

Patient details (or hospital label)

Family name

First name

Address

Postcode

NHS/CHI/H&C number

Tick if patient is not eligible for number

Case note number

Date of birth (dd/mm/yyyy)

Not estimated
 Estimated
 Anonymised

Sex

- Male
 Female
 Ambiguous

Ethnic group

White

- English, Welsh, Scottish, Northern Irish or British
 Irish
 Gypsy or Irish Traveller
 Roma
 Any other White background (specify)

Mixed or multiple ethnic groups

- White and Black Caribbean
 White and Black African
 White and Asian
 Any other Mixed or multiple ethnic background (specify)

Asian or Asian British

- Indian
 Pakistani
 Bangladeshi
 Any other Asian background (specify)

Black, Black British, Caribbean or African

- Caribbean
 African
 Any other Black, Black British or Caribbean background (specify)

Other ethnic group

- Chinese
 Arab
 Any other ethnic group (specify)
 Not stated (declined)

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

 weeks

Birth order Multiplicity

 of

Admission details

Date and time of admission to unit

Admission number

Type of admission to unit

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

Previous critical care admission (during current hospital stay)

- PICU
 NICU
 ICU (adult)
 Level 2 unit (HDU)
 None
 Unknown

Source of admission

- Same hospital
 Other hospital
 Clinic
 Home

Care area admitted from (includes transfers in)

- X-ray / endoscopy / CT scanner
 Recovery only
 PICU
 NICU
 ICU (adult)
 Level 2 unit (HDU)
 Ward
 Theatre and recovery
 Emergency department (A&E)
 Other intermediate care area (specify)

Retrieval / transfer?

- Yes No

If yes

Type of transport team

- PICU
 Specialised paediatric transport service
 Transport team from neonates
 Other specialist team
 Non-specialist team
 Unknown

Transport team

Collection unit

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

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

PIM eligibility

Were observations recorded between first face-to-face contact with ICU doctor and up to 1 hour of admission?

Yes No

Elective admission?

Yes No

Main reason for admission

- Asthma
- Bronchiolitis
- Croup
- Obstructive sleep apnoea
- Recovery from surgery →
 - Bypass cardiac proc.
 - Non-bypass cardiac proc.
 - Elective liver transpl't
 - Other procedure
- Diabetic ketoacidosis
- Seizure disorder
- Other (none of the above)

Is evidence available to assess past medical history?

Yes No

If yes, tick all that apply

- Cardiac arrest before admission
- Cardiac arrest OUT of hospital
- Cardiomyopathy or myocarditis
- Severe combined immune deficiency
- Hypoplastic left heart syndrome
- Leukaemia/lymphoma after first induction
- Liver failure main reason for ICU admission
- Acute NEC main reason for ICU admission
- Spontaneous cerebral haemorrhage
- Neurodegenerative disorder
- Human immunodeficiency virus (HIV)
- Bone marrow transplant recipient
- Other (none of the above)

CARDIOVASCULAR

Heart rate

beats per minute

Capillary refill time

seconds

Systolic blood pressure

mmHg

RESPIRATORY

Spontaneous respiratory rate

breaths per minute

Respiratory distress

- None
- Mild
- Moderate
- Severe
- Unknown

SpO₂ (via pulse oximetry)

%

Oxygen (at time SpO₂ measured)

FiO₂ or Flow L/minute

INTERVENTIONS

Mechanical ventilation?

Yes No

CPAP? (include via tracheostomy, mask, nasal)

Yes No

HHHFT?

Yes No

Facemask?

Yes No

BIPAP? (include via tracheostomy, mask, nasal)

Yes No

Tracheostomy ventilation?

Yes No

Endotracheal intubation?

Yes No

NEUROLOGICAL

Conscious level

- A – alert
- V – responds to voice
- P – responds to pain
- U – unresponsive

Pupil reaction (if unresponsive)

- Both fixed and dilated
- Other
- Unknown

Temperature

. °C

BLOOD RESULTS

Blood glucose

. mmol/L

Blood gas measured?

Yes No

Blood gas source

- Arterial
- Capillary
- Venous

If arterial blood gas

Arterial PaO₂ or Arterial PaO₂ kPa mmHg

FiO₂ (at time of arterial PaO₂ sample)

.

Base excess

. mmol/L

Lactate

. mmol/L

Additional information

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

Yes No

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

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

Weight

. kg

Is the patient on a clinical trial?

Yes (specify name of trial) No

Name of trial

Daily interventions

For each day of admission, record (using an X unless otherwise specified) all applicable interventions and observations, sustained for a period of 4 or more hours, 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	
Basic	No defined critical care activity	99															
	Continuous ECG monitoring	50															
	Continuous pulse oximetry	73															
Airway and ventilatory	Invasive ventilation via endotracheal tube	51															
	Invasive ventilation via tracheostomy tube	52															
	Non-invasive ventilatory support	53															
	Advanced ventilatory support (jet ventilation)	56															
	Advanced ventilatory support (oscillatory ventilation)	56															
	Nasopharyngeal airway	55															
	Tracheostomy cared for by nursing staff	13															
	Supplemental oxygen therapy (irrespective of ventilatory state)	09															
	Maximal oxygen concentration (record maximum concentration as %)	-															
	Heated humidified high flow therapy (HHHFT)	80															
	Upper airway obstruction requiring nebulised adrenaline (epinephrine)	57															
	Apnoea requiring intervention (>3 in 24 hours or need for bag-mask ventilation)	58															
	Acute severe asthma requiring IV bronchodilator therapy or continuous nebuliser	59															
Unplanned extubation (record number of unplanned extubations)	90																
Unplanned tracheostomy removal or change (record number of unplanned events)	-																
Cardio-vascular	Arterial line monitoring	60															
	External pacing	61															
	Central venous pressure monitoring	62															
	Continuous infusion of inotrope, vasodilator or prostaglandin	06															
	Bolus IV fluids (>80 ml/kg/day) in addition to maintenance IV fluids	63															
	Cardio-pulmonary resuscitation	64															
	Extracorporeal membrane oxygenation (ECMO)	65															
	Ventricular assist device (VAD)	65															
	Aortic balloon pump	65															
Arrhythmia requiring intravenous anti-arrhythmic therapy	94																
Renal	Peritoneal dialysis	05															
	Haemofiltration	16															
	Haemodialysis	66															
	Plasma filtration	67															
	Plasma exchange	67															
Neuro-logical	ICP-intracranial pressure monitoring	68															
	Intraventricular catheter or external ventricular drain	69															
	Status epilepticus requiring treatment with continuous infusion of anti-epileptic drugs	97															
	Reduced conscious level (GCS ≤ 12) AND hourly (or more frequent) GCS monitoring	95															
Analgesia/sedation	Epidural catheter in situ	85															
	Continuous intravenous infusion of a sedative agent	96															
Metabolic	Diabetic ketoacidosis (DKA) requiring continuous infusion of insulin	70															
Other	Exchange transfusion	04															
	Intravenous thrombolysis	71															
	Extracorporeal liver support using molecular absorbent recirculating system (MARS)	72															
	Patient nursed in single occupancy cubicle (state reason for isolation below)	74															
High cost drugs	Medical gases Band 1 – nitric oxide	X841															
	Surfactant	X842															

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

Diagnoses and procedures

Primary diagnosis for this admission

Other reasons for this admission

Operations and procedures performed prior to and during this admission

Comorbidities

Was a tracheostomy performed during this admission?

 Yes No**Discharge information**

Date and time of discharge

/ / 20 :

Status at discharge from your unit

 Alive Dead

If alive at discharge

Discharged for palliative care?

 Yes No

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

 Yes No

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

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

If alive at discharge

Destination following discharge from your unit

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

If dead at discharge

Date and time of death

/ / 20 :

Mode of death

- Treatment withdrawn
- Treatment limitation
- Death by neurological criteria
- Failed cardiopulmonary resuscitation

Transplant donor?

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

30 days post-discharge from unit

Complete if information available

Status at 30 days post-discharge

 Alive Dead Unknown

Date of death

/ / 20 **Comments**
