

Paediatric Intensive Care Audit Network Custom data collection

ECMO referral

Please complete for all referrals to an ECMO centre, whether it is decided the patient is a candidate for ECMO or not.

Patient details (or hospital label)		ECMO Referral det	ails
Family name		Date and time of initial referral call	
First name		/ / 20 : : :	
First name		Initial referring unit (where patient was at time of referral call)	
Pastanda			
NHS/CHI/H&C number Tick if patient is not eligible for number Sex		Referring area X-ray/endoscopy/CT scanner Ward Recovery only Theatre and recovery PICU A & E NICU Other transport service	
Male Female Ambiguous		☐ ICU (Adult)	Other intermediate care area
Date of birth (dd/mm/yyyy) ☐ Not Estimated ☐ Estimated ☐ Anonymised		Level 2 unit HDU	
		Referring speciality	
Referral number	Anonymised		
Outcome of ECMO referral			Outcome of this transport event
ECMO support requested	If referred to other ECMO centre		Patient transported
Respiratory	Number of additional ECMO unit(s) referred to prior to accepting centre		Not transported – condition improved
☐ Cardiac ☐ Both	(Excluding initial and accepting centre)		Not transported – condition improved Not transported – condition deteriorated
			Not transported – other reason
Date and time of referral decision			Patient died before transport team arrived
/ /2 0 : :	Record the names of other centres in		Patient died while transport team present
Referral Decision	order of referral		Patient died during transit
Accepted at initial centre			Admission outcome
Referred to other ECMO centre (no staffed bed)			Admitted to PICU only Admitted for ECMO assessment
Referred to other ECMO centre (other			Admitted on ECMO
□ specialist service required) □ Did not require ECMO assessment at			Follow up
the time of referral (but patient considered a candidate for ECMO)	Transport Decision		Alive at 30 days post referral*
Not ECMO candidate	Accepted for conventional retrieval		☐ Yes
If not ECMO Candidate (select all that	Accepted for mobile ECMO		☐ Unknown
apply)	Transport not requested		Olknown
Pre-existing comorbidity	Mode of Transport		Alive at 180 days post referral*
Poor prognosis due to condition at time of referral	Conventional by road		☐ Yes
Other (specify)	Conventional by air		☐ No
	Mobile ECMO by road		Unknown
	☐ Mobile ECMO by air		If no
Accepting ECMO centre Transport Team			Date and time of death (dd/mm/yyyy)
Contact us · picanet@leeds.ac.uk · 01	113 343 8125		

For more contact details, go to For information about this custom data collection, go to picanet.org.uk/data-collection/customised-data-collection/ picanet.org.uk/contact-us