

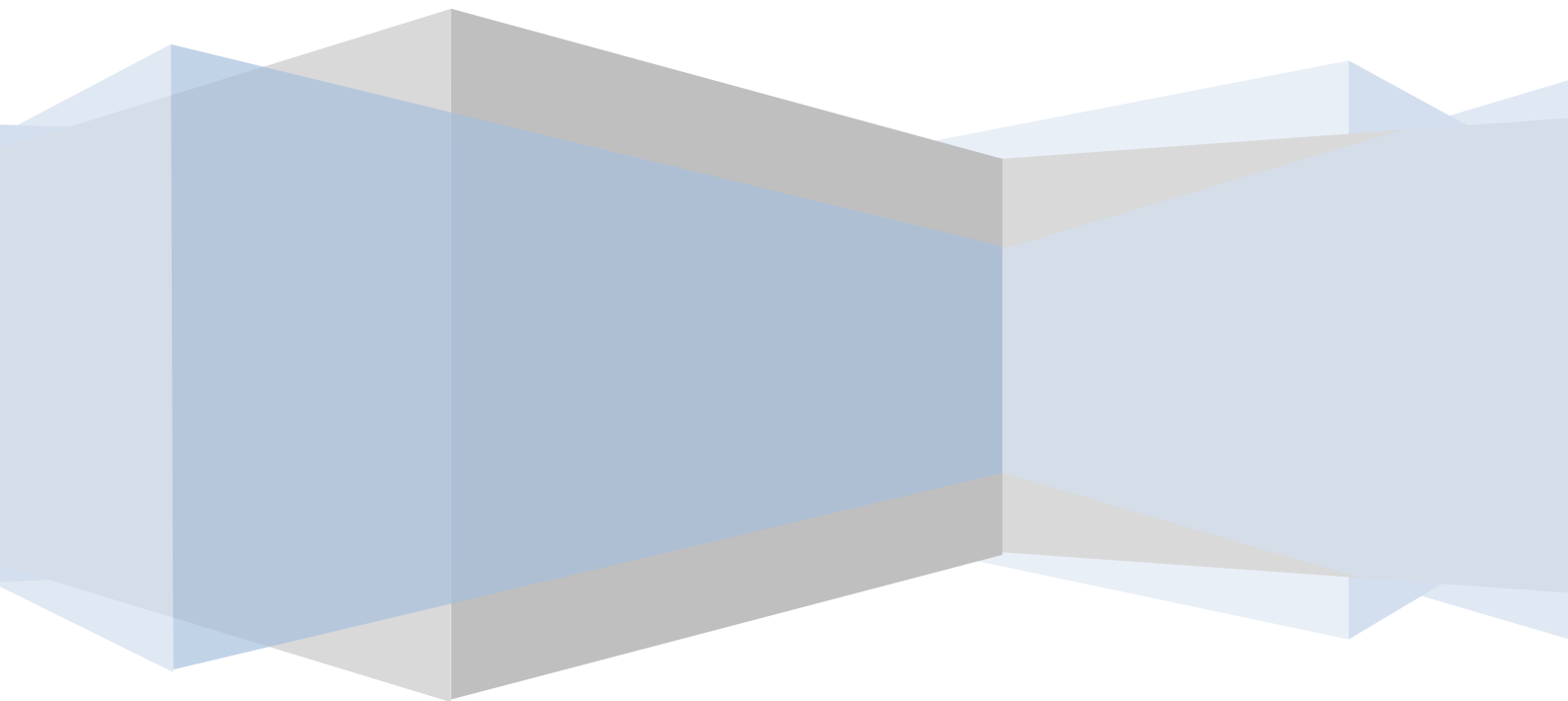
# PICANet

## Referral & Transport

## Dataset Definitions

## Manual

Version 3.0 January 2025



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# INTRODUCTION

## BACKGROUND

PICANet collects a referrals and transport dataset to supplement the clinical database of paediatric intensive care activity. The extended dataset includes information about referral calls and associated retrieval or transfer activities, providing evidence on standards of service across paediatric intensive care.

The dataset forms an integral part of **PICANet Web**; a secure, centralised database application accessed using a web browser. PICANet Web permits centralised transport services (PIC) and PICUs to submit and interrogate referral, transport and admission details for their own patients regardless of their physical location.

## EVENTS

PICANet uses the term **EVENT** to describe a single instance of paediatric intensive care activity, such as a referral, transport or admission. So referrals are **Referral events**, admissions are **Admission events**, while transfers and retrievals are collectively known as **Transport events**.

## ORGANISATIONS

We use the term **ORGANISATION** to represent any unit or service involved in the provision of paediatric intensive care (PIC). The key organisation types are **Paediatric Intensive Care Unit (PICU)**, **Centralised Transport Service (CTS)** and **District General Hospital (DGH)**, although the term also includes other locations from or to which PIC patients are retrieved or transferred, such as an **airport** and **hospices**.

Note that for PICANet purposes; CTS is a specialist paediatric transport service (SPTS) and DGH includes any non-PIC hospital ward or department.

## DATA COLLECTION METHOD

The typical data collection process is as follows:

1. A **referral call is made** from a DGH/unit to a SPTS/PICU requesting transport within the PIC service and/or a PICU bed.
2. The **clinicians agree that PIC transport and/or PICU admission is necessary**.
3. A **referral form is completed** by the Specialist paediatric transport service (SPTS)/PICU taking the referral call.

Details are required for **all referrals when clinicians agree** that the patient requires PIC transport and/or a PICU bed, whether or not the referral results in an admission to PICU or a transport event.

When the SPTS contact the PICU to request admission to a PIC bed the SPTS will record the referral event on behalf of the PICU. For emergency referral requests directly to the PICU, from the original admitting hospital, the PICU receiving the call is responsible for recording the referral event.

4. A **Transport form is completed** by the SPTS providing transport.
5. If the patient is accepted for admission and admitted to a PICU, the **Admission form is completed** by the admitting PICU.
6. SPTS/PICU **enters or uploads to PICA Net Web** the completed event data.

## REFERRAL AND TRANSPORT EVENTS AND DATA COLLECTION FORMS

Referral form

Transport form (page 1 of 2)

Transport form (page 2 of 2)

## REFERRAL EVENTS

A PICA Net Referral event should be completed for all requests for transport within the PIC service and all requests for a PICU admission **when clinicians agree that the patient requires PIC transport and/or a paediatric intensive care bed**. This includes refusals for organisational reasons. A referral event should also be completed for other transport requests where the child will be **receiving intensive care during the journey**, e.g. transportation to a secondary transport service, hospice or home.

Referral data items include patient demographic information, basic details about the referring unit, whether the patient was receiving invasive ventilation, and the decision of the referral call. The dataset caters for scenarios appropriate to both PICUs and SPTS; and PICUs acting as transport teams only.

Data on admissions refused for organisational reasons (lack of beds, staff etc.) permits epidemiological analysis of service organisation and geographical variation.

## TRANSPORT EVENTS

A PICANet Transport event is completed by the SPTS providing the transport for a retrieval or transfer.

Transport data items include patient demographic information, basic details about the transport team and collection unit, critical incidents during transit, transport times, interventions received by the patient both prior to the arrival of the transport team and while the transport team is in attendance (including PIM), and the outcome of the transport event.

A PICANet transport event is also completed for transfers from one PICU to another PICU when the transport is provided by the SPTS

# RESPONSIBILITY FOR DATA COLLECTION

The following table illustrates, for a number of different scenarios, the responsibility for data collection of PICANet Referral, Transport and Admission events.

Example scenario	Organisation role			Referral event	Responsibility for completing event	
	Referring unit	Transport team	Destination unit		Transport event	Admission event
WATCH SPTS transfers from Bristol PICU[A] to Cardiff PICU[B]	PICU A	SPTS	PICU B	SPTS	SPTS	PICU B
WATCH SPTS retrieves from Gloucester DGH to Cardiff PICU	DGH	SPTS	PICU	SPTS	SPTS	PICU
WATCH SPTS retrieves from Gloucester DGH to Frenchay ICU	DGH	SPTS	Non-PIC <sup>†</sup>	SPTS	SPTS	-
WATCH SPTS retrieves from Cardiff PICU to Frenchay ICU	PICU	SPTS	Non-PIC <sup>†</sup>	SPTS	SPTS	-
WATCH SPTS retrieves from Frenchay ICU to Cardiff PICU	Non-PIC <sup>†</sup>	SPTS	PICU	SPTS	SPTS	PICU
Gloucester DGH transfers to Cardiff PICU	DGH	DGH	PICU	PICU	-	PICU

Continued overleaf . . .

Example scenario continued	Organisation role			Responsibility for completing event		
	Referring unit	Transport team	Destination unit	Referral event	Transport event	Admission event
CATS SPTS transfers from Hillingdon Hospital to Heathrow airport	DGH	SPTS	Non-PIC	SPTS	SPTS	-
CATS SPTS transfers from GOSH PICU to Heathrow airport	PICU	SPTS	Non-PIC	SPTS	SPTS	-
Gloucester Neonatal Team call WATCH to arrange transfer to Bristol PICU	DGH	Transport team from neonates	PICU	SPTS	-	PICU

† Non-PIC includes ICUs, hospices, residential addresses and airports (for onward transport)

\* SPTS or PICU arranging time critical transfer complete referral event

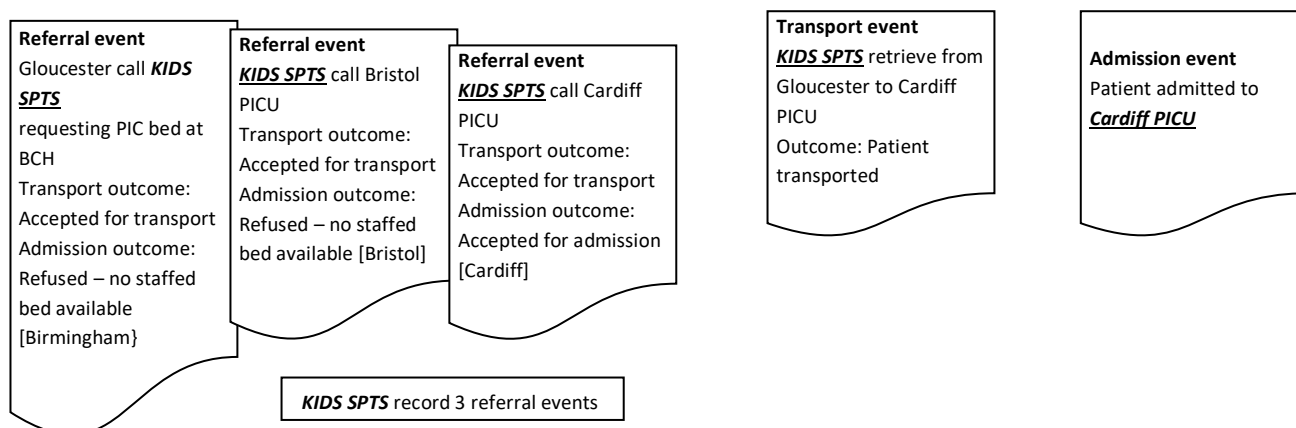
## Worked examples

Each sequence shows the PICANet events relevant to each spell of activity; responsibility for data collection (and entry/upload to PICANet Web) is designated by ***italicised underlined*** type.

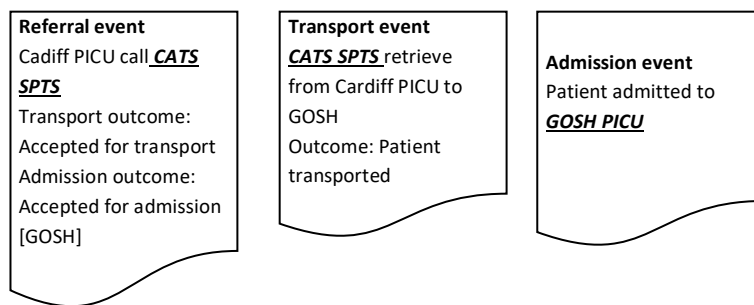
### Example One:

Gareth Jones is a 2 month old with bronchiolitis admitted to Gloucestershire Royal Infirmary.

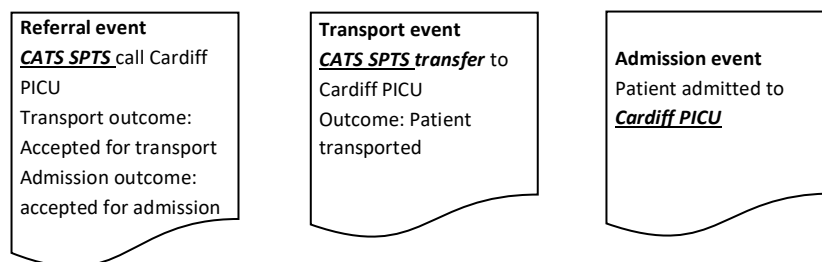
He deteriorates and requires intubation and ventilation. The consultant paediatrician refers him to KIDS SPTS (PIC), they can retrieve. Birmingham Children's Hospital PICU are contacted; they are full. Bristol PICU is contacted; they are full. Cardiff PICU is contacted, and accepts the patient, with the KIDS team retrieving:



On day 2 in Cardiff PICU he deteriorates further and is referred to CATS SPTS for transfer for ECMO. CATS call GOSH who accept for admission:



He comes off ECMO and is referred back to Cardiff, still ventilated, on day 14. He is repatriated by CATS:



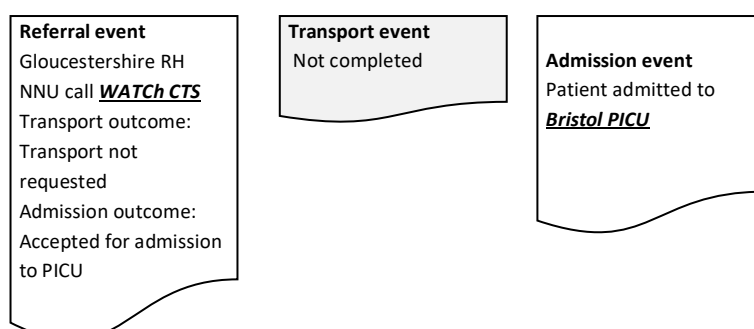
He is discharged from Cardiff on day 18 to his local hospital spontaneously ventilating.

In total, 4 different PICANet organisations contribute 11 separate events (5 referral; 3 transport; 3 admission) to PICANet Web. The organisation responsible for recording the PICANet event is highlighted e.g. KIDS

### Example Two:

Sophie Brown is a 3 day old baby born at Gloucestershire Royal Hospital and admitted to the neonatal unit for investigation.

She deteriorates and requires intubation and ventilation and the consultant neonatologist refers her to Bristol Childrens Hospital PICU for continuing care and investigation of cardiac anomaly. Bristol PICU accepts the patient with the neonatal transport team providing the transport.



She is discharged from Bristol PICU to a ward on day 6 spontaneously ventilating.

Two organisations contribute 2 separate events (1 referral and 1 admission) to PICANet Web. The organisation responsible for recording the PICANet event is highlighted e.g. WATCH and Bristol PICU

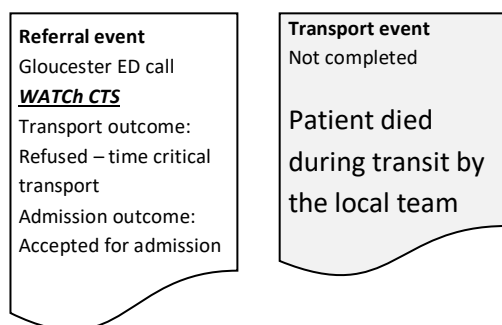
For this example there is no recorded transport event; the type of transport team, name of the transport team and name of the collection unit are recorded on the admission form.

### Example Three:

James Smith aged 14 years is admitted to the Accident and Emergency at Gloucestershire Royal Hospital with a severe head injury following a road traffic accident.

He requires intubation and ventilation and the consultant refers him to WATCH SPTS for transfer to Bristol PICU for continuing care. Bristol PICU accepts the patient and advises immediate transfer by the local team.

The patient's condition deteriorates further and he dies during transit.

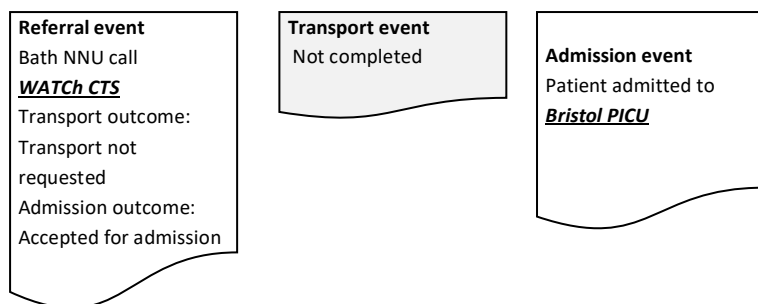


One organisation WATCH SPTS, contributes one separate event (referral) to PICANet Web.

### Example Four:

Female infant Cook is a one day old baby admitted to the neonatal unit at Bath Royal Victoria Hospital NNU and requires transfer for surgical investigation.

The consultant neonatologist refers her to Bristol Childrens Hospital PICU for continuing care and investigation. Bristol PICU accepts the patient with the neonatal transport team providing the transport.



Two organisations WATCH SPTS and Bristol PICU, contribute two separate events (referral and admission) to PICANet Web.

Reference:

<sup>1</sup>PICANet's work is based on a collaboration with Paediatric Intensive Care Society (PICS) Acute Transport Group and Allan Wardaugh's (Cardiff PICU) original document, PROPOSAL FOR COLLECTING RETRIEVAL DATA BY PICANET (available from [www.picanet.org.uk](http://www.picanet.org.uk)). The dataset has been amended and validated in conjunction with P Ramnarayan and the PICANet Clinical Advisory Group and facilitates monitoring of the PICS' QUALITY STANDARDS FOR THE CARE OF CRITICALLY ILL CHILDREN (5TH EDITION) DECEMBER 2015 (see [www.ukpics.org.uk](http://www.ukpics.org.uk)).

# Referral dataset

## PATIENT DETAILS

### Family name or Surname

<b>Definition</b>	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.
<b>Reason</b>	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 and/or admissions to one or more PICUs or transport services.
<b>Format</b>	Free text (e.g. Brown).  If no family name available record as UNKNOWN and indicate why not available in the comments section.

---

### First name

<b>Definition</b>	The first name given to the child as it would appear on the child's birth certificate or other appropriate document.
<b>Reason</b>	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 and /or admissions to one or more PICUs or transport services.
<b>Format</b>	Free text (e.g. John).  If no first name available record as UNKNOWN and indicate why not available in the comments section.

---

### Postcode

<b>Definition</b>	The postcode for the child's normal place of residence.
<b>Reason</b>	Postcode provides an additional identifier that can aid patient tracking throughout the hospital and PICANet Web.  Can help identify individuals who may have had multiple admissions to one or more PICUs or transport services.  Postcode provides a means of linkage to geographic and demographic information for effective audit and assessment of health services delivery.
<b>Format</b>	Text (e.g. S10 8NN).  Foreign postcodes will be accepted by PICANet Web.  If postcode is unobtainable, record as UNOBTAINABLE.  A list of postcodes for overseas countries is available on request.

---



## NHS, CHI or H&C number

<b>Definition</b>	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.
<b>Reason</b>	<p>NHS, CHI or H&amp;C number gives a unique, identifiable variable that will allow other identifiable data items to be removed from the database.</p> <p>Can identify individuals who may have had multiple admissions to one or more PICUs or paediatric intensive care transport services.</p>
<b>Format</b>	<p>Free text (e.g. 1463788990)</p> <p>Validation check that NHS, CHI or H&amp;C number is a valid number</p>

---

## NHS, CHI or H&C number eligibility

<b>Definition</b>	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.
<b>Reason</b>	To enable effective audit of availability of NHS, CHI or H&C number and assessment of health services delivery.
<b>Format</b>	Tick box if patient is not eligible for an NHS, CHI or H&C number

---

## Date of birth

<b>Definition</b>	The child's date of birth as recorded on the child's birth certificate or other appropriate document.
<b>Reason</b>	<p>Date of birth and Date of admission are used to calculate age at admission to this paediatric intensive care service.</p> <p>Date of birth provides an additional identifier that can aid patient tracking throughout the hospital and PICANet Web.</p> <p>Can help identify individuals who may have had multiple referrals and/or admissions to one or more PICUs and/or transport services.</p>
<b>Format</b>	<p>Date; dd/mm/yyyy.</p> <p>Date of birth should be between 01/01/1980 and Date of admission.</p> <p>If the child's date of birth is unobtainable, but the child is under your care, use your judgement to estimate year of birth and record as 1 January of estimated year (e.g. 01/01/YYYY).</p> <p>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'.</p> <p>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. 01/MM/YYYY). Then tick 'Anonymised' below.</p> <p>Validation check if patient is aged 18 years or older</p>

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## Indicate if date of birth is...

<b>Definition</b>	Specifies whether the date of birth is estimated, anonymised or unknown (and cannot be estimated).
<b>Reason</b>	Date of birth and Date of admission to your unit are used to calculate age at admission to your unit.
<b>Format</b>	Choose from one of the following:  Not estimated Estimated Anonymised

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## Sex

<b>Definition</b>	Identifies the genotypical sex of the child at referral or admission to this paediatric intensive care service.
<b>Reason</b>	Sex is important for reporting demographic statistics for admissions to your unit. Sex provides an additional identifier that can aid patient tracking throughout the hospital and PICANet Web.
<b>Format</b>	Choose from one of the following:  Male  Female  Ambiguous  Unknown

---

# REFERRAL DETAILS

## Date and time of referral call

<b>Definition</b>	<p>The actual date and time when clinicians agreed that the patient required PIC transport and/or a PICU bed, based on the patient's clinical condition (not the availability of a team or a bed).</p> <p>This may not be the date of the first telephone call to the PICU or transport service as this may have been for advice or discussion only.</p>
<b>Reason</b>	<p>Date and time of the accepted referral call will be used to calculate the total number of referral calls for each individual child.</p> <p>Accurate recording of date and time will allow analysis of organisational delays e.g. due to lack of availability of staffed beds or transport teams.</p> <p>To enable effective audit and assessment of health services delivery.</p>
<b>Format</b>	<p>Date: dd/mm/yyyy</p> <p>Time: hh:mm (24 hour clock)</p>

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## Referral number

<b>Definition</b>	<p>Unique identifier assigned to each consecutive referral event.</p> <p>As recorded within your organisation to identify each referral episode.</p>
<b>Reason</b>	<p>Referral number provides a unique identifier for each referral episode to an organisation participating in PICANet and thus allows identification of a series of one or more referral events from another.</p> <p>Required for effective audit and assessment of geographical distribution of referring population to individual transport services/units.</p>
<b>Format</b>	<p>Free text ( e.g. 2017 07)</p>

---

## Referring unit

<b>Definition</b>	Identifies the referring hospital, DGH or PICU where the child was located at the time of the referral call.
<b>Reason</b>	Required for effective audit and assessment of geographical distribution of referring population to individual units/transport services.
<b>Format</b>	<p>Record the name of hospital / DGH and specialist unit</p> <p>Free text e.g. Pilgrim Hospital Emergency Department</p> <p>At data entry to PICANet Web select the select the organisation type – PICU or DGH from the organisation coder</p> <p>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</p> <p>If the name of the organisation is not known select 'Unknown organisation'</p>

---

## Referring area

<b>Definition</b>	<p>Identifies the care area where the child was located at the time of the referral call.</p> <p><b>X-ray, endoscopy, CT scanner or similar</b> - identifies that the child came from an area where diagnostic procedures may have been carried out at the time of collection from the referring hospital</p> <p><b>Recovery only</b> - means the child was receiving care in the recovery area at the time of collection from the referring hospital</p> <p><b>Level 2 unit (HDU)</b> - means the child was receiving care in a high dependency area at the time of collection from the referring hospital</p> <p><b>Other intermediate care area</b> - is an area where the level of care is greater than that of the normal wards, but not a PICU/NICU/ICU (adult)/ or Level 2 (HDU)</p> <p><b>Theatre and recovery</b> - means the child has undergone all or part of a surgical procedure or has received an anaesthetic for a procedure and was receiving care within the theatre and recovery area at the time of collection from the referring hospital</p> <p><b>Other transport service</b> - the patient is received from a different transport service i.e. at an airport or port for international transfer.</p> <p><b>ICU (Adult)</b> means the child was receiving care within an adult or other specialist ICU, which is not designated as a PICU, at the time of collection from the referring hospital</p> <p><b>PICU</b> means the child was receiving care within PICU at the time of collection from the referring hospital</p>
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**NICU** means the child was receiving care within NICU at the time of collection from the referring hospital

**Ward** means the child was receiving care in a ward at the time of collection from the referring hospital

**Emergency Department (A&E)** means the child was receiving care in an Emergency Department at the time of collection from the referring hospital

**Reason** To enable effective audit and assessment of health services delivery.

**Format** Choose from one of the following:

- X-ray, endoscopy, CT scanner or similar
- Recovery only
- Level 2 unit (HDU)
- Other intermediate care area
- Theatre and recovery
- Other transport service
- ICU (Adult)
- PICU
- NICU
- Ward
- Emergency Department (A&E)
- Unknown

---

## Referring speciality

**Definition** Specialty from which this request for admission is made.

Record the parent specialty of the doctor who made this call resulting in a transfer.

Examples:

- A child has elective surgery in a DGH; the operation is complicated and the anaesthetist decides the child needs PICU for post-op recovery – code Anaesthetics.
- The transport team call the PICU to request a bed and arrange admission – code Paediatric Intensive Care Transport Service.

**Reason** Describes the background from which patients are received for effective audit and assessment of health services delivery.

**Format** Choose from one of the following:

General paediatrics  
Sub-specialty paediatrics  
Neonates  
PICU  
Anaesthetics  
General ITU  
Neurosurgery

---

General surgery  
 Accident and Emergency  
 Burns and plastics  
 ENT  
 Paediatric Intensive Care Transport Service  
 Other  
 Unknown

---

## Grade of referring doctor/nurse

<b>Definition</b>	Most senior grade of doctor or nurse making the initial referral call.
<b>Reason</b>	Required for effective audit of service organisation and geographical variation.
<b>Format</b>	Choose from one of the following: Consultant/ Associate Specialist/Staff Grade ST 4-8 ST 1-3 F1/F2 GP Nurse Practitioner Nurse Unknown

---

## Invasive ventilation at time of referral call

<b>Definition</b>	The child was receiving invasive ventilation (by ET tube, laryngeal mask or tracheostomy) or in the process of being intubated at the time the referral is accepted.
<b>Reason</b>	Used to describe the different clinical 'thresholds' at which different services operate.  An easily defined variable which discriminates those patients who require intensive care and those who may only require high dependency care.
<b>Format</b>	Choose from one of the following: Yes No – not indicated No – advised to intubate Unknown

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## Outcome of this referral event

<b>Definition</b>	<p>Outcome of this event after clinicians have agreed that a child requires PIC transport and/or a PICU bed.</p> <p>The purpose of this field is to collect data on admission or transport events refused for organisational reasons (e.g. lack of beds, transport) and to permit patient tracking throughout the paediatric intensive care service and PICANet Web.</p> <p><b>TRANSPORT OUTCOME</b></p> <p><b>Accepted for PIC transport</b> - child accepted for PIC transport</p> <p><b>Refused - no transport team available</b> – PIC transport refused because a transport team was not available</p> <p><b>Refused - time critical transfer</b> - the referring hospital are advised to expedite own transport due to the acute condition of child</p> <p><b>Refused - out of scope of care</b>- transport is not part of usual commissioning arrangements e.g. transfer request from an out of region referring unit</p> <p><b>Transport not requested</b>- admission only requested at the time of this referral</p> <p><b>ADMISSION OUTCOME</b></p> <p><b>Accepted for admission</b> – child accepted for admission by the PICU receiving referral call</p> <p><b>Refused - no staffed bed available</b>-admission refused because no staffed PICU bed available</p> <p><b>Refused – out of scope of care</b> – admission can be more appropriately provided by another PICU e.g. a child with a history of cardiac admission to a specialist PICU requires care for a condition which may be provided by a regional PICU.</p> <p><b>Admission not requested</b> - admission not requested at the time of this referral</p>
<b>Reason</b>	To enable effective audit and assessment of health services delivery.
<b>Format</b>	<p>Choose <b>one</b> response from Transport outcome and <b>one</b> response from Admission outcome:</p> <p><b>TRANSPORT OUTCOME</b></p> <p>Accepted for PIC transport</p> <p>Refused- no transport team available</p> <p>Refused-time critical transfer</p> <p>Refused out of scope of care</p> <p>Transport not requested</p> <p><b>ADMISSION OUTCOME</b></p> <p>Accepted for PICU admission</p> <p>Refused - no staffed bed available</p> <p>Refused – out of scope of care</p> <p>Admission not requested</p>

## Transport team

<b>Definition</b>	The name of the centralised transport service (PIC) or PICU own team, undertaking this episode of transport or who refused this referral.
<b>Reason</b>	To enable effective audit and assessment of health services delivery.
<b>Format</b>	Free text  Record the full name or recognised abbreviation of the transport team i.e. CATS or Gloucestershire Royal Infirmary in the text box  At data entry to PICANet Web select the organisation type - PICU, SPTS 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'  If the name of the organisation is not known select 'Unknown organisation'

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## Destination unit *(or location)*

<b>Definition</b>	The destination unit / admitting PICU / location identifies the exact destination that the child was taken to at the end of the transport episode.  If the admission outcome is 'refused' record the name of the destination unit (or location) who refused this referral.  Enter postcode if child has been transferred to normal residence or hospice.
<b>Reason</b>	Required for geographic information to be linked to assessment of health services delivery.
<b>Format</b>	Record the name of hospital / DGH and specialist unit Free text e.g. Sheffield PICU  At data entry to PICANet Web select the select the organisation type – 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'

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## Comments

<b>Definition</b>	<p>Any additional information considered relevant to the admission.</p> <p>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 referral, which is not collected as part of the dataset.</p> <p>No identifiers (patient, nurse, doctor, ICU, hospital) should be included in text data entered into this field.</p> <p>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.</p>
<b>Reason</b>	No dataset specification covers all eventualities: to deal with this a text field has been included for comments/additional information.
<b>Format</b>	Free text

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## Form completed by

<b>Definition</b>	Name of person completing form
<b>Reason</b>	For local use only to assist with following up queries relating to completion of this form.

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# Transport dataset

## PATIENT DETAILS

### Family name

<b>Definition</b>	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.
<b>Reason</b>	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 admissions to one or more PICUs.
<b>Format</b>	Free text (e.g. Brown).  If no family name available record as UNKNOWN and indicate why not available in the comments section.

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### First name

<b>Definition</b>	The first name given to the child as it would appear on the child's birth certificate or other appropriate document.
<b>Reason</b>	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 and /or admissions to one or more PICUs.
<b>Format</b>	Free text (e.g. John).  If no first name available record as UNKNOWN and indicate why not available in the comments section.

---

## Address (1-5)

<b>Definition</b>	The normal place of residence for the child
<b>Reason</b>	<p>Address provides an additional identifier that can aid patient tracking throughout the paediatric intensive care service and PICANet Web.</p> <p>Can help identify individuals who may have had multiple referrals, transport and/or admission events to one or more PICUs.</p> <p>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.</p> <p>A full residential address will allow validation of postcode.</p>
<b>Format</b>	<p>5 free text fields, e.g.</p> <p>ADDRESS1: 83 Green Street ADDRESS2: Brownley ADDRESS3: Sheffield ADDRESS4: South Yorkshire ADDRESS5:</p> <p>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.</p> <p>Note that not all fields need to be completed for short addresses, and very long addresses may require locality and town to be combined.</p>

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## Postcode

<b>Definition</b>	The postcode for the child's normal place of residence.
<b>Reason</b>	<p>Postcode provides an additional identifier that can aid patient tracking throughout the paediatric intensive care service and PICANet Web.</p> <p>Can help identify individuals who may have had multiple referrals, transport and/or admission events to one or more PICUs.</p> <p>Postcode provides a means of linkage to geographic and demographic information for effective audit and assessment of health services delivery.</p>
<b>Format</b>	<p>Text (e.g. S10 8NN).</p> <p>Foreign postcodes will be accepted by the software, although a warning will be generated in the case of non UK standard postcodes to ensure that the user checks the data.</p> <p>If postcode is unobtainable, record as UNKNOWN.</p> <p>A list of postcodes for overseas countries is available on request from PICANet.</p>

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## NHS, CHI or H&C number

<b>Definition</b>	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.
<b>Reason</b>	<p>NHS, CHI or H&amp;C number gives a unique, identifiable variable that will allow other identifiable data items to be removed from the database.</p> <p>Can identify individuals who may have had multiple admissions to one or more paediatric intensive care services.</p>
<b>Format</b>	Free text (e.g. 1463788990)
<b>Validation check</b>	That NHS, CHI or H&C number is a valid number.

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## NHS, CHI or H&C number eligibility

<b>Definition</b>	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.
<b>Reason</b>	To enable effective audit of availability of NHS, CHI or H&C number and assessment of health services delivery.
<b>Format</b>	Tick box if patient is not eligible for an NHS, CHI or H&C number.

---

## Case note number (destination PICU)

<b>Definition</b>	<p>Unique identifying number for an individual's hospital records at the destination unit.</p> <p>Allocated on first admission to hospital.</p>
<b>Reason</b>	Case note number provides a unique identifier that can aid patient tracking throughout the hospital.
<b>Format</b>	Free text (e.g. AB145C).

---

## Date of birth

<b>Definition</b>	The child's date of birth as recorded on the child's birth certificate or other appropriate document.
<b>Reason</b>	<p>Date of birth and Date of admission are used to calculate age at admission to this paediatric intensive care service.</p> <p>Date of birth provides an additional identifier that can aid patient tracking throughout the paediatric intensive care service and PICANet Web.</p> <p>Can help identify individuals who may have had multiple referrals, transport and/or admission events to one or more PICUs.</p>
<b>Format</b>	<p>Date: dd/mm/yyyy.</p> <p>Date of birth should be on or prior to the data of admission.</p> <p>If the child's date of birth is unobtainable, use your judgement to estimate year of birth and record as 1 January of estimated year (e.g. 01/01/YYYY). Then tick 'Estimated' in the section 'Indicate if date of birth is' Estimated/Anonymised/Unknown section below.</p> <p>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'.</p> <p>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. 01/MM/YYYY). Then tick 'Anonymised' below.</p>
<b>Validation check</b>	If patient is aged 18 years or older at admission.

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## Indicate if date of birth is...

<b>Definition</b>	Specifies whether the date of birth is not estimated, estimated, unknown (and cannot be estimated) or partly anonymised.
<b>Reason</b>	Date of birth and Date of admission to your unit are used to calculate age at admission to this paediatric intensive care service.
<b>Format</b>	<p>Choose from one of the following:</p> <ul style="list-style-type: none"><li>Estimated</li><li>Anonymised</li><li>Unknown (and cannot be estimated)</li></ul>

---

## Sex

<b>Definition</b>	Identifies the genotypical sex of the child at referral to this paediatric intensive care service.
<b>Reason</b>	<p>Sex is important for reporting demographic statistics for admissions to your transport service or unit.</p> <p>Sex provides an additional identifier that can aid patient tracking throughout the paediatric intensive care service and PICANet Web.</p>
<b>Format</b>	<p>Choose from one of the following:</p> <ul style="list-style-type: none"><li>Male</li><li>Female</li><li>Ambiguous</li><li>Unknown</li></ul>

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# TRANSPORT DETAILS

## Date and time accepted for transport

<b>Definition</b>	<p>The date and time when the transport was accepted. The date and time of acceptance for transport is the date and time when it was agreed that the child required PIC transport, based on their clinical condition (not the availability of a team or a bed).</p> <p>This may not be the date of the first telephone call to the PICU or transport service as this may have been for advice or discussion only.</p>
<b>Reason</b>	<p>Date and time of transport acceptance will be used to calculate the total number of transports undertaken by PIC transport services.</p> <p>Accurate recording of date and time will enable analysis of organisational delays e.g. due to lack of availability of staffed beds or transport teams.</p> <p>To enable effective audit and assessment of health services delivery.</p>
<b>Format</b>	<p>Date: dd/mm/yyyy</p> <p>Time: hh:mm (24 hour clock)</p>

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## Transport number

<b>Definition</b>	<p>Unique identifier assigned to each consecutive transport event.</p> <p>As recorded within your organisation to identify each transport episode.</p>
<b>Reason</b>	<p>To enable effective audit and assessment of health services delivery.</p> <p>The transport number gives a unique, identifiable variable that will allow other identifiable data items to be removed from the database.</p> <p>Can identify individual transport events for children who may have had multiple transport events.</p>
<b>Format</b>	<p>Free text (e.g. 146378).</p>

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## Type of transport team

<b>Definition</b>	<p>Specifies the type of transport team and identifies whether the team is a centralised transport service (PIC), PICU team or not.</p> <p><b>PICU</b> - identifies that a specialised PICU team transferred the child.</p> <p><b>Specialised paediatric transport service (SPTS)</b> - identifies that a transport team from a specialised paediatric transport service (SPTS) transferred the child.</p> <p><b>Transport team from neonates</b> - identifies that a specialist neonatal transport team transferred the child.</p> <p><b>Other specialist team</b> - identifies that another specialist team (not a specialised paediatric transport service (SPTS) or neonatal transport team), transported the child. This could be a trauma transport team transferring the child.</p> <p><b>Non-specialist team</b> identifies that a non-specialist team transported the child to your unit.</p>
<b>Reason</b>	To enable effective audit and assessment of health services delivery.
<b>Format</b>	Choose from one of the following: <ul style="list-style-type: none"><li>PICU</li><li>Specialised paediatric transport service (SPTS)</li><li>Transport team from neonates</li><li>Other specialist team</li><li>Non-specialist team</li><li>Unknown</li></ul>

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## Transport team

<b>Definition</b>	The name of the centralised transport service (PIC), PICU own team, other specialist team or non-specialist team (DGH) undertaking this episode of transport.
<b>Reason</b>	<p>The unique name allows identification of one transport services data from another.</p> <p>To enable audit and assessment of health services delivery.</p>
<b>Format</b>	<p>Free text</p> <p>Record the full name or recognised abbreviation of the transport team i.e. CATS or WATCH in the text box</p> <p>At data entry to PICANet Web select the organisation type - PICU, SPTS or DGH from the organisation coder.</p> <p>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</p> <p>If the name of the organisation is not known select 'Unknown organisation'</p>

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## Team Personnel

<b>Definition</b>	For each role, record how many personnel made up the transport team;  Consultant/Associate Specialist/Staff Grade ST 4 – 8 (or equivalent) ST 1 – 3 (or equivalent) Advanced Clinical Practitioner (band 5 – 8) Nurse consultant Nurse (band 5 – 8) Allied health professional (band 5 – 8)
<b>Reason</b>	To enable effective audit and assessment of health services delivery.
<b>Format</b>	Numerical Expected range 0 – 2 Unknown = 9

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## Collection area

### Definition

The care area that the child was collected from by the transport team.

**X-ray, endoscopy, CT scanner or similar** - identifies that the child came from an area where diagnostic procedures may have been carried out at the time of collection from the referring hospital

**Recovery only** - means the child was receiving care in the recovery area at the time of collection from the referring hospital

**Level 2 unit (HDU)** - means the child was receiving care in a high dependency area at the time of collection from the referring hospital

**Other intermediate care area** - is an area where the level of care is greater than that of the normal wards, but not a PICU/NICU/ICU (adult) or Level 2 (HDU)

**Theatre and recovery** - means the child has undergone all or part of a surgical procedure or has received an anaesthetic for a procedure and was receiving care within the theatre and recovery area at the time of collection from the referring hospital

**Other transport service** - the child is received from a different transport service i.e. at an airport or port for international transfer.

**ICU (Adult)** means the child was receiving care within an adult or other specialist ICU, which is not designated as a PICU, at the time of collection from the referring hospital

**PICU** means the child was receiving care within PICU at the time of collection from the referring hospital

**NICU** means the child was receiving care within NICU at the time of collection from the referring hospital

**Ward** means the child was receiving care in a ward at the time of collection from the referring hospital

**Emergency Department (A&E)** means the child was receiving care within an Accident and Emergency Department at the time of collection from the referring hospital

### Reason

To enable effective audit and assessment of health services delivery.

<b>Format</b>	Choose from one of the following: <ul style="list-style-type: none"> <li>• X-ray, endoscopy, CT scanner or similar</li> <li>• Recovery only</li> <li>• Level 2 unit (HDU)</li> <li>• Other intermediate care area</li> <li>• Theatre and recovery</li> <li>• Other transport service</li> <li>• ICU (Adult)</li> <li>• PICU</li> <li>• NICU</li> <li>• Ward</li> <li>• Emergency Department (A&amp;E)</li> <li>• Unknown</li> </ul>
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## Collection unit (*or location*)

<b>Definition</b>	Identifies the unique name of the PICU, DGH or the place such as an airport, where the child was located at the time of collection by the transport team.
<b>Reason</b>	Required for assessment of geographical distribution of referring population to individual units/transport services. To enable effective audit and assessment of health services delivery.
<b>Format</b>	Free text  Name of individual PICU, DGH or airport e.g. Heathrow Airport  At data entry to PICANet Web select the name of the PICU, DGH or airport from the organisation coder.  If the name 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'.

---

## Most senior member of medical staff present at collection unit (*retrievals only*)

<b>Definition</b>	Most senior member of medical staff handing over the child for transport.
<b>Reason</b>	To enable effective audit and assessment of health services delivery.
<b>Format</b>	Choose from one of the following: <ul style="list-style-type: none"> <li>Consultant/Associate Specialist Doctor/Staff Grade</li> <li>ST4-8 level</li> <li>ST1-3 level</li> <li>None – no member of medical staff present</li> </ul>

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Unknown

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## Did a parent/carer accompanying the child?

<b>Definition</b>	<p>Identifies if one or more parent(s)/carer(s)/guardian(s) accompanied the child in the ambulance.</p> <p><b>Yes</b> - one or more parent(s)/carer(s)/guardian(s) accompanied the child in the ambulance</p> <p><b>No - not present</b>- a parent/carer/guardian was not present with the child at the referring DGH/unit at the time of collection for the transport episode.</p> <p><b>No - declined to accompany</b> - the facility was available for a parent/carer to accompany the child but the parent/carer chose not to do so.</p> <p><b>No - not permitted to accompany</b> - it was not possible to safely provide the facility for a parent/carer/guardian to accompany the child in the ambulance for the transport episode.</p>
<b>Reason</b>	To enable effective audit and assessment of health services delivery.
<b>Format</b>	Choose from one of the following <ul style="list-style-type: none"><li>Yes</li><li>No - not present</li><li>No - declined to accompany</li><li>No - not permitted to accompany</li><li>Unknown</li></ul>

---

## Transport classification

<b>Definition</b>	<p>Specifies whether the transport is planned or unplanned.</p> <p><b>Planned</b> – these transports are generally for children who are clinically stable but need to be transferred to an alternative unit or location.</p> <p><b>Unplanned</b> – these transports are generally for children with a clinical emergency who need specialist care that cannot be delivered at the referring unit.</p>
<b>Reason</b>	To enable effective audit and assessment of health services delivery.
<b>Format</b>	Choose from one of the following <ul style="list-style-type: none"><li>Planned</li><li>Unplanned</li><li>Unknown</li></ul>

---

## Outcome of this transport event

<b>Definition</b>	<p>The result of the transport episode once the decision to mobilise the transport team has been made and/or the transport journey has been completed.</p> <p><b>Patient transported-</b> the child has been transported to the destination specified</p> <p><b>Not transported –condition improved-</b> the transport team arrived at the collection unit, the child’s condition improved and PIC transport was no longer required</p> <p><b>Not transported – condition deteriorated-</b> the transport team arrived at the collection unit, the child’s condition deteriorated and PIC transport was no longer appropriate</p> <p><b>Not transported – other reason</b> – the transport was cancelled either after initial acceptance, when the transport team were en route to the collection unit or after the transport team arrived at the collection unit, the child was not transferred to another unit or location by the transport team. Enter reason in comments box</p> <p><b>Patient died before transport team arrived-</b> the child died after the transport team was mobilised but prior to arrival at the collection unit</p> <p><b>Patient died while transport team present-</b> the child died whilst the transport team were providing care at the collection unit</p> <p><b>Patient died during transit-</b> the child died during the return journey from the collection unit</p>
<b>Reason</b>	To enable effective audit and assessment of health services delivery.
<b>Format</b>	Choose one of the following <ul style="list-style-type: none"><li>Patient transported</li><li>Not transported- condition improved</li><li>Not transported - condition deteriorated</li><li>Not transported - other reason</li><li>Patient died before transport team arrived</li><li>Patient died while transport team present</li><li>Patient died during transit</li><li>Unknown</li></ul>

---

## Destination type

<b>Definition</b>	<p>Identifies the exact type of unit or site that the child was admitted or transferred to at the end of this transport episode.</p> <p><b>PICU</b> – paediatric intensive care unit</p> <p><b>NICU</b> – neonatal intensive care unit</p> <p><b>ICU (Adult)</b> – an adult or specialist intensive care unit which is not designated as a PICU</p> <p><b>Level 2 unit (HDU)</b> - a designated unit or bed providing Level 2 high dependency care</p> <p><b>Ward</b> - a paediatric or general ward</p> <p><b>Theatre</b></p> <p><b>Other transport service</b> – the child is handed over to a different transport service e.g. at an airport or port for international transfer</p> <p><b>Normal residences</b> – a PICU patient requiring intensive care during the journey home – specify postcode in box titled ‘Destination unit (or location)’.</p> <p><b>Hospice</b> – a PICU patient requiring intensive care during the journey to a hospice– specify postcode in box titled ‘Destination unit (or location)’.</p>
<b>Reason</b>	Required for geographic information to be linked to assessment of health services delivery.
<b>Format</b>	<p>Choose from one of the following</p> <p>PICU</p> <p>NICU</p> <p>ICU (Adult)</p> <p>Level 2 unit (HDU)</p> <p>Ward</p> <p>Theatre</p> <p>Other transport service</p> <p>Normal residence      ) Specify postcode of destination</p> <p>Hospice                      ) in Destination unit (<i>or location</i>) field</p> <p>Unknown</p>

---



## Destination unit (*or location*)

<b>Definition</b>	<p>The destination unit (admitting PICU/DGH/or location) identifies the exact destination that the child was taken to at the end of the transport episode.</p> <p>Enter postcode if child has been transferred to normal residence or hospice.</p>
<b>Reason</b>	<p>Required for geographic information to be linked to assessment of health services delivery.</p>
<b>Format</b>	<p>Free text</p> <p>Name of the destination unit (admitting PICU/DGH/or location e.g. Heathrow Airport)</p> <p>At data entry to PICANet Web select the name of the destination unit or location from the organisation coder</p> <p>If the name is not available in the given list, but known select 'Other organisation' and enter the name in the 'Other' box, using free text</p> <p>If the name is not known select 'Unknown organisation'</p>

---

# CRITICAL INCIDENTS

## No critical incidents

<b>Definition</b>	Identifies that no critical incidents listed occurred between the time of handover in the collection unit ( <i>or location</i> ) and the completion of handover at the destination unit ( <i>or location</i> ).
<b>Reason</b>	Assessment of care provided when the transport team were in attendance. To enable effective audit and assessment of health services delivery.
<b>Format</b>	Tick box if no critical incident occurred

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## Accidental extubation

<b>Definition</b>	Identifies that accidental extubation occurred between the time of handover in the collection unit ( <i>or location</i> ) and the completion of handover at the destination unit ( <i>or location</i> ).
<b>Reason</b>	Assessment of care provided when the transport team were in attendance. To enable effective audit and assessment of health services delivery.
<b>Format</b>	Tick box if true

---

## Required intubation in transit

<b>Definition</b>	Identifies that the child required intubation, including primary and/or re-intubation during the patient journey under the care of the transport team. Complete only for incidents during the patient journey.
<b>Reason</b>	Assessment of care provided when the transport team were in attendance. To enable effective audit and assessment of health services delivery.
<b>Format</b>	Tick box if true

---

## Complete ventilator failure

<b>Definition</b>	Identifies that complete failure of the ventilator occurred between the time of handover in the collection unit ( <i>or location</i> ) and the completion of handover at the destination unit ( <i>or location</i> ).
<b>Reason</b>	Assessment of care provided when the transport team were in attendance. To enable effective audit and assessment of health services delivery.
<b>Format</b>	Tick box if true

---

## Loss of medical gas supply

<b>Definition</b>	Identifies that a loss of medical gas supply occurred between the time of handover in the collection unit ( <i>or location</i> ) and the completion of handover at the destination unit ( <i>or location</i> ).
<b>Reason</b>	Assessment of care provided when the transport team were in attendance. To enable effective audit and assessment of health services delivery.
<b>Format</b>	Tick box if true

---

## Loss of all IV access

<b>Definition</b>	Identifies that loss of all intravenous access occurred between the time of handover in the collection unit ( <i>or location</i> ) and the completion of handover at the destination unit ( <i>or location</i> ).
<b>Reason</b>	Assessment of care provided when the transport team were in attendance. To enable effective audit and assessment of health services delivery.
<b>Format</b>	Tick box if true

---

## Cardiac arrest

<b>Definition</b>	Identifies that the child suffered a cardiac arrest and was successfully resuscitated between the time of handover in the collection unit ( <i>or location</i> ) and the completion of handover at the destination unit ( <i>or location</i> ).
<b>Reason</b>	Assessment of care provided when the transport team were in attendance. To enable effective audit and assessment of health services delivery.
<b>Format</b>	Tick box if true

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## Medication administration error

<b>Definition</b>	Identifies that there was a medication administration error and this occurred between the time of handover in the collection unit ( <i>or location</i> ) and the completion of handover at the destination unit ( <i>or location</i> ).
<b>Reason</b>	Assessment of care provided when the transport team were in attendance. To enable effective audit and assessment of health services delivery.
<b>Format</b>	Tick box if true

---

## Equipment failure or incompatibility impacting on patient care

<b>Definition</b>	Identifies that there was equipment failure or incompatibility between the equipment and transport vehicle, which impacted on patient care and this occurred between the time of departure from the transport team base and the time the child is in their bed at the destination unit ( <i>or location</i> ).  Complete for base to collection unit journey and/or patient journey.
<b>Reason</b>	Assessment of care provided during transit  To enable effective audit and assessment of health services delivery.
<b>Format</b>	Tick box if true

---

## Other critical incident

<b>Definition</b>	Identifies that another critical incident, not listed, occurred between the time the time of handover in the collection unit ( <i>or location</i> ) and the completion of handover at the destination unit ( <i>or location</i> ).  Specify the type of critical incident in the text box provided.
<b>Reason</b>	Assessment of care provided when the transport team were in attendance.  To enable effective audit and assessment of health services delivery.
<b>Format</b>	Tick box if true  Free text  Specify critical incident in text box provided.

---

## Comments

<b>Definition</b>	Any additional information considered relevant to the transport event.  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.
<b>Reason</b>	No dataset specification covers all eventualities: to deal with this a text field has been included for comments/additional information.
<b>Format</b>	Free text

---

# TRANSPORT TIMES – BASE TO COLLECTION UNIT

The journey of the transport team from the team base to the collection unit or location, where the child is sited, at the time of collection by the transport team.

## Base to collection unit not applicable

<b>Definition</b>	Confirmation that this section of the trip is not applicable to this transport event because there was no journey from the base to the collection unit or location, where the child is sited at the time of collection by the transport team.  For example the child is located at the base hospital for the PICU transport team.
<b>Reason</b>	Acts as a filter for validation and further data entry
<b>Format</b>	Tick box if this section of the trip is not applicable

---

## Mode of transport

<b>Definition</b>	Identifies the type of transport used by the transport team at any time during the base to collection unit or outward journey.  <b>Dedicated ambulance</b> – identifies if a dedicated paediatric intensive care transport service ambulance was used by the transport team at any time during this journey  <b>Other ambulance</b> - identifies if another ambulance such as an NHS or private ambulance (not a dedicated transport service ambulance) was used by the transport team at any time during this journey  <b>Rapid Response Vehicle (RRV)</b> – identifies if a rapid response vehicle was used by the transport team at any time during this journey  <b>Taxi</b> – identifies if a taxi was used by the transport team at any time during this journey  <b>Air</b> – identifies if any type of air transport was used by the transport team at any time during this journey  <b>Other</b> – identifies if any other type of transport not listed above was used by the transport team at any time during this journey
<b>Reason</b>	To enable effective audit and assessment of health services delivery.
<b>Format</b>	Tick all of the following modes of transport used during this journey:  Dedicated ambulance Other ambulance Rapid Response vehicle (RRV) Taxi Air Other

---

## Depart base

<b>Definition</b>	The actual date and time the transport team depart in the specified mode of transport from the team base.  This specific field should only be completed if applicable to this journey.
<b>Reason</b>	Accurate recording of date and time the team depart in the specified mode of transport will allow analysis of time intervals and total timings.  To enable effective audit and assessment of health services delivery.
<b>Format</b>	Date: dd/mm/yyyy  Time : hh:mm (24 hour clock)

---

## Arrive base airport

<b>Definition</b>	The actual date and time the transport team arrive at the base airport.  To be completed only if applicable to this particular section of the journey taken by air transport.
<b>Reason</b>	Accurate recording of date and time will allow analysis of time intervals and total timings.  Epidemiological analysis of service organisation.
<b>Format</b>	Date: dd/mm/yyyy  Time : hh.mm (24 hour clock)

---

## Aircraft type

<b>Definition</b>	Identifies the type of air transport used by the transport team at any time during the base to collection unit or outward journey.  <b>Unpressurised fixed wing aircraft</b> <b>Pressurised fixed-wing aircraft</b> <b>Dedicated helicopter</b> – dedicated medical ambulance <b>Other helicopter</b> - including forces or emergency services  To be completed only if applicable to this particular section of the journey taken by air transport.
<b>Reason</b>	Epidemiological analysis of service organisation and geographical variation.
<b>Format</b>	Choose from one of the following:  Unpressurised fixed wing Pressurised fixed- wing Dedicated helicopter Other helicopter Unknown

---

## Takeoff base airport

<b>Definition</b>	<p>The actual date and time of the flight departure from the transport team's base airport.</p> <p>To be completed only if applicable to this particular section of the journey taken by air transport.</p>
<b>Reason</b>	<p>Accurate recording of date and time will allow analysis of time intervals and total timings.</p> <p>Epidemiological analysis of service organisation.</p>
<b>Format</b>	<p>Date: dd/mm/yyyy</p> <p>Time : hh.mm (24 hour clock)</p>

---

## Land collection airport

<b>Definition</b>	<p>The actual date and time of the flight arrival at the airport for the collection unit or location.</p> <p>To be completed only if applicable to this particular section of the journey taken by air transport.</p>
<b>Reason</b>	<p>Accurate recording of date and time will allow analysis of time intervals and total timings.</p> <p>Epidemiological analysis of service organisation.</p>
<b>Format</b>	<p>Date: dd/mm/yyyy</p> <p>Time : hh.mm (24 hour clock)</p>

---

## Depart collection airport

<b>Definition</b>	<p>The actual date and time the transport team depart the collection airport to travel to the collection unit or location where the child is sited.</p> <p>To be completed only if applicable to this particular section of the journey taken by air transport.</p> <p>Not to be completed if child is transferred from another transport service at the airport location.</p>
<b>Reason</b>	<p>Accurate recording of date and time will allow analysis of time intervals and total timings.</p> <p>Epidemiological analysis of service organisation.</p>
<b>Format</b>	<p>Date: dd/mm/yyyy</p> <p>Time : hh.mm (24 hour clock)</p>

---

## Arrive collection unit (*or location*)

<b>Definition</b>	<p>The actual date and time the transport team arrive at the child's bedside in the collection unit.</p> <p>This specific field should only be completed if applicable to this journey i.e. the transport team have travelled from another base to the collection unit or location.</p>
<b>Reason</b>	<p>Accurate recording of date and time will allow analysis of time intervals and total timings.</p> <p>To enable effective audit and assessment of health services delivery.</p>
<b>Format</b>	<p>Date: dd/mm/yyyy</p> <p>Time : hh.mm (24 hour clock)</p>

---

## Blue light or siren used or requested

<b>Definition</b>	<p>Identifies whether use of the blue light and or siren for the base to collection unit journey was requested and therefore indicates the intention to use the blue light and/or siren in appropriate traffic conditions</p>
<b>Reason</b>	<p>To enable effective audit and assessment of health services delivery.</p>
<b>Format</b>	<p>Choose from one of the following:</p> <p>Yes</p> <p>No</p> <p>Unknown</p>

---

## Organisational delay - base to collection unit journey

<b>Definition</b>	<p>Organisational time delays during the outward journey from the transport team base or PICU to the collection unit / location.</p> <p><b>None</b> - identifies there have been <b>NO</b> organisational time delays for outward journey</p> <p><b>Team out or busy</b> - time delay in mobilising for outward journey due to transport team already being out on another transport event or busy</p> <p><b>Staffing</b>- time delay in mobilising for the outward journey due to no staff being available for transport event</p> <p><b>Vehicle</b> - time delay in mobilising for the outward journey due to no vehicle being available for transport event</p>
<b>Reason</b>	<p>To enable effective audit and assessment of health services delivery.</p>
<b>Format</b>	<p>Choose from one of the following:</p> <p>None</p> <p>Team out</p>

---



Staffing  
Vehicle  
Unknown

---

## Incident impacting on patient care

<b>Definition</b>	Identifies that there was a vehicle incident during the outward journey from the transport team base or PICU to the collection unit / location.  <b>None</b> - identifies there have been <b>NO</b> vehicle incidents during the outward journey  <b>Vehicle accident</b> – the transport vehicle was involved in an accident  <b>Vehicle breakdown</b> – a breakdown of the transport vehicle occurred
<b>Reason</b>	To enable effective audit and assessment of health services delivery.
<b>Format</b>	Choose from one of the following:  None Vehicle accident Vehicle breakdown Unknown

---

## TRANSPORT TIMES – PATIENT JOURNEY

The journey with the child from the collection unit/PICU/DGH or location such as an airport, to the destination unit/PICU or location such as a hospice.

### Patient journey not applicable

<b>Definition</b>	Confirmation that this section of the trip is not applicable to this transport event because there was no journey with the child.  For example the transport team arrives at the collection unit or location but the child is not transported because the condition of the child improves or deteriorates.
<b>Reason</b>	Acts as a filter for further data entry
<b>Format</b>	Tick box if this section of the trip is not applicable

---

### Mode of transport

<b>Definition</b>	Identifies the type of transport used by the transport team at any time during the journey with the child.  <b>Dedicated ambulance</b> – identifies if a dedicated paediatric intensive care transport service ambulance was used by the transport team at any time during the patient journey  <b>Other ambulance</b> - identifies if another ambulance such as an NHS or private ambulance (not a dedicated transport service ambulance) was used by the transport team at any time during the patient journey  <b>Rapid Response Vehicle (RRV)</b> – identifies if a rapid response vehicle was used by the transport team at any time during the patient journey  <b>Taxi</b> – identifies if a taxi was used by the transport team at any time during this journey  <b>Air</b> – identifies if any type of air transport was used by the transport team at any time during the patient journey  <b>Other</b> – identifies if any other type of transport not listed above was used by the transport team at any time during the patient journey
<b>Reason</b>	To enable effective audit and assessment of health services delivery.
<b>Format</b>	Tick all of the following modes of transport used during this journey  Dedicated ambulance Other ambulance Rapid Response Vehicle (RRV) Taxi Air Other

---

## Depart collection unit (*or location*)

<b>Definition</b>	<p>The actual date and time the transport team depart in the specified mode of transport from the collection unit, which is the hospital/location where the child is located at the time of acceptance of this transport event.</p> <p>For children who are being transported from a country outside the United Kingdom or Eire this may be a port or airport.</p>
<b>Reason</b>	<p>Accurate recording of date and time will allow analysis of time intervals and total timings.</p> <p>To enable effective audit and assessment of health services delivery.</p>
<b>Format</b>	<p>Date: dd/mm/yyyy</p> <p>Time : hh.mm (24 hour clock)</p>

---

## Arrive collection airport

<b>Definition</b>	<p>The actual date and time the transport team arrive at the collection airport.</p> <p>To be completed only if applicable to this particular section of the journey taken by air transport.</p>
<b>Reason</b>	<p>Accurate recording of date and time will allow analysis of time intervals and total timings.</p> <p>Epidemiological analysis of service organisation.</p>
<b>Format</b>	<p>Date: dd/mm/yyyy</p> <p>Time : hh.mm (24 hour clock)</p>

---

## Aircraft type

<b>Definition</b>	<p>Type of air transport used.</p> <p><b>Unpressurised fixed wing aircraft</b></p> <p><b>Pressurised fixed- wing aircraft</b></p> <p><b>Dedicated helicopter</b> – dedicated medical ambulance</p> <p><b>Other helicopter</b> - including forces or emergency services</p> <p>To be completed only if applicable to this particular section of the journey taken by air transport.</p>
<b>Reason</b>	<p>Epidemiological analysis of service organisation and geographical variation.</p>
<b>Format</b>	<p>Choose from one of the following:</p> <ul style="list-style-type: none"><li>Unpressurised fixed wing</li><li>Pressurised fixed- wing</li><li>Dedicated helicopter</li><li>Other helicopter</li><li>Unknown</li></ul>

---

## Takeoff collection airport

<b>Definition</b>	<p>The actual date and time of the flight departure from the collection unit/location airport.</p> <p>To be completed only if applicable to this particular section of the journey taken by air transport.</p>
<b>Reason</b>	<p>Accurate recording of date and time will allow analysis of time intervals and total timings.</p> <p>Epidemiological analysis of service organisation.</p>
<b>Format</b>	<p>Date: dd/mm/yyyy</p> <p>Time : hh.mm (24 hour clock)</p>

---

## Land destination airport

<b>Definition</b>	<p>The actual date and time of the flight arrival at the airport for the admission/destination PICU/unit or location, that is the destination that the child is taken to at the end of the transport episode.</p> <p>To be completed only if applicable to this particular section of the journey taken by air transport.</p>
<b>Reason</b>	<p>Accurate recording of date and time will allow analysis of time intervals and total timings.</p> <p>Epidemiological analysis of service organisation.</p>
<b>Format</b>	<p>Date: dd/mm/yyyy</p> <p>Time : hh.mm (24 hour clock)</p>

---

## Depart destination airport

<b>Definition</b>	<p>The actual date and time the transport team depart the destination airport to travel to the destination PICU/unit or location, that is the destination where the child will complete their journey.</p> <p>To be completed only if applicable to this particular section of the journey taken by air transport.</p> <p>Not to be completed if child is transferred to another transport service at the airport location.</p>
<b>Reason</b>	<p>Accurate recording of date and time will allow analysis of time intervals and total timings.</p> <p>Epidemiological analysis of service organisation.</p>
<b>Format</b>	<p>Date: dd/mm/yyyy</p> <p>Time : hh.mm (24 hour clock)</p>

---

## Arrive destination unit (*or location*)

<b>Definition</b>	The actual date and time the child arrives in a bed at the destination unit or location, this will include the time taken to transfer from trolley to bed, or hand over in theatre or scanner to receiving team.  This specific field should only be completed if applicable to this journey.
<b>Reason</b>	Accurate recording of date and time will allow analysis of time intervals and total timings.  To enable effective audit and assessment of health services delivery.
<b>Format</b>	Date: dd/mm/yyyy  Time : hh.mm (24 hour clock)

---

## Blue light or siren used or requested

<b>Definition</b>	Identifies whether use of the blue light and or siren, for the patient journey between the collection unit and the destination unit, was requested and therefore indicates the intention to use the blue light and/or siren in appropriate traffic conditions
<b>Reason</b>	To enable effective audit and assessment of health services delivery.
<b>Format</b>	Choose from one of the following:  Yes  No  Unknown

---

## Organisational delay – patient journey

<b>Definition</b>	Time delays on the patient journey from the collection unit ( <i>or location</i> ) to the destination unit ( <i>or location</i> ).  <b>None</b> - identifies there have been <b>NO</b> organisational time delays for patient journey due to lack of available transport  <b>Team out</b> - time delay in mobilising for patient journey due to transport team already being out with another transport event or busy  <b>Staffing</b> - time delay in mobilising for the patient journey due to no staff being available for transport event  <b>Vehicle</b> - time delay in mobilising for the patient journey due to no vehicle being available for transport event
<b>Reason</b>	To enable effective audit and assessment of health services delivery.
<b>Format</b>	Choose from one of the following:  None

---

Team out  
Staffing  
Vehicle  
Unknown

---

## Vehicle incident

<b>Definition</b>	<p>Identifies that there was a vehicle incident during the patient journey from the collection unit (<i>or location</i>) to the destination unit (<i>or location</i>).</p> <p><b>None</b> - identifies there have been <b>NO</b> vehicle incidents during the patient journey</p> <p><b>Vehicle accident</b> – the transport vehicle was involved in an accident</p> <p><b>Vehicle breakdown</b> – a breakdown of the transport vehicle occurred</p>
<b>Reason</b>	To enable effective audit and assessment of health services delivery.
<b>Format</b>	<p>Choose from one of the following:</p> <p>None Vehicle accident Vehicle breakdown Unknown</p>

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## TRANSPORT TIMES – DESTINATION UNIT TO BASE

The journey of the transport team from the destination unit or location, to the transport team base

### Destination unit to Base not applicable

<b>Definition</b>	Confirmation that this section of the trip is not applicable to this transport event because there was no journey from the destination unit to the transport team base.  For example the transport team is based at the destination PICU.
<b>Reason</b>	Acts as a filter for further data entry
<b>Format</b>	Tick box if this section of the trip is not applicable

---

### Mode of transport

<b>Definition</b>	Identifies the type of transport used by the transport team at any time during the journey from the destination unit or location to the transport team base or PICU.  <b>Dedicated ambulance</b> – identifies if a dedicated paediatric intensive care transport service ambulance was used by the transport team at any time during this journey  <b>Other ambulance</b> - identifies if another ambulance such as an NHS or private ambulance (not a dedicated transport service ambulance) was used by the transport team at any time during this journey  <b>Rapid Response vehicle (RRV)</b> – identifies if a rapid response vehicle was used by the transport team at any time during this journey  <b>Taxi</b> – identifies if a taxi was used by the transport team at any time during this journey  <b>Air</b> – identifies if any type of air transport was used by the transport team at any time during this journey  <b>Other</b> – identifies if any other type of transport not listed above was used by the transport team at any time during this journey
<b>Reason</b>	To enable effective audit and assessment of health services delivery.
<b>Format</b>	Choose from one of the following:  Dedicated ambulance Other ambulance RRV Taxi Air Other

---

## Depart destination unit (*or location*)

<b>Definition</b>	<p>The actual date and time the transport team depart in the specified mode of transport from the patient bedside at the destination unit or location, which is the hospital/location at the end of this patient journey.</p> <p>For children who are being transported to a country outside the United Kingdom or Eire this may be a port or airport.</p>
<b>Reason</b>	<p>Accurate recording of date and time will allow analysis of time intervals and total timings.</p> <p>To enable effective audit and assessment of health services delivery.</p>
<b>Format</b>	<p>Date: dd/mm/yyyy</p> <p>Time : hh.mm (24 hour clock)</p>

---

## Arrive destination airport

<b>Definition</b>	<p>The actual date and time the transport team arrive at the destination airport for return to base.</p> <p>To be completed only if applicable to this particular section of the journey taken by air transport.</p>
<b>Reason</b>	<p>Accurate recording of date and time will allow analysis of time intervals and total timings.</p> <p>Epidemiological analysis of service organisation.</p>
<b>Format</b>	<p>Date: dd/mm/yyyy</p> <p>Time : hh.mm (24 hour clock)</p>

---

## Aircraft type

<b>Definition</b>	<p>Type of air transport used by the transport team at any time during the base to collection unit or outward journey</p> <p><b>Unpressurised fixed wing aircraft</b></p> <p><b>Pressurised fixed- wing aircraft</b></p> <p><b>Dedicated helicopter</b> – dedicated medical ambulance</p> <p><b>Other helicopter</b> - including forces or emergency services</p> <p>To be completed only if applicable to this particular section of the journey taken by air transport.</p>
<b>Reason</b>	<p>Epidemiological analysis of service organisation and geographical variation.</p>
<b>Format</b>	<p>Choose from one of the following:</p> <ul style="list-style-type: none"><li>Unpressurised fixed wing</li><li>Pressurised fixed- wing</li><li>Dedicated helicopter</li><li>Other helicopter</li><li>Unknown</li></ul>

---



## Takeoff destination airport

<b>Definition</b>	The actual date and time of the flight departure from the destination unit/location airport.  To be completed only if applicable to this particular section of the journey taken by air transport.
<b>Reason</b>	Accurate recording of date and time will allow analysis of time intervals and total timings.  Epidemiological analysis of service organisation.
<b>Format</b>	Date: dd/mm/yyyy  Time : hh.mm (24 hour clock)

---

## Land base airport

<b>Definition</b>	The actual date and time the transport team arrive at the base airport on the return journey to the team base.  To be completed only if applicable to this particular section of the journey taken by air transport.
<b>Reason</b>	Accurate recording of date and time will allow analysis of time intervals and total timings.  Epidemiological analysis of service organisation.
<b>Format</b>	Date: dd/mm/yyyy  Time : hh.mm (24 hour clock)

---

## Depart base airport

<b>Definition</b>	The actual date and time the transport team depart the base airport to return to the stand alone team base or PICU.  To be completed only if applicable to this particular section of the journey taken by air transport.
<b>Reason</b>	Accurate recording of date and time will allow analysis of time intervals and total timings.  Epidemiological analysis of service organisation.
<b>Format</b>	Date: dd/mm/yyyy  Time : hh.mm (24 hour clock)

---

## Arrive base

<b>Definition</b>	The actual date and time the transport team arrive at the stand alone base or own PICU.  This specific field should only be completed if applicable to this journey i.e. by stand-alone transport team or PICU transporting child to another unit.
<b>Reason</b>	Accurate recording of date and time will allow analysis of time intervals and total timings.  To enable effective audit and assessment of health services delivery.
<b>Format</b>	Date: dd/mm/yyyy  Time : hh.mm (24 hour clock)

---

## Blue light or siren used or requested

<b>Definition</b>	Identifies whether use of the blue light and or siren, for the journey from the destination unit to the transport team base, was requested and therefore indicates the intention to use the blue light and/or siren in appropriate traffic conditions.
<b>Reason</b>	To enable effective audit and assessment of health services delivery.
<b>Format</b>	Choose from one of the following:  Yes  No  Unknown

---

## Organisational delays base to collection unit journey

<b>Definition</b>	Time delays on the patient journey from the destination unit (or location) to the transport team base.  <b>None</b> - identifies there have been <b>NO</b> organisational time delays for patient journey due to lack of available transport  <b>Team busy</b> - time delay in mobilising for patient journey due to transport team being busy i.e. with another patient  <b>Staffing</b> - time delay in mobilising for the patient journey due to staff being detained for other reason.  <b>Vehicle</b> - time delay in mobilising for the patient journey due to no vehicle being available for transport event
<b>Reason</b>	To enable effective audit and assessment of health services delivery.
<b>Format</b>	Choose from one of the following:  None Team busy Staffing delay

---

Vehicle delay  
Unknown

---

## Vehicle incident

<b>Definition</b>	<p>Identifies that there was a vehicle incident during the journey from the destination unit (<i>or location</i>) to the base.</p> <p><b>None</b> - identifies there have been <b>NO</b> vehicle incidents during this journey</p> <p><b>Vehicle accident</b> – the transport vehicle was involved in an accident</p> <p><b>Vehicle breakdown</b> – a breakdown of the transport vehicle occurred</p> <p><b>Other</b> – another vehicle incident e.g. transport vehicle delayed by adverse weather</p>
<b>Reason</b>	To enable effective audit and assessment of health services delivery.
<b>Format</b>	<p>Choose from one of the following:</p> <ul style="list-style-type: none"><li>None</li><li>Vehicle accident</li><li>Vehicle breakdown</li><li>Unknown</li></ul>

---

# INTERVENTIONS BY LOCAL TEAM PRIOR TO ARRIVAL OF TRANSPORT TEAM

Applicable only to retrievals to PICU or journeys to another intensive care unit

## Primary Intubation

<b>Definition</b>	True if the child was already intubated at the time of arrival of the transport team.  Complete this field only for transports to or from a PICU or other intensive care unit.
<b>Reason</b>	May reflect intensity of treatment prior to arrival of team, may show different performance between different seniority of staff.  To enable effective audit and assessment of health services delivery.
<b>Format</b>	Tick box if true

---

## Re-intubation

<b>Definition</b>	True if the child was already intubated and required re-intubation which was completed prior to arrival of the transport team.  Complete only for retrievals to or from a PICU or other intensive care unit.
<b>Reason</b>	May reflect intensity of treatment prior to arrival of team, may show different performance between different seniority of staff.  To enable effective audit and assessment of health services delivery.
<b>Format</b>	Tick box if true

---

## Other airway

<b>Definition</b>	True if the child had other airway inserted e.g. laryngeal mask airway (LMA) or tracheostomy which was completed prior to the arrival of the transport team.  Complete only for retrievals to or from a PICU or other intensive care unit.
<b>Reason</b>	May reflect intensity of treatment prior to arrival of team, may show different performance between different seniority of staff.  To enable effective audit and assessment of health services delivery.
<b>Format</b>	Tick box if true

---

## Non-invasive ventilation

<b>Definition</b>	True if non-invasive ventilatory support was already being given at the time of arrival of the transport team.  <b>DO NOT</b> include use of a device to deliver high flow nasal cannula therapy.  Complete only for retrievals to or from a PICU or other intensive care unit.
<b>Reason</b>	May reflect intensity of treatment prior to arrival of team, may show different performance between different seniority of staff.  To enable effective audit and assessment of health services delivery.
<b>Format</b>	Tick box if true

---

## Nitric Oxide

<b>Definition</b>	True if nitric oxide was already being given at the time of arrival of the transport team.  Complete only for retrievals to or from a PICU or other intensive care unit.
<b>Reason</b>	May reflect intensity of treatment prior to arrival of team, may show different performance between different seniority of staff.  To enable effective audit and assessment of health services delivery.
<b>Format</b>	Tick box if true

---

## Heated Humidified High Flow Therapy (HHHFT)

<b>Definition</b>	True if heated humidified high flow therapy (HHHFT) was already being given at the time of arrival of the transport team.  Complete only for retrievals to or from a PICU or other intensive care unit.
<b>Reason</b>	May reflect intensity of treatment prior to arrival of team, may show different performance between different seniority of staff.  To enable effective audit and assessment of health services delivery.
<b>Format</b>	Tick box if true

---

## Primary central venous access

<b>Definition</b>	True if primary central venous access (intraosseous access is regarded separately), was gained by the local team prior to arrival of the transport team.  Complete only for retrievals to or from a PICU or other intensive care unit.
<b>Reason</b>	May reflect intensity of treatment prior to arrival of team, may show different performance between different seniority of staff.

---

	To enable effective audit and assessment of health services delivery.
<b>Format</b>	Tick box if true

---

## Additional central venous access

<b>Definition</b>	True if the child already had primary central venous access (intraosseous access is regarded separately), and additional central venous access was gained by the local team prior to arrival of the transport team.  Complete only for retrievals to or from a PICU or other intensive care unit.
<b>Reason</b>	May reflect intensity of treatment prior to arrival of team, may show different performance between different seniority of staff.  To enable effective audit and assessment of health services delivery.
<b>Format</b>	Tick box if true

---

## Arterial access

<b>Definition</b>	True if arterial access was gained by the local team prior to arrival of the transport team.  Complete only for retrievals to or from a PICU or other intensive care unit.
<b>Reason</b>	May reflect intensity of treatment prior to arrival of team, may show different performance between different seniority of staff.  To enable effective audit and assessment of health services delivery.
<b>Format</b>	Tick box if true

---

## Inotrope or vasopressor infusion

<b>Definition</b>	True if inotrope infusion or vasopressor infusion was connected and running prior to arrival of the transport team  Complete only for retrievals to or from a PICU or other intensive care unit
<b>Reason</b>	May reflect intensity of treatment prior to arrival of team, may show different performance between different seniority of staff  To enable effective audit and assessment of health services delivery
<b>Format</b>	Tick box if true

---

## Prostaglandin infusion

<b>Definition</b>	True if prostaglandin infusion was connected and running prior to arrival of the transport team  Complete only for retrievals to or from a PICU or other intensive care unit.
<b>Reason</b>	May reflect intensity of treatment prior to arrival of team, may show different performance between different seniority of staff

---

	To enable effective audit and assessment of health services delivery
<b>Format</b>	Tick box if true

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## Cardioversion/Defibrillation

<b>Definition</b>	True if cardioversion/defibrillation was already being given at the time of arrival of the transport team.  Complete only for retrievals to or from a PICU or other intensive care unit.
<b>Reason</b>	May reflect intensity of treatment prior to arrival of team, may show different performance between different seniority of staff.  To enable effective audit and assessment of health services delivery.
<b>Format</b>	Tick box if true

---

## Primary intraosseus access

<b>Definition</b>	True if primary intraosseus access was gained prior to arrival of the transport team  Complete only for retrievals to or from a PICU or other intensive care unit
<b>Reason</b>	May reflect intensity of treatment prior to arrival of team, may show different performance between different seniority of staff  To enable effective audit and assessment of health services delivery
<b>Format</b>	Tick box if true

---

## Additional intraosseus access

<b>Definition</b>	True if the child already had primary intraosseus access and additional intraosseus access is gained by the local team prior to arrival of the transport team  Complete only for retrievals to or from a PICU or intensive care unit
<b>Reason</b>	May reflect intensity of treatment prior to arrival of team, may show different performance between different seniority of staff  To enable effective audit and assessment of health services delivery
<b>Format</b>	Tick box if true

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## Chest drain insertion

<b>Definition</b>	True if a chest drain had been inserted by the local team prior to arrival of the transport team  Complete only for retrievals to or from a PICU or intensive care unit
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<b>Reason</b>	May reflect intensity of treatment prior to arrival of team, may show different performance between different seniority of staff To enable effective audit and assessment of health services delivery
<b>Format</b>	Tick box if true

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## ICP monitoring

<b>Definition</b>	True if intracranial pressure (ICP) monitoring was commenced by the local team prior to arrival of the transport team. Complete only for retrievals to or from a PICU or intensive care unit
<b>Reason</b>	May reflect intensity of treatment prior to arrival of team, may show different performance between different seniority of staff To enable effective audit and assessment of health services delivery
<b>Format</b>	Tick box if true

---

## ECMO

<b>Definition</b>	True if extracorporeal membrane oxygenation (ECMO) was commenced by the local team prior to arrival of the transport team Complete only for retrievals to or from a PICU and or intensive care unit
<b>Reason</b>	May reflect intensity of treatment prior to arrival of team, may show different performance between different seniority of staff To enable effective audit and assessment of health services delivery
<b>Format</b>	Tick box if true

---



# INTERVENTIONS WHILE TRANSPORT TEAM IN ATTENDANCE

Includes interventions carried out by the local team in the presence of the transport team

## Primary Intubation

<b>Definition</b>	<p>The child was NOT intubated prior to arrival of the transport team and is intubated whilst the transport team is in attendance</p> <p>This includes primary intubation by the local team after arrival of the transport team</p> <p>Complete only for retrievals to or from a PICU or intensive care unit</p>
<b>Reason</b>	<p>May reflect intensity of treatment prior to arrival of team, may show different performance between different seniority of staff</p> <p>To enable effective audit and assessment of health services delivery</p>
<b>Format</b>	Tick box if true

---

## Re-intubation

<b>Definition</b>	<p>The child was already intubated but is then re-intubated whilst the transport team is in attendance</p> <p>This includes re-intubation by the local team after arrival of the transport team</p> <p>Complete only for retrievals to or from a PICU or intensive care unit</p>
<b>Reason</b>	<p>May reflect intensity of treatment prior to arrival of team, may show different performance between different seniority of staff</p> <p>To enable effective audit and assessment of health services delivery</p>
<b>Format</b>	Tick box if true

---

## Other airway

<b>Definition</b>	<p>True if the child had 'other airway' inserted e.g. laryngeal mask airway (LMA) or tracheostomy whilst the transport team is in attendance</p> <p>Complete only for retrievals to or from a PICU or intensive care unit</p>
<b>Reason</b>	<p>May reflect intensity of treatment prior to arrival of team, may show different performance between different seniority of staff</p> <p>To enable effective audit and assessment of health services delivery</p>
<b>Format</b>	Tick box if true

---

## Non-invasive ventilation

<b>Definition</b>	True if non-invasive ventilatory support was commenced whilst the transport team is in attendance  <b>DO NOT</b> include use of a device to deliver high flow nasal cannula therapy  Complete only for retrievals to or from a PICU or intensive care unit
<b>Reason</b>	May reflect intensity of treatment prior to arrival of team, may show different performance between different seniority of staff  To enable effective audit and assessment of health services delivery
<b>Format</b>	Tick box if true

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## Nitric Oxide

<b>Definition</b>	True if nitric oxide was commenced whilst the transport team is in attendance  Complete only for retrievals to or from a PICU or other intensive care unit.
<b>Reason</b>	May reflect intensity of treatment prior to arrival of team, may show different performance between different seniority of staff.  To enable effective audit and assessment of health services delivery.
<b>Format</b>	Tick box if true

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## Heated Humidified High Flow Therapy (HHHFT)

<b>Definition</b>	True if heated humidified high flow therapy (HHHFT) was commenced whilst transport team in attendance  Complete only for retrievals to or from a PICU or other intensive care unit
<b>Reason</b>	May reflect intensity of treatment prior to arrival of team, may show different performance between different seniority of staff  To enable effective audit and assessment of health services delivery
<b>Format</b>	Tick box if true

---

## Primary central venous access

<b>Definition</b>	The child does not have central venous access, (intraosseous access is regarded separately), and central venous access is gained whilst the transport team is in attendance This includes central venous access gained by the local team after arrival of the transport team  Complete only for retrievals to or from a PICU or intensive care unit
<b>Reason</b>	May reflect intensity of treatment prior to arrival of team, may show different performance between different seniority of staff  To enable effective audit and assessment of health services delivery
<b>Format</b>	Tick box if true

---

## Additional central venous access

<b>Definition</b>	<p>The child already has central venous access, (intraosseus access is regarded separately), and additional central venous access is gained whilst the transport team is in attendance.</p> <p>This includes additional central venous access gained by the local team after arrival of the transport team.</p> <p>Complete only for retrievals to or from a PICU or intensive care unit.</p>
<b>Reason</b>	<p>May reflect intensity of treatment prior to arrival of team, may show different performance between different seniority of staff.</p> <p>To enable effective audit and assessment of health services delivery.</p>
<b>Format</b>	Tick box if true

---

## Arterial access

<b>Definition</b>	<p>Arterial access is gained whilst the transport team is in attendance</p> <p>This includes arterial access gained by the local team after arrival of the transport team</p> <p>Complete only for retrievals to or from a PICU or intensive care unit</p>
<b>Reason</b>	<p>May reflect intensity of treatment prior to arrival of team, may show different performance between different seniority of staff</p> <p>To enable effective audit and assessment of health services delivery</p>
<b>Format</b>	Tick box if true

---

## Inotrope or vasopressor infusion

<b>Definition</b>	<p>Inotrope or vasopressor infusion is connected and running whilst the transport team is in attendance</p> <p>This includes an inotrope or vasopressor infusion connected by the local team after arrival of the transport team</p> <p>Complete only for retrievals to or from a PICU or intensive care unit</p>
<b>Reason</b>	<p>May reflect intensity of treatment prior to arrival of team, may show different performance between different seniority of staff</p> <p>To enable effective audit and assessment of health services delivery</p>
<b>Format</b>	Tick box if true

---

## Prostaglandin infusion

<b>Definition</b>	Prostaglandin infusion is connected and running, whilst the transport team is in attendance.  This includes a prostaglandin infusion connected by the local team after arrival of the transport team.  Complete only for retrievals to or from a PICU or intensive care unit.
<b>Reason</b>	May reflect intensity of treatment prior to arrival of team, may show different performance between different seniority of staff  To enable effective audit and assessment of health services delivery
<b>Format</b>	Tick box if true

---

## Cardioversion/Defibrillation

<b>Definition</b>	True if cardioversion/defibrillation was already being given at the time of arrival of the transport team.  Complete only for retrievals to or from a PICU or other intensive care unit.
<b>Reason</b>	May reflect intensity of treatment prior to arrival of team, may show different performance between different seniority of staff.  To enable effective audit and assessment of health services delivery.
<b>Format</b>	Tick box if true

---

## Primary intraosseus access

<b>Definition</b>	The child has no intraosseus access and intraosseus access is gained whilst the transport team is in attendance  This includes intraosseus access gained by the local team after arrival of the transport team  Complete only for retrievals to / or from a PICU or intensive care unit
<b>Reason</b>	May reflect intensity of treatment prior to arrival of team, may show different performance between different seniority of staff.  To enable effective audit and assessment of health services delivery
<b>Format</b>	Tick box if true

---

## Additional intraosseus access

<b>Definition</b>	<p>The child already has intraosseus access but additional access is gained is gained whilst the transport team is in attendance</p> <p>This includes additional intraosseus access gained by the local team after arrival of the transport team</p> <p>Complete only for retrievals to / or from a PICU or intensive care unit</p>
<b>Reason</b>	<p>May reflect intensity of treatment prior to arrival of team, may show different performance between different seniority of staff</p> <p>To enable effective audit and assessment of health services delivery</p>
<b>Format</b>	Tick box if true

---

## Chest drain insertion

<b>Definition</b>	<p>A chest drain is inserted whilst the transport team is in attendance at the referring hospital</p> <p>This includes a chest drain inserted by the local team after arrival of the transport team</p> <p>Complete only for retrievals to / or from a PICU or intensive care unit</p>
<b>Reason</b>	<p>May reflect intensity of treatment prior to arrival of team, may show different performance between different seniority of staff</p> <p>To enable effective audit and assessment of health services delivery</p>
<b>Format</b>	Tick box if true

---

## ICP monitoring

<b>Definition</b>	<p>Intracranial pressure (ICP) monitoring is commenced whilst the transport team is in attendance</p> <p>This includes the commencement of intracranial pressure monitoring by the local team after arrival of the transport team</p> <p>Complete only for retrievals to or from a PICU or intensive care unit</p>
<b>Reason</b>	<p>May reflect intensity of treatment prior to arrival of team, may show different performance between different seniority of staff</p> <p>To enable effective audit and assessment of health services delivery</p>
<b>Format</b>	Tick box if true

---

## ECMO

<b>Definition</b>	True if extracorporeal membrane oxygenation (ECMO) was commenced whilst the transport team is in attendance  Complete only for retrievals to or from a PICU or intensive care unit
<b>Reason</b>	May reflect intensity of treatment prior to arrival of team, may show different performance between different seniority of staff  To enable effective audit and assessment of health services delivery
<b>Format</b>	Tick box if true

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# PIM (RETRIEVALS ONLY)

PIM applies to observations recorded in the first hour after first face to face contact with the PIC transport team doctor or nurse practitioner.

## Elective admission?

<b>Definition</b>	<p>Identifies whether the child is an elective admission to the paediatric intensive care service</p> <p>Elective admission includes after elective surgery, or an admission for an elective procedure (e.g. insertion of a central line), or elective monitoring, or review of home ventilation</p> <p>An admission to PICU is considered elective if it could be postponed for more than 6 hours without adverse effects.</p>
<b>Reason</b>	Elective admissions are weighted in PIM
<b>Format</b>	<p>Choose from one of the following</p> <ul style="list-style-type: none"><li>• Yes</li><li>• No</li><li>• Unknown</li></ul>

---

## Main reason for admission

<b>Definition</b>	<p>Identifies whether the child has been admitted to the intensive care service with any of the following as the main reason for admission to your unit:</p> <p><b>Asthma</b></p> <p><b>Bronchiolitis</b> – include children who present either with respiratory distress or central apnoea where the clinical diagnosis is bronchiolitis</p> <p><b>Croup</b></p> <p><b>Obstructive sleep apnoea</b> – record if main reason for admission is obstructive sleep apnoea. If the child 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</p> <p><b>Recovery from surgery or a procedure</b> - (include a radiological procedure or cardiac catheter). Do not include children admitted from the operating theatre where recovery from surgery is not the main reason for admission to the paediatric intensive care service e.g. a child with a head injury who goes to theatre for insertion of an ICP monitor; in this child the main reason for admission is the head injury</p> <p><b>Yes</b> – recovery from a <b>bypass cardiac procedure</b> or surgery</p> <p><b>Yes</b> – recovery from a <b>non-bypass cardiac procedure</b> or surgery</p> <p><b>Yes</b> – recovery from an <b>elective liver transplant</b> or acute or chronic liver failure</p> <p><b>Yes</b> – recovery from <b>other procedure</b> or surgery</p> <p><b>Diabetic ketoacidosis</b></p> <p><b>Seizure disorder</b> - Include a child 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</p> <p><b>Other</b> (none of the above)</p>
<b>Reason</b>	These diagnoses are weighted in PIM if they are the main reason for the admission
<b>Format</b>	Choose from one of the following: <ul style="list-style-type: none"><li>▪ Asthma</li><li>▪ Bronchiolitis</li><li>▪ Croup</li><li>▪ Obstructive sleep apnoea</li><li>▪ Recovery from surgery</li><li>▪ Diabetic ketoacidosis</li><li>▪ Seizure disorder</li><li>▪ Other (none of the above)</li></ul>



If recovery from surgery is the main reason for PICU admission, select one from the following

- Bypass cardiac procedure
- Non-bypass cardiac procedure
- Elective liver transplant
- Other procedure

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## Evidence available to assess past medical history

<b>Definition</b>	Identifies whether or not evidence was available at the time of the transport episode 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), child's family/friends/relatives or any other responsible adult
<b>Reason</b>	Important data to confirm whether evidence is available to assess medical history  Acts as a filter for further data entry
<b>Format</b>	Choose from one of the following:  Yes  No  Unknown

---

## Cardiac arrest before ICU admission

<b>Definition</b>	Identifies whether the child has had a cardiac arrest before admission to the paediatric intensive care service, including the specialised paediatric intensive 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
<b>Reason</b>	Cardiac arrest preceding admission to the paediatric intensive care service is weighted in PIM
<b>Format</b>	Tick if child has a cardiac arrest preceding admission to the paediatric intensive care service

---

## Cardiac arrest OUT of hospital

<b>Definition</b>	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 compression  Do not include past history of cardiac arrest
<b>Reason</b>	Cardiac arrest preceding admission to hospital is weighted in PIM
<b>Format</b>	Tick if child has cardiac arrest prior to this hospital admission

---

## Cardiomyopathy or myocarditis

<b>Definition</b>	<p>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 intensive care service</p> <p>First contact with the specialist paediatric intensive 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 intensive care is made)</p> <p>If cardiomyopathy or myocarditis only develop subsequently following admission to your unit and are not present at first contact then answer <b>NO</b></p> <p>Impaired cardiac function associated with sepsis or surgery should <b>NOT</b> be recorded as cardiomyopathy</p> <p>Descriptions of poor ventricular function alone, whether based upon haemodynamic or invasive pressure measurement or during real time imaging are <b>NOT</b> sufficient evidence of cardiomyopathy</p> <p>Echocardiographic appearances of endocardial fibroelastosis in addition to evidence of poor ventricular function (echocardiographic or otherwise) are sufficient evidence of cardiomyopathy</p>
<b>Reason</b>	Cardiomyopathy and myocarditis are weighted in PIM
<b>Format</b>	Tick if true

---

## Severe combined immune deficiency (SCIDS)

<b>Definition</b>	<p>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 intensive care service</p> <p>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</p>
<b>Reason</b>	Severe combined immune deficiency syndrome is weighted in PIM
<b>Format</b>	Tick if true

---

## Hypoplastic left heart syndrome

<b>Definition</b>	<p>Identifies whether the child has hypoplastic left heart syndrome documented in the case notes prior to or at first contact with the paediatric intensive care service</p> <p>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</p> <p>Patients who have previously survived to discharge home after surgical repair of hypoplastic left heart syndrome are still included</p> <p>Patients with similar diagnosis who are not documented as having hypoplastic left heart syndrome are excluded. This includes critical aortic stenosis, mitral atresia, Schones complex and coarctation</p> <p>Hypoplastic left ventricle is not synonymous with hypoplastic left heart syndrome unless there is also documented ventriculo-arterial concordance</p>
<b>Reason</b>	Hypoplastic left heart syndrome is weighted in PIM
<b>Format</b>	Tick if true

---

## Leukaemia or lymphoma after completion of first induction

<b>Definition</b>	<p>Include only cases where admission is related to leukaemia or lymphoma or the therapy for these</p> <p>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 intensive care service</p>
<b>Reason</b>	Leukaemia or lymphoma after completion of 1 <sup>st</sup> induction is weighted in PIM
<b>Format</b>	Tick if true

---

## Liver failure main reason for ICU admission

<b>Definition</b>	<p>Identifies whether the child has acute or chronic liver failure as the primary reason for this admission to the paediatric intensive care service</p> <p>Include patients admitted for recovery following liver transplantation for acute or chronic liver failure</p> <p>Include patients where the primary reason for admission is liver failure (of the graft)</p>
<b>Reason</b>	Liver failure as the primary reason for admission to the paediatric intensive care service is weighted in PIM

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## Acute Necrotising Enterocolitis (NEC) main reason for ICU admission

<b>Definition</b>	<p>Acute necrotising enterocolitis (NEC) refers to a documented diagnosis of an acute episode of NEC prior to or at first contact with the paediatric intensive care service.</p> <p>If NEC only develops subsequently following admission to your unit and is not present at first contact then do not record</p>
<b>Reason</b>	NEC at first contact with the paediatric intensive care service is weighted in PIM
<b>Format</b>	Tick if true

## Spontaneous cerebral haemorrhage

<b>Definition</b>	<p>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 intensive care service</p> <p>Cerebral haemorrhage should be the cause of or be associated with the intensive care admission, which would normally mean it had occurred within 48 hours prior to the intensive care admission</p> <p>Do not include traumatic cerebral haemorrhage or intracranial haemorrhage that is not intracerebral (e.g. subdural haemorrhage)</p>
<b>Reason</b>	Spontaneous cerebral haemorrhage is weighted in PIM
<b>Format</b>	Tick if true

## Neurodegenerative disorder

<b>Definition</b>	<p>Identifies whether the child has a neurodegenerative disorder documented in the case notes prior to or at admission to the paediatric intensive care service</p> <p>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</p> <p>Requires a progressive loss of milestones or a diagnosis where this will inevitable occur. A static disability should <b>NOT</b> be recorded as a neurodegenerative disorder (even if it is severe)</p>
<b>Reason</b>	A neurodegenerative disorder is weighted in PIM
<b>Format</b>	Tick if true

## Human Immunodeficiency Virus (HIV)

<b>Definition</b>	Identifies whether the child is HIV antigen positive as documented in the case notes prior to or at admission to the paediatric intensive care service
<b>Reason</b>	The presence of HIV infection is weighted in PIM
<b>Format</b>	Tick if true

---

## Bone marrow transplant recipient

<b>Definition</b>	Identifies whether the child has received a bone marrow transplant during this hospital admission
<b>Reason</b>	Bone marrow transplantation during current hospital admission is weighted in PIM3
<b>Format</b>	Tick if true

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## Other (none of the above)

<b>Definition</b>	Identifies that none of the above apply to the patient on admission to paediatric critical care.
<b>Reason</b>	To differentiate between none of the above being applicable and missing data.
<b>Format</b>	Tick if true

---

## Systolic blood pressure

<b>Definition</b>	<p>The <b>first</b> systolic blood pressure measured and recorded following first face to face (not telephone) contact between the child and a specialist paediatric intensive care doctor or nurse practitioner</p> <p>Data that are available to the specialist paediatric intensive care doctor or nurse practitioner at first contact and that are current at that time are acceptable. In cases of doubt record the first value of each variable measured after the time of first contact</p> <p>Systolic blood pressure values are included irrespective of the measurement method used or the site.</p> <p>Record 0 if the child is in cardiac arrest. (Only when the BP is truly unrecordable e.g. cardiac arrest should a value of 0 be collected)</p> <p>Record 30 if the child is shocked and the blood pressure is so low it is unrecordable</p>
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<b>Reason</b>	Systolic blood pressure at first contact with your unit doctor is weighted in PIM
<b>Format</b>	Numerical value (e.g. 130) Units: mmHg
<b>Expected range</b>	20 – 180; validation check if range exceeds 200

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## SpO<sub>2</sub> – Oxygen Saturation % (via pulse oximetry)

<b>Definition</b>	<p>The child's oxygen saturation (SpO<sub>2</sub>), expressed as a percentage</p> <p>Record the first SpO<sub>2</sub> (pulse oximetry) that has a corresponding FiO<sub>2</sub> measured and recorded following first face to face contact between the child and a specialist paediatric intensive care doctor until one hour after admission to your unit</p> <p>First contact with a specialist paediatric intensive care doctor refers to first face-to-face (not telephone) contact in your own hospital (on your ICU, emergency department or ward) or another hospital/unit on retrieval</p> <p>If there is more than one SpO<sub>2</sub> recorded within the specified time period, use the first available SpO<sub>2</sub> that has a corresponding measured and recorded FiO<sub>2</sub>, even if recorded later than an SpO<sub>2</sub> with no corresponding FiO<sub>2</sub></p>
<b>Reason</b>	To allow calculation of SpO <sub>2</sub> /FiO <sub>2</sub> ratio
<b>Format</b>	Numerical value e.g. 096
<b>Expected range</b>	0-100; validation check if range exceeds 50-100

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

<b>Definition</b>	<p>The child's fraction of inspired oxygen (FiO<sub>2</sub>), expressed as a fraction</p> <p>The FiO<sub>2</sub> at the time of the first SpO<sub>2</sub> measured and recorded following face to face contact between the child and a specialist paediatric intensive care doctor until one hour after admission to your unit</p> <p>First contact with a specialist paediatric intensive care doctor refers to first face-to-face (not telephone) contact in your own hospital (on your ICU, emergency department or ward) or another hospital/unit on retrieval</p> <p>Record the fraction of inspired oxygen being delivered via endotracheal tube (ETT), non-invasive ventilation (NIV), HFNC, nasal prongs or headbox at the same time that the first SpO<sub>2</sub> is measured. This means the FiO<sub>2</sub> and SpO<sub>2</sub> recorded must relate to the same time</p> <p>If SpO<sub>2</sub> is unknown or missing [999], then FiO<sub>2</sub> will also be unknown or missing: record 999</p>
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	If room air only record 0.21 (21%)
<b>Reason</b>	To allow calculation of SpO <sub>2</sub> /FiO <sub>2</sub> ratio
<b>Format</b>	Numerical value, fraction (decimal) e.g. 0.40
<b>Expected range</b>	0-1.00; validation - expecting a value between 0.21 and 1.0

---

## Blood gas measured

<b>Definition</b>	<p>Confirmation that results from a blood gas taken and analysed, following first contact between the child and a specialist paediatric intensive care doctor or nurse practitioner are available</p> <p>First contact with a specialist paediatric intensive care doctor or nurse practitioner refers to first face-to-face (not telephone) contact in your own hospital (on your ICU, emergency department or ward) or another hospital/unit on retrieval</p> <p>Data that is available to the specialist paediatric intensive care doctor or nurse practitioner 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</p> <p>The blood gas taken and analysed may be arterial, capillary or venous.</p>
<b>Reason</b>	<p>Acts as a filter for further data entry</p> <p>Blood gas results are weighted in PIM</p>
<b>Format</b>	<p>Choose from one of the following</p> <p>Yes</p> <p>No</p> <p>Unknown</p>

---

## Arterial PaO<sub>2</sub>: Oxygen pressure (kPa)

<b>Definition</b>	<p>The <b>first</b> arterial PaO<sub>2</sub> measured and recorded following first contact between the child and a specialist paediatric intensive care doctor or nurse practitioner</p> <p>First contact with a specialist paediatric intensive care doctor or nurse practitioner, refers to first face-to-face (not telephone) contact in a hospital/unit on retrieval</p> <p>Data that are available to the specialist paediatric intensive care doctor or nurse practitioner at first contact, that are current at that time, are</p>
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acceptable. In cases of doubt record the earliest measurement that was current at time of first contact

Only arterial blood gas measurements are acceptable

**Reason** Arterial PaO<sub>2</sub> (and associated FiO<sub>2</sub>) at first contact with a specialist paediatric intensive care doctor is weighted in PIM

**Format** Numerical value (e.g. 9)

Units: kPa.3-60; validation check if range falls outside 1-70

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## Arterial PaO<sub>2</sub>: Oxygen pressure (mmHg)

**Definition** The **first** arterial PaO<sub>2</sub> measured and recorded following first contact between the child and a specialist paediatric intensive care doctor or nurse practitioner

First contact with a specialist paediatric intensive care doctor or nurse practitioner, refers to first face-to-face (not telephone) contact in a hospital/unit on retrieval

Data that are available to the specialist paediatric intensive care doctor or nurse practitioner 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

Only arterial blood gas measurements are acceptable

**Reason** Arterial PaO<sub>2</sub> (and associated FiO<sub>2</sub>) at first contact with a specialist paediatric intensive care doctor is weighted in PIM

**Format** Numerical value (e.g. 67.5)

Units: mmHg. 22 – 450; validation check if range falls outside 7.5 – 525

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## FiO<sub>2</sub> at time of PaO<sub>2</sub> sample (oxygen inspired)

**Definition** The FiO<sub>2</sub> associated with the **first** arterial PaO<sub>2</sub> measured and recorded following first contact between the child and a specialist paediatric intensive care doctor or nurse practitioner

First contact with a specialist paediatric intensive care doctor or nurse practitioner refers to first face-to-face (not telephone) 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 intensive care doctor or nurse practitioner 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

Only record in association with arterial blood gas measurements

Record 0.21 if child in air

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	Record 999 if FiO <sub>2</sub> is missing
<b>Reason</b>	Arterial PaO <sub>2</sub> and associated FiO <sub>2</sub> at first contact with your unit doctor are weighted in PIM
<b>Format</b>	Units: Fraction (decimal) e.g. 0.40
<b>Expected range</b>	0.1-1.0; validation - expecting a value between 0.21 and 1.0

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## Intubation

<b>Definition</b>	<p>Record whether or not the child was intubated at the time of the <b>first</b> PaO<sub>2</sub> and associated FiO<sub>2</sub> (measured and recorded) following first contact between the child and a specialist paediatric intensive care doctor or nurse practitioner</p> <p>First contact with a specialist paediatric intensive care doctor or nurse practitioner refers to first face-to-face (not telephone) contact in your own hospital (on your ICU, emergency department or ward), or another hospital/unit on retrieval</p> <p>Intubated is defined as an endotracheal tube, laryngeal mask or tracheostomy in situ</p>
<b>Reason</b>	PaO <sub>2</sub> and associated FiO <sub>2</sub> at first contact with your unit doctor are weighted in PIM if oxygen is delivered via an ET tube or a head box
<b>Format</b>	<p>Choose from one of the following:</p> <p>Yes</p> <p>No</p>

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## Base excess

<b>Definition</b>	<p>The <b>first</b> base excess value measured and recorded from the arterial, capillary or venous blood gas following first contact between the child and a specialist paediatric intensive care doctor or nurse practitioner</p> <p>First contact with a specialist paediatric intensive care doctor or nurse practitioner refers to first face-to-face (not telephone) contact in your own hospital (on your ICU, emergency department or ward) or another hospital/unit on retrieval</p> <p>Data that are available to the specialist paediatric intensive care doctor or nurse practitioner 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</p> <p>Manually calculated in vitro or in vivo base excess values are not accepted.</p>
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	Specify source of result: arterial, capillary <b>or</b> venous blood gas measurement
<b>Reason</b>	Base excess at first contact with a specialist paediatric intensive care doctor is weighted in PIM
<b>Format</b>	Numerical value (e.g. 6.0)  Units: mmol per litre  Select from one of the following: <ul style="list-style-type: none"> <li>• Arterial</li> <li>• Capillary</li> <li>• Venous</li> </ul>
<b>Expected range</b>	Expected range -30 to +20 mmol per litre  Validation check if range outside -40 to +30

## Lactate

<b>Definition</b>	<p>The <b>first</b> blood lactate value measured and recorded from the arterial, capillary or venous blood gas following first contact between the child and a specialist paediatric intensive care doctor or nurse practitioner</p> <p>First contact with a specialist paediatric intensive care doctor or nurse practitioner, refers to first face-to-face (not telephone) contact in your own hospital (on your ICU, emergency department or ward) or another hospital/unit on retrieval</p> <p>Data that are available to the specialist paediatric intensive care doctor or nurse practitioner 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</p> <p>Specify source of result: arterial, capillary <b>or</b> venous blood gas measurement</p>
<b>Reason</b>	Blood lactate at first contact may predict outcome and be valuable alongside PIM
<b>Format</b>	<p>Numerical value, to 1 decimal place (e.g. 3.1).</p> <p>Units: mmol per litre</p> <p>Select from one of the following:</p> <ul style="list-style-type: none"> <li>• Arterial</li> <li>• Capillary</li> <li>• Venous</li> </ul>
<b>Expected range</b>	0.2 – 15.0: mmol per litre

## Mechanical ventilation

<b>Definition</b>	<p>Specifies whether mechanical ventilation was administered at any time during the first hour of first face to face contact with a specialist paediatric intensive care doctor or nurse practitioner</p> <p>First contact with a specialist paediatric intensive care doctor or nurse practitioner refers to first face-to-face contact in your own hospital (on your ICU, emergency department or ward), or another hospital/unit on retrieval</p> <p>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</p> <p>High frequency, jet ventilators, negative pressure ventilators and BiPAP are all considered as mechanical ventilation. CPAP, ECMO and IVOX are <b>not</b> considered as mechanical ventilation, however most patients on ECMO and IVOX are usually also being ventilated</p> <p><b>DO NOT</b> include use of a device to deliver high flow nasal cannula therapy</p>
<b>Reason</b>	Mechanical ventilation during the first hour of first face to face contact with the paediatric intensive care service is weighted in PIM
<b>Format</b>	<p>Choose from one of the following:</p> <p>Yes</p> <p>No</p> <p>Unknown</p>

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## CPAP

<b>Definition</b>	<p>Identifies whether the child receives CPAP during the first hour of first face to face contact with a specialist paediatric intensive care doctor or nurse practitioner</p> <p>First contact with a specialist paediatric intensive care doctor or nurse practitioner refers to first face-to-face contact in your own hospital (on your ICU, emergency department or ward) or another hospital/unit on retrieval</p> <p>CPAP may be given by via an endotracheal tube, tracheostomy, facial CPAP mask or nasal CPAP mask / prongs</p>
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	<b>DO NOT</b> include use of a device to deliver high flow nasal cannula therapy
<b>Reason</b>	CPAP given during the first hour of contact with the paediatric intensive care service is weighted in PIM
<b>Format</b>	Choose from one of the following: <ul style="list-style-type: none"> <li>Yes</li> <li>No</li> <li>Unknown</li> </ul>

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## Pupil reaction

<b>Definition</b>	<p>The <b>first</b> observed pupillary reaction measured and recorded following first contact between the child and a specialist paediatric intensive care doctor or nurse practitioner</p> <p>First contact with a specialist paediatric intensive care doctor or nurse practitioner refers to first face-to-face (not telephone) contact in your own hospital (on your ICU, emergency department or ward) or another hospital/unit on retrieval</p> <p>Data that are available to the specialist paediatric intensive care doctor or nurse practitioner 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</p> <p>Only record as 'Both fixed and dilated' if both pupils are greater than 3mm and both are fixed</p> <p>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</p> <p>Pupil reaction must be assessed by exposure to strong direct light.</p>
<b>Reason</b>	Pupillary reactions are used as an index of brain function. Reaction to bright light at first contact with your unit doctor is weighted in PIM
<b>Format</b>	Choose from one of the following: <ul style="list-style-type: none"> <li>• Both fixed and dilated</li> <li>• Other reaction</li> <li>• Unknown</li> </ul>

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