

# How to complete the Admission (Level 2) form

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

**NHS** – England and 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 if applicable

**Date of birth** – As recorded on the child’s birth certificate or other appropriate document.  
**Not estimated**  
**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.

**Sex** – Identifies genotypical sex of child at commencement of critical care.

**Paediatric Intensive Care Audit Network - Data Collection**
**Admission (Level 2)**

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**Patient details (or hospital label)**

<p><b>Family name</b></p> <input style="width: 95%;" type="text"/>	<p><b>Ethnic group</b></p> <p><b>White</b></p> <input type="checkbox"/> English, Welsh, Scottish, Northern Irish or British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Roma <input type="checkbox"/> Any other White background ( <i>specify</i> ) <p><b>Mixed or multiple ethnic groups</b></p> <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed or multiple ethnic background ( <i>specify</i> ) <p><b>Asian or Asian British</b></p> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Asian Pakistani <input type="checkbox"/> Asian Bangladeshi <input type="checkbox"/> Any other Asian background ( <i>specify</i> ) <p><b>Black, Black British, Caribbean or African</b></p> <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Any other Black, Black British or Caribbean background ( <i>specify</i> ) <p><b>Other ethnic group</b></p> <input type="checkbox"/> Chinese <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group ( <i>specify</i> ) <input type="checkbox"/> Not stated (declined)
<p><b>First name</b></p> <input style="width: 95%;" type="text"/>	
<p><b>Address</b></p> <input style="width: 95%; height: 30px;" type="text"/>	
<p><b>Postcode</b></p> <input style="width: 40%; height: 20px;" type="text"/>	
<p><b>NHS/CHI/H&amp;C number</b></p> <input style="width: 40%; height: 20px;" type="text"/> <input type="checkbox"/> Tick if patient is not eligible for number	
<p><b>Case note number</b></p> <input style="width: 40%; height: 20px;" type="text"/>	
<p><b>Date of birth (dd/mm/yyyy)</b></p> <input style="width: 40%; height: 20px;" type="text"/> <div style="display: flex; margin-left: 10px;"> <input type="checkbox"/> Not estimated  <input type="checkbox"/> Estimated  <input type="checkbox"/> Anonymised         </div>	
<p><b>Sex</b></p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Ambiguous	

**Admission details**

<p><b>Date and time of admission to unit</b></p> <input style="width: 95%; height: 20px;" type="text"/>	<p><b>Source of admission</b></p> <input type="checkbox"/> Same hospital <input type="checkbox"/> Other hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Home	<p><b>Retrieval / transfer?</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Admission number</b></p> <input style="width: 95%; height: 20px;" type="text"/>	<p><b>Care area admitted from (includes transfers in)</b></p> <input type="checkbox"/> X-ray / endoscopy / CT scanner <input type="checkbox"/> Recovery only <input type="checkbox"/> PICU <input type="checkbox"/> NICU <input type="checkbox"/> ICU (adult) <input type="checkbox"/> Level 2 unit (HDU) <input type="checkbox"/> Ward <input type="checkbox"/> Theatre and recovery <input type="checkbox"/> A & E <input type="checkbox"/> Other intermediate care area ( <i>specify</i> )	<p><i>If yes</i></p> <p><b>Type of transport team</b></p> <input type="checkbox"/> PICU <input type="checkbox"/> Centralised transport service <input type="checkbox"/> Transport team from neonates <input type="checkbox"/> Other specialist team <input type="checkbox"/> Non-specialist team <input type="checkbox"/> Unknown
<p><b>Type of admission to unit</b></p> <input type="checkbox"/> Planned – following surgery <input type="checkbox"/> Unplanned – following surgery <input type="checkbox"/> Planned – other <input type="checkbox"/> Unplanned – other		<p><b>Transport team</b></p> <input style="width: 95%; height: 20px;" type="text"/>
<p><b>Previous critical care admission (during current hospital stay)</b></p> <input type="checkbox"/> PICU <input type="checkbox"/> NICU <input type="checkbox"/> ICU (adult) <input type="checkbox"/> Level 2 unit (HDU) <input type="checkbox"/> None <input type="checkbox"/> Unknown		<p><b>Collection unit</b></p> <input style="width: 95%; height: 20px;" type="text"/>

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For forms, dataset manuals and guidance, go to [picanet.org.uk](http://picanet.org.uk)

Form completed by

**Ethnic group** - Identifies the child’s ethnic origin, according to 2021 Census categories.

**Other ethnic group** - The child’s exact ethnic origin (if known), if not specified in the table containing 2021 Census categories.

**Gestational age at delivery** – Gestational age at delivery in completed weeks if aged less than 2 years at admission to your unit.

**Birth order** – Identifies the order in which the child was delivered if a multiple birth.  
**Multiplicity** - Identifies whether the child was a singleton, twin, triplet, etc.

**PICANet** Paediatric Intensive Care Audit Network - Data Collection **Admission (Level 2)**

**Patient details (or hospital label)**

Family name: \_\_\_\_\_

First name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

NHS/CHI/H&C number: \_\_\_\_\_  Tick if patient is not eligible for number

Case note number: \_\_\_\_\_

Date of birth (dd/mm/yyyy): \_\_\_\_\_  Not estimated  Estimated  Anonymised

Sex:  Male  Female  Ambiguous

**Ethnic group**

White

English, Welsh, Scottish, Northern Irish or British

Irish

Gypsy or Irish Traveller

Roma

Any other White background (specify) \_\_\_\_\_

Mixed or multiple ethnic groups

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed or multiple ethnic background (specify) \_\_\_\_\_

Asian or Asian British

Asian Indian

Asian Pakistani

Asian Bangladeshi

Any other Asian background (specify) \_\_\_\_\_

Black, Black British, Caribbean or African

Black Caribbean

Black African

Any other Black, Black British or Caribbean background (specify) \_\_\_\_\_

Other ethnic group

Chinese

Arab

Any other ethnic group (specify) \_\_\_\_\_

Not stated (declined)

Gestational age at delivery (if patient is under 2 years old) \_\_\_\_\_ weeks

Birth order \_\_\_\_\_ of \_\_\_\_\_ Multiplicity

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**Admission details**

Date and time of admission to unit: \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_ :\_\_\_\_

Admission number: \_\_\_\_\_

Type of admission to unit

Planned – following surgery

Unplanned – following surgery

Planned – other

Unplanned – other

Previous critical care admission (during current hospital stay)

PICU

NICU

ICU (adult)

Level 2 unit (HDU)

None

Unknown

Source of admission

Same hospital

Other hospital

Clinic

Home

Care area admitted from (includes transfers in)

X-ray / endoscopy / CT scanner

Recovery only

PICU

NICU

ICU (adult)

Level 2 unit (HDU)

Ward

Theatre and recovery

A & E

Other intermediate care area (specify) \_\_\_\_\_

Retrieval / transfer?  Yes  No

If yes

Type of transport team

PICU

Centralised transport service

Transport team from neonates

Other specialist team

Non-specialist team

Unknown

Transport team: \_\_\_\_\_

Collection unit: \_\_\_\_\_

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Form completed by: \_\_\_\_\_

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**Date and time of admission to unit** - The actual date and time that the child was physically admitted to a bed or cot within your unit.

**Admission number** - Unique identifier assigned to each consecutive admission to your unit, as recorded in your unit admission book or clinical information system.

**Type of admission to unit**  
**Planned admission following surgery** – an admission where clinicians were aware before the surgery begins or if it could have been delayed by >24 hours without risk.  
**Unplanned admission following surgery** – an admission where clinicians were not aware before the surgery began.  
**Planned (other)** – an admission that is not an emergency.  
**Unplanned (other)** - an admission your unit was not expecting; an emergency admission.

**Previous critical care admission** – Specifies whether the child has had a previous admission to a critical care environment such as PICU, NICU, ICU (Adult) or a Level 2 unit (HDU) before admission to your unit, during their current hospital stay.

**Source of admission** – The location from where the child was directly admitted to your unit.

**Care area admitted from - 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** - means the child was cared for in the theatre recovery area prior to admission to your unit (e.g. for intubation).

**Level 2 Unit (HDU)** - child was receiving care in a Level 2 critical care unit/high dependency area.

**PICU** - child was receiving care within an adult or other specialist PICU.

**NICU** - child was receiving care within an adult or other specialist NICU.

**ICU (Adult)** - child was receiving care within an adult or other specialist ICU.

**Ward** - child was receiving care in a ward.

**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.

**A&E** - child was receiving care within an Accident and Emergency Department.

**Other intermediate care area (please specify)** - is an area where the level of care is greater than that of the normal Unit (wards, but not an ICU/PICU/NICU or Level 2 Unit (HDU)).

**Retrieval/Transfer** - Specifies whether the child was transferred to your unit from the original admitting hospital by a transport team.

**Type of transport team**  
**PICU** - specialised PICU team transferred the child.  
**Centralised transport service (SPTS)** - 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.

**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.

**PIM Eligibility**- Identifies whether the observations recorded meet the criteria for the calculation of a PIM 3 score. PIM 3 applies to observations recorded between the first face-to-face contact with ICU doctor until one hour after admission. measurement during this time period.

**Elective admission** - An admission is considered elective if it could be postponed for more than 6 hours without adverse effects.

**Main reason for admission** - evidence available at the time of the admission event from notes, GP or family. Not including new diagnosis during this admission event. If **recovery from surgery**, select type of procedure.

**Cardiac arrest before admission** – include documented absence of pulse or requirement for external cardiac compression before this admission to Level 2 paediatric critical care service. **Do not** include past history of cardiac arrest.

**Past medical history**  
**Cardiomyopathy or myocarditis** – documented diagnosis during 1 month period before or at contact with unit doctor (not if develops after admission). Not including children with impaired cardiac function due to sepsis or surgery. ECHO findings of endocardial fibroelastosis plus poor ventricular function are sufficient not just poor function.

**Severe combined immune deficiency** - documented at or prior to admission. Tick even if had successful bone marrow transplant.

**Hypoplastic left heart syndrome** - including those with previous successful surgical repair. Not hypoplastic left ventricle unless documented ventriculo-arterial concordance.

**Leukaemia/lymphoma after first induction** - irrespective of state of immunity or remission.

**Liver failure** includes patients recovering from liver transplant for acute or chronic liver failure.

**Acute NEC** prior to or at first contact.

**Spontaneous cerebral haemorrhage** e.g. aneurysm, associated with need for admission. Not intracranial bleeds as a result of trauma.

**Neurodegenerative disorder** - progressive deterioration with loss of speech, vision, hearing, locomotion. Not static disability even if severe, unless progressive loss of milestones.

**HIV** antigen positive.

**Bone marrow transplant recipient** during this hospital admission.

**None of the above** – Identifies that none of the above apply to the patient.

**Severity of illness on admission** (always use the first recorded measurement)

To assess severity of illness record the first documented observations taken within the first hour of admission

**PIM eligibility**  
 Were observations recorded between first face-to-face contact with ICU doctor and up to 1 hour of admission?  
 Yes  No

**Elective admission**  
 Tick if this is an elective admission

**Main reason for admission**

Asthma  
 Bronchiolitis  
 Croup  
 Obstructive sleep apnoea  
 Recovery from surgery →  Bypass cardiac proc.  
 Diabetic ketoacidosis  Non-bypass cardiac proc.  
 Seizure disorder  Elective liver transpl  
 Other (none of the above)  Other procedure

**Is evidence available to assess past medical history?**  
 Yes  No  
 If yes, tick all that apply

Cardiac arrest before admission  
 Cardiac arrest OUT of hospital  
 Cardiomyopathy or myocarditis  
 Severe combined immune deficiency  
 Hypoplastic left heart syndrome  
 Leukaemia/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  
 Other (none of the above)

**CARDIOVASCULAR**  
**Heart rate**  
   beats per minute  
**Capillary refill time**  
  seconds  
**Systolic blood pressure**  
   mmHg

**RESPIRATORY**  
**Spontaneous respiratory rate**  
   breaths per minute  
**Respiratory distress**  
 None  
 Mild  
 Moderate  
 Severe  
 Unknown  
**SpO<sub>2</sub> (via pulse oximetry)**  
   %  
**Oxygen (at time SpO<sub>2</sub> measured)**  
 FiO<sub>2</sub>   or Flow   L/minute

**INTERVENTIONS**  
**Mechanical ventilation?**  
 Yes  No  
**CPAP? (include via tracheostomy, mask, nasal)**  
 Yes  No  
**HFNCT?**  
 Yes  No  
**Facemask?**  
 Yes  No  
**BIPAP? (include via tracheostomy, mask, nasal)**  
 Yes  No  
**Tracheostomy ventilation?**  
 Yes  No  
**Endotracheal intubation?**  
 Yes  No

**NEUROLOGICAL**  
**Conscious level**  
 A – alert  
 V – responds to voice  
 P – responds to pain  
 U – unresponsive  
**Pupil reaction (if unresponsive)**  
 Both fixed and dilated  
 Other  
 Unknown  
**Temperature**  
  .  °C

**BLOOD RESULTS**  
**Blood glucose**  
  .  mmol/L  
**Blood gas measured?**  
 Yes  No  
**Blood gas source**  
 Arterial  
 Capillary  
 Venous  
 If arterial blood gas  
**Arterial PaO<sub>2</sub> or Arterial PaO<sub>2</sub>**  
  .  kPa    mmHg  
**FiO<sub>2</sub> (at time of arterial PaO<sub>2</sub> sample)**  
  .

**Base excess**  
   .  mmol/L  
**Lactate**  
  .  mmol/L

**Additional information**

**Was the patient on home oxygen or long-term ventilation immediately prior to this admission?**  
 Yes  No  
 If yes, specify type (record highest level of intervention)

BIPAP via tracheostomy  
 CPAP via tracheostomy  
 BIPAP via facemask  
 CPAP via facemask  
 NCPAP  
 HFNCT  
 Home oxygen  
 Other (specify)

**Weight**  
   .   kg

**Is the patient on a clinical trial?**  
 Yes (specify name of trial)  No

**Name of trial**

**Heart rate** – The first value measured and recorded within the first hour following admission to your unit.

**Capillary refill time** – The first capillary refill time measured within the first hour following admission to your unit.

**Systolic blood pressure** – First systolic blood pressure measured and recorded in the first hour following admission to your unit. Record 0 if patient in cardiac arrest, 30 if patient shocked and BP is measured but not recordable. Enter 999 if unknown.

**Respiratory Rate** - The first respiratory rate measured and recorded within the first hour following admission to your unit.

**Respiratory Distress** - The first recorded assessment of respiratory distress recorded within the first hour following admission to your unit.

**SpO<sub>2</sub>** – Record the first SpO<sub>2</sub> (pulse oximetry) that has a corresponding FiO<sub>2</sub> measured and recorded within the first hour following admission to your unit. The patient's oxygen saturation (SpO<sub>2</sub>), expressed as a percentage.

**FiO<sub>2</sub> at the time of SpO<sub>2</sub>** – The FiO<sub>2</sub> at the time of the first SpO<sub>2</sub> measured and recorded following admission to your unit. The patient's fraction of inspired oxygen (FiO<sub>2</sub>), expressed as a fraction.

**Flow at the time of SpO<sub>2</sub>** - The Oxygen flow at the time of the first SpO<sub>2</sub> measured and recorded in the first hour following admission to your unit. The flow of oxygen administered to the patient, expressed in Litres per minute.



**Daily interventions** - record admission date and insert 'X' in the box for each intervention given at any time in each 24-hour period from midnight to midnight. An item should be recorded in the PCCMDS when the critical care activity applies for a period of greater than 4 hours. If no interventions given choose 'No defined critical care activity' (i.e. no other interventions recorded) to signify daily intervention record completed for identified day of stay

**Tracheostomy cared for by nursing staff** - True if a tracheostomy was cared for by nursing staff that day; including responsibility for and supervision of an external carer (e.g. parent).

**Maximal oxygen concentrate (%)** - If supplemental oxygen therapy was given that day (irrespective of ventilatory state), record the maximum concentration (%) that day.

**High flow nasal cannula therapy (HFNCT)** - record maximum flow in L/min that day

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

**Daily interventions**

Please record all interventions given on each day of admission using a cross, unless otherwise specified.  
An item should be recorded in the PCCMDS when the critical care activity applies for a period of greater than 4 hours.  
If no interventions given, select **No defined critical care activity**

Admission date: \_\_\_\_\_

Day 0 1 2 3 4 5 6 7 8 9 10 11 12 13

<b>Basic</b>	No defined critical care activity	Code 99													
	Continuous ECG monitoring	50													
	Continuous pulse oximetry	73													
<b>Airway and ventilatory</b>	Invasive ventilation via endotracheal tube	51													
	Invasive ventilation via tracheostomy tube	52													
	Non-invasive ventilatory support	53													
	Advanced ventilatory support (jet ventilation)	56													
	Advanced ventilatory support (oscillatory ventilation)	56													
	Nasopharyngeal airway	55													
	Tracheostomy cared for by nursing staff	13													
	Supplemental oxygen therapy (irrespective of ventilatory state)	09													
	Maximal oxygen concentration (record maximum concentration as %)	-													
	High flow nasal cannula therapy (record maximum daily flow in L/minute)	88													
<b>Cardio-vascular</b>	Upper airway obstruction requiring nebulised adrenaline (epinephrine)	57													
	Apnoea requiring intervention (>3 in 24 hours or need for bag-mask ventilation)	58													
	Acute severe asthma requiring IV bronchodilator therapy or continuous nebuliser	59													
	Unplanned extubation (record number of unplanned extubations)	90													
	Unplanned tracheostomy removal or change (record number of unplanned events)	-													
	Arterial line monitoring	80													
	External pacing	61													
	Central venous pressure monitoring	62													
	Continuous infusion of inotrope, vasodilator or prostaglandin	06													
	Bolus IV fluids (>80 ml/kg/day) in addition to maintenance IV fluids	63													
<b>Renal</b>	Cardio-pulmonary resuscitation	64													
	Extracorporeal membrane oxygenation (ECMO)	65													
	Ventricular assist device (VAD)	65													
	Aortic balloon pump	65													
	Arrhythmia requiring intravenous anti-arrhythmic therapy	94													
	Peritoneal dialysis	05													
	Haemofiltration	16													
<b>Neuro-logical</b>	Haemodialysis	66													
	Plasma filtration	67													
	Plasma exchange	67													
	ICP-intracranial pressure monitoring	68													
<b>Analgesia/ sedation</b>	Intraventricular catheter or external ventricular drain	69													
	Status epilepticus requiring treatment with continuous infusion of anti-epileptic drugs	97													
<b>Metabolic</b>	Reduced conscious level (GCS ≤ 12) AND hourly (or more frequent) GCS monitoring	95													
	Epidural catheter in situ	85													
<b>Other</b>	Continuous intravenous infusion of a sedative agent	96													
	Diabetic ketoacidosis (DKA) requiring continuous infusion of insulin	70													
<b>High cost drugs</b>	Exchange transfusion	04													
	Intravenous thrombolysis	71													
	Extracorporeal liver support using molecular absorbent recirculating system (MARS)	72													
	Patient nursed in single occupancy cubicle (state reason for isolation below)	74													
<b>High cost drugs</b>	Medical gases Band 1 – nitric oxide	X841													
	Surfactant	X842													

Reason for isolation (if patient nursed in single occupancy cubicle)

**Unplanned extubation** - 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 in the bed space, appropriately prepared for the procedure. Record the number of unplanned extubations that day.

**Unplanned tracheostomy removal** - True if there was dislodgement of the tracheostomy from the trachea, or the tracheostomy had to be removed due to malfunction or suspected blockage. Record the number of unplanned events that day.

**Primary diagnosis for this admission** - 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 apnoea(s), the diagnosis for this admission is later confirmed as Bronchiolitis. In this case Bronchiolitis should be recorded as the Primary diagnosis for this admission.

**Other reasons for this admission** - 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 critical care.

**Operations and procedures performed during this admission** - Any operations and/or procedures performed during this admission to critical care or during the current hospital stay and relating to this admission to critical care. 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.

**Diagnoses and procedures**

**Primary diagnosis for this admission**

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**Other reasons for this admission**

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**Operations and procedures performed prior to and during this admission**

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**Comorbidities**

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**Was a tracheostomy performed during this admission?**  
 Yes  No

**Discharge information**

Date and time of discharge: [ ]/[ ]/[ ] 20[ ] [ ]:[ ]

**Status at discharge from your unit**  
 Alive  Dead

*If alive at discharge*

**Discharged for palliative care?**  
 Yes  No

**Was the patient discharged with home oxygen or long-term ventilation?**  
 Yes  No

*If yes, specify type (record highest level of intervention)*

BIPAP via tracheostomy  
 CPAP via tracheostomy  
 BIPAP via facemask  
 CPAP via facemask  
 NCPAP  
 HFNCT  
 Home oxygen  
 Other (specify) [ ]

*If alive at discharge*

**Destination following discharge from your unit**

<input type="checkbox"/> Normal residence	} →	<input type="checkbox"/> PICU
<input type="checkbox"/> Hospice		<input type="checkbox"/> NICU
<input type="checkbox"/> Same hospital		<input type="checkbox"/> ICU (adult)
<input type="checkbox"/> Other hospital		<input type="checkbox"/> Level 2 (HDU)
		<input type="checkbox"/> SCBU
		<input type="checkbox"/> Ward
		<input type="checkbox"/> Theatre
		<input type="checkbox"/> Other

*If dead at discharge*

**Date and time of death**  
[ ]/[ ]/[ ] 20[ ] [ ]:[ ]

**Mode of death**

Treatment withdrawn  
 Treatment limitation  
 Brain stem death  
 Failed cardiopulmonary resuscitation

**Transplant donor?**

No  
 Yes - solid organs only  
 Yes - tissues only  
 Yes - both solid organs and tissues

**30 days post-discharge from unit**

*Complete if information available*

**Status at 30 days post-discharge**  
 Alive  Dead  Unknown

**Date of death**  
[ ]/[ ]/[ ] 20[ ] [ ]:[ ]

**Location**

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

**Comments**

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**Comorbidities** - 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.

**Was a tracheostomy performed during this admission** - Specifies whether the child had a tracheostomy performed during this admission to your unit.

**Date and time of discharge** - Identifies the date and 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.

**Status at discharge from your unit** - 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.

**Discharged for palliative care** - 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.

**Home O2 and long-term ventilation** - Specifies whether the child was on home oxygen or long-term ventilation at the point of discharge from your unit. **If yes selected** – Specify the type of on home oxygen or long-term ventilation the child was on at the point of discharge from your unit.

**Destination following discharge from your unit** - Identifies the destination the child was directly discharged to from your unit. If destination following discharge is the same hospital or another hospital, then identify the hospital area discharged to.

**Transplant donor?** - 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.

Diagnoses and procedures	
Primary diagnosis for this admission	
Other reasons for this admission	
Operations and procedures performed prior to and during this admission	
Comorbidities	
Was a tracheostomy performed during this admission? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Discharge information	
<b>Date and time of discharge</b> <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<b>30 days post-discharge from unit</b> Complete if information available <b>Status at 30 days post-discharge</b> <input type="checkbox"/> Alive <input type="checkbox"/> Dead <input type="checkbox"/> Unknown <b>Date of death</b> <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <b>Location</b> <input type="checkbox"/> Normal residence <input type="checkbox"/> Hospice <input type="checkbox"/> Same hospital <input type="checkbox"/> Other hospital
<b>Status at discharge from your unit</b> <input type="checkbox"/> Alive <input type="checkbox"/> Dead <b>If alive at discharge</b> <b>Discharged for palliative care?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Was the patient discharged with home oxygen or long-term ventilation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, specify type (record highest level of intervention)</b> <input type="checkbox"/> BIPAP via tracheostomy <input type="checkbox"/> CPAP via tracheostomy <input checked="" type="checkbox"/> BIPAP via facemask <input type="checkbox"/> CPAP via facemask <input type="checkbox"/> NCPAP <input type="checkbox"/> HFNCT <input type="checkbox"/> Home oxygen <input type="checkbox"/> Other (specify)	<b>Destination following discharge from your unit</b> <input type="checkbox"/> Normal residence <input type="checkbox"/> Hospice <input type="checkbox"/> Same hospital <input type="checkbox"/> Other hospital <input type="checkbox"/> PICU <input type="checkbox"/> NICU <input type="checkbox"/> ICU (adult) <input type="checkbox"/> Level 2 (HDU) <input checked="" type="checkbox"/> SCBU <input type="checkbox"/> Ward <input type="checkbox"/> Theatre <input type="checkbox"/> Other <b>If dead at discharge</b> <b>Date and time of death</b> <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <b>Mode of death</b> <input type="checkbox"/> Treatment withdrawn <input type="checkbox"/> Treatment limitation <input type="checkbox"/> Brain stem death <input type="checkbox"/> Failed cardiopulmonary resuscitation <b>Transplant donor?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes – solid organs only <input type="checkbox"/> Yes – tissues only <input type="checkbox"/> Yes – both solid organs and tissues
<b>Comments</b>	

**Date and time of death** – Identifies the date and 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).

**Mode of death** – Specifies the mode of death for the deceased patient. **Treatment withdrawn** - death follows the withdrawal of ongoing organ support. **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. **Brain stem death** - death is confirmed using brain stem death criteria/testing. **Failed cardiopulmonary resuscitation (CPR)** - death immediately follows an unsuccessful attempt at cardiopulmonary resuscitation.

**\*Status at 30 days post discharge to be completed if information available**

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

**Date of death post discharge** – Identifies the date of death if this occurs post-discharge from your unit and is identified at 30 day follow-up.

**Location at 30 days post discharge** – Identifies the destination of the child 30 days post discharge from your unit. If destination following discharge is the same hospital or another hospital, then identify the hospital area discharged to.