How to complete the PICANet Admission data collection form

Record **family name**, **first name**, full **address** and **postcode**. If not known, record *UNKNOWN* and state reason why in comments section

NHS number (England and Wales), **CHI number** (Scotland), **H&C number** (Northern Ireland)—patient **not eligible** if overseas national who does not have an allocated number

Local hospital **case note number**

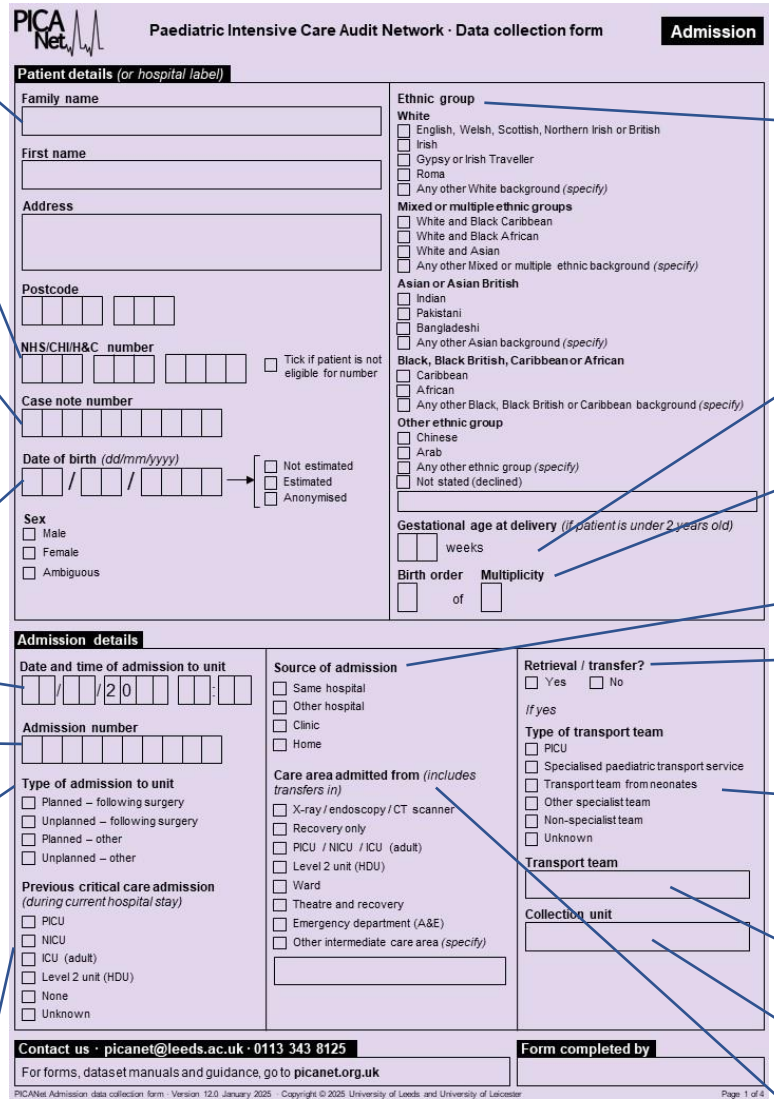
• **Estimated**—if DOB unknown, estimate year by looking at child (so age can be calculated) and enter *01/01* for dd/mm
• **Anonymised**—tick if anonymising. Enter *01* for dd along with correct month and year • **Unknown**—only tick if data being extracted retrospectively from notes and DOB not recorded

Precise **date and time of admission**—not time of first contact with unit doctor

Admission number—as recorded in unit admission record

• **Planned following surgery**—unit aware of admission before surgery begun or surgery that could be delayed by >24hrs. Surgery is defined as undergoing all or part of a procedure or anaesthesia for a procedure in theatre or anaesthetic room
• **Unplanned following surgery**—not aware prior to surgery starting but do not include admissions from theatre where surgery is not the primary reason for admission e.g. ICP monitor insertion where head injury is the reason for admission
• **Planned other**—not an emergency e.g. post liver biopsy
• **Unplanned other**—an unexpected/emergency admission

Previous critical care admission—Specifies whether the child has had a previous admission to a critical care environment such as , PICU, NICU, ICU (Adult) or a Level 2 unit (HDU) before admission to your unit, during the current hospital stay.



Select the appropriate **ethnic group.** For other (e.g. White other), complete text box Other ethnic category. Usually found on PAS or ask parents. These categories were defined in the 2021 Census and used by the NHS as a national mandatory standard for the collection and analysis of ethnicity

Record **gestational age at delivery** if patient <2 years only as can be prognostic factor. Obtain from notes or ask parents. If term, record *40*. If truly unknown, record *99*

Birth order/Multiplicity—record *1 of 1* for singleton; *1* or *2 of 2* for twin; *1* or *2* or *3 of 3* for triplet etc. Ask parents or search notes. If not documented in notes, assume singleton. If no information, record *9 of 9*. Do not leave blank

Where child was immediately prior to PICU admission

Any patient **retrieved from/transferred to** another hospital regardless of who brought the child. Do not include unit doctor going to ward within same hospital to stabilise and transfer patients

• **PICU**—a specialised PICU transport team • **Specialised Paediatric Transport Service** —team from a centralised PIC transport service • **Transport team from neonates**—specialist neonatal transport service • **Other specialist team**—i.e. A&E or theatre staff • **Non-specialist team**—i.e. DGH ward staff

Record specific name of **transport team**

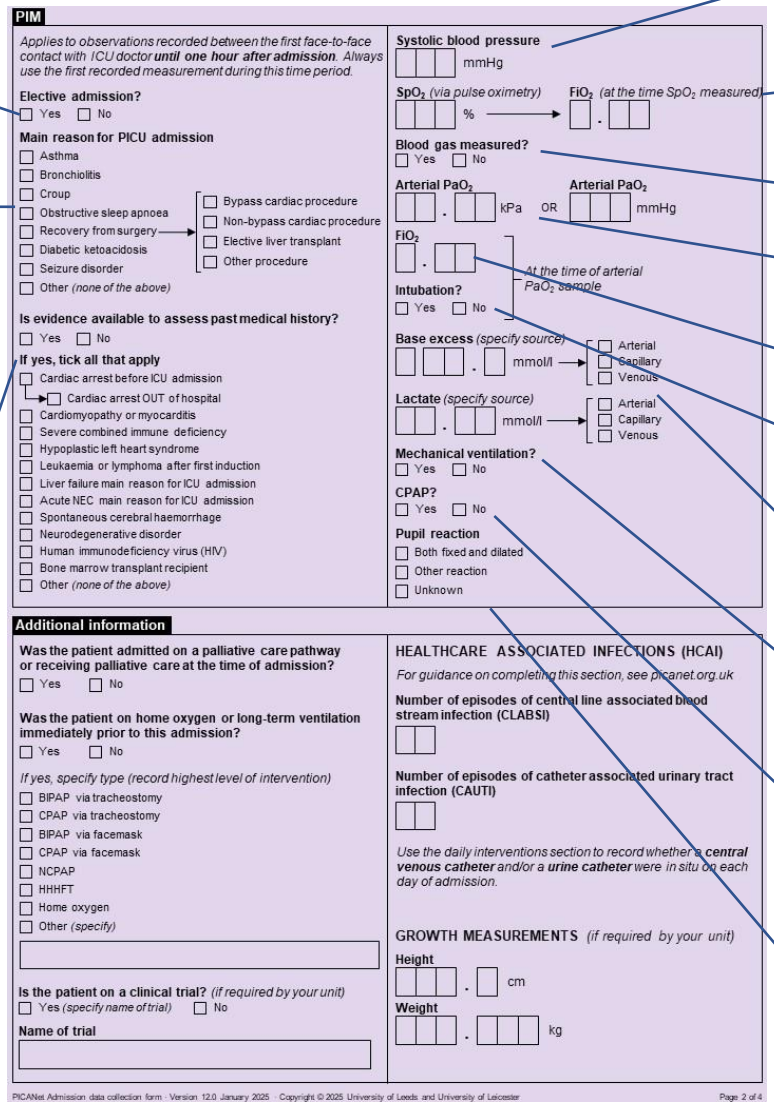
Name of hospital or location at time of **collection** by transport team

• **Recovery only**—child cared for in recovery but not been in theatre for procedure • **Other immediate care area**—care level greater than normal ward but not PICU, NICU, ICU (adult) or Level 2 unit (HDU) • **Theatre and recovery**—had part or all of surgery or received anaesthesia for procedure within theatre or recovery area

Elective admission i.e. after elective surgery/procedure or for monitoring. Consider elective if could be postponed for >6hrs without adverse effects. Note: Elective admission for PIM purposes differs from a planned admission following surgery, which is defined as the unit being aware of the admission prior to surgery or that the surgery could have been delayed for >24hrs
Please note: This has been updated to a yes/no question

Main reason for PICU admission—evidence available at the time of the admission event from notes, GP or family. Not including new diagnosis during this PICU admission event. If **recovery from surgery**, select type of procedure

Cardiac arrest before ICU admission—documented absence of pulse or requirement for external cardiac compression before this admission to paediatric intensive care service. Not past history of cardiac arrest
Cardiomyopathy or myocarditis—documented diagnosis during 1 month period before or at contact with unit doctor. Not if develops after admission. Not including children with impaired cardiac function due to sepsis or surgery. ECHO findings of endocardial fibroelastosis plus poor ventricular function are sufficient not just poor function
Severe combined immune deficiency—documented at or prior to admission. Tick even if had successful bone marrow transplant
Hypoplastic left heart syndrome—including those with previous successful surgical repair. Not hypoplastic left ventricle unless documented ventriculo-arterial concordance
Leukaemia/lymphoma after first induction—irrespective of state of immunity or remission
Liver failure includes patients recovering from liver transplant for acute or chronic liver failure
Acute NEC prior to or at first contact with PIC service
Spontaneous cerebral haemorrhage e.g. aneurysm, associated with need for admission. Not intracranial bleeds as a result of trauma
Neurodegenerative disorder—progressive deterioration with loss of speech, vision, hearing, locomotion. Not static disability even if severe, unless progressive loss of milestones
HIV antigen positive
Bone marrow transplant recipient during this hospital admission
Other (none of the above)



First **systolic blood pressure** recorded within defined time period. Record *0* if patient in cardiac arrest, or *30* if patient shocked and BP is measured but not recordable. If not measured, enter *999*

Record the first **SpO_2** and corresponding **FiO_2** measured following first face-to-face contact between the patient and a PIC doctor

Tick if **blood gas** samples (arterial, capillary or venous) were taken and recorded within the defined time period

First **arterial PaO_2** measured and recorded at first contact between the patient and a specialist PIC doctor. Do not document if venous or capillary gases. If missing, record *999*

FiO_2 recorded at time of first arterial gas. If arterial gas not recorded write *999*

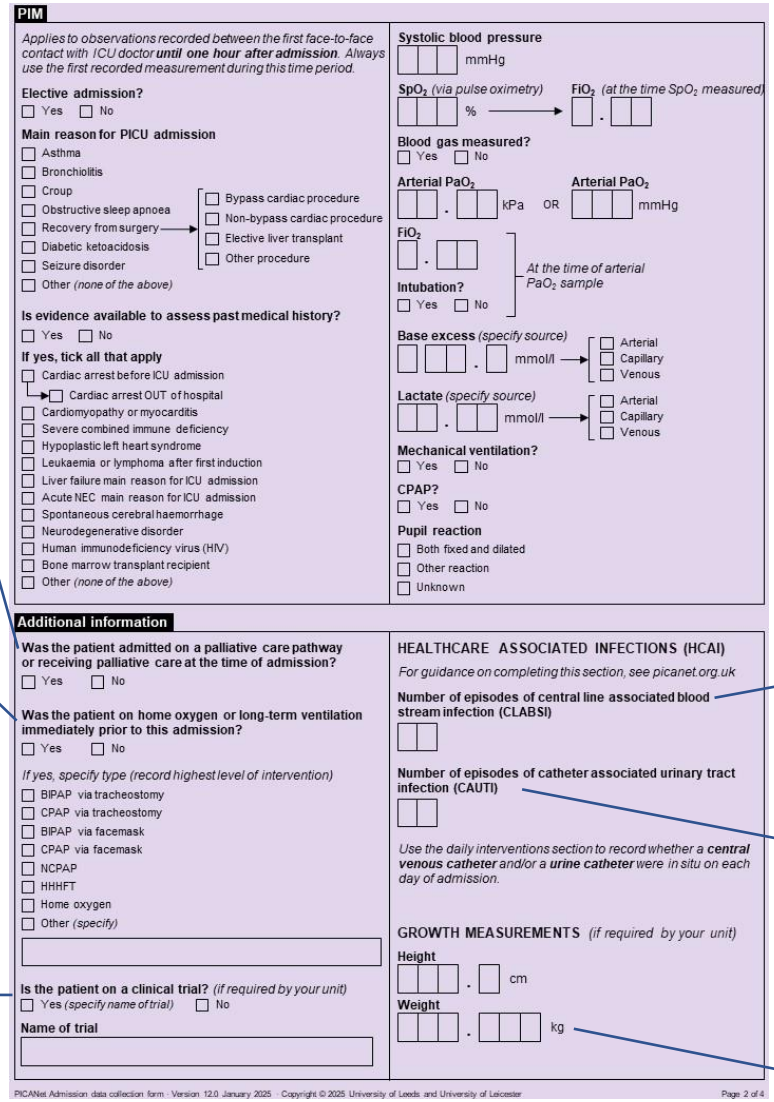
Tick if **intubated** at time of arterial gas. Includes endotracheal tube, LMA and tracheostomy

First **base excess** and blood **lactate** from arterial, capillary or venous gas within defined time period. If not or never recorded, write *999*. Indicate –ve or +ve (for base excess) and specify sample type

Mechanical ventilation—where all or some of the breaths, or portion of the breaths (pressure support) are delivered by a **mechanical device**. Includes high frequency, jet ventilators, negative pressure ventilators, BIPAP & CPAP

CPAP includes via ET, mask, nasal prongs or negative pressure. Do not include high flow nasal cannula therapy

First **pupillary reaction** recorded within defined time period. Both fixed and dilated if both >3mm and both unreactive to light
Do not record as 'Unknown' unless there is a clinical reason such as 'eyes fused due to extreme prematurity'
Do not record as 'Unknown' if in the absence of exposure to bright light the child is assessed as being: Alert; Responsive to voice; and/or Responsive to pain. In this case the pupil reaction should be assumed to not be 'fixed and dilated' and recorded as 'Other reaction'



PIM

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

Elective admission? ☐ Yes ☐ No

Main reason for PICU admission

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

Is evidence available to assess past medical history? ☐ Yes ☐ No

If yes, tick all that apply

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

Systolic blood pressure ☐☐☐ mmHg

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

Blood gas measured? ☐ Yes ☐ No

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

FiO_2 ☐.☐☐

Intubation? ☐ Yes ☐ No

At the time of arterial PaO_2 sample

Base excess *(specify source)* ☐☐☐.☐ mmol/l → ☐ Arterial ☐ Capillary ☐ Venous

Lactate *(specify source)* ☐☐.☐☐ mmol/l → ☐ Arterial ☐ Capillary ☐ Venous

Mechanical ventilation? ☐ Yes ☐ No

CPAP? ☐ Yes ☐ No

Pupil reaction

- ☐ Both fixed and dilated
- ☐ Other reaction
- ☐ Unknown

Additional information

Was the patient admitted on a palliative care pathway or receiving palliative care at the time of admission? ☐ Yes ☐ No

Was the patient on home oxygen or long-term ventilation immediately prior to this admission? ☐ Yes ☐ No

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

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

Is the patient on a clinical trial? *(if required by your unit)* ☐ Yes *(specify name of trial)* ☐ No

Name of trial

HEALTHCARE ASSOCIATED INFECTIONS (HCAI)

For guidance on completing this section, see picanet.org.uk

Number of episodes of central line associated blood stream infection (CLABSI) ☐☐

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

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

GROWTH MEASUREMENTS *(if required by your unit)*

Height ☐☐☐.☐ cm

Weight ☐☐☐.☐☐☐ kg

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Was the patient admitted on a palliative care pathway — Specifies whether the child was admitted on a palliative care pathway or was receiving palliative care prior to admission to the PICU

Home O2 and long term ventilation - Specifies whether the child was on home oxygen or long-term ventilation immediately prior to this admission to hospital.
If yes selected – Specify they type of on home oxygen or long-term ventilation the child was on immediately prior to this admission to hospital.

Is the patient on a clinical trial—check the hospital notes or ask the parents, as if on a trial this could affect prognosis. Includes clinical trials outside PICU

HCAI – CLASBI
Document the number of episodes of PICU-acquired central line associated blood stream infection (**CLABSI**) ensuring that the child meets all four of the criteria outlined on page 51 of the PICANet Dataset Definitions Manual.

HCAI – CAUTI
Document the number of episodes of PICU-acquired catheter associated urinary tract infections (**CAUTI**), ensuring that the child meets all three of the criteria outlined on page 52 of the PICANet Dataset Definitions Manual.

Completion of **weight** is now mandatory as part of the core admission dataset. Record weight in kilograms measured at or as soon as possible after admission to the unit. If this is not possible then a weight measured immediately prior to transfer to PICU or provided by parent/carer may be recorded

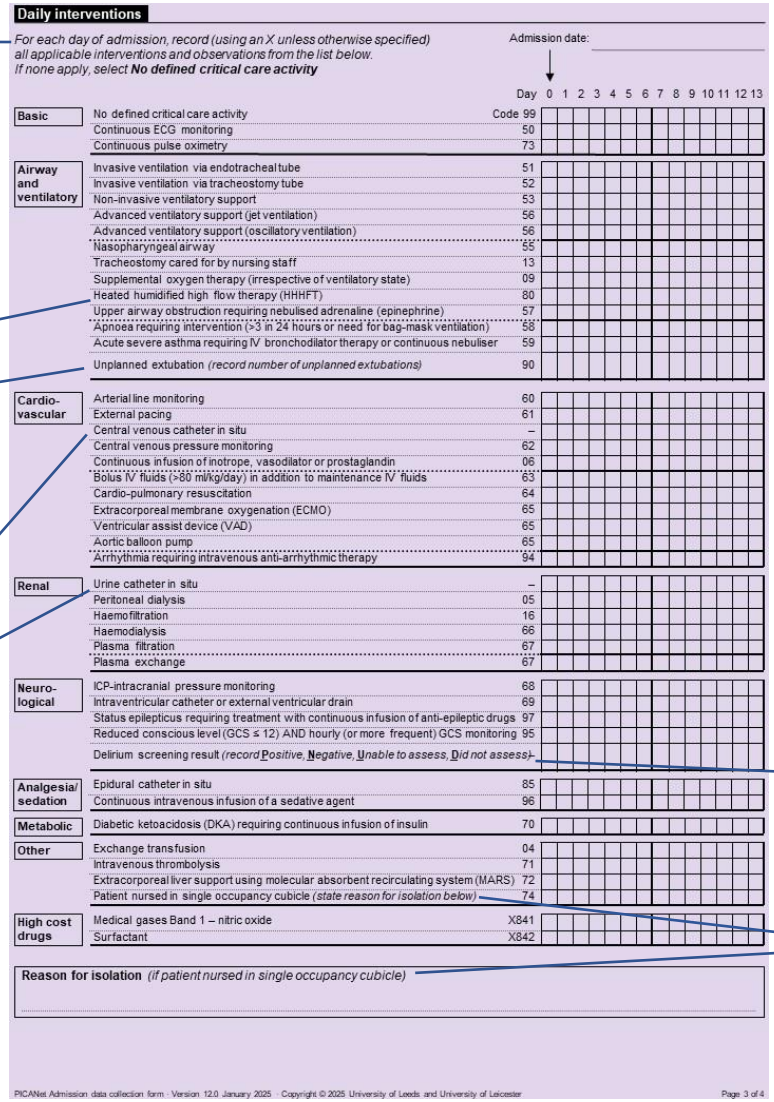
Daily interventions—record **admission date** and insert *X* in box for each intervention given at any time in each 24-hour period from midnight to midnight. If no interventions given choose **No defined critical care activity** (i.e. no other interventions recorded) to signify daily intervention record completed for identified day of stay

High Humidified High Flow Therapy (HHHFT) – enter X if true, this does not require l/min value (as retired PCCMDS item HFNCT – 88)

Record the number of **unplanned extubations** that day, defined as the dislodgement of the ETT from the trachea without the intention to extubate immediately and without the presence of airway competent clinical staff in the bedspace appropriately prepared for the procedure

Central venous catheter in situ enter X if true, regardless of the number of lumens and the nature of the CVC.

Urine catheter in situ enter X if true, this relates to any urethral or suprapubic catheter that is inserted into the bladder, connected to a closed drainage system and left in situ.



Daily interventions

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

Admission date: _____

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

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

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Delirium screening result identifies whether the child has any positive threshold score on a validated screening tool within each 24 hour period.

Patient nursed in single occupancy cubicle—record *X* in box and state **reason for isolation** in text box below

Tracheostomy performed during this admission—do not include those done prior to this admission where tracheostomy insertion is the reason for admission. Complete at discharge

Discharge—as recorded in unit admission book/EPR. Physical discharge and recording of discharge from bed or cot. Discharge does not include temporary transfer (e.g. to theatre for surgery) when there is expectation of a return to your unit

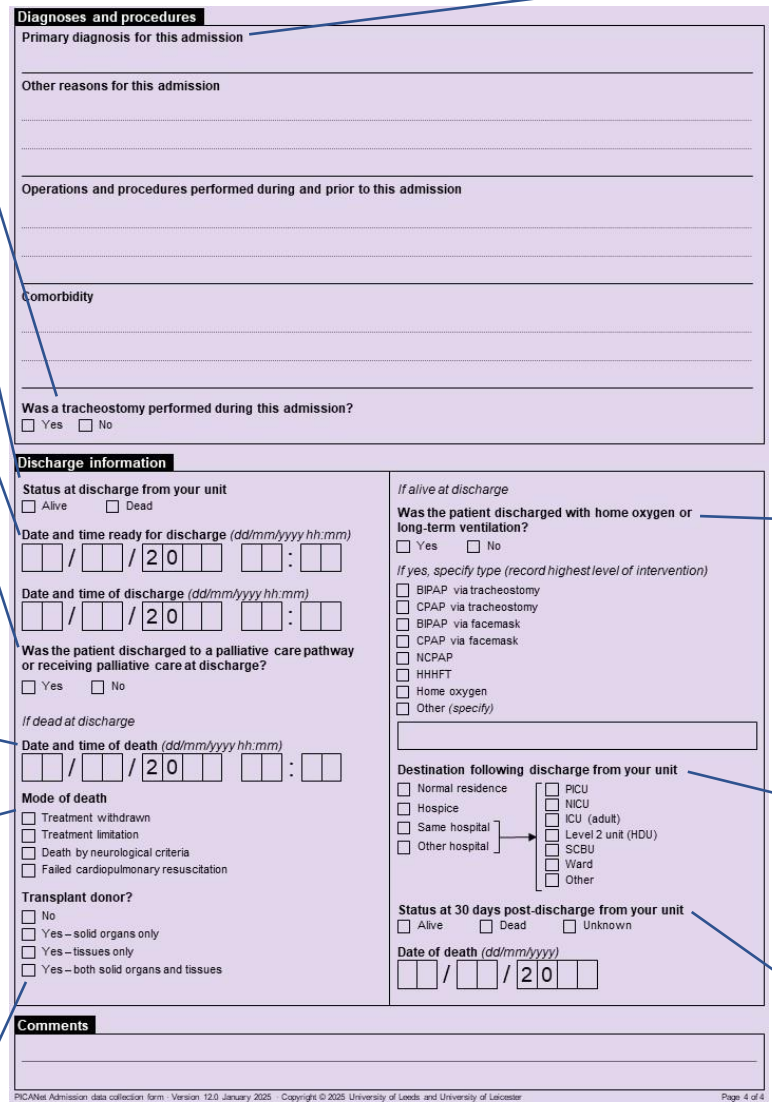
Date and time ready for discharge identifies the date and time that the clinicians agree that the child is ready for discharge

Specifies whether the child was **discharged to a palliative care pathway** or receiving palliative care prior to, or at discharge from PICU

Date and time of death—if death occurs while on unit and/or prior to discharge, even if patient not physically present on the unit at the time e.g. in theatre. Include those who leave the unit to become beating heart donors. If **time of death** is prior to admission, add note in comments box and inform PICANet by separate email

Treatment withdrawn—death follows the withdrawal of ongoing organ support
Treatment limitation—death follows a decision to limit on-going organ support and may include limitation of support and/or the patient is not for active resuscitation
Death by neurological criteria—death confirmed using brain stem death criteria
Failed cardiopulmonary resuscitation—death immediately follows an unsuccessful attempt at CPR

Identifies whether the deceased patient was a **transplant donor** and whether solid organs and/or tissues were removed for transplant. **Organs** may include heart, pancreas, liver, kidneys, or intestines. **Tissues** may include skin, tendons, bone, heart valves and cornea



Primary diagnosis for this admission—can only choose one diagnosis and must be a disorder/condition. May only be confirmed at end of admission. Is not a procedure e.g. hernia repair or cause e.g. apnoea must be the underlying condition

Other reasons for this admission—includes additional diagnoses or procedures that may or may not have required intensive care e.g. partially obstructed airway

Operations or procedures performed during and prior to this admission e.g. scoliosis repair, lung biopsy. Where type of admission is planned or unplanned following surgery, at least one operation or procedure is required

Co-morbidity—diagnoses child has prior to admission that may not be related to reason for this admission. Any underlying conditions e.g. syndromes

Home O2 and long term ventilation - Specifies whether the child was on home oxygen or long-term ventilation at the point of discharge from your unit.
If yes selected – Specify they type of on home oxygen or long-term ventilation the child was on at discharge from your unit.

Destination following discharge from your unit - Identifies the destination the child was directly discharged to from your unit.
If destination following discharge is the same hospital or another hospital, then identify the hospital area discharged to.

Status at 30 days post-discharge—complete for all PICU discharges. If cannot find out, record *Unknown*

For additional information, see the **PICANet admission dataset manual**, available at www.picanet.org.uk