

**Patient details (or hospital label)**

**Family name**

**First name**

**Address**

**Postcode**

**NHS/CHI/H&C number**

Tick if patient is not eligible for number

**Case note number (destination PICU)**

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

**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

**Speciality of clinical team leader**

**Grade of most senior nurse**  
 5  6  7  8  
 Nurse not present

**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)**

<input type="checkbox"/> No critical incidents	<input type="checkbox"/> Loss of medical gas supply	<input type="checkbox"/> Equipment failure or incompatibility impacting on patient care
<input type="checkbox"/> Accidental extubation	<input type="checkbox"/> Loss of all IV access	<input type="checkbox"/> Other critical incident (specify)
<input type="checkbox"/> Required intubation in transit	<input type="checkbox"/> Cardiac arrest	<input type="text"/>
<input type="checkbox"/> Complete ventilator failure	<input type="checkbox"/> Medication administration error	

**Comments**

**Form completed by**

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

For more contact details, go to [www.picanet.org.uk/contact-us](http://www.picanet.org.uk/contact-us)  
 For forms, dataset manuals and guidance, go to [www.picanet.org.uk/data-collection](http://www.picanet.org.uk/data-collection)

**Transport times**

**BASE TO DESTINATION UNIT**

Tick if this section of the trip is not applicable

**Mode of transport (tick all that apply)**

- Dedicated ambulance  RRV  Taxi  
 Other ambulance  Air →  Other

**Depart base (dd/mm/yyyy hh:mm)**

□□□□/□□□□/20□□ □□:□□

→ **Arrive base airport**

□□□□/□□□□/20□□ □□:□□

→ **Aircraft type**

- Unpressurised fixed-wing  Dedicated helicopter  
 Pressurised fixed-wing  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?**

- Yes  No

**Organisational delay**

- None  Team out  Staffing  Vehicle

**Vehicle incident**

- None  Vehicle accident  Vehicle breakdown

**PATIENT JOURNEY**

Tick if this section of the trip is not applicable

**Mode of transport (tick all that apply)**

- Dedicated ambulance  RRV  Taxi  
 Other ambulance  Air →  Other

**Depart collection unit (or location)**

□□□□/□□□□/20□□ □□:□□

→ **Arrive collection airport**

□□□□/□□□□/20□□ □□:□□

→ **Aircraft type**

- Unpressurised fixed-wing  Dedicated helicopter  
 Pressurised fixed-wing  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?**

- Yes  No

**Organisational delay**

- None  Team out  Staffing  Vehicle

**Vehicle incident**

- None  Vehicle accident  Vehicle breakdown

**DESTINATION UNIT TO BASE**

Tick if this section of the trip is not applicable

**Mode of transport (tick all that apply)**

- Dedicated ambulance  RRV  Taxi  
 Other ambulance  Air →  Other

**Depart destination unit (or location)**

□□□□/□□□□/20□□ □□:□□

→ **Arrive destination airport**

□□□□/□□□□/20□□ □□:□□

→ **Aircraft type**

- Unpressurised fixed-wing  Dedicated helicopter  
 Pressurised fixed-wing  Other helicopter

→ **Takeoff destination airport**

□□□□/□□□□/20□□ □□:□□

→ **Land base airport**

□□□□/□□□□/20□□ □□:□□

→ **Depart base airport**

□□□□/□□□□/20□□ □□:□□

**Arrive base**

□□□□/□□□□/20□□ □□:□□

**Blue light or siren used or requested?**

- Yes  No

**Organisational delay**

- None  Team busy  Staffing  Vehicle

**Vehicle incident**

- None  Vehicle accident  Vehicle breakdown

**Interventions (retrievals only)**

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

- Primary intubation *apply*  
 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 intraosseous access  
 Additional intraosseous 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 intraosseous access  
 Additional intraosseous 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 →  Elective liver transpl't  
 Diabetic ketoacidosis  
 Seizure disorder  
 Other (none of the above)  Bypass cardiac proc.  
 Non-bypass cardiac proc.  
 Other procedure

**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 (at time SpO<sub>2</sub> measured)

SpO<sub>2</sub> □□□□ % → FiO<sub>2</sub> □ . □□ measured

**Blood gas measured?**

Yes  No

Arterial PaO<sub>2</sub> □□ . □□ kPa or Arterial PaO<sub>2</sub> □□□□ mmHg

FiO<sub>2</sub> □ . □□

**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