

## How to complete the PICANet Referral data collection form

Record family name, first name and postcode. If not known, record UNKNOWN

The actual date and time when clinicians agreed that the child required PIC transport and/or a PICU bed, based on the patient's clinical condition (not the availability of a team or a bed). May not be time of first call.

Number recorded within your organisation to identify each referral episode

Identifies the care area where the child was located at the time of the referral call

Referring specialty from which this request for admission is made e.g. if request call made by

Paediatrician at DGH record General

Most senior grade of doctor or nurse making

paediatrics

the initial referral call

	PICA   Paediatric Intensive Care Audit Network - Data collection form  Referral  Please complete this form for all requests for transport within the PIC service and/or a PICU admission		
	when clinicians agree that the patient requires PIC trans		_
	Patient details (or hospital label)  Family name	NHS/CHI/H&C number Tick if patient is not	
	First name  Postcode	Date of birth (dd/mm/yyyy)  Indicate if date of birth is  Estimated Anonymised Unknown  Sex  Male Female Ambiguous Unknown	
	Referral details (complete only when clinicians agree that to Date and time when clinicians agreed that the patient required PIC transport and/or a PICU bed	he patient requires PIC transport and/or a PICU bed)  Was the patient receiving invasive ventilation (by ET tube, laryngeal mask or tracheostomy) at time of referral call?  Yes  No – not indicated  No – advised to intubate  Unknown	\
	Referring unit (from where the patient was transferred)  Referring area  X-raylendoscopy(CT scanner   ICU (adult)  Recovery only   PICU	Outcome of this referral event Record the outcomes for both transport and admission; if either not requested of your organisation, tick "not requested" Transport outcome Accepted for PIC transport Refused – no transportteam available	
	Level 2 unit (HDU)	☐ Refused – time criticaltransfer ☐ Refused – out of scope of care ☐ PIC transport not requested  Admission outcome ☐ Accepted for PICU admission	
/	Grade of referring doctor or nurse  Consultant / Associate Specialist / Staff Grade  ST 1 - 3  F1 / F2	Refused – no staffed bed available Refused – out of scope of care PICU admission not requested Transport team  Destination unit (or location)	
	GP Nurse practitioner Nurse Unknown	If transport and/or admission outcome is refused, record the name of the transport team and/or destination belt who refused this referral.	
	Contact us · picanet@leeds.ac.uk · 0113 343 8125	Form completed by	
	For forms, dataset manuals and guidance, go to picanet.org.uk PICANet Referral data collection form: Version 2.4.2 - January 2025 - Copyright © 2025 University	of Leeds and University of Leicester Page 1 of 1	

NHS – England& Wales, CHI – Scotland, H&C - Northern Ireland

Patient not eligible if overseas national who does not have an allocated NHS,CHI or H&C 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/correct month/correct year Unknown - only tick if data being extracted

retrospectively from notes & dob not recorded.

Was the patient receiving invasive ventilation (by ET tube, laryngeal mask or tracheostomy) or in the process of being intubated at the time the referral is accepted?

Transport outcome after clinicians have agreed that a child requires PIC transport

Admission outcome after clinicians have agreed the child requires PICU admission

The name of the SPTS or PICU own team accepting this episode of transport or who refused this referral.

Identifies the exact destination (PICU/location) where the admission was accepted. If the admission outcome is 'refused' record the name of the intended destination unit (PICU) who refused this referral.