Paediatric Intensive Care Audit Network · Data collection form

Admission

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 of **Multiplicity**

Admission details

Date and time of admission to unit

/ / 20 :

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

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

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

Form completed by

PIM

*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?

☐ Yes ☐ No

Main reason for PICU admission

☐ Asthma
☐ Bronchiolitis
☐ Croup
☐ Obstructive sleep apnoea
☐ Recovery from surgery → ☐ Bypass cardiac procedure; ☐ Non-bypass cardiac procedure; ☐ Elective liver transplant; ☐ 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 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
☐ Other *(none of the above)*

Systolic blood pressure

☐☐☐ mmHg

SpO_2 *(via pulse oximetry)*

☐☐☐ % → **FiO_2** *(at the time SpO_2 measured)* ☐.☐☐

Blood gas measured?

☐ Yes ☐ No

Arterial PaO_2 ☐☐.☐☐ kPa OR **Arterial PaO_2** ☐☐☐ mmHg

FiO_2 ☐.☐☐

Intubation?

☐ Yes ☐ No

At the time of arterial PaO_2 sample

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

Additional information

Was the patient admitted on a palliative care pathway or receiving palliative care at the time of admission?

☐ Yes ☐ No

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)*

Is the patient on a clinical trial? *(if required by your unit)*

☐ Yes *(specify name of trial)* ☐ No

Name of trial

HEALTHCARE ASSOCIATED INFECTIONS (HCAI)

For guidance on completing this section, see 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.*

GROWTH MEASUREMENTS *(if required by your unit)*

Height

☐☐☐.☐ cm

Weight

☐☐☐.☐☐☐ kg

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
Basic	No defined critical care activity	Code 99														
	Continuous ECG monitoring	50														
	Continuous pulse oximetry	73														
Airway and ventilatory	Invasive ventilation via endotracheal tube	51														
	Invasive ventilation via tracheostomy tube	52														
	Non-invasive ventilatory support	53														
	Advanced ventilatory support (jet ventilation)	56														
	Advanced ventilatory support (oscillatory ventilation)	56														
	Nasopharyngeal airway	55														
	Tracheostomy cared for by nursing staff	13														
	Supplemental oxygen therapy (irrespective of ventilatory state)	09														
	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														
Cardio-vascular	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														
Renal	Urine catheter in situ	–														
	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														
	Delirium screening result *(record **P**ositive, **N**egative, **U**nable to assess, **D**id not assess)*	–														
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 during and prior to this admission

Comorbidity

Was a tracheostomy performed during this admission?

☐ Yes ☐ No

Discharge information

Status at discharge from your unit

☐ Alive ☐ Dead

Date and time ready for discharge *(dd/mm/yyyy hh:mm)*

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

Date and time of discharge *(dd/mm/yyyy hh:mm)*

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

Was the patient discharged to a palliative care pathway or receiving palliative care at discharge?

☐ Yes ☐ No

If dead at discharge

Date and time of death *(dd/mm/yyyy hh:mm)*

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

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

If alive at discharge

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)*

Destination following discharge from your unit

☐ Normal residence
☐ Hospice
☐ Same hospital → ☐ PICU, ☐ NICU, ☐ ICU (adult), ☐ Level 2 unit (HDU), ☐ SCBU, ☐ Ward, ☐ Other
☐ Other hospital → ☐ PICU, ☐ NICU, ☐ ICU (adult), ☐ Level 2 unit (HDU), ☐ SCBU, ☐ Ward, ☐ Other

Status at 30 days post-discharge from your unit

☐ Alive ☐ Dead ☐ Unknown

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

__ __ / __ __ / 2 0 __ __

Comments