

**Patient details (or hospital label)**

<p><b>Family name</b></p> <input style="width:95%; height: 20px;" type="text"/> <p><b>First name</b></p> <input style="width:95%; height: 20px;" type="text"/> <p><b>Address</b></p> <input style="width:95%; height: 40px;" type="text"/> <p><b>Postcode</b></p> <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/>	<p><b>NHS/CHI/H&amp;C number</b></p> <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <p><input type="checkbox"/> Tick if patient is not eligible for number</p> <p><b>Case note number (destination PICU)</b></p> <input style="width:100%; height: 20px;" type="text"/> <p><b>Date of birth (dd/mm/yyyy)</b></p> <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <p><b>Indicate if date of birth is</b></p> <input type="checkbox"/> Estimated <input type="checkbox"/> Anonymised <input type="checkbox"/> Unknown <p><b>Sex</b></p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Ambiguous <input type="checkbox"/> Unknown
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**Transport details**

<p><b>Date and time accepted for transport</b></p> <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <p><b>Transport number</b></p> <input style="width:100%; height: 20px;" type="text"/> <p><b>Type of transport team</b></p> <input type="checkbox"/> PICU <input type="checkbox"/> Specialised paediatric transport service <input type="checkbox"/> Transport team from neonates <input type="checkbox"/> Other specialist team <input type="checkbox"/> Non-specialist team <p><b>Transport team</b></p> <input style="width:95%; height: 20px;" type="text"/> <p><b>Team personnel (for each role, record how many were on transport team)</b></p> <p>Consultant/associate specialist <input style="width:20px;" type="text"/></p> <p>ST 4 – 8 (or equivalent) <input style="width:20px;" type="text"/></p> <p>ST 1 – 3 (or equivalent) <input style="width:20px;" type="text"/></p> <p>Advanced clinical practitioner (band 5 – 8) <input style="width:20px;" type="text"/></p> <p>Nurse consultant <input style="width:20px;" type="text"/></p> <p>Nurse (band 5 – 8) <input style="width:20px;" type="text"/></p> <p>Allied health professional (band 5 – 8) <input style="width:20px;" type="text"/></p>	<p><b>Collection area</b></p> <input type="checkbox"/> X-ray/endoscopy/CT scanner <input type="checkbox"/> Recovery only <input type="checkbox"/> Level 2 unit (HDU) <input type="checkbox"/> Other intermediate care area <input type="checkbox"/> Theatre and recovery <input type="checkbox"/> Other transport service <input type="checkbox"/> ICU (adult) <input type="checkbox"/> PICU <input type="checkbox"/> NICU <input type="checkbox"/> Ward <input type="checkbox"/> Emergency department (A&E) <p><b>Collection unit (or location)</b></p> <input style="width:95%; height: 20px;" type="text"/> <p><b>Most senior member of medical staff present at collection unit</b></p> <input type="checkbox"/> Consultant/associate specialist/staff grade <input type="checkbox"/> ST 4 – 8 <input type="checkbox"/> ST 1 – 3 <input type="checkbox"/> None <p><b>Did a parent/carer accompany the patient?</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No – not present <input type="checkbox"/> No – declined to accompany <input type="checkbox"/> No – not permitted to accompany	<p><b>Transport classification</b></p> <input type="checkbox"/> Planned <input type="checkbox"/> Unplanned <p><b>Outcome of this transport event</b></p> <input type="checkbox"/> Patient transported <input type="checkbox"/> Not transported – condition improved <input type="checkbox"/> Not transported – condition deteriorated <input type="checkbox"/> Not transported – other reason <input type="checkbox"/> Patient died before transport team arrived <input type="checkbox"/> Patient died while transport team present <input type="checkbox"/> Patient died during transit <p><b>Destination type</b></p> <input type="checkbox"/> PICU <input type="checkbox"/> NICU <input type="checkbox"/> ICU (adult) <input type="checkbox"/> Level 2 unit (HDU) <input type="checkbox"/> Ward <input type="checkbox"/> Theatre <input type="checkbox"/> Other transport service <input type="checkbox"/> Normal residence <input type="checkbox"/> Hospice <p><b>Destination unit (or location)</b></p> <input style="width:95%; height: 20px;" type="text"/>
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**Critical incidents**

**Identify all critical incidents while transport team in attendance (tick all that apply)**

<input type="checkbox"/> No critical incidents	<input type="checkbox"/> Loss of medical gas supply	<input type="checkbox"/> Equipment failure or incompatibility impacting on patient care
<input type="checkbox"/> Accidental extubation	<input type="checkbox"/> Loss of all IV access	<input type="checkbox"/> Other critical incident (specify)
<input type="checkbox"/> Required intubation in transit	<input type="checkbox"/> Cardiac arrest	<input style="width:95%; height: 20px;" type="text"/>
<input type="checkbox"/> Complete ventilator failure	<input type="checkbox"/> Medication administration error	

**Comments**

Contact us · [picanet@leeds.ac.uk](mailto:picanet@leeds.ac.uk) · 0113 343 8125

**Form completed by**

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

# Transport times

## BASE TRANSPORT UNIT

Tick if this section of the trip is not applicable

### Mode of transport (tick all that apply)

- Dedicated ambulance
- RRV
- Taxi
- Other ambulance
- Air →
- Other

### Depart base (dd/mm/yyyy hh:mm)

### → Arrive base airport

### → Aircraft type

- Unpressurised fixed-wing
- Pressurised fixed-wing
- Dedicated helicopter
- Other helicopter

### → Takeoff base airport

### → Land collection airport

### → Depart collection airport

### Arrive collection unit (or location)

### Blue light or siren used or requested?

- Yes
- No

### Organisational delay

- None
- Team out
- Staffing
- Vehicle

### Vehicle incident

- None
- Vehicle accident
- Vehicle breakdown

## PATIENT JOURNEY

Tick if this section of the trip is not applicable

### Mode of transport (tick all that apply)

- Dedicated ambulance
- RRV
- Taxi
- Other ambulance
- Air →
- Other

### Depart collection unit (or location)

### → Arrive collection airport

### → Aircraft type

- Unpressurised fixed-wing
- Pressurised fixed-wing
- Dedicated helicopter
- Other helicopter

### → Takeoff collection airport

### → Land destination airport

### → Depart destination airport

### Arrive destination unit (or location)

### Blue light or siren used or requested?

- Yes
- No

### Organisational delay

- None
- Team out
- Staffing
- Vehicle

### Vehicle incident

- None
- Vehicle accident
- Vehicle breakdown

## DESTINATION UNIT TO BASE

Tick if this section of the trip is not applicable

### Mode of transport (tick all that apply)

- Dedicated ambulance
- RRV
- Taxi
- Other ambulance
- Air →
- Other

### Depart destination unit (or location)

### → Arrive destination airport

### → Aircraft type

- Unpressurised fixed-wing
- Pressurised fixed-wing
- Dedicated helicopter
- Other helicopter

### → Takeoff destination airport

### → Land base airport

### → Depart base airport

### Arrive base

### Blue light or siren used or requested?

- Yes
- No

### Organisational delay

- None
- Team busy
- Staffing
- Vehicle

### Vehicle incident

- None
- Vehicle accident
- Vehicle breakdown

## Interventions (retrievals only)

### Prior to arrival of transport team

- Primary intubation (tick all that apply)
- Re-intubation
- Other airway
- Non-invasive ventilation
- Nitric oxide
- Heated humidified high flow therapy
- Primary central venous access
- Additional central venous access
- Arterial access
- Inotrope or vasopressor infusion
- Prostaglandin infusion
- Cardioversion/defibrillation
- Primary intraosseus access
- Additional intraosseus access
- Chest drain insertion
- ICP monitoring
- ECMO

### While transport team in attendance

- Primary intubation (tick all that apply)
- Re-intubation
- Other airway
- Non-invasive ventilation
- Nitric oxide
- Heated humidified high flow therapy
- Primary central venous access
- Additional central venous access
- Arterial access
- Inotrope or vasopressor infusion
- Prostaglandin infusion
- Cardioversion/defibrillation
- Primary intraosseus access
- Additional intraosseus access
- Chest drain insertion
- ICP monitoring
- ECMO

## PIM (retrievals only)

This applies to observations recorded in the first hour after first face-to-face contact with transport team lead

### Elective admission?

- Yes
- No

### Main reason for admission

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

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

- Yes
- No

### If yes, tick all that apply

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

### Systolic blood pressure

SpO<sub>2</sub> % →  .  (at time SpO<sub>2</sub> measured)

### Blood gas measured?

- Yes
- No

Arterial PaO<sub>2</sub> or Arterial PaO<sub>2</sub>  .  kPa  .  mmHg

FiO<sub>2</sub>  .  } At the time of PaO<sub>2</sub> sample

### Intubation?

- Yes
- No

### Base excess

.  mmol/l →  Arterial  Capillary  Venous

### Lactate

.  mmol/l →  Arterial  Capillary  Venous

### Mechanical ventilation?

- Yes
- No

### CPAP?

- Yes
- No

### Pupil reaction

- Both fixed and dilated
- Other reaction
- Unknown