



How to complete the PICA Net Transport data collection form

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

Date and time accepted for Transport - The date and time when it was agreed that the patient required PIC transport, based on their clinical condition (not the availability of a team or a bed). This may not be the date of the first telephone call to the PICU or transport service as this may have been for advice or discussion only.

Transport number - Unique identifier assigned to each consecutive transport event. As recorded within your organisation to identify each transport episode.

PICU - specialised PICU team transferred the child.
Centralised transport service (PIC) - transport team from a centralised transport service (PIC) transferred the child.
Transport team from neonates - specialist neonatal transport team transferred the child.
Other specialist team - another specialist team (not a centralised transport service (PIC) or neonatal transport team), transported the child. This could be a trauma transport team transferring the child.
Non-specialist team - non-specialist team transported the child.

Transport team - The name of the transport service/team undertaking this episode of transport.

Grade of clinical team leader - Most senior nurse present who accompanies patient for the whole journey.

Speciality of clinical team leader - The speciality of the most senior doctor or nurse practitioner who transfers the patient, and is present for the whole journey, as defined by their current post.

Most senior member of medical staff present at collection unit – Most senior member of medical staff handing over the patient for transport.

Medical technician accompanying the patient - include technicians, ODP, ODA, vent technician or respiratory therapist present on the journey.

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

Patient details (or hospital label)

Family name: _____ NHS/CHI/H&C number: _____ ☐ Tick if patient is not eligible for number

First name: _____ Case note number (destination PICU): _____

Address: _____ Date of birth (dd/mm/yyyy): _____

Postcode: _____ Indicate if date of birth is: ☐ Estimated ☐ Anonymised ☐ Unknown

Sex: ☐ Male ☐ Female ☐ Ambiguous ☐ Unknown

Transport details

Date and time accepted for transport: ____/____/20____ : ____:____

Transport number: _____

Type of transport team: ☐ PICU ☐ Centralised transport service (PIC) ☐ Transport team from neonates ☐ Other specialist team ☐ Non-specialist team

Transport team: _____

Grade of clinical team leader: ☐ Consultant/Associate Specialist/Staff Grade ☐ ST 4 – 8 ☐ ST 1 – 3 ☐ Nurse practitioner ☐ Nurse not present

Speciality of clinical team leader: _____

Grade of most senior nurse: ☒ 5 ☐ 6 ☐ 7 ☐ 8

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

Collection unit (or location): _____

Most senior member of medical staff present at collection unit: ☐ Consultant/Associate Specialist/Staff Grade ☐ ST 4 – 8 ☐ ST 1 – 3 ☐ None

Did a medical technician accompany the patient? ☐ Yes ☐ No

Did a parent accompany the patient? ☐ Yes ☐ No – parent not present ☐ No – parent declined to accompany ☐ No – parent not permitted to accompany

Transport classification: ☐ Planned ☐ Unplanned

Outcome of this transport event: ☐ Patient transported ☐ Not transported – condition improved ☐ Not transported – condition deteriorated ☐ Not transported – other reason ☐ Patient died before transport team arrived ☐ Patient died while transport team present ☐ Patient died during transit

Destination type: ☐ PICU ☐ NICU ☐ ICU ☐ HDU ☐ Ward ☐ Theatre ☐ Other transport service ☐ Normal residence ☐ Hospice

Destination unit (or location): _____

Critical incidents

Identify all critical incidents while transport team in attendance (tick all that apply)

☐ No critical incidents ☐ Loss of medical gas supply ☐ Equipment failure or incompatibility impacting on patient care

☐ Accidental extubation ☐ Loss of all IV access ☐ Other critical incident (specify): _____

☐ Required intubation in transit ☐ Cardiac arrest

☐ Complete ventilator failure ☐ Medication administration error

Comments

Form completed by: _____

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

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

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

Case Note Number - Local Hospital Case note Number.

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

X-ray, endoscopy, CT scanner or similar - identifies that the child came from an area where diagnostic procedures may have been carried out.
Recovery only - child was receiving care in the recovery area.
HDU (step up/step down unit) - child was receiving care in a high dependency area.
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.
Theatre and recovery - child has undergone all or part of a surgical procedure or has received an anaesthetic for a procedure and was receiving care within the theatre and recovery area.
Other transport service - the patient is received from a different transport service i.e. at an airport or port for international transfer.
ICU - child was receiving care within an adult or other specialist ICU.
PICU - child was receiving care within PICU.
NICU - child was receiving care within NICU.
Ward - child was receiving care in a ward.
A&E - child was receiving care within an Accident and Emergency Department.

Collection Unit - Identifies the unique name of the PICU, DGH or the place such as an airport, where the patient is located at the time of collection by the transport team.

Yes - one or more parent(s)/guardian(s) accompanied the patient in the ambulance.
No, parent was not present - a parent/guardian was not present with the patient at the referring DGH/unit at the time of collection for the transport episode.
No, parent declined to accompany - the facility was available for a parent to accompany the patient but the parent chose not to do so.
No, parent not permitted to accompany - it was not possible to safely provide the facility for a parent /guardian to accompany the child.

How to complete the PICA Net Transport data collection form

Transport Classification

Planned – Patients are clinically stable but need to be transferred to an alternative unit or location.
Unplanned – Patients with a clinical emergency who need specialist care that cannot be delivered at the referring unit.

This section refers to critical incidents occurring between the time of handover at the collection unit (or location) and the completion of handover at the destination unit (or location).

No critical incidents - Identifies that no critical incidents listed occurred.

Accidental extubation - Identifies that accidental extubation occurred.

Required intubation during transit - Identifies that the patient required intubation, including primary and/or reintubation during the patient journey under the care of the transport team. Complete only for incidents during the patient journey.

Complete ventilator failure - Identifies that complete failure of the ventilator occurred.

Loss of medical gas supply - Identifies that a loss of medical gas supply occurred.

Loss of all IV access - Identifies that loss of all intravenous access occurred.

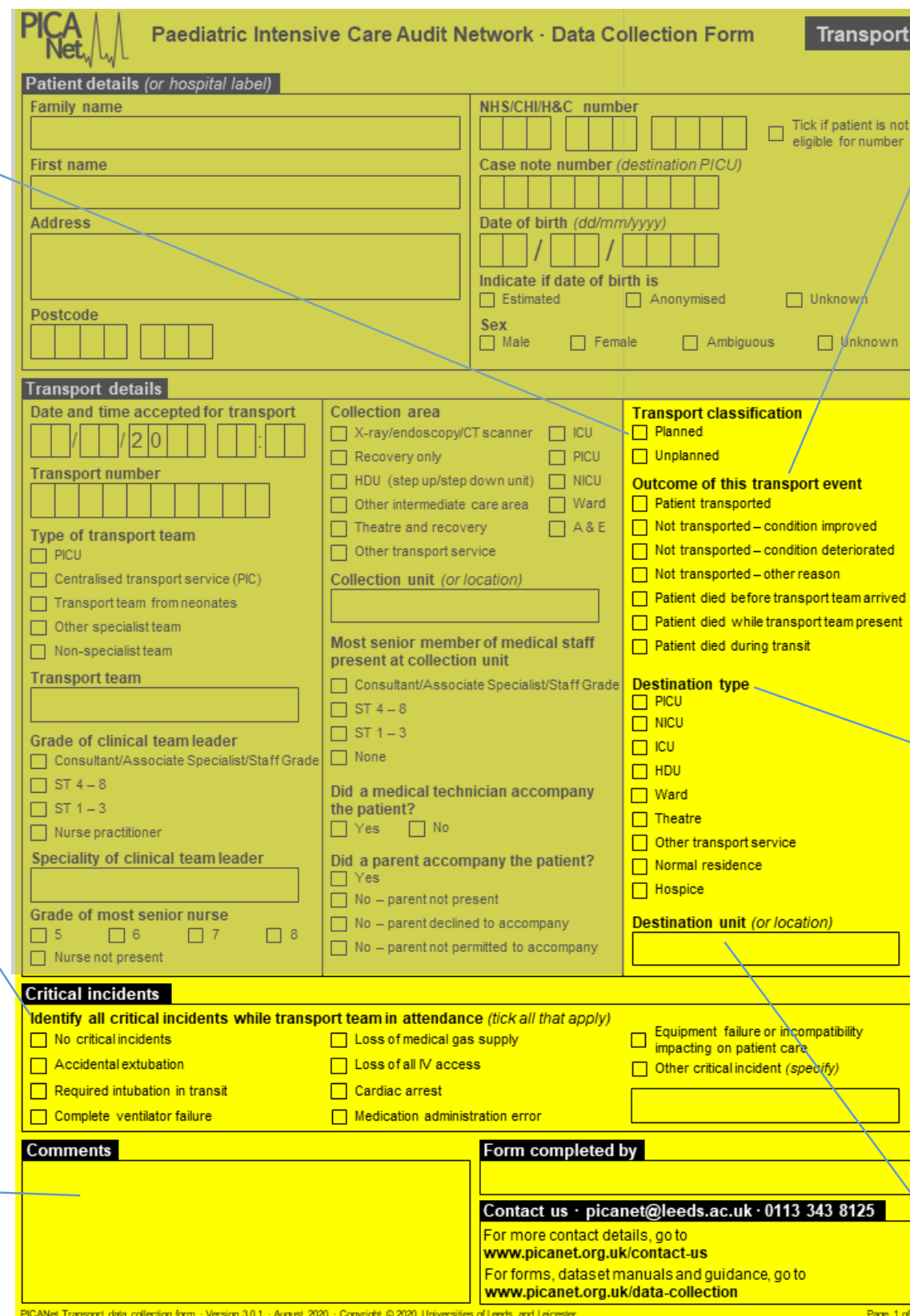
Cardiac Arrest - Identifies that the patient suffered a cardiac arrest and was successfully resuscitated.

Medication administration error - Identifies that there was a medication administration error and this occurred.

Equipment failure or incompatibility impacting on patient care - Identifies that there was equipment failure or incompatibility between the equipment and transport vehicle, which impacted on patient care and this occurred.

Other critical incident - Identifies that another critical incident, not listed, occurred.

Comments - Include any additional information considered relevant to the transport event. 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. No identifiers (patient, nurse, doctor, ICU, hospital) should be included in text data entered into this field. Text data must not contain any punctuation except a period (full-stop) at the end of each data point.



PICA Net Paediatric Intensive Care Audit Network - Data Collection Form - Transport

Patient details (or hospital label)

Family name: _____ NHS/CHI/H&C number: _____ ☐ Tick if patient is not eligible for number

First name: _____ Case note number (destination PICU): _____

Address: _____ Date of birth (dd/mm/yyyy): _____

Postcode: _____ Indicate if date of birth is: ☐ Estimated ☐ Anonymised ☐ Unknown

Sex: ☐ Male ☐ Female ☐ Ambiguous ☐ Unknown

Transport details

Date and time accepted for transport: ____/____/20____ : ____

Transport number: _____

Type of transport team: ☐ PICU ☐ Centralised transport service (PIC) ☐ Transport team from neonates ☐ Other specialist team ☐ Non-specialist team

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

Collection unit (or location): _____

Most senior member of medical staff present at collection unit: ☐ Consultant/Associate Specialist/Staff Grade ☐ ST 4 – 8 ☐ ST 1 – 3 ☐ None

Did a medical technician accompany the patient? ☐ Yes ☐ No

Did a parent accompany the patient? ☐ Yes ☐ No – parent not present ☐ No – parent declined to accompany ☐ No – parent not permitted to accompany

Transport team: _____

Grade of clinical team leader: ☐ Consultant/Associate Specialist/Staff Grade ☐ ST 4 – 8 ☐ ST 1 – 3 ☐ Nurse practitioner ☐ Nurse not present

Speciality of clinical team leader: _____

Grade of most senior nurse: ☐ 5 ☐ 6 ☐ 7 ☐ 8

Transport classification

☐ Planned ☐ Unplanned

Outcome of this transport event

☐ Patient transported ☐ Not transported – condition improved ☐ Not transported – condition deteriorated ☐ Not transported – other reason ☐ Patient died before transport team arrived ☐ Patient died while transport team present ☐ Patient died during transit

Destination type

☐ PICU ☐ NICU ☐ ICU ☐ HDU ☐ Ward ☐ Theatre ☐ Other transport service ☐ Normal residence ☐ Hospice

Destination unit (or location)

Critical incidents

Identify all critical incidents while transport team in attendance (tick all that apply)

☐ No critical incidents ☐ Loss of medical gas supply ☐ Equipment failure or incompatibility impacting on patient care ☐ Accidental extubation ☐ Loss of all IV access ☐ Other critical incident (specify) _____ ☐ Required intubation in transit ☐ Cardiac arrest ☐ Complete ventilator failure ☐ Medication administration error

Comments

Form completed by

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Outcome of this transport event - The result of the transport episode once the decision to mobilise the transport team has been made and/or the transport journey has been completed.

Patient transported - the child has been transported to the destination specified.

Not transported – condition improved - the transport team arrived at the collection unit, the child's condition improved and PIC transport was no longer required.

Not transported – condition deteriorated - the transport team arrived at the collection unit, the child's condition deteriorated and PIC transport was no longer appropriate.

Not transported – other reason – the transport was cancelled either after initial acceptance, when the transport team were en-route to the collection unit or after the transport team arrived at the collection unit, the child was not transferred to another unit or location by the transport team. Enter reason in comments box.

Patient died before transport team arrived - the child died after the transport team was mobilised but prior to arrival at the collection unit.

Patient died while transport team present - the child died whilst the transport team were providing care at the collection unit.

Patient died during transit - the child died during the return journey from the collection unit.

Destination Type

Identifies the exact type of unit or site that the patient was admitted or transferred to at the end of this transport episode.

PICU – paediatric intensive care unit.

NICU – neonatal intensive care unit.

ICU – an adult or specialist intensive care unit.

HDU - (step up/step down area) a designated unit or bed providing high dependency care.

Ward - a paediatric or general ward.

Theatre

Other transport service – the patient is handed over to a different transport service e.g. at an airport or port for international transfer.

Normal residence – a PICU patient requiring intensive care during the journey home – specify postcode in box titled 'Destination unit (or location)'.

Hospice – a PICU patient requiring intensive care during the journey to a hospice – specify postcode in box titled 'Destination unit (or location)'.

Destination Unit - The destination unit identifies the exact destination that the patient was taken to at the end of the transport episode. Enter postcode if child has been transferred to normal residence or hospice.

Patient Journey - The journey with the patient from the collection unit/PICU/DGH or location such as an airport, to the destination unit/PICU or location such as a hospice.
Confirmation that this section of the trip is not applicable to this transport event because there was no journey with the patient. For example the transport team arrives at the collection unit or location but the patient is not transported because the condition of the patient improves or deteriorates.

Base to Collection Unit - The journey of the transport team from the team base to the collection unit or location, where the patient is sited, at the time of collection by the transport team.
Confirmation that this section of the trip is not applicable to this transport event because there was no journey from the base to the collection unit or location, where the patient is sited at the time of collection by the transport team. For example the patient is located at the base hospital for the PICU transport team.

Depart base/Collection unit/Destination Unit - The actual date and time the transport team depart in the specified mode of transport.

Arrive collection unit - The actual date and time the transport team arrive at the child's bedside in the collection unit. This specific field should only be completed if applicable to this journey i.e. the transport team have travelled from another base to the collection unit or location.

Arrive base/collection/destination airport - The actual date and time the transport team arrive at the primary airport.

Aircraft Type - Identifies the type of air transport used by the transport team.
Unpressurised fixed wing aircraft.
Pressurised fixed-wing aircraft.
Dedicated helicopter – dedicated medical ambulance.
Other helicopter - including forces or emergency services (To be completed only if applicable to this particular section of the journey taken by air transport).

Take-off base/ Collection/Destination airport- The actual date and time of the flight departure from the primary airport.

Land collection/Destination/Base airport - The actual date and time of the flight arrival at the secondary airport.

Transport times		
BASE TO COLLECTION UNIT <input type="checkbox"/> Tick if this section of the trip is not applicable Mode of transport (tick all that apply) <input type="checkbox"/> Dedicated ambulance <input type="checkbox"/> RRV <input type="checkbox"/> Taxi <input type="checkbox"/> Other ambulance <input type="checkbox"/> Air → <input type="checkbox"/> Other Depart base (dd/mm/yyyy hh:mm) [][]/[][]/[20][][] [][]:[][]:[][] → Arrive base airport [][]/[][]/[20][][] [][]:[][]:[][] → Aircraft type <input type="checkbox"/> Unpressurised fixed-wing <input type="checkbox"/> Dedicated helicopter <input type="checkbox"/> Pressurised fixed-wing <input type="checkbox"/> Other helicopter → Takeoff base airport [][]/[][]/[20][][] [][]:[][]:[][] → Land collection airport [][]/[][]/[20][][] [][]:[][]:[][] → Depart collection airport [][]/[][]/[20][][] [][]:[][]:[][] Arrive collection unit (or location) [][]/[][]/[20][][] [][]:[][]:[][] Blue light or siren used or requested? <input type="checkbox"/> Yes <input type="checkbox"/> No Organisational delay <input type="checkbox"/> None <input type="checkbox"/> Team out <input type="checkbox"/> Staffing <input type="checkbox"/> Vehicle Vehicle incident <input type="checkbox"/> None <input type="checkbox"/> Vehicle accident <input type="checkbox"/> Vehicle breakdown	PATIENT JOURNEY <input type="checkbox"/> Tick if this section of the trip is not applicable Mode of transport (tick all that apply) <input type="checkbox"/> Dedicated ambulance <input type="checkbox"/> RRV <input type="checkbox"/> Taxi <input type="checkbox"/> Other ambulance <input type="checkbox"/> Air → <input type="checkbox"/> Other Depart collection unit (or location) [][]/[][]/[20][][] [][]:[][]:[][] → Arrive collection airport [][]/[][]/[20][][] [][]:[][]:[][] → Aircraft type <input type="checkbox"/> Unpressurised fixed-wing <input type="checkbox"/> Dedicated helicopter <input type="checkbox"/> Pressurised fixed-wing <input type="checkbox"/> Other helicopter → Takeoff collection airport [][]/[][]/[20][][] [][]:[][]:[][] → Land destination airport [][]/[][]/[20][][] [][]:[][]:[][] → Depart destination airport [][]/[][]/[20][][] [][]:[][]:[][] Arrive destination unit (or location) [][]/[][]/[20][][] [][]:[][]:[][] Blue light or siren used or requested? <input type="checkbox"/> Yes <input type="checkbox"/> No Organisational delay <input type="checkbox"/> None <input type="checkbox"/> Team out <input type="checkbox"/> Staffing <input type="checkbox"/> Vehicle Vehicle incident <input type="checkbox"/> None <input type="checkbox"/> Vehicle accident <input type="checkbox"/> Vehicle breakdown	DESTINATION UNIT TO BASE <input type="checkbox"/> Tick if this section of the trip is not applicable Mode of transport (tick all that apply) <input type="checkbox"/> Dedicated ambulance <input type="checkbox"/> RRV <input type="checkbox"/> Taxi <input type="checkbox"/> Other ambulance <input type="checkbox"/> Air → <input type="checkbox"/> Other Depart destination unit (or location) [][]/[][]/[20][][] [][]:[][]:[][] → Arrive destination airport [][]/[][]/[20][][] [][]:[][]:[][] → Aircraft type <input type="checkbox"/> Unpressurised fixed-wing <input type="checkbox"/> Dedicated helicopter <input type="checkbox"/> Pressurised fixed-wing <input type="checkbox"/> Other helicopter → Takeoff destination airport [][]/[][]/[20][][] [][]:[][]:[][] → Land base airport [][]/[][]/[20][][] [][]:[][]:[][] → Depart base airport [][]/[][]/[20][][] [][]:[][]:[][] Arrive base [][]/[][]/[20][][] [][]:[][]:[][] Blue light or siren used or requested? <input type="checkbox"/> Yes <input type="checkbox"/> No Organisational delay <input type="checkbox"/> None <input type="checkbox"/> Team busy <input type="checkbox"/> Staffing <input type="checkbox"/> Vehicle Vehicle incident <input type="checkbox"/> None <input type="checkbox"/> Vehicle accident <input type="checkbox"/> Vehicle breakdown

Destination Unit to Base - The journey of the transport team from the destination unit or location, to the transport team base.
Confirmation that this section of the trip is not applicable to this transport event because there was no journey with the patient. For example the transport team arrives at the collection unit or location but the patient is not transported because the condition of the patient improves or deteriorates.

Mode of Transport
Dedicated ambulance – Dedicated paediatric intensive care transport service ambulance was used by the transport team.
Other ambulance - Another ambulance such as an NHS or private ambulance (not a dedicated transport service ambulance) was used by the transport team.
Rapid Response Vehicle (RRV) - identifies if an RRV was used by the transport team.
Taxi – identifies if a taxi was used by the transport team.
Air – identifies if any type of air transport was used by the transport team.
Other – identifies if any other type of transport not listed above was used by the transport team.

Vehicle Incident - Identifies that there was a vehicle incident during the outward journey.
None - NO vehicle incidents during the outward journey
Vehicle accident – the transport vehicle was involved in an accident
Vehicle breakdown – a breakdown of the transport vehicle occurred

Blue light or siren used or requested - Identifies whether use of the blue light and or siren for the base to collection unit journey was requested and therefore indicates the intention to use the blue light and/or siren in appropriate traffic conditions.

Section to be completed only if this particular section of the journey was taken by air transport

→ Arrive base airport [][]/[][]/[20][][] [][]:[][]:[][] → Aircraft type <input type="checkbox"/> Unpressurised fixed-wing <input type="checkbox"/> Dedicated helicopter <input type="checkbox"/> Pressurised fixed-wing <input type="checkbox"/> Other helicopter → Takeoff base airport [][]/[][]/[20][][] [][]:[][]:[][] → Land collection airport [][]/[][]/[20][][] [][]:[][]:[][] → Depart collection airport [][]/[][]/[20][][] [][]:[][]:[][]	→ Arrive collection airport [][]/[][]/[20][][] [][]:[][]:[][] → Aircraft type <input type="checkbox"/> Unpressurised fixed-wing <input type="checkbox"/> Dedicated helicopter <input type="checkbox"/> Pressurised fixed-wing <input type="checkbox"/> Other helicopter → Takeoff collection airport [][]/[][]/[20][][] [][]:[][]:[][] → Land destination airport [][]/[][]/[20][][] [][]:[][]:[][] → Depart destination airport [][]/[][]/[20][][] [][]:[][]:[][]	→ Arrive destination airport [][]/[][]/[20][][] [][]:[][]:[][] → Aircraft type <input type="checkbox"/> Unpressurised fixed-wing <input type="checkbox"/> Dedicated helicopter <input type="checkbox"/> Pressurised fixed-wing <input type="checkbox"/> Other helicopter → Takeoff destination airport [][]/[][]/[20][][] [][]:[][]:[][] → Land base airport [][]/[][]/[20][][] [][]:[][]:[][] → Depart base airport [][]/[][]/[20][][] [][]:[][]:[][]
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Organisational Delay
None - NO organisational time delays for journey.
Team out or busy - time delay in mobilising for journey due to transport team already being out on another transport event or busy.
Staffing - time delay in mobilising for the journey due to no staff being available for transport event.
Vehicle - time delay in mobilising for the journey due to no vehicle being available for transport event.

Depart collection/Destination/Base airport - The actual date and time the transport team depart from the secondary airport.

Interventions by Local Team prior to arrival of transport team.

This section refers to any intervention carried out by the local team before the arrival of the transport team
Tick all interventions that apply.
And is applicable only to retrievals to PICU or journeys to another intensive care unit.

Primary intubation - True if the patient was already intubated at the time of arrival of the transport team.
Re-intubation - True if the patient was already intubated and required re-intubation which was completed prior to arrival of the transport team.

Other airway - True if the patient had other airway inserted e.g. laryngeal mask airway (LMA) or tracheostomy which was completed prior to the arrival of the transport team.

Non-invasive ventilation - True if non-invasive ventilatory support was already being given at the time of arrival of the transport team. **DO NOT** include use of a device to deliver high flow nasal cannula therapy.

Primary central venous access - True if primary central venous access (intraosseus access is regarded separately), was gained by the local team prior to arrival of the transport team.

Additional central venous access - True if the patient already had primary central venous access (intraosseus access is regarded separately), and additional central venous access was gained by the local team prior to arrival of the transport team.

Primary intrasseaus access - True if primary intraosseus access was gained prior to arrival of the transport team.
Additional intrasseaus access - True if the patient already had primary intraosseus access and additional intraosseus access is gained by the local team prior to arrival of the transport team.

Transport times		
BASE TO COLLECTION UNIT <input type="checkbox"/> Tick if this section of the trip is not applicable Mode of transport (tick all that apply) <input type="checkbox"/> Dedicated ambulance <input type="checkbox"/> RRV <input type="checkbox"/> Taxi <input type="checkbox"/> Other ambulance <input type="checkbox"/> Air → <input type="checkbox"/> Other Depart base (dd/mm/yyyy hh:mm) / / 20 : : → Arrive base airport / / 20 : : → Aircraft type <input type="checkbox"/> Unpressurised fixed-wing <input type="checkbox"/> Dedicated helicopter <input type="checkbox"/> Pressurised fixed-wing <input type="checkbox"/> Other helicopter → Takeoff base airport / / 20 : : → Land collection airport / / 20 : : → Depart collection airport / / 20 : : Arrive collection unit (or location) / / 20 : : Blue light or siren used or requested? <input type="checkbox"/> Yes <input type="checkbox"/> No Organisational delay <input type="checkbox"/> None <input type="checkbox"/> Team out <input type="checkbox"/> Staffing <input type="checkbox"/> Vehicle Vehicle incident <input type="checkbox"/> None <input type="checkbox"/> Vehicle accident <input type="checkbox"/> Vehicle breakdown	PATIENT JOURNEY <input type="checkbox"/> Tick if this section of the trip is not applicable Mode of transport (tick all that apply) <input type="checkbox"/> Dedicated ambulance <input type="checkbox"/> RRV <input type="checkbox"/> Taxi <input type="checkbox"/> Other ambulance <input type="checkbox"/> Air → <input type="checkbox"/> Other Depart collection unit (or location) / / 20 : : → Arrive collection airport / / 20 : : → Aircraft type <input type="checkbox"/> Unpressurised fixed-wing <input type="checkbox"/> Dedicated helicopter <input type="checkbox"/> Pressurised fixed-wing <input type="checkbox"/> Other helicopter → Takeoff collection airport / / 20 : : → Land destination airport / / 20 : : → Depart destination airport / / 20 : : Arrive destination unit (or location) / / 20 : : Blue light or siren used or requested? <input type="checkbox"/> Yes <input type="checkbox"/> No Organisational delay <input type="checkbox"/> None <input type="checkbox"/> Team out <input type="checkbox"/> Staffing <input type="checkbox"/> Vehicle Vehicle incident <input type="checkbox"/> None <input type="checkbox"/> Vehicle accident <input type="checkbox"/> Vehicle breakdown	DESTINATION UNIT TO BASE <input type="checkbox"/> Tick if this section of the trip is not applicable Mode of transport (tick all that apply) <input type="checkbox"/> Dedicated ambulance <input type="checkbox"/> RRV <input type="checkbox"/> Taxi <input type="checkbox"/> Other ambulance <input type="checkbox"/> Air → <input type="checkbox"/> Other Depart destination unit (or location) / / 20 : : → Arrive destination airport / / 20 : : → Aircraft type <input type="checkbox"/> Unpressurised fixed-wing <input type="checkbox"/> Dedicated helicopter <input type="checkbox"/> Pressurised fixed-wing <input type="checkbox"/> Other helicopter → Takeoff destination airport / / 20 : : → Land base airport / / 20 : : → Depart base airport / / 20 : : Arrive base / / 20 : : Blue light or siren used or requested? <input type="checkbox"/> Yes <input type="checkbox"/> No Organisational delay <input type="checkbox"/> None <input type="checkbox"/> Team busy <input type="checkbox"/> Staffing <input type="checkbox"/> Vehicle Vehicle incident <input type="checkbox"/> None <input type="checkbox"/> Vehicle accident <input type="checkbox"/> Vehicle breakdown
Interventions (retrievals only) Interventions by local team prior to arrival of transport team (tick all that apply) <input type="checkbox"/> Primary intubation <input type="checkbox"/> Re-intubation <input type="checkbox"/> Other airway <input type="checkbox"/> Non-invasive ventilation <input type="checkbox"/> High flow nasal cannula therapy <input type="checkbox"/> Primary central venous access <input type="checkbox"/> Additional central venous access <input type="checkbox"/> Arterial access <input type="checkbox"/> Inotrope or vasopressor infusion <input type="checkbox"/> Prostaglandin infusion <input type="checkbox"/> Primary intraosseus access <input type="checkbox"/> Additional intraosseus access <input type="checkbox"/> Chest drain insertion <input type="checkbox"/> ICP monitoring <input type="checkbox"/> ECMO Interventions while transport team in attendance (tick all that apply) <input checked="" type="checkbox"/> Primary intubation <input type="checkbox"/> Re-intubation <input type="checkbox"/> Other airway <input checked="" type="checkbox"/> Non-invasive ventilation <input type="checkbox"/> High flow nasal cannula therapy <input type="checkbox"/> Primary central venous access <input type="checkbox"/> Additional central venous access <input type="checkbox"/> Arterial access <input type="checkbox"/> Inotrope or vasopressor infusion <input type="checkbox"/> Prostaglandin infusion <input type="checkbox"/> Primary intraosseus access <input type="checkbox"/> Additional intraosseus access <input type="checkbox"/> Chest drain insertion <input type="checkbox"/> ICP monitoring <input type="checkbox"/> ECMO	PIM (retrievals only) <i>This applies to observations recorded in the first hour after first face-to-face contact with transport team doctor</i> Elective admission <input type="checkbox"/> Tick if this is an elective admission Main reason for admission <input type="checkbox"/> Asthma <input type="checkbox"/> Bypass cardiac proc. <input type="checkbox"/> Bronchiolitis <input type="checkbox"/> Non-bypass cardiac proc. <input type="checkbox"/> Croup <input type="checkbox"/> Obstructive sleep apnoea <input type="checkbox"/> Elective liver transpl <input type="checkbox"/> Recovery from surgery → <input type="checkbox"/> Other procedure <input type="checkbox"/> Diabetic ketoacidosis <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Other (none of the above) Is evidence available to assess past medical history? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, tick all that apply <input type="checkbox"/> Cardiac arrest before admission <input type="checkbox"/> Cardiac arrest OUT of hospital <input type="checkbox"/> Cardiomyopathy or myocarditis <input type="checkbox"/> Severe combined immune deficiency <input type="checkbox"/> Hypoplastic left heart syndrome <input type="checkbox"/> Leukaemia or lymphoma after first induction <input type="checkbox"/> Liver failure main reason for ICU admission <input type="checkbox"/> Acute NEC main reason for ICU admission <input type="checkbox"/> Spontaneous cerebral haemorrhage <input type="checkbox"/> Neurodegenerative disorder <input type="checkbox"/> Human Immunodeficiency Virus (HIV) <input type="checkbox"/> Bone marrow transplant recipient	Systolic blood pressure mmHg SpO₂ % → FiO₂ (at time SpO ₂ measured) % Blood gas measured? <input type="checkbox"/> Yes <input type="checkbox"/> No Arterial PaO₂ or Arterial PaO₂ kPa mmHg FiO₂ % Intubation? <input type="checkbox"/> Yes <input type="checkbox"/> No Headbox? <input type="checkbox"/> Yes <input type="checkbox"/> No Base excess mmol/l → <input type="checkbox"/> Arterial <input type="checkbox"/> Capillary <input type="checkbox"/> Venous Lactate mmol/l → <input type="checkbox"/> Arterial <input type="checkbox"/> Capillary <input type="checkbox"/> Venous Mechanical ventilation? <input type="checkbox"/> Yes <input type="checkbox"/> No CPAP? <input type="checkbox"/> Yes <input type="checkbox"/> No Pupil reaction <input type="checkbox"/> Both fixed and dilated <input type="checkbox"/> Other reaction <input type="checkbox"/> Unknown

Interventions while transport team in attendance
This section refers to any intervention carried out by the transport team or by the local team in the presence of the transport team.
Tick all interventions that apply.

Primary intubation - The patient was NOT intubated prior to arrival of the transport team and is intubated whilst the transport team is in attendance.
Re-intubation - The patient was already intubated but is then re-intubated whilst the transport team is in attendance.

Other airway - True if the patient had 'other airway' inserted e.g. laryngeal mask airway (LMA) or tracheostomy whilst the transport team is in attendance.

Non-invasive ventilation - True if non-invasive ventilatory support was commenced whilst the transport team is in attendance. **DO NOT** include use of a device to deliver high flow nasal cannula therapy.

Primary central venous access - The patient does not have central venous access, (intraosseus access is regarded separately), and central venous access is gained whilst the transport team is in attendance.

Additional central venous access - The patient already has central venous access, (intraosseus access is regarded separately), and additional central venous access is gained whilst the transport team is in attendance.

Primary intrasseaus access - The patient has no intraosseus access and intraosseus access is gained whilst the transport team is in attendance.

Additional intrasseaus access - The patient already has intraosseus access but additional access is gained whilst the transport team is in attendance.



Elective admission - includes after elective surgery, or for an elective procedure (e.g. insertion of a central line), or elective monitoring, or review of home ventilation. An admission to PICU is considered elective if it could be postponed for more than 6 hours without adverse effects.

Main reason for PICU admission

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

Bronchiolitis – include children who present either with respiratory distress or central apnoea where the clinical diagnosis is bronchiolitis

Obstructive sleep apnoea – record if main reason for admission is obstructive sleep apnoea. If the patient has been admitted following adenoidectomy and/or tonsillectomy, record the type of admission as planned/unplanned following surgery and also complete the operation and procedure code for adenoidectomy and/or tonsillectomy in the diagnoses and procedures section.

Recovery from surgery or a procedure - (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.

Seizure disorder - Include a patient who requires admission primarily due to status epilepticus, epilepsy, febrile convulsion, or other epileptic syndrome; where admission is required either to control seizures or to recover from the effects of seizures or treatment.

Evidence to asses past medical history - Evidence may be obtained from in or out-patient hospital notes, GP notes, or information from the child (if able), child’s family/friends/relatives or any other responsible adult.

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.

Severe Combined Immune deficiency (SCIDS) - 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.

Transport times

BASE TO COLLECTION UNIT	PATIENT JOURNEY	DESTINATION UNIT TO BASE
<input type="checkbox"/> Tick if this section of the trip is not applicable	<input type="checkbox"/> Tick if this section of the trip is not applicable	<input type="checkbox"/> Tick if this section of the trip is not applicable
Mode of transport (tick all that apply) <input type="checkbox"/> Dedicated ambulance <input type="checkbox"/> RRV <input type="checkbox"/> Taxi <input type="checkbox"/> Other ambulance <input type="checkbox"/> Air <input type="checkbox"/> Other	Mode of transport (tick all that apply) <input type="checkbox"/> Dedicated ambulance <input type="checkbox"/> RRV <input type="checkbox"/> Taxi <input type="checkbox"/> Other ambulance <input type="checkbox"/> Air <input type="checkbox"/> Other	Mode of transport (tick all that apply) <input type="checkbox"/> Dedicated ambulance <input type="checkbox"/> RRV <input type="checkbox"/> Taxi <input type="checkbox"/> Other ambulance <input type="checkbox"/> Air <input type="checkbox"/> Other
Depart base (dd/mm/yyyy hh:mm) [][]/[][]/20[][] [][]:[][]	Depart collection unit (or location) [][]/[][]/20[][] [][]:[][]	Depart destination unit (or location) [][]/[][]/20[][] [][]:[][]
→ Arrive base airport [][]/[][]/20[][] [][]:[][]	→ Arrive collection airport [][]/[][]/20[][] [][]:[][]	→ Arrive destination airport [][]/[][]/20[][] [][]:[][]
→ Aircraft type <input type="checkbox"/> Unpressurised fixed-wing <input type="checkbox"/> Dedicated helicopter <input type="checkbox"/> Pressurised fixed-wing <input type="checkbox"/> Other helicopter	→ Aircraft type <input type="checkbox"/> Unpressurised fixed-wing <input type="checkbox"/> Dedicated helicopter <input type="checkbox"/> Pressurised fixed-wing <input type="checkbox"/> Other helicopter	→ Aircraft type <input type="checkbox"/> Unpressurised fixed-wing <input type="checkbox"/> Dedicated helicopter <input type="checkbox"/> Pressurised fixed-wing <input type="checkbox"/> Other helicopter
→ Takeoff base airport [][]/[][]/20[][] [][]:[][]	→ Takeoff collection airport [][]/[][]/20[][] [][]:[][]	→ Takeoff destination airport [][]/[][]/20[][] [][]:[][]
→ Land collection airport [][]/[][]/20[][] [][]:[][]	→ Land destination airport [][]/[][]/20[][] [][]:[][]	→ Land base airport [][]/[][]/20[][] [][]:[][]
→ Depart collection airport [][]/[][]/20[][] [][]:[][]	→ Depart destination airport [][]/[][]/20[][] [][]:[][]	→ Depart base airport [][]/[][]/20[][] [][]:[][]
Arrive collection unit (or location) [][]/[][]/20[][] [][]:[][]	Arrive destination unit (or location) [][]/[][]/20[][] [][]:[][]	Arrive base [][]/[][]/20[][] [][]:[][]
Blue light or siren used or requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Blue light or siren used or requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Blue light or siren used or requested? <input type="checkbox"/> Yes <input type="checkbox"/> No
Organisational delay <input type="checkbox"/> None <input type="checkbox"/> Team out <input type="checkbox"/> Staffing <input type="checkbox"/> Vehicle	Organisational delay <input type="checkbox"/> None <input type="checkbox"/> Team out <input type="checkbox"/> Staffing <input type="checkbox"/> Vehicle	Organisational delay <input type="checkbox"/> None <input type="checkbox"/> Team busy <input type="checkbox"/> Staffing <input type="checkbox"/> Vehicle
Vehicle incident <input type="checkbox"/> None <input type="checkbox"/> Vehicle accident <input type="checkbox"/> Vehicle breakdown	Vehicle incident <input type="checkbox"/> None <input type="checkbox"/> Vehicle accident <input type="checkbox"/> Vehicle breakdown	Vehicle incident <input type="checkbox"/> None <input type="checkbox"/> Vehicle accident <input type="checkbox"/> Vehicle breakdown

Interventions (retrievals only)

Interventions by local team prior to arrival of transport team (tick all that apply)

- ☐ Primary intubation
- ☐ Re-intubation
- ☐ Other airway
- ☐ Non-invasive ventilation
- ☐ High flow nasal cannula therapy
- ☐ Primary central venous access
- ☐ Additional central venous access
- ☐ Arterial access
- ☐ Inotrope or vasopressor infusion
- ☐ Prostaglandin infusion
- ☐ Primary intraosseus access
- ☐ Additional intraosseus access
- ☐ Chest drain insertion
- ☐ ICP monitoring
- ☐ ECMO

Interventions while transport team in attendance (tick all that apply)

- ☐ Primary intubation
- ☐ Re-intubation
- ☐ Other airway
- ☐ Non-invasive ventilation
- ☐ High flow nasal cannula therapy
- ☐ Primary central venous access
- ☐ Additional central venous access
- ☐ Arterial access
- ☐ Inotrope or vasopressor infusion
- ☐ Prostaglandin infusion
- ☐ Primary intraosseus access
- ☐ Additional intraosseus access
- ☐ Chest drain insertion
- ☐ ICP monitoring
- ☐ ECMO

PIM (retrievals only)

This applies to observations recorded in the first hour after first face-to-face contact with transport team doctor

Elective admission
☐ Tick if this is an elective admission

Main reason for admission

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

Is evidence available to assess past medical history?
☐ Yes ☐ No

If yes, tick all that apply

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

Systolic blood pressure
[][] mmHg

SpO₂ [][] % → **FiO₂** [][] (at time SpO₂ measured)

Blood gas measured?
☐ Yes ☐ No

Arterial PaO₂ [][] kPa or **Arterial PaO₂** [][] mmHg

FiO₂ [][]

Intubation?
☐ Yes ☐ No

Headbox?
☐ Yes ☐ No

Base excess
[][] mmol/l → ☐ Arterial ☐ Capillary ☐ Venous

Lactate
[][] mmol/l → ☐ Arterial ☐ Capillary ☐ Venous

Mechanical ventilation?
☐ Yes ☐ No

CPAP?
☐ Yes ☐ No

Pupil reaction
☐ Both fixed and dilated
☐ Other reaction
☐ Unknown

Systolic Blood Pressure - The first systolic blood pressure measured and recorded following first face to face (not telephone) contact between the patient and a specialist paediatric intensive care doctor or nurse practitioner. 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. If missing document 999

SpO2 and FiO2 - Record the first SpO2 and corresponding FiO2 measured following first face-to-face contact between the patient and a PIC doctor

Blood Gas Measured? - Tick if blood gas samples (arterial, capillary or venous) were taken and recorded within the defined time period

Arterial PaO2 - First arterial PaO2 measured and recorded at first contact between the patient and a specialist PIC doctor. Do not document if venous or capillary gases. If missing, record 999

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

Intubation or Headbox - Tick if intubated or using headbox at time of arterial gas. Includes endotracheal tube, LMA and tracheostomy

Base Excess - First base excess from arterial, capillary or venous gas within defined time period. If not or never recorded, write 999. Indicate –ve or +ve and specify sample type

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

Mechanical ventilation—where all or some of the breaths, or portion of the breaths (pressure support) are delivered by a mechanical device. Includes high frequency, jet ventilators, negative pressure ventilators, BIPAP & CPAP.

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

Pupil Reaction - First pupillary reaction measured AND recorded within defined time period - Both fixed and dilated if both >3mm and both unreactive to light.

Leukaemia or Lymphoma after first induction - Include only cases where admission is related to leukaemia or lymphoma or the therapy for these.

Acute Necrotising Enterocolitis (NEC) – If only develops subsequently following admission to your unit and is not present at first contact then do not record.

Hypoplastic left heart syndrome - 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.

Spontaneous 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.