

**Patient details (or hospital label)**

**Family name**

**First name**

**Address**

**Postcode**

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

Tick if patient is not eligible for number

**Case note number**

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

Not estimated  
 Estimated  
 Anonymised

**Sex**

Male     Female     Ambiguous

**Ethnic category**

- |  |   |
|--|---|
| <input type="checkbox"/> White – British                   | <input type="checkbox"/> Asian – Bangladeshi          |
| <input type="checkbox"/> White – Irish                     | <input type="checkbox"/> Asian – other (specify)      |
| <input type="checkbox"/> White – Gypsy or Irish Traveller  | <input type="checkbox"/> Black – Caribbean            |
| <input type="checkbox"/> White – Roma                      | <input type="checkbox"/> Black – African              |
| <input type="checkbox"/> White – other (specify)           | <input type="checkbox"/> Black – other (specify)      |
| <input type="checkbox"/> Mixed – White and Black Caribbean | <input type="checkbox"/> Chinese                      |
| <input type="checkbox"/> Mixed – White and Black African   | <input type="checkbox"/> Arab                         |
| <input type="checkbox"/> Mixed – White and Asian           | <input type="checkbox"/> Other ethnic group (specify) |
| <input type="checkbox"/> Mixed – other (specify)           | <input type="checkbox"/> Not stated (declined)        |
| <input type="checkbox"/> Asian – Indian                    | <input type="checkbox"/> Unknown                      |
| <input type="checkbox"/> Asian – Pakistani                 |   |

**Other ethnic category**

**Gestational age at delivery (if patient is under 2 years old)**

 weeks

**Birth order    Multiplicity**

 of 

**Admission details**

**Date and time of admission to unit (dd/mm/yyyy)**

**Admission number**

**Type of admission to unit**

- Planned – following surgery  
 Unplanned – following surgery  
 Planned – other  
 Unplanned – other

**Previous ICU admission (during current hospital stay)**

- ICU  
 PICU  
 NICU  
 None  
 Unknown

**Source of admission**

- Same hospital     Clinic  
 Other hospital     Home

**Care area admitted from (includes transfers in)**

- |   |   |
|---|---|
| <input type="checkbox"/> X-ray / endoscopy / CT scanner | <input type="checkbox"/> ICU / PICU / NICU    |
| <input type="checkbox"/> Recovery only                  | <input type="checkbox"/> Ward                 |
| <input type="checkbox"/> HDU (step up/step down unit)   | <input type="checkbox"/> Theatre and recovery |
| <input type="checkbox"/> Other intermediate care area   | <input type="checkbox"/> A & E                |

**Retrieval / transfer?**

- Yes     No

*If retrieval / transfer*

**Type of transport team**

- |  |  |
|--|--|
| <input type="checkbox"/> PICU                                | <input type="checkbox"/> Other specialist team |
| <input type="checkbox"/> Centralised transport service (PIC) | <input type="checkbox"/> Non-specialist team   |
| <input type="checkbox"/> Transport team from neonates        | <input type="checkbox"/> Unknown               |

**Transport team**

**Collection unit**

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

For more contact details, go to [www.picanet.org.uk/contact-us](http://www.picanet.org.uk/contact-us)

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

This applies to observations recorded between the first face-to-face contact with ICU doctor **until one hour after admission**. Always use the first recorded measurement during this time period.

**Elective admission**

Tick if this is an elective admission

**Main reason for PICU admission**

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

**Is evidence available to assess past medical history?**

Yes  No

**If yes, tick all that apply**

- Cardiac arrest before ICU admission
- Cardiac arrest OUT of hospital
- Cardiomyopathy or myocarditis
- Severe combined immune deficiency
- Hypoplastic left heart syndrome
- Leukaemia or lymphoma after first induction
- Liver failure main reason for ICU admission
- Acute NEC main reason for ICU admission
- Spontaneous cerebral haemorrhage
- Neurodegenerative disorder
- Human Immunodeficiency Virus (HIV)
- Bone marrow transplant recipient

**Systolic blood pressure**

mmHg

**SpO<sub>2</sub> (via pulse oximetry)**

%

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

.

**Blood gas measured?**

Yes  No

**Arterial PaO<sub>2</sub>**

.  kPa

**Arterial PaO<sub>2</sub>**

mmHg

**FiO<sub>2</sub>**

.

**Intubation?**

Yes  No

At the time of arterial PaO<sub>2</sub> sample

**Headbox?**

Yes  No

**Base excess (specify source)**

.  mmol/l

- Arterial
- Capillary
- Venous

**Lactate (specify source)**

.  mmol/l

- Arterial
- Capillary
- Venous

**Mechanical ventilation?**

Yes  No

**CPAP?**

Yes  No

**Pupil reaction**

- Both fixed and dilated
- Other reaction
- Unknown

**Diagnoses and procedures**

**Primary diagnosis for this admission**

**Other reasons for this admission**

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

**Comorbidity**

**Was a tracheostomy performed during this admission?**

Yes  No

# Daily interventions

For each day of admission, record (using an X unless otherwise specified) all applicable interventions and observations from the list below. If none apply, select **No defined critical care activity**

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



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

		Code	0	1	2	3	4	5	6	7	8	9	10	11	12	13
<b>Basic</b>	No defined critical care activity	99														
	Continuous ECG monitoring	50														
	Continuous pulse oximetry	73														
<b>Airway and ventilatory</b>	Invasive ventilation via endotracheal tube	51														
	Invasive ventilation via tracheostomy tube	52														
	Non-invasive ventilatory support	53														
	Advanced ventilatory support (jet ventilation)	56														
	Advanced ventilatory support (oscillatory ventilation)	56														
	Nasopharyngeal airway	55														
	Tracheostomy cared for by nursing staff	13														
	Supplemental oxygen therapy (irrespective of ventilatory state)	09														
	High flow nasal cannula therapy (record maximum daily flow in l/min)	88														
	Upper airway obstruction requiring nebulised adrenaline (epinephrine)	57														
	Apnoea requiring intervention (>3 in 24 hours or need for bag-mask ventilation)	58														
Acute severe asthma requiring IV bronchodilator therapy or continuous nebuliser	59															
Unplanned extubation (record number of unplanned extubations)	90															
<b>Cardio-vascular</b>	Arterial line monitoring	60														
	External pacing	61														
	Central venous catheter in situ	-														
	Central venous pressure monitoring	62														
	Continuous infusion of inotrope, vasodilator or prostaglandin	06														
	Bolus IV fluids (>80 ml/kg/day) in addition to maintenance IV fluids	63														
	Cardio-pulmonary resuscitation	64														
	Extracorporeal membrane oxygenation (ECMO)	65														
	Ventricular assist device (VAD)	65														
	Aortic balloon pump	65														
	Arrhythmia requiring intravenous anti-arrhythmic therapy	94														
<b>Renal</b>	Urine catheter in situ	-														
	Peritoneal dialysis	05														
	Haemofiltration	16														
	Haemodialysis	66														
	Plasma filtration	67														
	Plasma exchange	67														
<b>Neuro-logical</b>	ICP-intracranial pressure monitoring	68														
	Intraventricular catheter or external ventricular drain	69														
	Status epilepticus requiring treatment with continuous infusion of anti-epileptic drugs	97														
	Reduced conscious level (GCS ≤ 12) AND hourly (or more frequent) GCS monitoring	95														
Delirium screening result (record <b>P</b> ositive, <b>N</b> egative, <b>U</b> nable to assess, <b>D</b> id not assess)–																
<b>Analgesia/sedation</b>	Epidural catheter in situ	85														
	Continuous intravenous infusion of a sedative agent	96														
<b>Metabolic</b>	Diabetic ketoacidosis (DKA) requiring continuous infusion of insulin	70														
<b>Other</b>	Exchange transfusion	04														
	Intravenous thrombolysis	71														
	Extracorporeal liver support using molecular absorbent recirculating system (MARS)	72														
	Patient nursed in single occupancy cubicle (state reason for isolation below)	74														
<b>High cost drugs</b>	Medical gases Band 1 – nitric oxide	X841														
	Surfactant	X842														

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

**Additional information****CLINICAL TRIAL** (if required by your unit)**Is the patient on a clinical trial?**
 Yes (specify name of trial)     No
**Name of trial**

**GROWTH MEASUREMENTS** (if required by your unit)**Height**
 .  cm
**Weight**
 .  kg
**Abdominal circumference**
 .  cm
**HEALTHCARE ASSOCIATED INFECTIONS (HCAI)**
*For guidance on completing this section, see [picanet.org.uk](http://picanet.org.uk)*
**Number of episodes of central line associated blood stream infection (CLABSI)**

**Number of episodes of catheter associated urinary tract infection (CAUTI)**


Use the daily interventions section to record whether a **central venous catheter** and/or a **urine catheter** were in situ on each day of admission.

**Discharge information****Status at discharge from your unit**
 Alive     Dead
**Date and time of discharge** (dd/mm/yyyy hh:mm)
 /  / 20  : 
*If alive at discharge*
**Discharged for palliative care?**
 Yes     No
**Destination following discharge from your unit**

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

*If dead at discharge*
**Date and time of death** (dd/mm/yyyy hh:mm)
 /  / 20  : 
**Mode of death**

- 
- Treatment withdrawn
- 
- 
- Treatment limitation
- 
- 
- Brain stem death
- 
- 
- Failed cardiopulmonary resuscitation

**Transplant donor?**

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

**Follow-up 30 days post-discharge from your unit****Status**
 Alive     Dead     Unknown
**Date of death** (dd/mm/yyyy)
 /  / 20
**Location**

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

**Comments**

**Form completed by**