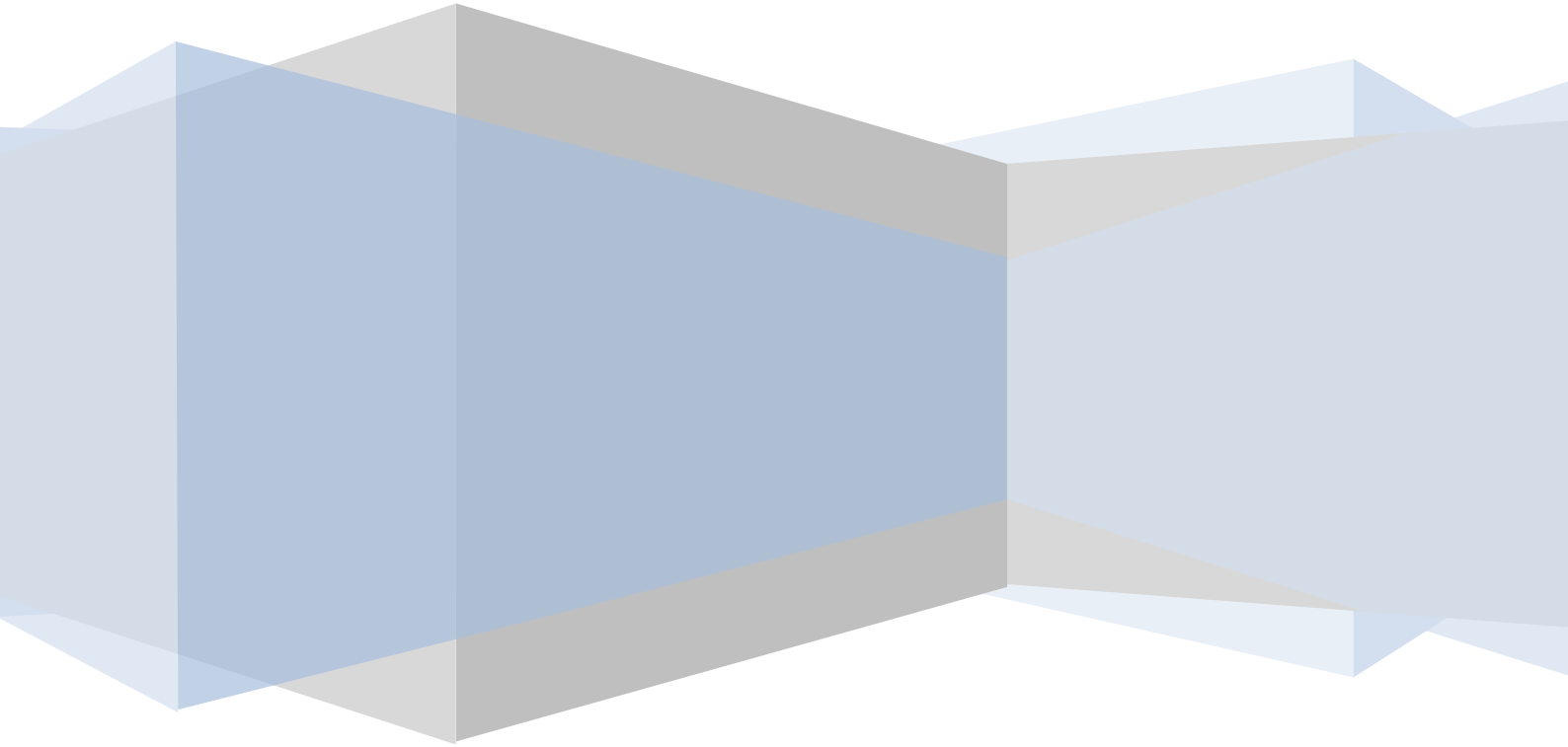
PICANet Admission Schema Manual

Version 1.8 July 2021



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Introduction

PICANet Web provides a mechanism for import of data into the research database through the medium of XML (Extensible Mark-up Language). For data to be successfully imported into the database it must conform to the XML schema, as defined in the XSD (XML Schema definition) document.

On upload an XML file is validated against the XSD document, files that do not match the definition will be rejected. In the event of a file not conforming to the definition the user will be provided with detailed feedback on the problems with each episode node in the file.

Historically PICANet only collected data on admissions to PICU, in recent years the PICANet project has expanded the core dataset to contain information on both referral and transport PIC events. To maintain backwards compatibility PICANet have kept the same basic structure to the XSD document that was originally designed only for admission records. For this reason the structure of the schema is not entirely logical however the PICANet system maintains the ability to import a file from a clinical information system that has not altered its export methods in over 7 years.

The top level (or parent) node of each file should be “picanetClientImport”, all nodes defining referral, transport or admission events should be contained within this node. Each referral, transport or admission event should be contained within an “episode” node inside of the “picanetClientImport” parent node. Each “episode” node should contain data for one and only one referral, transport or admission event.

Each “episode” node should have the attribute “localID”, the “localID” attribute should be a unique identifier that can be used to link data held in the clinical system of the PICU. For further information on any data element please refer directly to the appropriate xsd definition file.

Local id

XML Element:

episode/Attribute: localID

Definition:

Your local identifier

Reason:

to link to records in your clinical system

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
1	1	No	localIDType
Datatype Definition			
Text string: 50 characters			

Episode details node

The “episodeDetails” node contains all demographic information, PIM2 / PIM3 variables and the majority of fields that constitute an admission record. This node is a legacy structure; it dates back to before PICANet collected referral and transport data items.

Data items in this node can be supplied in any order, if some variables are not part of the event type being supplied then they can simply be omitted.

Demographic elements

Demographic information is collected to enable us to uniquely identify a patient and to track them across all PIC services. These variables are used to track a patients treatment and journey across the service. Demographic details are used in the calculation of the PICANet variable “PatientID” which uniquely identifies an individual in the database based on the data provided.

Demographic data is collected for all event types so that we can hopefully track a patient across multiple referral / transport and admission events.

Family name

XML Element:

episodeDetails/Element:familyName

Definition:

The last or family name or surname given to the child as it would appear on the child's birth certificate or other appropriate document.

Reason:

Family name provides an additional identifier that can aid patient tracking throughout the hospital and PICANet Web.

Can help identify individuals who may have had multiple referrals, transport and/or admission events to one or more PICUs.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	nameType
Datatype Definition			
Text string: 35 characters			

Family name

XML Element:

episodeDetails/Element:familyName2

Definition:

A second family name by which the child might be known.

Reason:

Second family name provides an additional identifier that can aid patient tracking throughout the hospital. Can help identify individuals who may have had multiple admissions to one or more PICUs.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	nameType
Datatype Definition			
Text string: 35 characters			

First name

XML Element:

episodeDetails/Element:firstName

Definition:

The first name given to the child as it would appear on the child's birth certificate or other appropriate document.

Reason:

First name provides an additional identifier that can aid patient tracking throughout the hospital and PICANet Web. Can help identify individuals who may have had multiple referrals, transport and/or admission events to one or more PICUs.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	nameType
Datatype Definition			
Text string: 35 characters			

XML Element:

episodeDetails/Element:

- address1
- address2
- address3
- Address4

Definition:

The normal place of residence for the child.

Reason:

Address provides an additional identifier that can aid patient tracking throughout the paediatric intensive care service and PICANet Web.

Can help identify individuals who may have had multiple referrals, transport and/or admission events to one or more PICUs.

A full residential address is required to enable geographic and demographic information to be linked to the patient for effective audit and assessment of health services delivery.

A full residential address will allow validation of postcode.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	addressType
Datatype Definition			
Text string: 50 characters			

Postcode

XML Element:

episodeDetails/Element:postcode

Definition:

The postcode for the child's normal place of residence.

Reason:

Postcode provides an additional identifier that can aid patient tracking throughout the paediatric intensive care service and PICANet Web.

Can help identify individuals who may have had multiple referrals, transport and/or admission events to one or more PICUs.

Postcode provides a means of linkage to geographic and demographic information for effective audit and assessment of health services delivery.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	postcodeType
Datatype Definition			
Text string: 7 characters			

XML Element:

episodeDetails/Element:nhsNo

Definition:

Unique identifying number enabling tracing of a patient through the NHS system in the United Kingdom. For English and Welsh patients the NHS number, for Scottish patients the CHI number and for Northern Ireland the H&C number is used as a unique numeric identifier.

Reason:

NHS, CHI or H&C number gives a unique, identifiable variable that will allow other identifiable data items to be removed from the database.

Can help identify individuals who may have had multiple referrals, transport and/or admission events to one or more PICUs.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	nhsNumberType
Datatype Definition			
Numerical string: 10 characters			

Ineligible for NHS, CHI or H&C number

XML Element:

episodeDetails/Element:NhsIneligible

Definition:

The patient is not eligible for NHS, CHI or H&C number, he or she is an overseas national who is not ordinarily a resident in the UK and therefore does not have an allocated NHS, CHI or H&C number.

Reason:

To enable effective audit of availability of NHS, CHI or H&C number and assessment of health services delivery.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	xs:boolean
Datatype Definition			
Boolean data: True/False			

Case note number

XML Element:

episodeDetails/Element:caseNo

Definition:

Unique identifying number for an individual's hospital records at the treating unit.

Allocated on first admission to hospital.

Reason:

Case note number provides a unique identifier that can aid patient tracking throughout the hospital.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	CaseNumberType
Datatype Definition			
Text string: 64 characters			

Date of birth

XML Element:

episodeDetails/Element:dob

Definition:

The child's date of birth as recorded on the child's birth certificate or other appropriate document.

Reason:

Date of birth and Date of admission are used to calculate age at admission to this paediatric intensive care service. Date of birth provides an additional identifier that can aid patient tracking throughout the paediatric intensive care service, hospital and PICANet Web. Can help identify individuals who may have had multiple referrals and/or admissions to one or more PICUs.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	xs:date
Datatype Definition			
Date format: YYYY-MM-DD			

Indicate if date of birth is estimated

XML Element:

episodeDetails/Element:dobEst

Definition:

Specifies whether the date of birth is estimated, anonymised or unknown (and cannot be estimated).

Reason:

Date of birth and Date of admission to your unit are used to calculate age at admission to this paediatric intensive care service.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	dobEstimatedType
Datatype Definition			
Enumerated field			• 0 Not estimated • 1 Estimated • 2 Anonymised • 9 DOB N/K

XML Element:

episodeDetails/Element:sex

Definition:

Identifies the genotypical sex of the child at admission to this paediatric intensive care service.

Reason:

Sex is important for reporting demographic statistics for admissions to your unit or transport service. Sex provides an additional identifier that can aid patient tracking throughout the paediatric intensive care service and PICANet Web.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	sexType
Datatype Definition			
Enumerated field:			• 1 Male • 2 Female • 3 Ambiguous • 9 N/K

Ethnic category

XML Element:

episodeDetails/Element:ethnic

Definition:

Identifies the child's ethnic origin, according to standard NHS ethnic categories and codes.

Reason:

Required for epidemiological analysis and assessment of health services delivery.

Potentially of value in clinical audit and research in conjunction with other clinical data.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	ethnicType
Datatype Definition			
Enumerated field:			• A White British • B White Irish • C White other • D Mixed White and Black Caribbean • E Mixed White and Black African • F Mixed White and Asian • G Mixed other • H Asian Indian • J Asian Pakistani • K Asian Bangladeshi • L Asian other • M Black Caribbean • N Black African • P Black other • R Other Chinese • S Other other • Z Not stated • 9 Unknown

Other ethnic category

XML Element:

episodeDetails/Element:ethnicOther

Definition:

Identifies the child's ethnicity when they do not fit into any of the NHS catagories

Reason:

Required for epidemiological analysis and assessment of health services delivery.

Potentially of value in clinical audit and research in conjunction with other clinical data.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	ethnicOtherType
Datatype Definition			
Text string: 35 characters			

Birth order (all admissions)

XML Element:

episodeDetails/Element:delOrder

Definition:

Identifies the order in which the child was delivered if a multiple birth.

Reason:

In the case of multiple births, delivery order provides an additional identifier that can aid patient matching.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	multiplicityBirthOrderType
Datatype Definition			
Integer: Numeric data without a fractional component restricted to values between 1 and 9 The value 9 can be used to indicate unknown			

Gestational age at delivery

XML Element:

episodeDetails/Element:gest

Definition:

Gestational age at delivery in completed weeks if aged less than 2 years at admission to your unit. If gestational age is reported as term record 40 weeks.

Reason:

For young infants, there is evidence that gestational age can act as an important prognostic factor. Also assists with data matching.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	xs:integer
Datatype Definition			
Integer: Numeric data without a fractional component The value 99 can be submitted to indicate that this value is unknown			

XML Element:

episodeDetails/Element:mult

Definition:

Identifies whether the child was a singleton, twin, triplet, etc. If medical notes are available and there is no mention of multiple birth, assume the child is a singleton.

Reason:

Multiple birth information provides an additional identifier that can aid patient matching.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	multiplicityBirthOrderType
Datatype Definition			
Integer: Numeric data without a fractional component restricted to values between 1 and 9 The value 9 can be submitted to indicate that this value is unknown			

GP Practice code

XML Element:

episodeDetails/Element:gpPracticeCode

Definition:

The unique code assigned by the National Administrative Codes Service to the practice that the child's GP is part of.

Reason:

Included at the request of commissioners to enable assessment of service delivery at local CCG level. Please consult your local agreement to determine whether you are required to collect this data by your commissioners.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	gpPracticeCodeType
Datatype Definition			
Text string: 6 characters			

Admission elements

Data relating to a patients admission to PICU is collected in the following elements, the majority of the elements in this section have been part of the PICANet core dataset for many years with very little change.

As of version 5.0 of the admission dataset (August 2014) the field “retrievalBy” has been deprecated and replaced by “ATransportOrgType”. Units can continue temporarily to import data using the “retrievalBy” field as PICANet has produced a mapping to calculate the value of ATransportOrgType. The reason for the change is to align the options available with the corresponding elements for referral and transports.

Admission date

XML Element:

episodeDetails/Element:adDate

Definition:

The actual date that the child was physically admitted to a bed or cot within your unit. This is not the date of first contact as this may be in another department or hospital. This may be the date first charted if not documented as earlier in the admission case notes.

24 hour period, starting from 00:00hrs. 23:59 is the end of one day and 00:00 is the start of the next day.

Reason:

Date of admission to your unit is used to calculate total length of stay on your unit.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	xs:date
Datatype Definition			
Date format: YYYY-MM-DD			

Admission time

XML Element:

episodeDetails/Element:adTime

Definition:

The actual time that the child was physically admitted to a bed or cot within your unit. This is not the time of first contact as this may be in another department or hospital. This may be the time first charted if not documented as earlier in the admission case notes.

24 hour period, starting from 00:00hrs. 23:59 is the end of one day and 00:00 is the start of the next day.

Reason:

Time of admission to your unit is used to calculate total length of stay on your unit.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	xs:time
Datatype Definition			
Time format: hh:mm:ss			

Admission number

XML Element:

episodeDetails/Element:adNo

Definition:

Unique identifier assigned to each consecutive admission to your unit.

As recorded in your unit admission book or clinical information system.

Admission to your unit is defined as the physical admission and recording of that admission to a bed or cot in your unit.

Reason:

Admission number provides a unique identifier for each admission to each unit participating in PICANet and thus allows identification of one set of admission data from another.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	admissionNumberType
Datatype Definition			
Text string: 10 characters			

Type of admission to unit

XML Element:

episodeDetails/Element:adType

Definition:

Identifies type of admission to your unit.

- A planned admission following surgery is an admission that your unit is aware of before the surgery begins, or one that could have been delayed for more than 24 hours without risk (e.g. spinal surgery).
- An unplanned admission following surgery is an admission that your unit was not aware of before surgery began (e.g. bleeding tonsillectomy).

Surgery is defined as undergoing all or part of a procedure or anaesthesia for a procedure in an operating theatre or anaesthetic room. Please note: do not include patients admitted from the operating theatre where surgery is not the main reason for admission (e.g. a patient with a head injury who is admitted from theatre after insertion of an ICP monitor; in this patient the main reason for admission is head injury and thus the admission type would be unplanned - other).

- A planned - other admission is any other planned admission that is not an emergency (e.g. liver biopsy).
- An unplanned – other admission is an admission that your unit was not expecting and is therefore an emergency admission to your unit (e.g. status epilepticus).

Reason:

Planned admissions are weighted in PIM2/PIM3. Required for epidemiological analysis and assessment of health services provision.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	admissionTypeType
Datatype Definition			
Enumerated field:			• 1 Planned - following surgery • 2 Unplanned - following surgery • 3 Planned - other • 4 Unplanned • 9 N/K

XML Element:

episodeDetails/Element:prevIcuAd

Definition:

Specifies whether the child has had a previous admission to an intensive care environment such as ICU, PICU or NICU before admission to your unit, during the current hospital stay. The ICU/PICU/NICU can be in the same hospital as the one housing your unit, or another hospital, as long as the admission was during the current hospital stay. If the child has been previously admitted to more than one ICU/PICU/NICU during the current hospital stay, record the location of the most recent admission. Current hospital stay is defined as the period from admission to hospital until the time the child is discharged home or dies.

Reason:

Important for assessing re-admission rates. Important for allowing the accurate matching of children from one admission to another.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	previousIcuAdmissionType
Datatype Definition			
Enumerated field:			• 1 ICU • 2 PICU • 3 NICU • 4 None • 9 N/K

Source of admission

XML Element:

episodeDetails/Element:sourceAd

Definition:

The location from where the child was directly admitted to your unit.

- Same hospital is defined as the same hospital housing your intensive care unit.
- Other hospital is another hospital which does not house your unit.
- Clinic is defined as an outpatient clinic.
- Home is defined as the normal place of residence for the child.

Reason:

Important for allowing the accurate matching of children from one admission to another including retrieval / transfer from another PICU in the original admitting hospital. Acts as a filter field for further data entry.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	sourceOfAdmissionType
Datatype Definition			
Enumerated field:			• 1 Same hospital • 2 Other hospital • 3 Clinic • 4 Home • 9 N/K

Care area admitted from

XML Element:

episodeDetails/Element:careAreaAd

Definition:

The care area that the child came from immediately before admission to your unit.

- **X-ray, endoscopy, CT scanner** or similar area identifies that the child came from an area where diagnostic procedures may have been carried out.
- **Recovery only** means the child was cared for in the recovery area prior to admission to your unit.
- **HDU (step up/step down unit)** means the child received care in a high dependency area prior to admission to your unit.
- **Other intermediate care area** is an area where the level of care is greater than that of the normal wards, but not an ICU/PICU/NICU or HDU.
- **ICU/PICU/NICU** means the child received care within one or more of these areas prior to admission to your unit.
- **Ward** means the child was admitted directly from a ward to your unit.
- **Theatre and recovery** means the child has undergone all or part of a surgical procedure or has received an anaesthetic for a procedure within the theatre and recovery area.
- **A&E** means the child was admitted to your unit directly from an A&E department.

Reason:

Required for epidemiological analysis and assessment of health services provision.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	careAreaAdmittedFromType
Datatype Definition			
Enumerated field:			• 1 X-ray, endoscopy, CT scanner or similar • 2 Recovery only • 3 HDU (step-up/step-down unit) • 4 Other intermediate care area (not ICU or PICU or NICU) • 5 ICU or PICU or NICU • 6 Ward • 7 Theatre and recovery • 8 A& E • 9 Unknown

XML Element:

episodeDetails/Element:retrieval

Definition:

Specifies whether the child was transferred to your unit from the original admitting hospital by a transport team. If your own PIC team go to a ward within your own hospital to help the ward staff to stabilise and then transfer a critically ill child into your own unit, this does not count as a retrieval/transfer. A retrieval/transfer is any child admitted to your unit from outside of your hospital regardless of who brought the child to your unit.

Reason:

Required for epidemiological analysis and assessment of health services provision.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	yesNoNKType
Datatype Definition			
Enumerated field:		• 1 Yes • 2 No • 9 N/K	

Type of transport team

This field has been added to the PICANet dataset on 01/08/2014

XML Element:

episodeDetails/Element:ATransportOrgType

Definition:

Specifies the type of transport team and identifies whether the team is a specialist PIC team or not.

- **PICU** identifies that a specialised PICU team transferred the child.
- **Centralised transport service (PIC)** identifies that a transport team from a centralised PIC transport service transferred the child.
- **Transport team from neonates** identifies that a specialist neonatal transport team transferred the child.
- **Other specialist team** identifies that another specialist team (not a specialist PIC or neonatal transport team), transported the child to your unit. E.g. A&E or theatre staff transferring the child.
- **Other non-specialist** team identifies that another non-specialist team transported the child to your unit.
- **Unknown**

Reason:

Required for epidemiological analysis and assessment of health services provision.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0	1	No	TransportOrgType
Datatype Definition			
Enumerated field			• 1 PICU • 2 Centralised transport service • 3 Transport team from neonates • 4 Other specialist team • 5 Other non-specialist team • 9 Unknown

Retrieval by

This field has been deprecated in the PICANet Dataset - please do not submit data for this node

XML Element:

episodeDetails/Element:retrievalBy

Definition:

Specifies which retrieval team transported the child to your unit.

- **Own team** identifies that your own retrieval team collected the child from the referring hospital.
- **Other PICU specialist team** identifies that another PIC retrieval team transferred the child to your unit.
- **Other specialist team** identifies that another transport team, not a PICU team (e.g. A&E, theatres or neonatal teams), transported the child to your unit.
- **Non-specialist team** identifies that a non-PICU, nonspecialist team transported the child to your unit. This could be ward staff transferring the child to your unit.

Reason:

Required for epidemiological analysis and assessment of health services provision.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	retrievalByType
Datatype Definition			
Enumerated field:			• 1 Own team • 2 Other specialist team (PICU) • 3 Other specialist team (non-PICU) • 4 Non-specialist team • 9 N/K

XML Element:

episodeDetails/Element:transportOrg

Definition:

The unique name of the centralised transport service (PIC), PICU own team, other specialist team or other non-specialist team (DGH) undertaking this episode of transport.

Reason:

Required to assist with matching transport events and for epidemiological analysis.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0	1	No	orgType
Datatype Definition			
Text string: 6 characters			

Other transport team

XML Element:

episodeDetails/Element:transportOrgOther

Definition:

Free text field to record any uncoded organisations

Reason:

Required to assist with matching transport events and for epidemiological analysis.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0	1	No	orgOtherType
Datatype Definition			
Text string: 255 characters			

PIM2 / PIM3 elements

PIM is a scoring system for rating the severity of medical illness for children, one of several ICU scoring systems. Its name stands for **"Paediatric Index of Mortality"**. It has been designed to provide a predicted mortality for a patient by following a well-defined procedure. Predicted mortalities are good when dealing with several patients, because the average predicted mortality for a group of patients is an indicator for the morbidity of these patients.

As of version 5.0 of the PICANet dataset (August 2014) PICANet will be moving from PIM2 to PIM3, this means that variables will be deprecated or amended and additional variables added to enable the PIM3 calculation.

The element “CardiacByp” has now been depreciated and the element “SurgicalProcedure” has been added to the database. A value is now expected in the “SurgicalProcedure” element if the element “PrimReason” (Primary reason for admission) is set to “Recovery from surgery”. Units can temporarily continue to submit the element “CardiacByp” as PICANet have produced a mapping that can convert this data into the appropriate format. Please note that supplying a positive response for the “CardiacByp” element will from now mean that in terms of PIM3 calculation PICANet will consider the element “PrimReason ” to be equal to “Recovery from surgery” however your data will remain in the same state as it was at import.

Please see the table below for details of this mapping.

XML Element:

episodeDetails/Element:electiveAd

Definition:

Identifies whether the child is an elective admission to the paediatric intensive care service. Include admission (planned or foreseeable) after elective surgery or admission for an elective procedure (e.g. insertion of a central catheter), or elective monitoring, or review of home ventilation. Unexpected admissions (i.e. not planned and that could not have been foreseen) after elective surgery are not classed as Elective. An admission to PICU is considered elective if it could be postponed for more than 6 hours without adverse effects.

Note: this definition is taken from PIM and is more stringent than the PICANet definition of a planned admission, where an admission is regarded as planned if it could be delayed for more than 24 hours.

Reason:

Elective admissions are weighted in PIM2/PIM3

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	picanetBooleanType
Datatype Definition			
Enumerated field:			• 0 False/No • 1 True/Yes

Main reason for PICU admission

XML Element:

episodeDetails/Element:primReason

Definition:

These diagnoses are weighted in PIM2/PIM3 if they are the main reason for this admission.

Reason:

Choose from the following:

- Asthma
- Bronchiolitis
- Croup
  Obstructive sleep apnoea
- Recovery from surgery
- Diabetic ketoacidosis
- Seizure disorder
- Other (none of the above)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	primaryReasonForAdmissionType
Datatype Definition			
Enumerated field:			• 0 None of the below • 1 Asthma • 2 Bronchiolitis • 3 Croup • 4 Obstructive sleep apnoea • 5 Diabetic Ketoacidosis • 6 Recovery from surgery • 7 Seizure disorder • 9 N/K

Recovery from surgery: procedure

This field has been added to the PICANet dataset on 01/08/2014

XML Element:

episodeDetails/Element:SurgicalProcedure

Definition:

If main reason for ICU admission is "Recovery from surgery or procedure" then this field can be used to classify the surgery - (include a radiological procedure or cardiac catheter). Do not include patients admitted from the operating theatre where recovery from surgery is not the main reason for admission to the paediatric intensive care service e.g. a patient with a head injury who goes to theatre for insertion of an ICP monitor; in this patient the main reason for admission is the head injury.

- Yes – recovery from a bypass cardiac procedure or surgery
- Yes – recovery from a non-bypass cardiac procedure or surgery
- Yes – recovery from an elective liver transplant for acute or chronic liver failure.
- Yes – recovery from other procedure or surgery

Reason:

Recovery from surgery / procedure as a reason for admission to paediatric intensive care service is weighted in PIM3.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	SurgicalProcedure
Datatype Definition			
Enumerated field:			• 1, 'Bypass cardiac procedure' • 2, 'Non-bypass cardiac procedure' • 3, 'Elective liver transplant' • 4, 'Other procedure' • 9, 'Unspecified'

Is evidence available to assess past medical history

XML Element:

episodeDetails/Element:medHistEvid

Definition:

Identifies whether or not evidence was available at the time of the admission event to assess past medical history. Evidence may be obtained from in or out-patient hospital notes, GP notes, or information from the child (if able), the child's family or any other responsible adult.

Reason:

Important data to confirm whether evidence is available to assess medical history. Acts as a filter for further data entry.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	yesNoNKType
Datatype Definition			
Enumerated field:			• 1 Yes • 2 No • 9 N/K

Cardiac arrest before ICU admission

XML Element:

episodeDetails/Element:precedCpr

Definition:

Identifies whether the child has had a cardiac arrest before admission to the paediatric intensive care service, including the specialised paediatric intensive care transport service. Include both in-hospital and out-of-hospital arrests. Requires either documented absent pulse or the requirement for external cardiac compression. Do not include past history of cardiac arrest.

Reason:

Cardiac arrest preceding admission to the paediatric intensive care service is weighted in PIM2/PIM3.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	picanetBooleanType
Datatype Definition			
Enumerated field:			• 0 False/No • 1 True/Yes

XML Element:

episodeDetails/Element:preceHospCardArr

Definition:

Identifies whether the child has a cardiac arrest before this admission to hospital. Only relates to out-of-hospital cardiac arrests. Requires documented absent pulse or the requirement for external cardiac massage (do not include past history of cardiac arrest).

Reason:

Cardiac arrest preceding admission to hospital is required for analysis and research.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	picanetBooleanType
Datatype Definition			
Enumerated field:		• 0 False/No • 1 True/Yes	

Cardiomyopathy or myocarditis

XML Element:

episodeDetails/Element:cardioMyoCarditis

Definition:

Cardiomyopathy or myocarditis refers to a documented diagnosis of cardiomyopathy or myocarditis relevant to the period one month before or at first contact with the paediatric intensive care service. First contact with the specialist paediatric intensive care doctor refers to face to face contact and may occur at admission to your unit or prior to admission (e.g. on a ward in your hospital or in another hospital, when the decision to start intensive care is made). If cardiomyopathy or myocarditis only develop subsequently following admission to your unit and are not present at first contact then do not record. Impaired cardiac function associated with sepsis or surgery should NOT be recorded as cardiomyopathy. Descriptions of poor ventricular function alone, whether based upon haemodynamic or invasive pressure measurement or during real time imaging are NOT sufficient evidence of cardiomyopathy. Echocardiographic appearances of endocardial fibroelastosis in addition to evidence of poor ventricular function (echocardiographic or otherwise) are sufficient evidence of cardiomyopathy.

Reason:

Cardiomyopathy and myocarditis are weighted in PIM2/PIM3.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	picanetBooleanType
Datatype Definition			
Enumerated field:		• 0 False/No • 1 True/Yes	

Severe combined immune deficiency (SCIDS)

XML Element:

episodeDetails/Element:sevCombImmune

Definition:

Identifies whether the child has a diagnosis of severe combined immune deficiency syndrome (SCIDS) documented in the case notes prior to or at first contact with the paediatric intensive care service. Patients who have SCIDS and who have had a successful bone marrow transplant following which they have been discharged home, are still regarded as having SCIDS.

Reason:

Severe combined immune deficiency syndrome is weighted in PIM2/PIM3.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	picanetBooleanType
Datatype Definition			
Enumerated field:		• 0 False/No • 1 True/Yes	

XML Element:

episodeDetails/Element:hypoplas

Definition:

Identifies whether the child has hypoplastic left heart syndrome documented in the case notes prior to or at first contact with the paediatric intensive care service. Include patients of any age but only those cases where a Norwood procedure or equivalent is or was required in the neonatal period to sustain life. Patients who have previously survived to discharge home after surgical repair of hypoplastic left heart syndrome are still included. Patients with similar diagnosis who are not documented as having hypoplastic left heart syndrome are excluded e.g. critical aortic stenosis, mitral atresia, Schones complex and coarctation. Hypoplastic left ventricle is not synonymous with hypoplastic left heart syndrome unless there is also documented ventriculo-arterial concordance.

Reason:

Hypoplastic left heart syndrome is weighted in PIM2/PIM3.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	picanetBooleanType
Datatype Definition			
Enumerated field:			• 0 False/No • 1 True/Yes

Leukaemia or lymphoma after completion of first induction

XML Element:

episodeDetails/Element:leukLymph1st

Definition:

Include only cases where admission is related to leukaemia or lymphoma or the therapy for these. Identifies whether the child has leukaemia or lymphoma for which first induction has been received and completed irrespective of current presumed state of immunity or remission; prior to or at first contact with the paediatric intensive care service.

Reason:

Leukaemia or lymphoma after completion of 1st induction is weighted in PIM2/PIM3.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	picanetBooleanType
Datatype Definition			
Enumerated field:		• 0 False/No • 1 True/Yes	

Liver failure main reason for ICU admission

XML Element:

episodeDetails/Element:liverFail

Definition:

Identifies whether the child has acute or chronic liver failure as the main reason for this admission to the paediatric intensive care service. Include patients admitted for recovery following liver transplantation for acute or chronic liver failure. Include patients where the primary reason for admission is liver failure (of the graft).

Reason:

Liver failure as the main reason for admission to the paediatric intensive care service is weighted in PIM2/PIM3.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	picanetBooleanType
Datatype Definition			
Enumerated field:		• 0 False/No • 1 True/Yes	

Admitted following cardiac bypass

This field has been deprecated in the PICANet Dataset - please do not submit data for this node

XML Element:

episodeDetails/Element:cardiacByp

Definition:

Identifies whether the child has been admitted after having undergone cardiac bypass immediately prior to their admission to your unit.

Reason:

Cardiac bypass is weighted in PIM/PIM2.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	picanetBooleanType
Datatype Definition			
Enumerated field:			• 0 False/No • 1 True/Yes

Acute Necrotising Enterocolitis (NEC) main reason for ICU admission

This field has been added to the PICANet dataset on 01/08/2014

XML Element:

episodeDetails/Element:AcuteNec

Definition:

Acute necrotising enterocolitis (NEC) refers to a documented diagnosis of an acute episode of NEC prior to or at first contact with the paediatric intensive care service. If NEC only develops subsequently following admission to your unit and is not present at first contact then do not record.

Reason:

NEC at first contact with the paediatric intensive care service is weighted in PIM3.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	xs:boolean
Datatype Definition			
Boolean data: True/False			

XML Element:

episodeDetails/Element:spontCerebHaem

Definition:

Identifies whether the child has a spontaneous cerebral haemorrhage (e.g. from an aneurysm or AV malformation) documented in the case notes prior to or at first contact with the paediatric intensive care service. Cerebral haemorrhage should be the cause of or be associated with the intensive care admission, which would normally mean it had occurred within 48 hours prior to the intensive care admission. Do not include traumatic cerebral haemorrhage or intracranial haemorrhage that is not intracerebral (e.g. subdural haemorrhage).

Reason:

Spontaneous cerebral haemorrhage from an aneurysm or AV malformation is weighted in PIM2/PIM3.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	picanetBooleanType
Datatype Definition			
Enumerated field:			• 0 False/No • 1 True/Yes

Neurodegenerative disorder

XML Element:

episodeDetails/Element:neurogenDis

Definition:

Identifies whether the child has a neurodegenerative disorder documented in the case notes prior to or at admission to the paediatric intensive care service. A neurodegenerative disorder is a disease that leads to a progressive deterioration of neurological function with loss of speech, vision, hearing or locomotion. It is often associated with seizures, feeding difficulties and impairment of intellect. Requires a progressive loss of milestones or a diagnosis where this will inevitably occur. A static disability should NOT be recorded as a neurodegenerative disorder (even if it is severe).

Reason:

A neurodegenerative disorder is weighted in PIM2/PIM3.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	picanetBooleanType
Datatype Definition			
Enumerated field:		• 0 False/No • 1 True/Yes	

Severe developmental delay

This field has been deprecated in the PICANet Dataset - please do not submit data for this node

XML Element:

episodeDetails/Element:sevDevDelay

Definition:

Identifies whether the child has severe developmental delay documented in the case notes prior to or at admission to your unit. Severe developmental delay must be sufficient to suggest that the IQ would, if it were or could be tested, be less than 35. Normally Down's Syndrome children achieve above this level. Severe developmental delay is a non-progressive impediment to normal behavioural, neurological or educational development.

Reason:

Severe developmental delay is weighted in PIM/PIM2.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	picanetBooleanType
Datatype Definition			
Enumerated field:		• 0 False/No • 1 True/Yes	

XML Element:

episodeDetails/Element:hiv

Definition:

Identifies whether the child is HIV antigen positive as documented in the case notes prior to or at admission to the paediatric intensive care service.

Reason:

The presence of HIV infection is weighted in PIM2/PIM3.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	picanetBooleanType
Datatype Definition			
Enumerated field:			• 0 False/No • 1 True/Yes

Bone marrow transplant recipient

This field has been added to the PICANet dataset on 01/08/2014

XML Element:

episodeDetails/Element:BoneMarrowTransplantRecipient

Definition:

Identifies whether the child has received a bone marrow transplant during this hospital admission.

Reason:

Bone marrow transplantation during current hospital admission is weighted in PIM3.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	xs:boolean
Datatype Definition			
Boolean data: True/False			

SpO2 – Oxygen Saturation % (via pulse oximetry)

XML Element:

episodeDetails/Element: SpO2

Definition:

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

Record the first SpO2 (pulse oximetry) that has a corresponding FiO2measured 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 the specified time period, use the first available SpO2 that has a corresponding measured and recorded FiO2, even if recorded later than an SpO2 with no corresponding FiO2

Reason:

To allow calculation of SpO2/FiO2 ratio.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	xs:integer
Datatype Definition			
Integer: Numeric data without a fractional component The value 999 can be submitted to indicate that this value is unknown			

FiO2 (at the time SpO2 measured)

XML Element:

episodeDetails/Element: FiO2SF

Definition:

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.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	xs: picanetDecimal52Type
Datatype Definition			
Decimal number: value must be between -999 and 999, fractional component can be up to 2 digits The value 999 can be used to indicate that this value is unknown			

Systolic blood pressure

XML Element:

episodeDetails/Element:bpSys

Definition:

The first systolic blood pressure measured and recorded within the period following first face to face (not telephone) contact between the patient and a specialist paediatric intensive care doctor to one hour after admission to your unit. First contact may occur in your own hospital (on your ICU, emergency department or ward) or in another hospital on retrieval. Data that are available to the specialist paediatric intensive care doctor at first contact and that are current at that time are acceptable. In cases of doubt record the first value of each variable measured after the time of first contact. Systolic blood pressure values are included irrespective of the measurement method used or the site. Record 0 if the patient is in cardiac arrest. (Only when the BP is truly unrecordable e.g cardiac arrest should a value of 0 be collected). Record 30 if the patient is shocked and the blood pressure is so low it is unrecordable.

Reason:

Systolic blood pressure at first contact with the paediatric intensive care service is weighted in PIM2/PIM3.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	xs:integer
Datatype Definition			
Integer: Numeric data without a fractional component The value 999 can be submitted to indicate that this value is unknown			

Blood gas measured?

XML Element:

episodeDetails/Element:bgFirstHr

Definition:

Confirmation that results from a blood gas taken and analysed within the period following first face to face contact between the patient and a specialist paediatric intensive care doctor to one hour after admission to your unit are available. 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. Data that are available to the specialist paediatric intensive care doctor at first contact that are current at that time are acceptable. In cases of doubt record the earliest measurement that was current at time of first contact. The blood gas taken and analysed may be arterial, capillary or venous.

Reason:

Acts as a filter for further data entry. Blood gas results are weighted in PIM2/PIM3.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	yesNoNKType
Datatype Definition			
Enumerated field:			• 1 Yes • 2 No • 9 N/K

Arterial PaO2: Oxygen pressure (kPa)

XML Element:

episodeDetails/Element:paO2Kpa

Definition:

The first arterial PaO2 measured and recorded within the period following first contact between the patient and a specialist paediatric intensive care doctor to 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. Data that are available to the specialist paediatric intensive care doctor at first contact that are current at that time are acceptable. In cases of doubt record the earliest measurement that was current at time of first contact. Only arterial blood gas measurements are acceptable.

Reason:

Arterial PaO2 (and associated FiO2) at first contact with a specialist paediatric intensive care doctor is weighted in PIM2/PIM3.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	picanetDecimal52Type
Datatype Definition			
Decimal number: value must be between -999 and 999, fractional component can be up to 2 digits The value 999 can be used to indicate that this value is unknown			

Arterial PaO2: Oxygen pressure (mmHg)

XML Element:

episodeDetails/Element:paO2Hg

Definition:

The first arterial PaO2 measured and recorded within the period following first contact between the patient and a specialist paediatric intensive care doctor to 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. Data that are available to the specialist paediatric intensive care doctor at first contact that are current at that time are acceptable. In cases of doubt record the earliest measurement that was current at time of first contact. Only arterial blood gas measurements are acceptable.

Reason:

Arterial PaO2 (and associated FiO2) at first contact with a specialist paediatric intensive care doctor is weighted in PIM2/PIM3.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	xs:integer
Datatype Definition			
Integer: Numeric data without a fractional component The value 999 can be used to indicate that this value is unknown			

XML Element:

episodeDetails/Element:fiO2

Definition:

Record the FiO2 being given at the same time that the first arterial PaO2 is measured and recorded following first contact between the patient and a specialist paediatric intensive care doctor. 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. Data that are available to the specialist paediatric intensive care doctor at first contact that are current at that time are acceptable. In cases of doubt record the earliest measurement that was current at time of first contact. Only record in association with arterial blood gas measurements.

- Record 0.21 if patient in air
- Record 999 if FiO2 is missing

Reason:

Arterial PaO2 and associated FiO2 at first contact with a specialist paediatric intensive care doctor are weighted in PIM2/PIM3 if oxygen is delivered via an ET tube or a head box.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	picanetDecimal52Type
Datatype Definition			
Decimal number: value must be between -999 and 999, fractional component can be up to 2 digits The value 999 can be used to indicate that this value is unknown			

XML Element:

episodeDetails/Element:intubation

Definition:

Record whether or not the child was intubated at the time of the first arterial PaO2 and associated FiO2 (measured and recorded) following first contact between the patient and a specialist paediatric intensive care doctor. 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. Intubated is defined as an endotracheal tube, laryngeal mask or tracheostomy in situ.

Reason:

PaO2 and associated FiO2 at first contact with a specialist paediatric intensive care doctor are weighted in PIM2/PIM3.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	yesNoNKType
Datatype Definition			
Enumerated field:			• 1 Yes • 2 No • 9 N/K

XML Element:

episodeDetails/Element:headbox

Definition:

Record whether or not the child was receiving oxygen via a head box at the time of the first arterial PaO2 and associated FiO2 (measured and recorded) following first contact between the patient and a specialist paediatric intensive care doctor. 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.

Reason:

Arterial PaO2 and associated FiO2 at first contact with a specialist paediatric intensive care doctor are weighted in PIM2/PIM3 if oxygen is delivered via an ET tube or a head box.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	yesNoNKType
Datatype Definition			
Enumerated field:			• 1 Yes • 2 No • 9 N/K

Base excess

XML Element:

episodeDetails/Element:baseExcess

Definition:

The first base excess value measured and recorded from the arterial, capillary or venous blood gas within the period following first contact between the patient and a specialist paediatric intensive care doctor to 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. Data that are available to the specialist paediatric intensive care doctor at first contact that are current at that time are acceptable. In cases of doubt record the earliest measurement that was current at time of first contact. Manually calculated in vitro or in vivo base excess values are not accepted. Specify source of result: arterial, capillary or venous blood gas measurement.

Reason:

Base excess at first contact with a specialist paediatric intensive care doctor is weighted in PIM2/PIM3.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	picanetDecimal41Type
Datatype Definition			
Decimal number: value must be between -999 and 999, fractional component can be up to 1 digit The value 999 can be used to indicate that this value is unknown			

Base excess: Source

This field has been added to the PICANet dataset on 01/08/2014

XML Element:

episodeDetails/Element:BaseExcessSource

Definition:

Base excess source of result: arterial, capillary or venous blood gas measurement.

Reason:

Base excess source at first contact with a specialist paediatric intensive care doctor is weighted in PIM2/PIM3.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	BloodGasSource
Datatype Definition			
Enumerated field:			• 1, 'Arterial' • 2, 'Capillary' • 3, 'Venous' • 9, 'Unspecified'

XML Element:

episodeDetails/Element:lactate

Definition:

The first blood lactate value measured and recorded from the arterial, capillary or venous blood gas within the period following first contact between the patient and a specialist paediatric intensive care doctor to 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. Data that are available to the specialist paediatric intensive care doctor at first contact that are current at that time are acceptable. In cases of doubt record the earliest measurement that was current at time of first contact. Specify source of result: arterial, capillary or venous blood gas measurement.

Reason:

Blood lactate at first contact may predict outcome and be valuable alongside PIM.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	picanetDecimal52Type
Datatype Definition			
Decimal number: value must be between -999 and 999, fractional component can be up to 2 digits The value 999 can be used to indicate that this value is unknown			

Lactate: Source

This field has been added to the PICANet dataset on 01/08/2014

XML Element:

episodeDetails/Element:LactateSource

Definition:

Lactate source of result: arterial, capillary or venous blood gas measurement.

Reason:

Lactate source at first contact with a specialist paediatric intensive care doctor is weighted in PIM2/PIM3.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	BloodGasSource
Datatype Definition			
Enumerated field:			• 1, 'Arterial' • 2, 'Capillary' • 3, 'Venous' • 9, 'Unspecified'

XML Element:

episodeDetails/Element:mechVent

Definition:

Specifies whether mechanical ventilation was given at any time within the period following first face to face contact between the patient and a specialist paediatric intensive care doctor to one hour after admission to your unit.

First contact with a specialist paediatric intensive care doctor refers to first face-to-face contact in your own hospital (on your ICU, emergency department or ward), or another hospital/unit on retrieval.

Ventilation is defined as where all or some of the breaths or a portion of the breaths (pressure support) are delivered by a mechanical device. Ventilation can simply be defined as a treatment where some or all of the energy required to increase lung volume during inspiration is supplied by a mechanical device.

Mechanical ventilation refers to both invasive (ETT or tracheostomy) and non-invasive (nasopharyngeal airway, mask or nasal prongs). High frequency, jet ventilators, negative pressure ventilators, BiPAP and CPAP are all considered as mechanical ventilation. ECMO and IVOX are not considered as mechanical ventilation, however most patients on ECMO and IVOX are usually also being ventilated.

DO NOT include use of a device to deliver high flow nasal cannula therapy.

Reason:

Mechanical ventilation during the first hour of first face to face contact with the paediatric intensive care service is weighted in PIM2/PIM3.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	yesNoNKType
Datatype Definition			
Enumerated field:			• 1 Yes • 2 No • 9 N/K

XML Element:

episodeDetails/Element:cpapFirstHr

Definition:

Identifies whether the child receives CPAP at any time within the period following first face to face contact between the patient and a specialist paediatric intensive care doctor to one hour after admission to your unit. First contact with a specialist paediatric intensive care doctor refers to first face-to-face contact in your own hospital (on your ICU, emergency department or ward), or another hospital/unit on retrieval. CPAP may be given via an endotracheal tube, tracheostomy, facial CPAP mask or nasal CPAP mask / prongs. DO NOT include use of a device to deliver high flow nasal cannula therapy.

Reason:

CPAP given during the first hour of first face to face contact with the paediatric intensive care service is weighted in PIM2/PIM3.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	yesNoNKType
Datatype Definition			
Enumerated field:			• 1 Yes • 2 No • 9 N/K

XML Element:

episodeDetails/Element:pupReact

Definition:

The first observed pupil reaction measured and recorded within the period from the time of first face-to-face contact with your unit doctor to one hour after admission to your unit. First contact with your unit doctor refers to first face-to-face contact and may occur at admission to your unit or prior to admission (e.g. within your hospital on a ward or in another hospital on retrieval). Data that are available to your unit doctor at first contact that are current at that time are acceptable. In cases of doubt record the earliest measurement that was current at time of first contact. Only record as BOTH fixed and dilated if both pupils are greater than 3mm and both are fixed. Pupil reactions are used as an index of brain function. Do not record a pupil reaction as being fixed if it is due to toxins, drugs, local injury to the eye or chronically altered from a previous disease. Pupil reaction must be assessed by exposure to strong direct light.

Reason:

Pupillary reactions are used as an index of brain function. Reaction to bright light at first contact with your unit doctor is weighted in PIM2/PIM3.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	pupilReactionType
Datatype Definition			
Enumerated field:			• 1 Both fixed and dilated • 2 Other reaction • 9 N/K

XML Element:

episodeDetails/Element:intTracheostomy

Definition:

Specifies whether the child had a tracheostomy performed during their admission to your unit.

Reason:

Required for epidemiological analysis, assessment of health services delivery and measurement of main therapeutic interventions.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	yesNoNKType
Datatype Definition			
Enumerated field:			• 1 Yes • 2 No • 9 N/K

Is the patient on a clinical trial

XML Element:

episodeDetails/Element:clinTrial

Definition:

Specifies whether the child is part of a clinical trial.

Reason:

Prior inclusion on a clinical trial may influence subsequent outcome.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	yesNoNKType
Datatype Definition			
Enumerated field:			• 1 Yes • 2 No • 9 N/K

Clinical trial name

XML Element:

episodeDetails/Element:clinTrialName

Definition:

The name of the clinical trial the child is participating in.

Reason:

Prior inclusion on a clinical trial may influence subsequent outcome.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	clinTrialNameType
Datatype Definition			
Text string: 255 characters			

Height

XML Element:

episodeDetails/Element:height

Definition:

Height of child in centimetres

Reason:

Included at the request of those wishing to conduct studies which involve this parameter.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	picanetDecimal41Type
Datatype Definition			
Decimal number: value must be between -999 and 999, fractional component can be up to 1 digit			

Weight

XML Element:

episodeDetails/Element:weight

Definition:

Weight of child in kilograms

Reason:

Included at the request of those wishing to conduct studies which involve this parameter

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	picanetDecimal63Type
Datatype Definition			
Decimal number: value must be between -999 and 999, fractional component can be up to 3 digits. Expected range: 2.6-80kg			

Abdominal circumference

XML Element:

episodeDetails/Element:abdoCirc

Definition:

The abdominal circumference of the child in centimetres

Reason:

Included at the request of those wishing to conduct studies which involve this parameter.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	picanetDecimal41Type
Datatype Definition			
Decimal number: value must be between -999 and 999, fractional component can be up to 1 digit			

XML Element:

episodeDetails/Element:comments

Definition:

Any additional information considered relevant to the admission. Text entered in this field may provide extra information about data entered elsewhere in a specific field in the dataset or may provide extra information on the admission, which is not collected as part of the dataset. No identifiers (patient, nurse, doctor, ICU, hospital) should be included in text data entered into this field. As there is limited space in this field all text data should be kept to a minimum and be as concise as possible. Text data must not contain any punctuation except a period (full stop) at the end of each data point.

Reason:

No dataset specification covers all eventualities: to deal with this a text field has been included for comments/additional information.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	commentsType
Datatype Definition			
Text string: 500 characters			

Status at discharge from your unit

XML Element:

episodeDetails/Element:unitDisStatus

Definition:

Identifies the status (alive or dead) of the child on discharge from your unit. Dead includes admissions transferred out of your unit to become heart beating organ donors.

Reason:

Identified as one of the principal outcomes of paediatric intensive care.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	statusType
Datatype Definition			
Enumerated field:			• 1 Alive • 2 Dead • 9 N/K

Discharged for palliative care

XML Element:

episodeDetails/Element:disPalCare

Definition:

Identifies if the child was discharged from your unit to a palliative care area. Discharge for palliative care is defined as withdrawal of care at the current level from which it is deemed that the admission can no longer benefit.

Reason:

Important information to supplement status at discharge from your unit

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	yesNoNKType
Datatype Definition			
Enumerated field:			• 1 Yes • 2 No • 9 N/K

Date of discharge

XML Element:

episodeDetails/Element:unitDisDate

Definition:

Identifies the date the child was discharged from your unit. Discharge from your unit is defined as the physical discharge and recording of that discharge from a bed or cot in your unit. Discharge does not include temporary transfer from your unit (e.g. surgery) in the expectation of a return to your unit.

Reason:

Date of admission to your unit, Time of admission to your unit, Date of discharge from your unit and Time of discharge from your unit is used to calculate total length of stay on your unit.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	xs:date
Datatype Definition			
Date format: YYYY-MM-DD			

Time of discharge

XML Element:

episodeDetails/Element:unitDisTime

Definition:

Identifies the time the child was discharged from your unit. Discharge from your unit is defined as the physical discharge and recording of that discharge from a bed or cot in your unit. Discharge does not include temporary transfer from your unit (e.g. surgery) in the expectation of a return to your unit.

Reason:

Date of admission to your unit, Time of admission to your unit, Date of discharge from your unit and Time of discharge from your unit is used to calculate total length of stay on your unit.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	xs:time
Datatype Definition			
Time format: hh:mm:ss			

Date of death

XML Element:

episodeDetails/Element:dod

Definition:

Identifies the date 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.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	xs:date
Datatype Definition			
Date format: YYYY-MM-DD			

Time of death

XML Element:

episodeDetails/Element:timeDth

Definition:

Identifies the 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.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	xs:time
Datatype Definition			
Time format: hh:mm:ss			

Destination following discharge from your unit

XML Element:

episodeDetails/Element:unitDisDest

Definition:

Identifies the destination the child was directly discharged to from your unit.

Reason:

Required for epidemiological analysis and assessment of health services delivery.

Potentially of value in clinical audit and research in conjunction with other clinical data.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	destinationType
Datatype Definition			
Enumerated field:			• 1 Normal residence • 2 Hospice • 3 Same hospital • 4 Other hospital • 9 Unknown

Destination following discharge from your unit: hospital area

XML Element:

episodeDetails/Element:unitDisDestHosp

Definition:

If destination following discharge is the same hospital or another hospital then identify the hospital area discharged to

Reason:

Required for epidemiological analysis and assessment of health services delivery.

Potentially of value in clinical audit and research in conjunction with other clinical data.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	hospitalTypeType
Datatype Definition			
Enumerated field:			• 1 ICU • 2 PICU • 3 NICU • 4 HDU • 5 SCBU • 6 Ward • 7 Other • 9 N/K

XML Element:

episodeDetails/Element:ModeDeath

Definition:

Specifies the mode of death for the deceased patient

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.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	modeDeathType
Datatype Definition			
Enumerated field:			• 1 Treatment withdrawn • 2 Treatment limitation • 3 Brain stem death • 4 Failed cardiopulmonary resuscitation

XML Element:

episodeDetails/Element:TransplantDonor

Definition:

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.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	transplantDonorType
Datatype Definition			
Enumerated field:			• 1 No • 2 Yes - solid organs only • 3 Yes - tissues only • 4 Yes - both solid organs and tissues

Follow up 30 days post discharge from your unit

XML Element:

episodeDetails/Element:fu30DisStatus

Definition:

Identifies the status (alive or dead) of the child on 30 days post discharge from your unit.

Reason:

Identified as one of the principal outcomes of paediatric intensive care. Required for epidemiological analysis and assessment of health services delivery. See the guidance notes at the beginning of this section.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	statusType
Datatype Definition			
Enumerated field:			• 1 Alive • 2 Dead • 9 N/K

Location at 30 days following discharge from your unit

XML Element:

episodeDetails/Element:fu30Location

Definition:

Identifies the location of the child 30 days post discharge from your unit.

Reason:

Identified as one of the principal outcomes of paediatric intensive care. Required for epidemiological analysis and assessment of health services delivery.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	destinationType
Datatype Definition			
Enumerated field:			• 1 Normal residence • 2 Hospice • 3 Same Hospital • 4 Other Hospital • 9 Not Known

Location at 30 days following discharge from your unit: hospital area

XML Element:

episodeDetails/Element:fu30LocHosp

Definition:

Identifies the exact destination of the child 30 days post discharge from your unit if they are within your hospital or another hospital.

Reason:

Required for epidemiological analysis and assessment of health services delivery.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	hospitalTypeType
Datatype Definition			
Enumerated field:			• 1 ICU • 2 PICU • 3 NICU • 4 HDU • 5 SCBU • 6 Ward • 7 Other • 9 N/K

Invasive ventilation

This is a summary intervention - please do not submit data for this node if you are already supplying daily interventions

XML Element:

episodeDetails/Element:invVent

Definition:

Specifies whether the admission received invasive ventilatory support at any time during their stay on your unit. Invasive ventilatory support is defined as any method of ventilation delivered via an endotracheal tube, laryngeal mask or tracheostomy. Examples include SIMV, BiPAP, CPAP, HFOV (oscillation), Jet ventilation and IPPV.

Reason:

Required for epidemiological analysis, assessment of health services delivery and measurement of main therapeutic interventions.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	yesNoNKType
Datatype Definition			
Enumerated field:			• 1 Yes • 2 No • 9 N/K

Invasive ventilation: days

This is a summary intervention - please do not submit data for this node if you are already supplying daily interventions

XML Element:

episodeDetails/Element:invVentDay

Definition:

Specifies the total number of days the admission received invasive ventilation during their stay on your unit. Invasive ventilatory support is defined as any method of ventilation delivered via an endotracheal tube, laryngeal mask or tracheostomy. Examples include SIMV, BiPAP, CPAP, HFOV (oscillation), Jet ventilation and IPPV.

Reason:

Required for epidemiological analysis, assessment of health services delivery and measurement of main therapeutic interventions.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	xs:integer
Datatype Definition			
Integer: Numeric data without a fractional component			

Non-invasive ventilation

This is a summary intervention - please do not submit data for this node if you are already supplying daily interventions

XML Element:

episodeDetails/Element:nonInvVent

Definition:

Specifies whether the admission received non-invasive ventilatory support at any time during their stay on your unit. Non-invasive ventilatory support is defined as any method of ventilation NOT given via an endotracheal tube, laryngeal mask or tracheostomy. Non invasive ventilation would include nasal prong or nasal / facial mask CPAP, nasal or facial BiPAP or negative pressure ventilation.

Reason:

Required for epidemiological analysis, assessment of health services delivery and measurement of main therapeutic interventions.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	yesNoNKType
Datatype Definition			
Enumerated field:			• 1 Yes • 2 No • 9 N/K

Non-invasive ventilation: days

This is a summary intervention - please do not submit data for this node if you are already supplying daily interventions

XML Element:

episodeDetails/Element:nonInvVentDay

Definition:

Specifies the total number of days the admission received non-invasive ventilation during their stay on your unit. Non-invasive ventilatory support is defined as any method of ventilation NOT given via an endotracheal tube, laryngeal mask or tracheostomy. Non invasive ventilation would include nasal prong or nasal / facial mask CPAP, nasal or facial BiPAP or negative pressure ventilation.

Reason:

Required for epidemiological analysis, assessment of health services delivery and measurement of main therapeutic interventions.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	xs:integer
Datatype Definition			
Integer: Numeric data without a fractional component			

Extracorporeal membrane oxygenation (ECMO)

This is a summary intervention - please do not submit data for this node if you are already supplying daily interventions

XML Element:

episodeDetails/Element:ecmo

Definition:

Specifies whether the admission received ECMO therapy at any time during their admission to your unit.

Reason:

Required for epidemiological analysis, assessment of health services delivery and measurement of main therapeutic interventions.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	yesNoNKType
Datatype Definition			
Enumerated field:			• 1 Yes • 2 No • 9 N/K

IV vasoactive drug therapy

This is a summary intervention - please do not submit data for this node if you are already supplying daily interventions

XML Element:

episodeDetails/Element:vasoactive

Definition:

Specifies whether the admission received IV vasoactive drug therapy at any time during their admission to your unit. IV vasoactive drugs could include Dobutamine, Dopamine, Adrenaline, Noradrenaline, Vasopressin and Milrinone (this list is not exhaustive: please ask a doctor or nurse if you are unsure whether the child has received IV vasoactive drug therapy).

Reason:

Required for epidemiological analysis, assessment of health services delivery and measurement of main therapeutic interventions.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	yesNoNKType
Datatype Definition			
Enumerated field:			• 1 Yes • 2 No • 9 N/K

Left ventricular assist device (LVAD)

This is a summary intervention - please do not submit data for this node if you are already supplying daily interventions

XML Element:

episodeDetails/Element:lvad

Definition:

Specifies whether the admission received LVAD therapy at any time during their admission to your unit.

Reason:

Required for epidemiological analysis, assessment of health services delivery and measurement of main therapeutic interventions.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	yesNoNKType
Datatype Definition			
Enumerated field:			• 1 Yes • 2 No • 9 N/K

Intracranial pressure device

This is a summary intervention - please do not submit data for this node if you are already supplying daily interventions

XML Element:

episodeDetails/Element:icpDevice

Definition:

Indicates whether an ICP device was used.

Reason:

Logical filter for ventricular drain or ICP bolt.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	yesNoNKType
Datatype Definition			
Enumerated field:			• 1 Yes • 2 No • 9 N/K

Intracranial pressure device (ventricular drain)

This is a summary intervention - please do not submit data for this node if you are already supplying daily interventions

XML Element:

episodeDetails/Element:icpVD

Definition:

Specifies whether the child had a ventricular drain inserted at any time during their admission to your unit.

Reason:

Required for epidemiological analysis, assessment of health services delivery and measurement of main therapeutic interventions.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	picanetBooleanType
Datatype Definition			
Enumerated field:			• 0 False/No • 1 True/Yes

Intracranial pressure device (ICP bolt)

This is a summary intervention - please do not submit data for this node if you are already supplying daily interventions

XML Element:

episodeDetails/Element:icpBolt

Definition:

Specifies whether the child had an ICP bolt inserted at any time during their admission to your unit.

Reason:

Required for epidemiological analysis, assessment of health services delivery and measurement of main therapeutic interventions.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	picanetBooleanType
Datatype Definition			
Enumerated field:			• 0 False/No • 1 True/Yes

Renal support

This is a summary intervention - please do not submit data for this node if you are already supplying daily interventions

XML Element:

episodeDetails/Element:renalSupport

Definition:

Indicates whether renal support was provided.

Reason:

Logical filter for renal support variables.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	yesNoNKType
Datatype Definition			
Enumerated field:			• 1 Yes • 2 No • 9 N/K

Renal support: haemofiltration

This is a summary intervention - please do not submit data for this node if you are already supplying daily interventions

XML Element:

episodeDetails/Element:renalHaemFil

Definition:

Specifies whether the admission received renal therapy support in terms of haemofiltration at any time during their admission to your unit.

Reason:

Required for epidemiological analysis, assessment of health services delivery and measurement of main therapeutic interventions.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	picanetBooleanType
Datatype Definition			
Enumerated field:		• 0 False/No • 1 True/Yes	

Renal support: haemodialysis

This is a summary intervention - please do not submit data for this node if you are already supplying daily interventions

XML Element:

episodeDetails/Element:renalHaemDia

Definition:

Specifies whether the admission received renal therapy support in terms of haemodialysis at any time during their admission to your unit.

Reason:

Required for epidemiological analysis, assessment of health services delivery and measurement of main therapeutic interventions.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	picanetBooleanType
Datatype Definition			
Enumerated field:			• 0 False/No • 1 True/Yes

Renal support: plasmafiltration

This is a summary intervention - please do not submit data for this node if you are already supplying daily interventions

XML Element:

episodeDetails/Element:renalPlasFilt

Definition:

Specifies whether the admission received renal therapy support in terms of plasmafiltration at any time during their admission to your unit.

Reason:

Required for epidemiological analysis, assessment of health services delivery and measurement of main therapeutic interventions.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	picanetBooleanType
Datatype Definition			
Enumerated field:		• 0 False/No • 1 True/Yes	

Renal support: plasma exchange

This is a summary intervention - please do not submit data for this node if you are already supplying daily interventions

XML Element:

episodeDetails/Element:renalPlasExch

Definition:

Specifies whether the admission received renal therapy support in terms of plasma exchange at any time during their admission to your unit.

Reason:

Required for epidemiological analysis, assessment of health services delivery and measurement of main therapeutic interventions.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	picanetBooleanType
Datatype Definition			
Enumerated field:			• 0 False/No • 1 True/Yes

Renal support: peritoneal dialysis

This is a summary intervention - please do not submit data for this node if you are already supplying daily interventions

XML Element:

episodeDetails/Element:renalPeriDia

Definition:

Specifies whether the admission received renal therapy support in terms of peritoneal dialysis at any time during their admission to your unit.

Reason:

Required for epidemiological analysis, assessment of health services delivery and measurement of main therapeutic interventions.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	picanetBooleanType
Datatype Definition			
Enumerated field:		• 0 False/No • 1 True/Yes	

Diagnoses and Procedures

For each patient information is collected on diagnoses and procedures for this admission, a primary diagnoses for reason for admission which can be accompanied by several 'other' diagnoses if recorded. Other information on surgery and procedures performed is also included in this section. For all patients a primary diagnosis must be recorded and if a patient is admitted following surgery a surgical procedure must be provided. All information in this section is coded using the clinical Read code system. This information is required for audit, epidemiological analysis and assessment of health services delivery. Each diagnoses and procedures node is made up of 2 separate elements, a read code and a free text description of the diagnosis.

XML Element:

primaryDiagnosis/Element:

- readCode
- description

Definition:

The primary diagnosis for this admission of the child to your unit as assessed and recorded in the child's notes. The primary diagnosis may only be confirmed during the child's stay on your unit. It may not be obvious at admission. For example a child might be admitted with apnoeas, the diagnosis for this admission is later confirmed as Bronchiolitis. In this case Bronchiolitis should be recorded as the Primary diagnosis for this admission. Where there are multiple diagnoses, select just one as a primary diagnosis and code the others as 'Other reasons for admission to your unit'. Do not code the primary diagnosis for this admission to your unit as a procedure or a cause. Code the underlying condition that required that procedure.

Reason:

Required for clinical audit, and epidemiological analysis.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
1	1	Yes	readCodeType descriptionType
Datatype Definition			
Text string: 5 characters Text string: 255 characters			

XML Element:

otherReason/Element:

- readCode
- description

Definition:

Other reasons for the admission of the child to your unit as assessed and recorded at admission. Other reasons for admission may include additional diagnoses or procedures that may or may not necessitate intensive care.

Reason:

Required for clinical audit, epidemiological analysis and assessment of health services delivery.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
1	1	Yes	readCodeType descriptionType
Datatype Definition			
Text string: 5 characters Text string: 255 characters			

XML Element:

operationOrProcedure/Element:

- readCode
- description

Definition:

Any operations and / or procedures performed during this admission to PIC or during the current hospital spell and relating to this admission to PIC. Where type of admission to the unit is Planned – following surgery or Unplanned – following surgery at least one operation or procedure is required for this admission event.

Reason:

Required for clinical audit, epidemiological analysis and assessment of health services delivery.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
1	1	Yes	readCodeType descriptionType
Datatype Definition			
Text string: 5 characters Text string: 255 characters			

XML Element:

coMorbidity/Element:

- readCode
- description

Definition:

Co-morbidity recorded on admission of the child to your unit. Identifies other problems the child had prior to admission to your unit, which may not be related to the reason for this admission. Co-morbidity relates to any underlying condition recorded in the notes e.g. Trisomy 21.

Reason:

Required for clinical audit, epidemiological analysis and assessment of health services delivery.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
1	1	Yes	readCodeType descriptionType
Datatype Definition			
Text string: 5 characters Text string: 255 characters			

Daily Interventions

For each calendar day a child is admitted to PICU information on the interventions required by that child are completed. These interventions include all those collected as part of the paediatric critical care minimum data-set (PCCMDS) plus additional interventions of interest for clinical audit and health service delivery reasons.

Activity date

XML Element:

dailyIntervention/Element:activityDate

Definition:

The date the critical care activity was performed on.

Reason:

Part of the Paediatric Critical Care Minimum Dataset.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
1	1	No	xs:date
Datatype Definition			
Date format: YYYY-MM-DD			

No defined critical care activity

XML Element:

dailyIntervention/Element:noCrit

Definition:

True if there was no defined critical care activity received that day

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 99)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

XML Element:

dailyIntervention/Element:ecg

Definition:

True if continuous ECG monitoring was received that day

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 50)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

Continuous pulse oximetry

XML Element:

dailyIntervention/Element:cpox

Definition:

True if continuous pulse oximetry was received that day

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 73)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

Invasive ventilation via endotracheal tube

XML Element:

dailyIntervention/Element:invVentET

Definition:

True if invasive ventilation via endotracheal tube was received that day

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 51)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

Invasive ventilation via tracheostomy tube

XML Element:

dailyIntervention/Element:invVentTT

Definition:

True if invasive ventilation via tracheostomy tube was received that day

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 52)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

Non-invasive ventilatory support

XML Element:

dailyIntervention/Element:niv

Definition:

True if non-invasive ventilatory support was received that day. Do NOT include use of a device to deliver high flow nasal cannula therapy

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 53)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

Advanced ventilatory support (jet ventilation)

XML Element:

dailyIntervention/Element:avsJet

Definition:

True if advanced ventilatory support (jet ventilation) was received that day

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 56)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

Advanced ventilatory support (oscillatory ventilation)

XML Element:

dailyIntervention/Element:avsOsc

Definition:

True if advanced ventilatory support (oscillatory ventilation) was received that day

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 56)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

Nasopharyngeal airway

XML Element:

dailyIntervention/Element:naso

Definition:

True if a nasopharyngeal airway was in place that day

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 55)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

Tracheostomy cared for by nursing staff

XML Element:

dailyIntervention/Element:trach

Definition:

True if a tracheostomy was cared for by nursing staff that day

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 13)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

Supplemental oxygen therapy (irrespective of ventilatory state)

XML Element:

dailyIntervention/Element:oxTherapy

Definition:

True if supplemental oxygen therapy (irrespective of ventilatory state) was received that day

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 09)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

High flow nasal cannula therapy

This field has been added to the PICANet dataset on 01/08/2014

XML Element:

dailyIntervention/Element:HiFlowNasal

Definition:

If high flow nasal cannula therapy (HFNCT) was received that day, record the maximum flow in l/min that day

Reason:

To enable the audit of delivery of this therapy (Activity code 88)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:integer
Datatype Definition			
Integer: Numeric data without a fractional component			

Upper airway obstruction requiring nebulised adrenaline (epinephrine)

XML Element:

dailyIntervention/Element:obsAir

Definition:

True if there was an upper airway obstruction requiring nebulised epinephrine / adrenaline that day

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 57)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

Apnoea requiring intervention (>3 in 24 hours or requiring bag and mask ventilation)

XML Element:

dailyIntervention/Element:apnoea

Definition:

True if there was an apnoea >3 in 24 hours or requiring bag and mask ventilation that day

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 58)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

Acute severe asthma requiring intravenous bronchodilator therapy or continuous nebuliser

XML Element:

dailyIntervention/Element:asthmaIVBeph

Definition:

True if there was acute severe asthma requiring intravenous bronchodilator therapy or continuous nebuliser that day

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 59)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

Unplanned extubation

This field has been added to the PICANet dataset on 01/08/2014

XML Element:

dailyIntervention/Element:UnplannedExtubation

Definition:

True if there was dislodgement of the ETT from the trachea, without the intention to extubate immediately and without the presence of airway competent clinical staff appropriately prepared for the procedure occurs. Record the number of unplanned extubations that day.

Reason:

To audit PICS Standard and CRG reporting requirements (Activity code 90)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	xs:integer
Datatype Definition			
Integer: Numeric data without a fractional component			

Arterial line monitoring

XML Element:

dailyIntervention/Element:artLine

Definition:

True if arterial line monitoring was received that day.

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 60)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

External pacing

XML Element:

dailyIntervention/Element:extPace

Definition:

True if external pacing was received that day.

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 61)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

Central venous pressure monitoring

XML Element:

dailyIntervention/Element:cvpMon

Definition:

True if central venous pressure monitoring was received that day

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 62)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

Continuous infusion of inotrope, vasodilator or prostaglandin

XML Element:

dailyIntervention/Element:inflnotrope

Definition:

True if there was a continuous infusion of inotrope, vasodilator or prostaglandin that day

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 06)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

Bolus IV fluids (>80 ml/kg/day) in addition to maintenance IV fluids

XML Element:

dailyIntervention/Element:bolus

Definition:

True if there were bolus IV fluids (>80 ml/kg/day) in addition to maintenance IV fluids that day

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 63)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

Cardio-pulmonary resuscitation

XML Element:

dailyIntervention/Element:cpr

Definition:

True if cardio-pulmonary resuscitation was received that day

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 64)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

Extracorporeal membrane oxygenation (ECMO)

XML Element:

dailyIntervention/Element:ecmo

Definition:

True if extracorporeal membrane oxygenation (ECMO) was received that day. Include use of an interventional lung assist device (iLA)

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 65)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

Ventricular assist device (VAD)

XML Element:

dailyIntervention/Element:vad

Definition:

True if a ventricular assist device (VAD) was in place that day

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 65)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

Aortic balloon pump

XML Element:

dailyIntervention/Element:abPump

Definition:

True if an aortic balloon pump was in place that day

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 65)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

Arrhythmia requiring intravenous anti-arrhythmic therapy

XML Element:

dailyIntervention/Element:ArrhythmiaAATherapy

Definition:

True if an intravenous anti-arrhythmic drug is administered to a patient with a cardiac arrhythmia at any point in that calendar day.

Examples would include, but not be confined to, adenosine, amiodarone, propranolol, flecanide, isoprenaline.

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 94)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

Peritoneal dialysis

XML Element:

dailyIntervention/Element:periDia

Definition:

True if peritoneal dialysis was received that day

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 05)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

XML Element:

dailyIntervention/Element:haemoFilt

Definition:

True if haemofiltration was received that day

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 16)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

XML Element:

dailyIntervention/Element:haemoDia

Definition:

True if haemodialysis was received that day

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 66)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

Plasma filtration

XML Element:

dailyIntervention/Element:plasmaFilt

Definition:

True if plasma filtration was received that day

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 67)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

Plasma exchange

XML Element:

dailyIntervention/Element:plasmaExch

Definition:

True if plasma exchange was received that day.

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 67)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

ICP-intracranial pressure monitoring

XML Element:

dailyIntervention/Element:icpMon

Definition:

True if intracranial pressure monitoring (ICP) was received that day

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 68)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

Intraventricular catheter or external ventricular drain

XML Element:

dailyIntervention/Element:intCathEvd

Definition:

True if an intraventricular catheter or external ventricular drain was in place that day

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 69)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

Status epilepticus requiring treatment with continuous infusion of anti-epileptic drugs

XML Element:

dailyIntervention/Element:StatusEpilepticusAEDrugs

Definition:

True if a patient has status epilepticus at any point in that calendar day AND is receiving a continuous intravenous infusion of an anti-epileptic drug for a period of at least 4 hours in that calendar day.

Examples would include, but not be confined to, midazolam (or another benzodiazepine), thiopentone, propofol.

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 97)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

Reduced consciousness level (GCS ≤ 12 AND hourly (or more frequent) GCS monitoring

XML Element:

dailyIntervention/Element:LowGCS

Definition:

True if a patient has a recorded Glasgow Coma Scale (GCS) score of 12 or below at any point in that calendar day AND is having hourly (or more frequent) assessment and recording of GCS.

Note that the patient must be having GCS monitoring for a period of at least 4 hours in that calendar day. AVPU assessment should not be considered as equivalent to GCS.

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 95)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

Epidural catheter in situ

XML Element:

dailyIntervention/Element:EpiduralCatheter

Definition:

True if epidural catheter is in situ for the purpose of delivery of epidural analgesia at any point in that calendar day.

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 85)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

XML Element:

dailyIntervention/Element:ContIVSedative

Definition:

True if a patient is receiving a continuous intravenous infusion of a sedative agent for at least 4 hours in that calendar day.

Examples would include, but not be confined to, midazolam (or another benzodiazepine), clonidine, thiopentone, propofol.

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 96)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

Diabetic ketoacidosis (DKA) requiring continuous infusion of insulin

XML Element:

dailyIntervention/Element:dka

Definition:

True if diabetic ketoacidosis (DKA) requiring continuous infusion of insulin was received that day

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 70)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

Exchange transfusion

XML Element:

dailyIntervention/Element:exTrans

Definition:

True if exchange transfusion was received that day

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 04)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

Intravenous thrombolysis

XML Element:

dailyIntervention/Element:inThrom

Definition:

True if intravenous thrombolysis was received that day

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 71)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

Extracorporeal liver support using molecular absorbent recirculating system (MARS)

XML Element:

dailyIntervention/Element:mars

Definition:

True if extracorporeal liver support using molecular absorbent recirculating system (MARS) was received that day

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 72)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

Patient nursed in single occupancy cubicle

XML Element:

dailyIntervention/Element:cubicle

Definition:

True if patient was nursed in a single occupancy cubicle that day. Specify the reason for isolation in the text box provided.

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code 74)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

Medical gases band 1 - nitric oxide

XML Element:

dailyIntervention/Element:nox

Definition:

True if nitric oxide was administered that day.

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code X84.1)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

XML Element:

dailyIntervention/Element:surfactant

Definition:

True if surfactant was administered that day.

Reason:

Part of the Paediatric Critical Care Minimum Dataset (Activity Code X84.2)

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		No	xs:boolean
Datatype Definition			
Boolean data: True/False			

XML Element:

dailyInterventions/Element:isolationReason

Definition:

If patient nursed in single occupancy cubicle, state reason for isolation

Reason:

Part of the Paediatric Critical Care Minimum Dataset

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0	1	Yes	icdCodeType
Datatype Definition			
Text string: between 3 and 11 characters in length			