PICANet Admission (Level 2) Schema Manual

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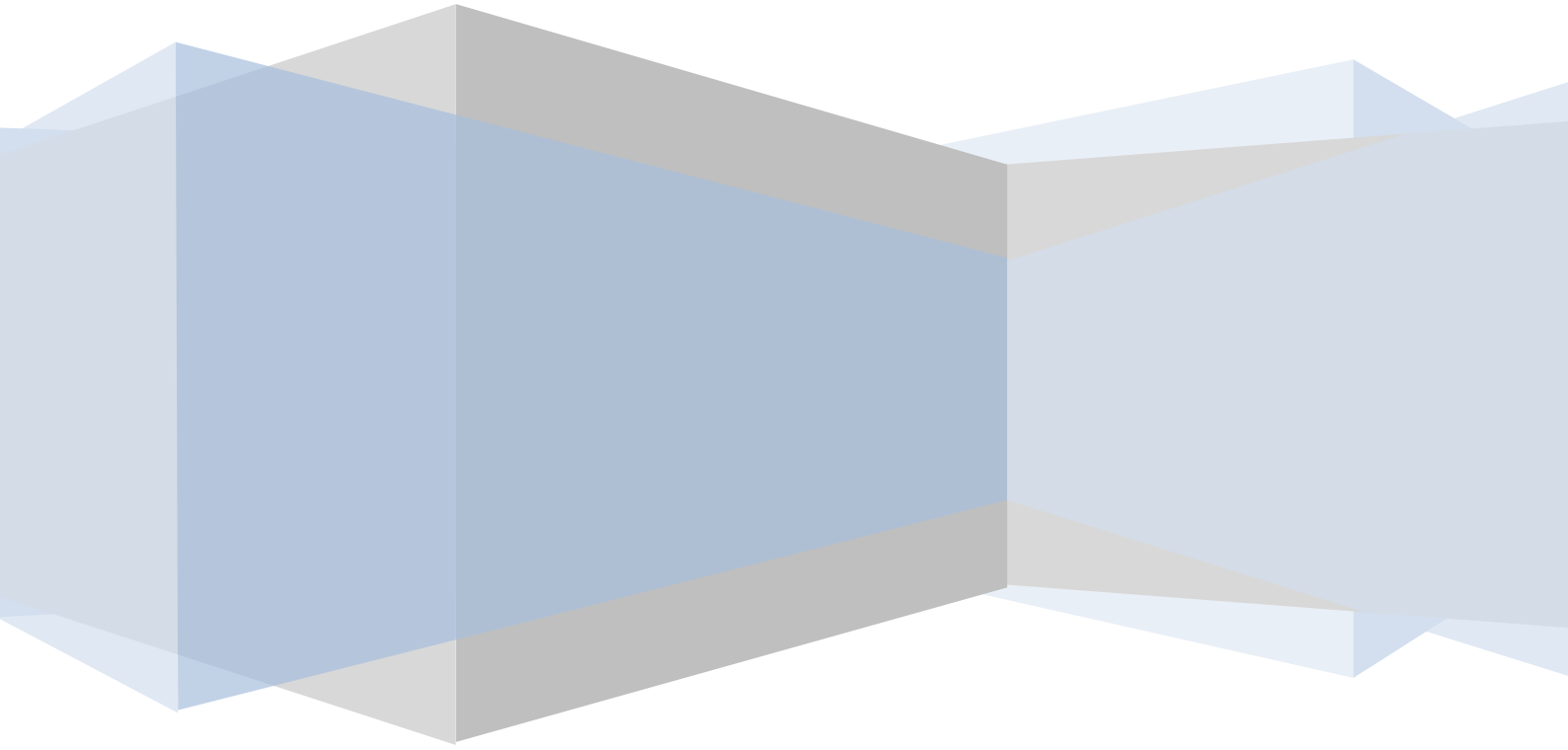

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Level 2 Dataset

Introduction

PICANet was commissioned by NHS England and NHS Improvement in March 2021 to undertake a 2-year development project, expanding its clinical audit to include the data collection and reporting of children in Discrete Level 2 Paediatric Critical Care (PCC) units.

This data will be collected through the same portal as the Level 3 data, PICANet Web.

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

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

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

Each “episode” node should have the attribute “localID”, the “localID” attribute should be a unique identifier that can be used to link data held in the clinical system of the DISCRETE LEVEL 2 CARE AREA. For further information on any data element please refer directly to the appropriate xsd definition file.

Episode details node

The “episodeDetails” node contains all demographic information, Paediatric Early Warning Score (PEWS) variables and the majority of fields that constitute an admission record. This node is a legacy structure; it dates back to before PICANet collected referral and transport data items.
Data items in this node can be supplied in any order, if some variables are not part of the event type being supplied then they can simply be omitted.

Demographic Details

Demographic information is collected to uniquely identify a patient and track their treatment and journey across all Paediatric Critical are services. Demographic details are used in the calculation of the PICANet variable “Patient ID” which uniquely identifies an individual in the database based on the data provided.

Demographic data is collected for all event types to enable tracking of a patient across multiple events.

Family name

XML Element:

episodeDetails/Element:familyName

Definition:

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

Reason:

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

Can help identify individuals who may have had multiple referrals, transport and/or admission events to one or more Critical care areas (PICU or HDU).

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

Format Free text (e.g. Brown).

If no family name available record as UNKNOWN and indicate why not available in the comments section.

Family name

XML Element:

episodeDetails/Element:familyName2

Definition:

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

Reason:

Second family name provides an additional identifier that can aid patient tracking throughout the hospital. Can help identify individuals who may have had multiple admissions to one or more Critical Care areas (PICU or HDU).

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

Format Free text (e.g. Brown).

If no family name available record as UNKNOWN and indicate why not available in the comments section.

First name

XML Element:

episodeDetails/Element:firstName

Definition:

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

Reason:

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

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

Format Free text (e.g. John).

If no first name available record as UNKNOWN and indicate why not available in the comments section.

XML Element:

episodeDetails/Element:

- address1
- address2
- address3
- Address4

Definition:

The normal place of residence for the child.

Reason:

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

Can help identify individuals who may have had multiple referrals, transport and/or admission events to one or more Critical care areas (PICU or HDU).

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

A full residential address will allow validation of postcode.

Format

4 free text fields, e.g. ADDRESS1: 83 Green Street

ADDRESS2: Brownley

ADDRESS3: Sheffield

ADDRESS4: South Yorkshire

At least part of the address should be entered in ADDRESS1. If no information is available, please state UNKNOWN and indicate reason in the comments section.

Note that not all fields need to be completed for short addresses, and very long addresses may require sub-districts and town to be combined.

A list of postcodes for overseas countries is available on request from PICANet.

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

Postcode

XML Element:

episodeDetails/Element:postcode

Definition:

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

Reason:

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

Can help identify individuals who may have had multiple referrals, transport and/or admission events to one or more Critical care areas (PICU or HDU).

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

Format:

Text (e.g. S10 8NN).

Foreign postcodes will be accepted by PICANet Web.

If postcode is unobtainable, record as UNOBTAINABLE on the paper form or leave blank. On PICANet Web this will generate a validation alert to clarify this information is unobtainable.

A list of postcodes for overseas countries is available on request from PICANet.

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

NHS, CHI or H&C number

XML Element:

episodeDetails/Element:nhsNo

Definition:

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

Reason:

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

Can help identify individuals who may have had multiple referrals, transport and/or admission events to one or more Critical care areas (PICU or HDU).

Format

Free text (e.g.1463788990).

Validation check that NHS, CHI or H&C number is a valid number.

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

Ineligible for NHS, CHI or H&C number

XML Element:

episodeDetails/Element:NhsIneligible

Definition:

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

Reason:

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

Format

Tick box if patient is not eligible for an NHS, CHI or H&C number.

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

Case note number

XML Element:

episodeDetails/Element:caseNo

Definition:

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

Allocated on first admission to hospital.

Reason:

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

Format

Free text (e.g. AB145C).

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

Date of birth

XML Element:

episodeDetails/Element:dob

Definition:

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

Reason:

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

Format:

Date; YYYY-MM-DD

Date of birth should be on or prior to the date of admission

If the child's date of birth is unobtainable, but the child is still on your unit, use your judgement to estimate year of birth and record as 1 January of estimated year (e.g. YYYY-01-01). Then tick 'Estimated' in the section 'Indicate if date of birth is' Estimated/Anonymised/Unknown section below

If information is being extracted from notes and the child's date of birth is not recorded, or recorded as unavailable, leave the field blank and in the 'Indicate if date of birth is' field below tick 'Unknown'

If it is necessary for Date of birth to be partly anonymised, enter the correct month and year and record 01 for the day (e.g. YYYY-MM-01) then tick 'Anonymised' below

Validation check: if patient is aged 18 years or older at admission

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

Indicate if date of birth is not estimated, estimated or anonymised

XML Element:

episodeDetails/Element:dobEst

Definition:

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

Reason:

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

Format

Choose from one of the following:

- Estimated
- Anonymised
- Unknown (and cannot be estimated)

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

Sex

XML Element:

episodeDetails/Element:sex

Definition:

Identifies the genotypical sex of the child at commencement of critical care..

Reason:

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

Format:

Choose from one of the following:

- Male
- Female
- Ambiguous

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

Ethnic category

XML Element:

episodeDetails/Element:ethnic

Definition:

Identifies the child's ethnic origin, according to 2021 census categories.

Reason:

Required for epidemiological analysis and assessment of health services delivery.
Potentially of value in clinical audit and research in conjunction with other clinical data.

Format:

Refer to the listed ethnic categories and use free text to record the child's ethnic category. Then select the appropriate ethnic category from the drop-down list on the PICANet Web record e.g. White British.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	ethnicType
Datatype Definition			
Enumerated field:			• A White - English, Welsh, Scottish, Norther Irish or British • B White - Irish • T White - Gypsy or Irish Traveller • Y White - Roma • C Any other White background (Specify) • D Mixed - White and Black Caribbean • E Mixed - White and Black African • F Mixed - White and Asian • G Any other Mixed or multiple ethnic background (Specify) • H Asian - Indian • J Asian - Pakistani • K Asian - Bangladeshi • L Any other Asian background (Specify) • M Black - Caribbean • N Black - African • P Any other Black, Black British or Caribbean background *(specify)* • R Chinese • W Arab • S Any other ethnic group (Specify) • Z Not stated • 9 Unknown

Other ethnic category

XML Element:

episodeDetails/Element:ethnicOther

Definition:

The child's exact ethnic origin (if known), if not specified in the table containing standard NHS ethnic categories and codes.

If codes including 'other' e.g. 'Mixed other' are chosen for Ethnic category, 'Other' ethnic category will give a further option to specify the child's exact ethnic origin.

Reason:

Required for epidemiological analysis and assessment of health services delivery.

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

Format:

Free text (e.g. Mediterranean).

In this case Mixed other may have been recorded for Ethnic category, but the notes may have specifically stated that the child was Mediterranean.

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

Gestational age at delivery

XML Element:

episodeDetails/Element:gest

Definition:

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

Reason:

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

Format:

Enter between 20-44 weeks.

Enter 99 if unknown.

Validation check: if range outside 24 to 42.

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

Birth order (all admissions)

XML Element:

episodeDetails/Element:delOrder

Definition:

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

Reason:

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

Format:

Enter 1 for singleton/first born, 2 for second born, 3 for third born and so on.

Enter 9 if unknown.

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

XML Element:

episodeDetails/Element:mult

Definition:

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

Reason:

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

Format:

Enter 1 for singleton, 2 for twins, 3 for triplets and so on.

Enter 9 if unknown.

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

Admission elements

Data relating to a patient's admission to a discrete level 2 care area is collected in the following elements, the majority of the elements in this section have been part of the PICANet Level 3 core dataset for many years with very little change.

Date of admission to unit

XML Element:

episodeDetails/Element:adDate

Definition:

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

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

Reason:

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

Format:

Date: YYYY-MM-DD

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

Time of admission to unit.

XML Element:

episodeDetails/Element:adTime

Definition:

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

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

Reason:

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

Format:

Time: hh:mm

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

Admission number

XML Element:

episodeDetails/Element:adNo

Definition:

Unique identifier assigned to each consecutive admission to you unit.

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

If an admission number is not allocated in your unit this field can be left blank.

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

Reason:

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

Format:

Free text (e.g. 01/389).

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

Type of admission to a unit

XML Element:

episodeDetails/Element:adType

Definition:

Identifies type of admission to your unit:
A planned admission following surgery is an admission that your unit was aware of before the surgery begins, or an admission following surgery that could have been delayed for more than 24 hours without risk (e.g. spinal surgery).
An unplanned admission following surgery is an admission that your unit was not aware of before surgery began (e.g. bleeding tonsillectomy).
Surgery is defined as undergoing all or part of a procedure or anaesthesia for a procedure in an operating theatre or anaesthetic room. Please note: do not include patients admitted from the operating theatre where surgery is not the main reason for admission (e.g. a patient with a head injury who is admitted from theatre after insertion of an ICP monitor; in this patient the main reason for admission is head injury and thus the admission type would be unplanned - other)
A planned - other is any other planned admission that is not an emergency (e.g. liver biopsy).
An unplanned - other admission is an admission that your unit was not expecting and is therefore an emergency admission to your unit (e.g. status epilepticus, deterioration on ward, shortness of breath, asthma attack).

Reason:

Planned admissions are weighted in PIM.

Required for epidemiological analysis and assessment of health services provision.

Format:

Choose from one of the following:

- Planned - (following surgery)
- Unplanned - (following surgery)
- Planned - (other)
- Unplanned - (other)

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

Previous critical care admission

XML Element:

episodeDetails/Element:PreviousCCAdmission

Definition:

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 the current hospital stay. The PICU/NICU/ICU (Adult)/Level 2 unit (HDU) can be in the same hospital as the one housing your unit, or another hospital, as long as the admission was during the current hospital stay. If the child has been previously admitted to more than one PICU/NICU/ICU (Adult)/Level 2 unit (HDU) during the current hospital stay, record the location of the most recent admission.

Current hospital stay is defined as the period from admission to hospital until the time the child is discharged home or dies.

Reason:

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

Format:

Choose from one of the following:

- PICU
- NICU
- ICU (Adult)
- Level 2 Unit (HDU)
- None
- Unknown

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	previousCCAdmissionType
Datatype Definition			
Enumerated field:			• 2 PICU • 3 NICU • 1 ICU (Adult) • 5 Level 2 Unit (HDU) • 4 None • 9 N/K

Source of admission

XML Element:

episodeDetails/Element:sourceAd

Definition:

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

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

Reason:

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

Format:

Choose from one of the following:

- Same hospital
- Other hospital
- Clinic
- Home
- Unknown

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

Care area admitted from

XML Element:

episodeDetails/Element:AdmissionCareArea

Definition:

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

X-ray, endoscopy, CT scanner or similar area identifies that the child came from an area where diagnostic procedures may have been carried out.

Recovery only means the child was cared for in the theatre recovery area prior to admission to your unit (e.g. for intubation).

Level 2 Unit (HDU) means the child received care in a Discrete Level 2 care Area prior to admission to your unit.

PICU means the child was receiving care in a PICU prior to admission to your unit.

NICU means the child was receiving care in a NICU prior to admission to your unit.

ICU (Adult) means the child was receiving care in an adult ICU prior to admission to your unit.

Ward means the child was admitted directly from a ward to your unit.

Theatre and recovery means the child has undergone all or part of a surgical procedure or has received an anaesthetic for a procedure within the theatre and recovery area. Includes a child admitted directly to your unit following an interventional cardiology procedure in the catheter laboratory.

A&E means the child was admitted to your unit directly from an A&E department.

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

Reason:

Required for epidemiological analysis and assessment of health services provision.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	admissionCareAreaType
Datatype Definition			
Enumerated field:			• 1 X-ray, endoscopy, CT scanner or similar • 2 Recovery only • 3 Level 2 unit (HDU) • 12 PICU • 13 NICU • 11 ICU (Adult) • 6 Ward • 7 Theatre and recovery • 8 A& E • 4 Other (Specify) • 9 Unknown

Other care area admitted from

XML Element:

episodeDetails/Element: AdmissionCareAreaDetails

Definition:

Identifies the care area that the child came from immediately before admission to your unit, when this doesn't not fit into any of the listed categories

Reason:

Required for epidemiological analysis and assessment of health services provision.

Format:

Free text .

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	picanetFreeText255Type
Datatype Definition			
Text string: 35 characters			

XML Element:

episodeDetails/Element:retrieval

Definition:

Specifies whether the child was transferred to your unit from the original admitting hospital by a transport team.

If your own team go to a ward within your own hospital to help the ward staff to stabilise and then transfer a critically ill child into your own unit, this does not count as a retrieval/transfer.

A retrieval/transfer is any child admitted to your unit from outside of your hospital regardless of who brought the child to your unit.

Reason:

Required for epidemiological analysis and assessment of health services provision.

Format:

Choose from one of the following:

- Yes
- No
- Unknown

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

Type of transport team

XML Element:

episodeDetails/Element:ATransportOrgType

Definition:

Specifies the type of transport team and identifies whether the team is a Specialist Paediatric Transport Service (SPTS) or not.

- **PICU** identifies that a specialised PICU team transferred the child.
- **Centralised transport service (SPTS)** identifies that a transport team from a centralised PCC transport service (SPTS) transferred the child.
- **Transport team from neonates** identifies that a specialist neonatal transport team transferred the child.
- **Other specialist team** identifies that another specialist team (not an SPTS or neonatal transport team), transported the child to your unit. E.g. a trauma transport team transferring the child.
- **Non-specialist** team identifies that another non-specialist team transported the child to your unit.
- **Unknown**

Reason:

Required for epidemiological analysis and assessment of health services provision.

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

XML Element:

episodeDetails/Element:transportOrg

Definition:

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

Reason:

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

Format:

Free text.

Record the full name or recognised abbreviation of the transport team i.e. CATS or KIDS in the text box.

At data entry to PICANet Web select the organisation type - SPTS, PICU or DGH from the organisation coder.

Search for the name of the organisation, if this is not available in the given list, but known select 'Other organisation' and enter the name in the 'Other' box, using free text.

If the name of the organisation is not known select 'Unknown organisation'.

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

Other transport team

XML Element:

episodeDetails/Element:transportOrgOther

Definition:

Free text field to record any uncoded organisations

Reason:

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

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

XML Element:

- episodeDetails/Element:ACollectionOrg

Definition:

The unique name of the organization that the patient has been collected from.

Reason:

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

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

Other collection organisation

XML Element:

episodeDetails/Element: ACollectionOrgOther

Definition:

Free text field to record any uncoded organisations

Reason:

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

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

Severity of illness on admission

Severity of illness on admission is an important explanatory variable when examining differences in outcomes both between units and within a particular unit over time. A unit that admits more severely ill children is likely to have worse outcomes than one that admits children who are less ill, regardless of the quality of the care provided. It is important therefore that data on severity of illness is collected as part of this project.

For Level 3 care, there is a validated severity of illness score (the PIM Score) that has been used by PICANet for many years. Unfortunately, there is no such validated score for level 2 care, and it is out of the scope of this project to develop a new severity of illness score for Level 2 care.

There are however a number of surrogates that might indicate greater severity of illness on admission, including cardiac arrest prior to admission, Paediatric Early Warning Score (PEWS), and others.

Paediatric Index of Mortality (PIM)

PIM 3 applies to observations recorded between the first face-to-face contact with ICU doctor **until one hour after admission**. Therefore, this may occur in another area or during transport. Always use the first recorded measurement during this time period.

'PIM Eligibility' requires you to confirm if this timescale applies because it is essential for the PIM 3 calculation.

Paediatric Early Warning Score

PEWS is used in this dataset as a surrogate for severity of illness on admission. As far as possible the variables collected will reflect those required for the 'new national PEWS' (https://adc.bmj.com/content/archdischild/106/7/648.full.pdf)

PEWS variables are the first observation of each type recorded within the first hour following admission to your unit. Always use the first recorded measurement during this time period.

The PEWS will be calculated by PICANet from the data entered on the form. Units are not required to enter their own score.

Our intention is to collect data from both PIM score where applicable (where observations were recorded between first face-to-face contact with ICU doctor and up to 1 hour after admission, *and also* the PEWS Score variables

PIM Eligibility

XML Element:

episodeDetails/Element:PimEligibility

Definition:

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**. Therefore, this may occur in another area or during transport. Always use the first recorded measurement during this time period.

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

Data that are available to the specialist paediatric critical care doctor at first contact that are current at that time are acceptable. In cases of doubt record the earliest measurement that was current at time of first contact.

Reason:

To identify whether a PIM score can be calculated from the data provided. **PIM is a severity of illness score validated for Level 3 care.**

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

Elective admission

XML Element:

episodeDetails/Element:ElectiveAd

Definition:

Identifies whether the child is an elective admission to the paediatric critical care service. Include admission (planned or foreseeable) after elective surgery or admission for an elective procedure (e.g. insertion of a central catheter), or elective monitoring, or review of home ventilation. Unexpected admissions (i.e. not planned and that could not have been foreseen) after elective surgery are not classed as Elective.

An admission to PICU is considered elective if it could be postponed for more than 6 hours without adverse effects.

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

Reason:

Elective admissions are weighted in PIM.

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

Main reason for admission

XML Element:

episodeDetails/Element:primReason

Definition:

Identifies whether the child has been admitted to the Level 2 paediatric critical care service with any of the following as the main reason for admission to your unit:

Asthma

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

Croup

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 critical 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.

Diabetic ketoacidosis

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.

Other (none of the above)

Reason:

These diagnoses are weighted in PIM if they are the main reason for this admission.

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

Recovery from surgery: procedure

XML Element:

episodeDetails/Element:SurgicalProcedure

Definition:

If main reason for ICU admission is "Recovery from surgery or procedure" then this field can be used to classify the surgery - (include a radiological procedure or cardiac catheter).

Do not include patients admitted from the operating theatre where recovery from surgery is not the main reason for admission to the paediatric critical care service e.g. a patient with a head injury who goes to theatre for insertion of an ICP monitor; in this patient the main reason for admission is the head injury.

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

Reason:

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

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

Is evidence available to assess past medical history

XML Element:

episodeDetails/Element:medHistEvid

Definition:

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

Reason:

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

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

Cardiac arrest before admission

XML Element:

episodeDetails/Element:precedCpr

Definition:

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

Reason:

Cardiac arrest preceding admission to the paediatric critical care service is weighted in PIM and can be used to measure severity of illness on admission.

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

Cardiac arrest OUT of hospital

XML Element:

episodeDetails/Element:preceHospCardArr

Definition:

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

Reason:

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

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

Cardiomyopathy or myocarditis

XML Element:

episodeDetails/Element:cardioMyoCarditis

Definition:

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

Reason:

Cardiomyopathy and myocarditis are weighted in PIM.

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

Severe combined immune deficiency (SCIDS)

XML Element:

episodeDetails/Element:sevCombImmune

Definition:

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

Reason:

Severe combined immune deficiency syndrome is weighted in PIM.

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

Hypoplastic left heart syndrome

XML Element:

episodeDetails/Element:hypoplas

Definition:

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

Reason:

Hypoplastic left heart syndrome is weighted in PIM.

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

Leukaemia or lymphoma after completion of first induction

XML Element:

episodeDetails/Element:leukLymph1st

Definition:

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

Reason:

Leukaemia or lymphoma after completion of 1st induction is weighted in PIM.

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

Liver failure main reason for critical care admission

XML Element:

episodeDetails/Element:liverFail

Definition:

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

Reason:

Liver failure as the main reason for admission to the paediatric critical care service is weighted in PIM.

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

Acute Necrotising Enterocolitis (NEC) main reason for critical care admission

XML Element:

episodeDetails/Element:AcuteNec

Definition:

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

Reason:

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

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

Spontaneous cerebral haemorrhage

XML Element:

episodeDetails/Element:spontCerebHaem

Definition:

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

Reason:

Spontaneous cerebral haemorrhage from an aneurysm or AV malformation is weighted in PIM.

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

Neurodegenerative disorder

XML Element:

episodeDetails/Element:neurogenDis

Definition:

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

Reason:

A neurodegenerative disorder is weighted in PIM.

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

XML Element:

episodeDetails/Element:hiv

Definition:

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

Reason:

The presence of HIV infection is weighted in PIM.

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

Bone marrow transplant recipient

XML Element:

episodeDetails/Element:BoneMarrowTransplantRecipient

Definition:

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

Reason:

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

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

Other (None of the above)

XML Element:

episodeDetails/Element:OtherPastMedicalHistory

Definition:

Identifies that none of the above apply to the patient on admission to paediatric critical care.

Reason:

To differentiate between none of the above being applicable and missing data.

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

Heart Rate

XML Element:

episodeDetails/Element: heartRate

Definition:

The first value measured and recorded within the first hour following admission to your unit..

Heart rate values are included irrespective of the measurement method used or the site.

Record 0 if the patient is in cardiac arrest.

Reason:

To assess severity of illness on admission.

Format:

Units : bpm 1- 300;

Validation check if range exceeds 301.

Numerical value or 999 if unknown.

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

Capillary Refill Time

XML Element:

episodeDetails/Element: CapillaryRefillTime

Definition:

The first capillary refill time measured within the first hour following admission to your unit – Central Capillary refill time measured following 5 seconds occlusion over sternum.

The value 99 can be submitted to indicate that this value is unknown.

Reason:

To assess severity of illness on admission.

Format:

Numerical value or 99 if unknown.

Units : seconds 1 – 20;

Validation check if range exceeds 21.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	xs:integer
Datatype Definition			
Integer: Numeric data without a fractional component The value 999 can be submitted to indicate that this value is unknown Validation check if range exceeds 21			

Systolic blood pressure

XML Element:

episodeDetails/Element:bpSys

Definition:

The first systolic blood pressure measured and recorded following admission to your unit.

Systolic blood pressure values are included irrespective of the measurement method used or the site.

Record 0 if the patient is in cardiac arrest. Only when the BP is truly unrecordable should a value of 0 be collected.
Record 30 if the patient is shocked and the blood pressure is so low it is unrecordable.

Reason:

To assess severity of illness on admission.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	xs:integer
Datatype Definition			
Integer: Numeric data without a fractional component The value 999 can be submitted to indicate that this value is unknown. Validation check if range exceeds 200			

Spontaneous Respiratory Rate

XML Element:

episodeDetails/Element: respiratoryRate

Definition:

The first Respiratory Rate measured and recorded within the first hour following admission to your unit

Do not include spontaneous respiratory rate if mechanically ventilated

Reason:

To assess severity of illness on admission

Format:

Range : bpm 1-100,

Validation check if over 101,

Numerical value or 999 if unknown.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	xs:integer
Datatype Definition			
Integer: Numeric data without a fractional component The value 999 can be submitted to indicate that this value is unknown Validation check if over 101,			

Respiratory Distress

XML Element:

episodeDetails/Element: respiratoryDistress

Definition:

The first recorded assessment of respiratory effort recorded within the first hour following admission to your unit.

Reason:

To assess severity of illness on admission

Format:

- None
- Mildly increased effort (Recession)
- Moderately increased effort (moderate recession +/- accessory muscle use)
- Severely increased effort (Severe recession, accessory muscle use +/- head bobbing, gasping)
- Unknown

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	respiratoryDistressType
Datatype Definition			
Enumerated Field			• 0 normal • 1 Mildly increased effort • 2 Moderately increased effort • 3 Severely increased effort • 9 Not known

SpO2 – Oxygen Saturation % (via pulse oximetry)

XML Element:

episodeDetails/Element: SpO2

Definition:

The first value measured and recorded within the first hour following admission to your unit.

The patient's oxygen saturation (SpO_2), expressed as a percentage.

Record the first SpO_2 (pulse oximetry) that has a corresponding FiO_2 measured and recorded following admission to your unit.

To be included only if recorded.

Reason:

To allow calculation of SpO2/FiO2 ratio. To assess severity of illness on admission

Format:

Numerical value e.g. 096.

Acceptable range 0-100;

Validation check if range falls outside of 50-100.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	xs:integer
Datatype Definition			
Integer: Numeric data without a fractional component The value 999 can be submitted to indicate that this value is unknown Validation check if range falls outside of 50-100.			

Oxygen Therapy – Amount (FiO2 at the time SpO2 measured)

XML Element:

episodeDetails/Element: FiO2SF

Definition:

The patient's fraction of inspired oxygen (FiO2), expressed as a fraction.

The first value measured and recorded within the first hour following admission to your unit..

Record the fraction of inspired oxygen being delivered via endotracheal tube (ETT), non-invasive ventilation (NIV), HFNCT or headbox at the same time that the first SpO2 is measured. This means the FiO2 and SpO2 recorded must relate to the same time.

If SpO2 is unknown or missing [999], then FiO2 will also be unknown or missing: Record 9.99

If room air only record 0.21 (21%).

To be included only if recorded

Reason:

To allow calculation of SpO2/FiO2 ratio / To assess severity of illness on admission.

Format:

Numerical value e.g. 0.40

Units: Fraction (decimal) 0.1-1.00;

Validation check: expecting a value between 0.21 and 1.0

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	xs: picanetDecimal52Type
Datatype Definition			
Decimal number: value must be between -999 and 999, fractional component can be up to 2 digits The value 999 can be used to indicate that this value is unknown Validation check: expecting a value between 0.21 and 1.0			

Oxygen Therapy – Amount (Flow at the time SpO2 measured)

XML Element:

episodeDetails/Element: OxygenFlow

Definition:

The flow of oxygen administered to the patient, expressed in Litres per minute.

The first value measured and recorded within the first hour following admission to your unit..

Record the oxygen flow being delivered via facemask, nasal cannulae, or HFNCT at the same time that the first SpO2 is measured. This means the Flow and SpO2 recorded must relate to the same time.

Note patients receiving HFNCT (for example, Airvo or Vapotherm) need both a flow and FiO2.

If SpO2 is unknown or missing [999], then flow will also be unknown or missing: record 99.

If not receiving supplemental oxygen, record 0.

To be included only if recorded.

Reason:

To allow calculation of SpO2/FiO2 ratio / To assess severity of illness on admission.

Format:

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	xs: integer
Datatype Definition			
Integer: Numeric data without a fractional component The value 999 can be used to indicate that this value is unknown Validation check if over 31			

Mechanical ventilation?

XML Element:

episodeDetails/Element:mechVent

Definition:

Specifies whether mechanical ventilation was given within the first hour following admission to your unit

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

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

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

Reason:

Mechanical ventilation during the first hour following admission may be an indicator of severity of illness.

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

XML Element:

episodeDetails/Element:cpapFirstHr

Definition:

Identifies whether the child receives CPAP at any time within the first hour following admission to your unit. CPAP may be given via an endotracheal tube, tracheostomy, facial CPAP mask or nasal CPAP mask / prongs.

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

Reason:

CPAP given during the first hour following admission may be an indicator of severity of illness.

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

XML Element:

episodeDetails/Element:HfnctFirstHour

Definition:

Identifies whether the child receives High Flow Nasal Cannula therapy at any time within the first hour following admission to your unit.

Reason:

HFNCT given during the first hour following admission may be an indicator of severity of illness.

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

XML Element:

episodeDetails/Element:FacemaskFirstHour

Definition:

Identifies whether the child receives facemask oxygen at any time within the first hour following admission to your unit. Facemask oxygen includes the use of any sort of facemask or low flow nasal cannula.

DO NOT include use of a device to deliver high flow nasal cannula therapy, facemasks used for CPAP/BIPAP, during bag/valve/mask resuscitation or the intermittent use of nebulisers.

Reason:

Facemask oxygen given during the first hour following admission may be an indicator of severity of illness.

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

BIPAP

XML Element:

episodeDetails/Element: BipapFirstHour

Definition:

Identifies whether the child receives BPAP at any time within the first hour following admission to your unit. BIPAP may be given via an endotracheal tube, tracheostomy, facial BIPAP mask or nasal BIPAP mask / prongs.

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

Reason:

BIPAP given during the first hour following admission may be an indicator of severity of illness.

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

Tracheostomy ventilation?

XML Element:

episodeDetails/Element:TracheostomyFirstHour

Definition:

Specifies whether mechanical ventilation (other than HFNC, CPAP or BIPAP) was given via a tracheostomy within the first hour following admission to your unit

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

Tracheostomy ventilation refers to mechanical ventilation delivered via a tracheostomy. High frequency, jet ventilators, and negative pressure ventilators are all considered as mechanical ventilation. ECMO and IVOX are not considered as mechanical ventilation, however most patients on ECMO and IVOX are usually also being ventilated.

DO NOT include use of a device to deliver high flow nasal cannula therapy, BIPAP or CPAP as these are included elsewhere.

Reason:

Tracheostomy ventilation during the first hour following admission may be an indicator of severity of illness.

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

XML Element:

episodeDetails/Element:intubationFirstHour

Description

Specifies whether endotracheal intubation was performed at any time within the first hour following admission to your unit.

Endotracheal intubation is defined as the insertion of an endotracheal tube into the child's airway.

DO NOT include use of a device to deliver high flow nasal cannula therapy, BIPAP or CPAP, or mechanical ventilation delivered via a tracheostomy tube, as these are included elsewhere.

Reason Endotracheal intubation during the first four hours following admission may be an indicator of severity of illness.

Format Choose from one of the following:

- Yes
- No
- Unknown

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

XML Element:

episodeDetails/Element:ConsciousLevel

Description Measured within the first hour following admission to your unit by the AVPU Scale - Alert/Voice/Pain/Unresponsive.

Record the first measure recorded following admission to your unit.

Reason To assess severity of illness on admission.

Format

- A - Alert
- V - Responds to Voice
- P - Responds to Pain
- U - Unresponsive
- Unknown

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	ConsciousLevelType
Datatype Definition			
Enumerated field:			• 1 A - Alert • 2 V - Responds to Voice • 3 P - Responds to Pain • 4 U - Unresponsive • 9 - Unknown

Pupil reaction

XML Element:

episodeDetails/Element:pupReact

Definition:

The first observed pupil reaction measured and recorded within the first hour following admission to your unit.

Only record as both fixed and dilated if both pupils are greater than 3mm and both are fixed.

Pupil reactions are used as an index of brain function. Do not record a pupil reaction as being fixed if it is due to toxins, drugs, local injury to the eye or chronically altered from a previous disease.

Pupil reaction must be assessed by exposure to strong direct light.

Pupil reaction is only required when 'Conscious level' is 'Unresponsive' or 'Unknown'.

Reason:

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

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

Temperature

XML Element:

episodeDetails/Element: CoreTemperature

Definition:

The first core temperature measured and recorded within the first hour following admission to your unit.

Measurement of axilla, tympanic or skin.

If temperature is unknown or missing then record 999

Reason:

To assess severity of illness on admission.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	picanetDecimal41Type
Datatype Definition			
Decimal number: value must be between 0 and 999, fractional component can be up to 1 digits The value 999 can be used to indicate that this value is unknown Validation check if outside of 30-45			

Blood Glucose

XML Element:

episodeDetails/Element:BloodGlucose

Definition:

The first blood glucose value measured and recorded from the arterial, capillary or venous blood gas within the first hour following admission to your unit.

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

Reason:

Blood glucose at first contact or in the time following admission to your unit may be an indicator of severity of illness, predict outcome and be valuable alongside PIM.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	picanetDecimal52Type
Datatype Definition			
Decimal number: value must be between -999 and 999, fractional component can be up to 2 digits The value 999 can be used to indicate that this value is unknown **Validation check if range falls outside 0.2 to 15.0**			

Blood gas measured?

XML Element:

episodeDetails/Element:bgFirstHr

Definition:

Confirmation that results from a blood gas taken and analysed within the first hour following admission to your unit.

The blood gas taken and analysed may be arterial, capillary or venous.

Note: Blood gas analysis is NOT always clinically indicated in Level 2 Critical care settings. Select yes if blood gas analysed within first hour following admission to your unit.

Reason:

Acts as a filter for further data entry. Blood gas results may be used to assess severity of illness on admission.

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

Blood Gas: Source

XML Element:

episodeDetails/Element:BloodGasSource

Definition:

Confirmation of the source of the blood gas measurements taken and analysed within the first hour following admission to your unit.

The blood gas taken and analysed may be arterial, capillary or venous.

Note: Blood gas analysis is NOT always clinically indicated in Level 2 Critical care settings. Select yes if blood gas analysed within first hour following admission to your unit.

Reason:

Acts as a filter for further data entry.

Blood gas results taken in the time between face-to-face contact with ICU doctor and 1 hour after admission are weighted in PIM.

Blood gas results taken in the hour following admission to your unit may be an indicator of severity of illness..

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

Arterial PaO2: Oxygen pressure (kPa)

XML Element:

episodeDetails/Element:paO2Kpa

Definition:

The first arterial PaO2 measured and recorded within the first hour following admission to your unit.

Only arterial blood gas measurements are acceptable..

Note It is NOT required to do a blood gas, but it should be recorded here if one has been taken for a clinical indication

Note the arterial Oxygen pressure in either kPa or mmHg is required, not both.

Reason:

Arterial PaO2 (and associated FiO2) **taken in the time between face-to-face contact with ICU doctor and 1 hour after admission are weighted in PIM.**

Arterial PaO2 (and associated FiO2) following admission to your unit may be an indicator of severity of illness.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	picanetDecimal52Type
Datatype Definition			
Decimal number: value must be between -999 and 999, fractional component can be up to 2 digits The value 999 can be used to indicate that this value is unknown. **Validation check if outside of range 1 – 70**			

Arterial PaO2: Oxygen pressure (mmHg)

XML Element:

episodeDetails/Element:paO2Hg

Definition:

The first arterial PaO2 measured and recorded within the first hour following admission to your unit.

Only arterial blood gas measurements are acceptable.

Note It is NOT required to do a blood gas, but it should be recorded here if one has been taken for a clinical indication

Note the arterial Oxygen pressure in either kPa or mmHg is required, not both.

Reason:

Arterial PaO2 (and associated FiO2) **taken in the time between face-to-face contact with ICU doctor and 1 hour after admission are weighted in PIM.**

Arterial PaO2 (and associated FiO2) following admission to your unit may be an indicator of severity of illness.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	xs:integer
Datatype Definition			
Integer: Numeric data without a fractional component The value 999 can be used to indicate that this value is unknown **Validation check if outside range 7.5-525**			

FiO2 (at the time Arterial PaO_2 measured)

XML Element:

episodeDetails/Element:fiO2

Definition:

Record the FiO2 being given at the same time that the first arterial PaO2 is measured and recorded within the first hour following admission to your unit.

Only record in association with arterial blood gas measurements.

Record 0.21 if patient in air.

Record 999 if FiO2 is missing.

Note: Blood gas analysis is NOT always clinically indicated in Level 2 Critical care settings. Select yes if blood gas analysed within first hour following admission to your unit.

Reason:

Arterial PaO2 (and associated FiO2) taken in the time between face-to-face contact with ICU doctor and 1 hour after admission are weighted in PIM.

Arterial PaO2 (and associated FiO2) following admission to your unit may be an indicator of severity of illness.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	picanetDecimal52Type
Datatype Definition			
Decimal number: value must be between -999 and 999, fractional component can be up to 2 digits The value 999 can be used to indicate that this value is unknown Validation check if Range falls outside of 0.21 – 1.00			

Base excess

XML Element:

episodeDetails/Element:baseExcess

Definition:

The first base excess value measured and recorded from the arterial, capillary or venous blood gas within the first hour following admission to your unit.

Manually calculated in vitro or in vivo base excess values are **not** accepted.

Reason:

Base excess admission to your unit may be indicators of severity of illness.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	picanetDecimal41Type
Datatype Definition			
Decimal number: value must be between -999 and 999, fractional component can be up to 1 digit The value 999 can be used to indicate that this value is unknown **Validation check if range outside -40.0 to +30.0**			

Lactate

XML Element:

episodeDetails/Element:lactate

Definition:

The first blood lactate value measured and recorded from the arterial, capillary or venous blood gas **within the first hour following admission to your unit**.

Reason:

Blood lactate at first contact with a specialist paediatric critical care doctor may be indicators of severity of illness.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	picanetDecimal52Type
Datatype Definition			
Decimal number: value must be between -999 and 999, fractional component can be up to 2 digits The value 999 can be used to indicate that this value is unknown **Validation check if range falls outside 0.2 to 15.0**			

ADDITIONAL INFORMATION

Was the patient on home oxygen or long-term ventilation immediately prior to this admission?

XML Element:

episodeDetails/Element:LongTermVentilationReceived

Description Specifies whether the child was on home oxygen or long-term ventilation immediately prior to this admission to your unit.

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

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

Type of home oxygen/long-term ventilation immediately prior to this admission

XML Element:

episodeDetails/Element:LongTermVentilationType

Description If yes selected for Element:HomeVent:

Specifies they type of on home oxygen or long-term ventilation the child was on immediately prior to this admission to your unit. Record highest level of intervention.

If 'Other (specify) selected please use free text description to identify other type of home oxygen or long-term ventilation.

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

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	LongTermVentilationTypeType
Datatype Definition			
Enumerated field:			• **6 BIPAP via tracheostomy** • **5 CPAP via tracheostomy** • **4 BIPAP via Facemask (oral or nasal)** • **3 CPAP via Facemask (oral or nasal)** • **2 NCPAP** • **8 HFNCT** • **1 Home Oxygen** • **7 Other (specify)** • 9 Unknown

Other type of home oxygen/long-term ventilation immediately prior to this admission

XML Element:

episodeDetails/Element:LongTermventilationDetails

Definition:

Identifies the type of home oxygen or long-term ventilation that the child was on immediately before admission to hospital, when this doesn't not fit into any of the listed categories

Reason:

Required for epidemiological analysis and assessment of health services provision.

Format:

Free text .

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	picanetFreeText255Type
Datatype Definition			
Text string: 35 characters			

Weight

XML Element:

episodeDetails/Element:weight

Definition:

Weight of child in kilograms measured at or as soon as possible after admission to the unit.
If weight is not measured at the specified time; a weight recorded on another ward or department immediately prior to transfer to your unit, or a recent weight provided by a parent or carer may be recorded.

Reason:

To enable the audit of the weight of children admitted to critical care and epidemiological analysis. Included at the request of those wishing to conduct studies which involve this parameter

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

XML Element:

episodeDetails/Element:ClinTrial

Description Specifies whether the child is part of a clinical trial.

Reason Prior inclusion on a clinical trial may influence subsequent outcome.

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

Clinical trial name

XML Element:

episodeDetails/Element:ClinTrialName

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

Reason Prior inclusion on a clinical trial may influence subsequent outcome.

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	ClinTrialNameType
Datatype Definition			
Text string: 135 characters Free text name of clinical trial.			

Daily interventions

For each calendar day a child is admitted to critical care unit information on the interventions required by that child are completed. These interventions include all those collected as part of the Paediatric Critical Care Minimum Dataset (PCCMDS) plus additional interventions of interest for clinical audit and health service delivery reasons. An item should be recorded in the PCCMDS (daily interventions) when the critical care activity applies for a period of greater than 4 hours.

Activity date

XML Element:

dailyIntervention/Element:activityDate

Definition:

The date the critical care activity was performed on.

Reason:

Part of the Paediatric Critical Care Minimum Dataset.

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

No defined critical care activity

XML Element:

dailyIntervention/Element:noCrit

Definition:

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

Reason:

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

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

Continuous ECG monitoring

XML Element:

dailyIntervention/Element:ecg

Definition:

True if continuous ECG monitoring was received that day

Reason:

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

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

Continuous pulse oximetry

XML Element:

dailyIntervention/Element:cpox

Definition:

True if continuous pulse oximetry was received that day.

Continuous refers to more than a single reading of the oxygen saturation.

Reason:

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

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

Invasive ventilation via endotracheal tube

XML Element:

dailyIntervention/Element:invVentET

Definition:

True if invasive ventilation via endotracheal tube was **received** that day

Reason:

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

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

Invasive ventilation via tracheostomy tube

XML Element:

dailyIntervention/Element:invVentTT

Definition:

True if invasive ventilation via tracheostomy tube was **received** that day

Reason:

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

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

Non-invasive ventilatory support

XML Element:

dailyIntervention/Element:niv

Definition:

True if non-invasive ventilatory support was **received** that day.

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

Reason:

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

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

Advanced ventilatory support (jet ventilation)

XML Element:

dailyIntervention/Element:avsJet

Definition:

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

Reason:

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

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

Advanced ventilatory support (oscillatory ventilation)

XML Element:

dailyIntervention/Element:avsOsc

Definition:

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

Reason:

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

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

Nasopharyngeal airway

XML Element:

dailyIntervention/Element:naso

Definition:

True if a nasopharyngeal airway was in place that day

Reason:

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

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

Tracheostomy cared for by nursing staff

XML Element:

dailyIntervention/Element:trach

Definition:

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

Reason:

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

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

Supplemental oxygen therapy (irrespective of ventilatory state)

XML Element:

dailyIntervention/Element:oxTherapy

Definition:

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

Reason:

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

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

Maximal Oxygen Concentration (%)

XML Element:

dailyIntervention/Element:MaximalOxygenConcentration

Definition:

If supplemental oxygen therapy was administered that day (irrespective of ventilatory state), record the maximum concentration (%) that day.

Reason:

To enable the audit of delivery of this therapy

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

High flow nasal cannula therapy

XML Element:

dailyIntervention/Element:HiFlowNasal

Definition:

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

Reason:

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

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

Upper airway obstruction requiring nebulised adrenaline (epinephrine)

XML Element:

dailyIntervention/Element:obsAir

Definition:

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

Reason:

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

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

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

XML Element:

dailyIntervention/Element:apnoea

Definition:

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

Reason:

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

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

Acute severe asthma requiring intravenous bronchodilator therapy or continuous nebuliser

XML Element:

dailyIntervention/Element:asthmaIVBeph

Definition:

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

Reason:

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

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

Unplanned Extubation

XML Element:

dailyIntervention/Element:UnplannedExtubation

Definition:

True if there was dislodgement of the ETT from the trachea, without the intention to extubate immediately and without the presence of airway competent clinical staff in the bed space, appropriately prepared for the procedure.

Record the number of unplanned events that day.

Reason:

To audit the occurrence of these events

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	xs:integer
Datatype Definition			
Integer: Numeric data without a fractional component Validation check if number greater than 5			

Unplanned Tracheostomy removal or change

XML Element:

dailyIntervention/Element:UnplannedTracheostomyRemoval

Definition:

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.

Reason:

To audit the occurrence of these events

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	xs:integer
Datatype Definition			
Integer: Numeric data without a fractional component Validation check if number greater than 5			

Arterial line monitoring

XML Element:

dailyIntervention/Element:artLine

Definition:

True if arterial line monitoring was undertaken that day.

Reason:

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

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

External cardiac pacing

XML Element:

dailyIntervention/Element:extPace

Definition:

True if external cardiac pacing, via an external box (pacing wires, external pads or oesophageal pacing) was received that day.

Reason:

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

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

Central venous pressure monitoring

XML Element:

dailyIntervention/Element:cvpMon

Definition:

True if central venous pressure monitoring was in place and used for venous pressure monitoring that day.

Reason:

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

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

Continuous infusion of inotrope, vasodilator or prostaglandin

XML Element:

dailyIntervention/Element:infInotrope

Definition:

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

Reason:

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

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

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

XML Element:

dailyIntervention/Element:bolus

Definition:

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

Reason:

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

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

Cardio-pulmonary resuscitation

XML Element:

dailyIntervention/Element:cpr

Definition:

True if cardio-pulmonary resuscitation was undertaken that day

Reason:

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

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

Extracorporeal membrane oxygenation (ECMO)

XML Element:

dailyIntervention/Element:ecmo

Definition:

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

Reason:

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

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

Ventricular assist device (VAD)

XML Element:

dailyIntervention/Element:vad

Definition:

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

Reason:

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

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

Aortic balloon pump

XML Element:

dailyIntervention/Element:abPump

Definition:

True if an aortic balloon pump was in place that day

Reason:

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

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

Arrhythmia requiring intravenous anti-arrhythmic therapy

XML Element:

dailyIntervention/Element:ArrhythmiaAATherapy

Definition:

True if an intravenous anti-arrhythmic drug is administered to a patient with a cardiac arrhythmia that day.

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

Reason:

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

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

Peritoneal dialysis

XML Element:

dailyIntervention/Element:periDia

Definition:

True if peritoneal dialysis was **received** that day.

Reason:

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

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

Haemofiltration

XML Element:

dailyIntervention/Element:haemoFilt

Definition:

True if haemofiltration was **received** that day

Reason:

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

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

Haemodialysis

XML Element:

dailyIntervention/Element:haemoDia

Definition:

True if haemodialysis was **received** that day

Reason:

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

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

Plasma filtration

XML Element:

dailyIntervention/Element:plasmaFilt

Definition:

True if plasma filtration was **received** that day

Reason:

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

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

Plasma exchange

XML Element:

dailyIntervention/Element:plasmaExch

Definition:

True if acute plasma exchange was **received** that day.

Reason:

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

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

ICP-intracranial pressure monitoring

XML Element:

dailyIntervention/Element:icpMon

Definition:

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

Reason:

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

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

Intraventricular catheter or external ventricular drain

XML Element:

dailyIntervention/Element:intCathEvd

Definition:

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

Reason:

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

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

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

XML Element:

dailyIntervention/Element:StatusEpilepticusAEDrugs

Definition:

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

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

Reason:

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

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

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

XML Element:

dailyIntervention/Element:LowGCS

Definition:

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

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

Reason:

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

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

Epidural catheter in situ

XML Element:

dailyIntervention/Element:EpiduralCatheter

Definition:

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

Reason:

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

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

Continuous intravenous infusion of a sedative agent

XML Element:

dailyIntervention/Element:ContIVSedative

Definition:

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

Examples would include, but not be confined to, midazolam (or another benzodiazepine), clonidine, thiopentone, propofol, morphine, fentanyl, remifentanil and oxycodone.

Reason:

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

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

Diabetic ketoacidosis (DKA) requiring continuous infusion of insulin

XML Element:

dailyIntervention/Element:dka

Definition:

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

Reason:

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

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

Exchange transfusion

XML Element:

dailyIntervention/Element:exTrans

Definition:

True if exchange transfusion was **received** that day

Reason:

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

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

Intravenous thrombolysis

XML Element:

dailyIntervention/Element:inThrom

Definition:

True if intravenous thrombolysis was **received** that day.

For example, Alteplase.

Reason:

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

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

Extracorporeal liver support using molecular absorbent recirculating system (MARS)

XML Element:

dailyIntervention/Element:mars

Definition:

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

Reason:

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

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

Patient nursed in single occupancy cubicle

XML Element:

dailyIntervention/Element:cubicle

Definition:

True if patient was nursed in a single occupancy cubicle that day.

Specify the reason for isolation in the text box provided.

Reason:

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

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

Reason for isolation

XML Element:

dailyInterventions/Element:isolationReason

Definition:

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

Reason:

Part of the Paediatric Critical Care Minimum Dataset

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

Medical gases band 1 - nitric oxide

XML Element:

dailyIntervention/Element:nox

Definition:

True if nitric oxide was administered that day.

Reason:

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

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

Surfactant

XML Element:

dailyIntervention/Element:surfactant

Definition:

True if surfactant was administered that day.

Reason:

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

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

Diagnoses and Procedures

For each patient information is collected on diagnoses and procedures for this admission; a primary diagnoses is required for each admission which can be accompanied by several 'other' diagnoses if recorded.

Other information on surgery and procedures performed is also included in this section. For all patients a primary diagnosis must be recorded and if a patient is admitted following surgery a surgical procedure must be provided. This information is required for audit, epidemiological analysis and assessment of health services delivery.

XML Element:

primaryDiagnosis/Element:

- readCode
- description

Definition:

The primary diagnosis for this admission of the child to your unit as assessed and recorded in the child's notes.

The primary diagnosis may only be confirmed during the child's stay on your unit. It may not be obvious at admission. For example a child might be admitted with apnoeas, the diagnosis for this admission is later confirmed as Bronchiolitis. In this case Bronchiolitis should be recorded as the Primary diagnosis for this admission.

Where there are multiple diagnoses, select just one as a primary diagnosis and code the others as 'Other reasons for admission to your unit'.

Do not code the primary diagnosis for this admission to your unit as a procedure or a cause. Code the underlying condition that required that procedure.

Reason:

Required for clinical audit, and epidemiological analysis.

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

Other Reason for this admission

XML Element:

otherReason/Element:

- readCode
- description

Definition:

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

Reason:

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

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

Operation or Procedure performed during and prior to this admission

XML Element:

operationOrProcedure/Element:

- readCode
- description

Definition:

Any operations and / or procedures performed during this admission to PCC 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.

Reason:

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

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

XML Element:

coMorbidity/Element:

- readCode
- description

Definition:

Co-morbidity recorded on admission of the child to your unit.

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

Reason:

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

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

Was a tracheostomy performed during this admission?

XML Element:

episodeDetails/Element:intTracheostomy

Definition:

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

Reason:

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

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

Date of discharge

XML Element:

episodeDetails/Element:unitDisDate

Definition:

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

Reason:

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

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

Time of discharge

XML Element:

episodeDetails/Element:unitDisTime

Definition:

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

Reason:

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

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

Status at discharge from your unit

XML Element:

episodeDetails/Element:unitDisStatus

Definition:

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

Reason:

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

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

Discharged for palliative care

XML Element:

episodeDetails/Element:disPalCare

Definition:

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

Reason:

Important information to supplement status at discharge from your unit

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

Was the patient discharged with home oxygen or long-term ventilation?

XML Element:

episodeDetails/Element:LongTermVentilationDischarge

Description Specifies whether the child was on home oxygen or long-term ventilation at point of discharge from your unit.

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

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

Type of home oxygen/long-term ventilation at discharge

XML Element:

episodeDetails/Element:LongTermVentilationDischargeType

Description If yes selected:

Specifies they type of on home oxygen or long-term ventilation the child was at point of discharge from your unit. Record highest level of intervention.

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

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	LongTermVentilationTypeType
Datatype Definition			
Enumerated field:			• **6 BIPAP via tracheostomy** • **5 CPAP via tracheostomy** • **4 BIPAP via Facemask (oral or nasal)** • **3 CPAP via Facemask (oral or nasal)** • **2 NCPAP** • **8 HFNCT** • **1 Home Oxygen** • **7 Other (specify)** • 9 Unknown

Other type of home oxygen/long-term ventilation at discharge

XML Element:

episodeDetails/Element:LongTermventilationDischargeDetails

Definition:

Identifies the type of home oxygen or long term ventilation that the child was on at the point of discharge hospital, when this doesn't not fit into any of the listed categories

Reason:

Required for epidemiological analysis and assessment of health services provision.

Format:

Free text .

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	picanetFreeText255Type
Datatype Definition			
Text string: 35 characters			

Destination following discharge from your unit

XML Element:

episodeDetails/Element:unitDisDest

Definition:

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

Reason:

Required for epidemiological analysis and assessment of health services delivery.

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

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

Destination following discharge from your unit: hospital area

XML Element:

episodeDetails/Element:DischargeCareArea

Definition:

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

Reason:

Required for epidemiological analysis and assessment of health services delivery.

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

Minimum Occurrences	Maximum Occurrences	Is Node Nillable?	XML datatype
0		Yes	dischargeCareAreaType
Datatype Definition			
Enumerated field:			• 1 ICU (Adult) • 2 PICU • 3 NICU • 4 Level 2 (HDU) • 5 SCBU • 6 Ward • **8 Theatre (if not coming back to Level 2 postoperatively)** • 7 Other • 9 N/K

Date of death

XML Element:

episodeDetails/Element:dod

Definition:

Identifies the date of death if this occurs whilst the child is resident on your unit. Includes admissions who died whilst physically outside your unit but before being discharged from your unit (e.g. in theatre).

For admissions declared brainstem dead, the date of death is the date on which the first test indicates brainstem death (even though death is not pronounced until the second test has been completed).

Please note that it is possible in special circumstances for a patient to have a date/time of death prior to the data and time of admission.

Reason:

Date of death and Time of death are identified as one of the principal outcomes of paediatric critical care. Required for epidemiological analysis and assessment of health services delivery.

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

Time of death

XML Element:

episodeDetails/Element:timeDth

Definition:

Identifies the time of death if this occurs whilst the child is resident on your unit. Includes admissions who died whilst physically outside your unit but before being discharged from your unit (e.g. in theatre).

For admissions declared brainstem dead, the date of death is the date on which the first test indicates brainstem death (even though death is not pronounced until the second test has been completed).

Please note that it is possible in special circumstances for a patient to have a date/time of death prior to the data and time of admission.

Reason:

Date of death and Time of death are identified as one of the principal outcomes of paediatric critical care. Required for epidemiological analysis and assessment of health services delivery.

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

Mode of Death

XML Element:

episodeDetails/Element:ModeDeath

Definition:

Specifies the mode of death for the deceased patient

Treatment withdrawn: death follows the withdrawal of ongoing organ support.

For example – an infant admitted with Group B septicaemia is extremely unstable, head CT scan shows complete loss of grey-white differentiation; as the infant deteriorates further decisions are made to stop treatment and extubate.

Treatment limitation: death follows a decision to limit on-going organ support and may include a limitation of on-going organ support and/or a decision that the patient is not for active resuscitation

For example – a child with an underlying congenital condition, which includes immune deficiency is admitted with pneumonia requiring inotropic support but continues to deteriorate. The family agree their child should not be resuscitated; the child arrests and dies

Brain stem death: death is confirmed using brain stem death criteria/testing.

For example: a child with a severe head injury is admitted following a road traffic collision. The child develops fixed dilated pupils and brain stem testing confirms death.

Failed cardiopulmonary resuscitation: death immediately follows an unsuccessful attempt at cardiopulmonary resuscitation.

For example: a child with a known renal condition on long-term dialysis develops sepsis and deteriorates despite maximum inotropic support. Cardiac arrest occurs but resuscitation is unsuccessful

Reason:

Required for epidemiological analysis and assessment of health services delivery.

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

Transplant Donor?

XML Element:

episodeDetails/Element:TransplantDonor

Definition:

Identifies whether the deceased patient was a transplant donor, and whether solid organs and/or tissues were removed for transplantation to the body of the recipient

- Organs: may include heart, pancreas, liver, kidneys, lungs or intestines
- Tissues: may include skin, tendons, bone, heart valves and cornea

Reason:

Enables review of variance in donor rates. Required for clinical audit, epidemiological analysis

and assessment of health services delivery. Acts as a filter for further data entry.

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

Follow up 30 days post discharge from your unit

Status at 30 days post discharge

XML Element:

episodeDetails/Element:fu30DisStatus

Definition:

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

Reason:

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

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

Location at 30 days following discharge from your unit

XML Element:

episodeDetails/Element:fu30Location

Definition:

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

Reason:

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

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

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

XML Element:

episodeDetails/Element:fu30LocHosp

Definition:

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

Reason:

Required for epidemiological analysis and assessment of health services delivery.

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

Comments

XML Element:

episodeDetails/Element:comments

Definition:

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

Reason:

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

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

FORM COMPLETED BY

Description Name of person completing the form

Reason For local use only to assist with following up queries relating to completion of this form

CUSTOM AUDITS

Description For local use by an individual unit