask or tracheostomy) at time of referral call?
☐ Yes
☐ No – not indicated
☐ No – advised to intubate
☐ Unknown

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

Transport outcome
☐ Accepted for PIC transport
☐ Refused – no transport team available
☐ Refused – time critical transfer
☐ Refused – out of scope of care
☐ PIC transport not requested

Admission outcome
☐ Accepted for PICU admission
☐ Refused – no staffed bed available
☐ Refused – out of scope of care
☐ PICU admission not requested

Transport team

Destination unit *(or location)*

***If transport and/or admission outcome is refused**, record the name of the transport team and/or destination unit who refused this referral.*

Comments

Form completed by

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

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

For forms, dataset manuals and guidance, go to
www.picanet.org.uk/data-collection