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** __

Admission details

Date and time of admission to unit

__ __ / __ __ / 2 0 __ __ __ __ : __ __

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

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

For forms, dataset manuals and guidance, go to **picanet.org.uk**

Form completed by

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.
  ☐ Non-bypass cardiac proc.
  ☐ Elective liver transpl't
  ☐ Other procedure
☐ 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/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_2 *(via pulse oximetry)*

☐☐☐ %

Oxygen *(at time SpO_2 measured)*

FiO_2 ☐ . ☐☐ 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_2 ☐☐ . ☐☐ kPa or **Arterial PaO_2** ☐☐☐ mmHg

FiO_2 *(at time of arterial PaO_2 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

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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
Basic	No defined critical care activity	Code 99														
	Continuous ECG monitoring	50														
	Continuous pulse oximetry	73														
Airway and ventilatory	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														
	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)*	–														
Cardio-vascular	Arterial line monitoring	60														
	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														
	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														
Renal	Peritoneal dialysis	05														
	Haemofiltration	16														
	Haemodialysis	66														
	Plasma filtration	67														
	Plasma exchange	67														
Neuro-logical	ICP-intracranial pressure monitoring	68														
	Intraventricular catheter or external ventricular drain	69														
	Status epilepticus requiring treatment with continuous infusion of anti-epileptic drugs	97														
	Reduced conscious level (GCS ≤ 12) AND hourly (or more frequent) GCS monitoring	95														
Analgesia/ sedation	Epidural catheter in situ	85														
	Continuous intravenous infusion of a sedative agent	96														
Metabolic	Diabetic ketoacidosis (DKA) requiring continuous infusion of insulin	70														
Other	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														
High cost drugs	Medical gases Band 1 – nitric oxide	X841														
	Surfactant	X842														

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

....

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?

☐ 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

- ☐ Normal residence
- ☐ Hospice
- ☐ Same hospital
- ☐ Other hospital

Same hospital / Other hospital →

- ☐ PICU
- ☐ NICU
- ☐ ICU (adult)
- ☐ Level 2 (HDU)
- ☐ SCBU
- ☐ Ward
- ☐ Theatre
- ☐ 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

- ☐ Normal residence
- ☐ Hospice
- ☐ Same hospital
- ☐ Other hospital

Same hospital / Other hospital →

- ☐ PICU
- ☐ NICU
- ☐ ICU (adult)
- ☐ HDU
- ☐ SCBU
- ☐ Ward
- ☐ Other

Comments