



## How to complete the PICANet Transport data collection form

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

**Date and time accepted for Transport** - The date and time when it was agreed that the patient required PIC transport, based on their clinical condition (not the availability of a team or a bed). 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.

**Transport number** - Unique identifier assigned to each consecutive transport event. As recorded within your organisation to identify each transport episode.

**PICU** - specialised PICU team transferred the child.  
**Specialised Paediatric Transport Service** - transport team from a centralised transport service (PIC) transferred the child.  
**Transport team from neonates** - specialist neonatal transport team transferred the child.  
**Other specialist team** - another specialist team (not a centralised transport service (PIC) or neonatal transport team), transported the child. This could be a trauma transport team transferring the child.  
**Non-specialist team** - non-specialist team transported the child.

**Transport team** - The name of the transport service/team undertaking this episode of transport.

**Team personnel** - For each role, record how many personnel made up the transport team. For unknown, record 9

**Most senior member of medical staff present at collection unit** – Most senior member of medical staff handing over the patient for transport.

**Yes** - one or more parent/carer accompanied the child  
**No - not present** - a parent/carer was not present with the child at the referring DGH/unit  
**No - declined to accompany** - the facility was available for a parent/carer to accompany the child but they chose not to do so.  
**No - not permitted to accompany** - it was not possible to safely provide the facility for a parent /carer to accompany the child.

**PICANet Paediatric Intensive Care Audit Network - Data collection form Transport**

**Patient details (or hospital label)**

Family name: \_\_\_\_\_ NHS/CHI/H&C number: \_\_\_\_\_  Tick if patient is not eligible for number

First name: \_\_\_\_\_ Case note number (destination PICU): \_\_\_\_\_

Address: \_\_\_\_\_ Date of birth (dd/mm/yyyy): \_\_\_\_\_

Postcode: \_\_\_\_\_ Indicate if date of birth is:  Estimated  Anonymised  Unknown

Sex:  Male  Female  Ambiguous  Unknown

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**Transport details**

Date and time accepted for transport: \_\_\_\_/\_\_\_\_/20\_\_\_\_ : \_\_\_\_:\_\_\_\_

Transport number: \_\_\_\_\_

**Type of transport team**

PICU  
 Specialised paediatric transport service  
 Transport team from neonates  
 Other specialist team  
 Non-specialist team

**Transport team**

\_\_\_\_\_  
**Team personnel (for each role, record how many were on transport team)**

Consultant/associate specialist: \_\_\_\_\_  
 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): \_\_\_\_\_

**Collection area**

X-ray/endoscopy/CT scanner  
 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)

**Collection unit (or location)**

\_\_\_\_\_

**Most senior member of medical staff present at collection unit**

Consultant/associate specialist/staff grade  
 ST 4 – 8  
 ST 1 – 3  
 None

**Did a parent/carer accompany the patient?**

Yes  
 No – not present  
 No – declined to accompany  
 No – not permitted to accompany

**Transport classification**

Planned  
 Unplanned

**Outcome of this transport event**

Patient transported  
 Not transported – condition improved  
 Not transported – condition deteriorated  
 Not transported – other reason  
 Patient died before transport team arrived  
 Patient died while transport team present  
 Patient died during transit

**Destination type**

PICU  
 NICU  
 ICU (adult)  
 Level 2 unit (HDU)  
 Ward  
 Theatre  
 Other transport service  
 Normal residence  
 Hospice

**Destination unit (or location)**

\_\_\_\_\_

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**Critical incidents**

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

No critical incidents  Loss of medical gas supply  Equipment failure or incompatibility impacting on patient care  
 Accidental extubation  Loss of all IV access  Other critical incident (specify) \_\_\_\_\_  
 Required intubation in transit  Cardiac arrest  
 Complete ventilator failure  Medication administration error

**Comments**

\_\_\_\_\_

**Contact us** · 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)

**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.

**Case Note 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/correct month/correct year.  
**Unknown**- only tick if data being extracted retrospectively from notes & dob not recorded.

**Collection Area**  
**X-ray, endoscopy, CT scanner or similar** - identifies that the child came from an area where diagnostic procedures may have been carried out.  
**Recovery only** - child was receiving care in the recovery area.  
**Level 2 unit (HDU)**- child was receiving care in a high dependency area.  
**Other intermediate care area** - is an area where the level of care is greater than that of the normal wards, but not an ICU (adult)/PICU/NICU or Level 2 unit (HDU).  
**Theatre and recovery** - 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.  
**Other transport service** - the patient is received from a different transport service i.e. at an airport or port for international transfer.  
**ICU (adult)** - child was receiving care within an adult or other specialist ICU.  
**PICU** - child was receiving care within PICU.  
**NICU** - child was receiving care within NICU.  
**Ward** - child was receiving care in a ward.  
**Emergency Department (A&E)** - child was receiving care within an Accident and Emergency Department.

**Collection Unit** - Identifies the unique name of the PICU, DGH or the place such as an airport, where the patient is located at the time of collection by the transport team.



## How to complete the PICA Net Transport data collection form

### Transport Classification

**Planned** – Child is clinically stable but needs to be transferred to an alternative unit or location.

**Unplanned** – Child with a clinical emergency who need specialist care that cannot be delivered at the referring unit.

**This section refers to critical incidents occurring between the time of handover at the collection unit (or location) and the completion of handover at the destination unit (or location).**

**No critical incidents** - Identifies that no critical incidents occurred.

**Accidental extubation** - Identifies that accidental extubation occurred.

**Required intubation during transit** - Identifies that the patient required intubation, including primary and/or reintubation during the patient journey under the care of the transport team. Complete only for incidents during the patient journey.

**Complete ventilator failure** - Identifies that complete failure of the ventilator occurred.

**Loss of medical gas supply** - Identifies that a loss of medical gas supply occurred.

**Loss of all IV access** - Identifies that loss of all intravenous access occurred.

**Cardiac Arrest** - Identifies that the patient suffered a cardiac arrest and was successfully resuscitated.

**Medication administration error** - Identifies that there was a medication administration error and this occurred.

**Equipment failure or incompatibility impacting on patient care** - Identifies that there was equipment failure or incompatibility between the equipment and transport vehicle, which impacted on patient care and this occurred.

**Other critical incident** - Identifies that another critical incident, not listed, occurred.

**Comments** - Include 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. No identifiers (patient, nurse, doctor, ICU, hospital) should be included in text data entered into this field. Text data must not contain any punctuation except a period (full-stop) at the end of each data point.

**Outcome of this transport event** - 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.

**Patient transported** - the child has been transported to the destination specified.

**Not transported – condition improved** - the transport team arrived at the collection unit, the child's condition improved and PIC transport was no longer required.

**Not transported – condition deteriorated** - the transport team arrived at the collection unit, the child's condition deteriorated and PIC transport was no longer appropriate.

**Not transported – other reason** – 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.

**Patient died before transport team arrived**- the child died after the transport team was mobilised but prior to arrival at the collection unit.

**Patient died while transport team present** - the child died whilst the transport team were providing care at the collection unit.

**Patient died during transit** - the child died during the return journey from the collection unit.

### Destination Type

Identifies the exact type of unit or site that the patient was admitted or transferred to at the end of this transport episode.

**PICU** – paediatric intensive care unit.

**NICU** – neonatal intensive care unit.

**ICU (Adult)** – an adult or specialist intensive care unit.

**Level 2 unit (HDU)** - a designated unit or bed providing high dependency care.

**Ward** - a paediatric or general ward.

**Theatre**

**Other transport service** – the patient is handed over to a different transport service e.g. at an airport or port for international transfer.

**Normal residence** – a PICU patient requiring intensive care during the journey home – specify postcode in box titled 'Destination unit (or location)'.

**Hospice** – a PICU patient requiring intensive care during the journey to a hospice– specify postcode in box titled 'Destination unit (or location)'.

**Destination Unit** - The destination unit identifies the exact destination that the patient was taken to at the end of the transport episode. Enter postcode if child has been transferred to normal residence or hospice.



**Patient Journey** - The journey with the patient from the collection unit/PICU/DGH or location such as an airport, to the destination unit/PICU or location such as a hospice.  
Confirmation that this section of the trip is not applicable to this transport event because there was no journey with the patient. For example the transport team arrives at the collection unit or location but the patient is not transported because the condition of the patient improves or deteriorates.

**Base to Collection Unit** - The journey of the transport team from the team base to the collection unit or location, where the patient is sited, at the time of collection by the transport team.  
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 patient is sited at the time of collection by the transport team. For example the patient is located at the base hospital for the PICU transport team.

**Depart base/Collection unit/Destination Unit** - The actual date and time the transport team depart in the specified mode of transport.

**Arrive collection unit** - The actual date and time the transport team arrive at the child's bedside in the collection unit. 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.

**Arrive base/collection/destination airport** - The actual date and time the transport team arrive at the primary airport.

**Aircraft Type** - Identifies the type of air transport used by the transport team.  
**Unpressurised fixed wing aircraft.**  
**Pressurised fixed-wing aircraft.**  
**Dedicated helicopter** – dedicated medical ambulance.  
**Other helicopter** - including forces or emergency services (To be completed only if applicable to this particular section of the journey taken by air transport).

**Take-off base/ Collection/Destination airport**- The actual date and time of the flight departure from the primary airport.

**Land collection/Destination/Base airport** - The actual date and time of the flight arrival at the secondary airport.

Transport times		
<b>BASE TO COLLECTION UNIT</b>	<b>PATIENT JOURNEY</b>	<b>DESTINATION UNIT TO BASE</b>
<input type="checkbox"/> Tick if this section of the trip is not applicable	<input type="checkbox"/> Tick if this section of the trip is not applicable	<input type="checkbox"/> Tick if this section of the trip is not applicable
<b>Mode of transport (tick all that apply)</b>	<b>Mode of transport (tick all that apply)</b>	<b>Mode of transport (tick all that apply)</b>
<input type="checkbox"/> Dedicated ambulance <input type="checkbox"/> RRV <input type="checkbox"/> Taxi <input type="checkbox"/> Other ambulance <input type="checkbox"/> Air → <input type="checkbox"/> Other	<input type="checkbox"/> Dedicated ambulance <input type="checkbox"/> RRV <input type="checkbox"/> Taxi <input type="checkbox"/> Other ambulance <input type="checkbox"/> Air → <input type="checkbox"/> Other	<input type="checkbox"/> Dedicated ambulance <input type="checkbox"/> RRV <input type="checkbox"/> Taxi <input type="checkbox"/> Other ambulance <input type="checkbox"/> Air → <input type="checkbox"/> Other
<b>Depart base (dd/mm/yyyy hh:mm)</b>	<b>Depart collection unit (or location)</b>	<b>Depart destination unit (or location)</b>
□□/□□/20□□ □□:□□	□□/□□/20□□ □□:□□	□□/□□/20□□ □□:□□
<b>→ Arrive base airport</b>	<b>→ Arrive collection airport</b>	<b>→ Arrive destination airport</b>
□□/□□/20□□ □□:□□	□□/□□/20□□ □□:□□	□□/□□/20□□ □□:□□
<b>→ Aircraft type</b>	<b>→ Aircraft type</b>	<b>→ Aircraft type</b>
<input type="checkbox"/> Unpressurised fixed-wing <input type="checkbox"/> Dedicated helicopter <input type="checkbox"/> Pressurised fixed-wing <input type="checkbox"/> Other helicopter	<input type="checkbox"/> Unpressurised fixed-wing <input type="checkbox"/> Dedicated helicopter <input type="checkbox"/> Pressurised fixed-wing <input type="checkbox"/> Other helicopter	<input type="checkbox"/> Unpressurised fixed-wing <input type="checkbox"/> Dedicated helicopter <input type="checkbox"/> Pressurised fixed-wing <input type="checkbox"/> Other helicopter
<b>→ Takeoff base airport</b>	<b>→ Takeoff collection airport</b>	<b>→ Takeoff destination airport</b>
□□/□□/20□□ □□:□□	□□/□□/20□□ □□:□□	□□/□□/20□□ □□:□□
<b>→ Land collection airport</b>	<b>→ Land destination airport</b>	<b>→ Land base airport</b>
□□/□□/20□□ □□:□□	□□/□□/20□□ □□:□□	□□/□□/20□□ □□:□□
<b>→ Depart collection airport</b>	<b>→ Depart destination airport</b>	<b>→ Depart base airport</b>
□□/□□/20□□ □□:□□	□□/□□/20□□ □□:□□	□□/□□/20□□ □□:□□
<b>Arrive collection unit (or location)</b>	<b>Arrive destination unit (or location)</b>	<b>Arrive base</b>
□□/□□/20□□ □□:□□	□□/□□/20□□ □□:□□	□□/□□/20□□ □□:□□
<b>Blue light or siren used or requested?</b>	<b>Blue light or siren used or requested?</b>	<b>Blue light or siren used or requested?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Organisational delay</b>	<b>Organisational delay</b>	<b>Organisational delay</b>
<input type="checkbox"/> None <input type="checkbox"/> Team out <input type="checkbox"/> Staffing <input type="checkbox"/> Vehicle	<input type="checkbox"/> None <input type="checkbox"/> Team out <input type="checkbox"/> Staffing <input type="checkbox"/> Vehicle	<input type="checkbox"/> None <input type="checkbox"/> Team busy <input type="checkbox"/> Staffing <input type="checkbox"/> Vehicle
<b>Vehicle incident</b>	<b>Vehicle incident</b>	<b>Vehicle incident</b>
<input type="checkbox"/> None <input type="checkbox"/> Vehicle accident <input type="checkbox"/> Vehicle breakdown	<input type="checkbox"/> None <input type="checkbox"/> Vehicle accident <input type="checkbox"/> Vehicle breakdown	<input type="checkbox"/> None <input type="checkbox"/> Vehicle accident <input type="checkbox"/> Vehicle breakdown

**Destination Unit to Base** - The journey of the transport team from the destination unit or location, to the transport team base.  
Confirmation that this section of the trip is not applicable to this transport event because there was no journey with the patient. For example the transport team arrives at the collection unit or location but the patient is not transported because the condition of the patient improves or deteriorates.

**Mode of Transport**  
**Dedicated ambulance** – Dedicated paediatric intensive care transport service ambulance was used by the transport team.  
**Other ambulance** - Another ambulance such as an NHS or private ambulance (not a dedicated transport service ambulance) was used by the transport team.  
**Rapid Response Vehicle (RRV)** - identifies if an RRV was used by the transport team.  
**Taxi** – identifies if a taxi was used by the transport team.  
**Air** – identifies if any type of air transport was used by the transport team.  
**Other** – identifies if any other type of transport not listed above was used by the transport team.

**Vehicle Incident** - Identifies that there was a vehicle incident during the outward journey.  
**None** - NO vehicle incidents during the outward journey  
**Vehicle accident** – the transport vehicle was involved in an accident  
**Vehicle breakdown** – a breakdown of the transport vehicle occurred

**Blue light or siren used or requested** - 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.

**Section to be completed only if this particular section of the journey was taken by air transport**

<b>→ Arrive base airport</b>	<b>→ Arrive collection airport</b>	<b>→ Arrive destination airport</b>
□□/□□/20□□ □□:□□	□□/□□/20□□ □□:□□	□□/□□/20□□ □□:□□
<b>→ Aircraft type</b>	<b>→ Aircraft type</b>	<b>→ Aircraft type</b>
<input type="checkbox"/> Unpressurised fixed-wing <input type="checkbox"/> Dedicated helicopter <input type="checkbox"/> Pressurised fixed-wing <input type="checkbox"/> Other helicopter	<input type="checkbox"/> Unpressurised fixed-wing <input type="checkbox"/> Dedicated helicopter <input type="checkbox"/> Pressurised fixed-wing <input type="checkbox"/> Other helicopter	<input type="checkbox"/> Unpressurised fixed-wing <input type="checkbox"/> Dedicated helicopter <input type="checkbox"/> Pressurised fixed-wing <input type="checkbox"/> Other helicopter
<b>→ Takeoff base airport</b>	<b>→ Takeoff collection airport</b>	<b>→ Takeoff destination airport</b>
□□/□□/20□□ □□:□□	□□/□□/20□□ □□:□□	□□/□□/20□□ □□:□□
<b>→ Land collection airport</b>	<b>→ Land destination airport</b>	<b>→ Land base airport</b>
□□/□□/20□□ □□:□□	□□/□□/20□□ □□:□□	□□/□□/20□□ □□:□□
<b>→ Depart collection airport</b>	<b>→ Depart destination airport</b>	<b>→ Depart base airport</b>
□□/□□/20□□ □□:□□	□□/□□/20□□ □□:□□	□□/□□/20□□ □□:□□

**Organisational Delay**  
**None** - NO organisational time delays for journey.  
**Team out or busy** - time delay in mobilising for journey due to transport team already being out on another transport event or busy.  
**Staffing** - time delay in mobilising for the journey due to no staff being available for transport event.  
**Vehicle** - time delay in mobilising for the journey due to no vehicle being available for transport event.

**Depart collection/Destination/Base airport** - The actual date and time the transport team depart from the secondary airport.



**Interventions by Local Team prior to arrival of transport team.**

This section refers to any intervention carried out by the local team before the arrival of the transport team. Tick all interventions that apply. And is applicable only to retrievals to PICU or journeys to another intensive care unit.

**Primary intubation** - True if the patient was already intubated **PRIOR** to the arrival of the transport team OR commenced by the transport team **WHILST** in attendance.

**Re-intubation** - True if the patient was already intubated and required re-intubation which was completed **PRIOR** to arrival of the transport team OR **WHILST** the transport team was in attendance.

**Non-invasive ventilation** - True if non-invasive ventilatory support was already being given **PRIOR** to the arrival of the transport team OR **WHILST** the transport team is in attendance. **DO NOT** include use of a device to deliver high flow nasal cannula therapy.

**Heated Humidified High Flow Therapy** - True if heated humidified high flow therapy (HHHFT) was commenced **PRIOR** to the arrival of the transport team OR **WHILST** the transport team was in attendance.

**Cardioversion/Defibrillation** - True if cardioversion/defibrillation was already being given **PRIOR** to the time of arrival of the transport team OR commenced by the transport team **WHILST** in attendance.

Transport times		
<b>BASE TO COLLECTION UNIT</b> <input type="checkbox"/> Tick if this section of the trip is not applicable <b>Mode of transport (tick all that apply)</b> <input type="checkbox"/> Dedicated ambulance <input type="checkbox"/> RRV <input type="checkbox"/> Taxi <input type="checkbox"/> Other ambulance <input type="checkbox"/> Air → <input type="checkbox"/> Other <b>Depart base (dd/mm/yyyy hh:mm)</b> [ ]/[ ]/[ ]/20 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] <b>→ Arrive base airport</b> [ ]/[ ]/[ ]/20 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] <b>→ Aircraft type</b> <input type="checkbox"/> Unpressurised fixed-wing <input type="checkbox"/> Dedicated helicopter <input type="checkbox"/> Pressurised fixed-wing <input type="checkbox"/> Other helicopter <b>→ Takeoff base airport</b> [ ]/[ ]/[ ]/20 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] <b>→ Land collection airport</b> [ ]/[ ]/[ ]/20 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] <b>→ Depart collection airport</b> [ ]/[ ]/[ ]/20 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] <b>Arrive collection unit (or location)</b> [ ]/[ ]/[ ]/20 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] <b>Blue light or siren used or requested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Organisational delay</b> <input type="checkbox"/> None <input type="checkbox"/> Team out <input type="checkbox"/> Staffing <input type="checkbox"/> Vehicle <b>Vehicle incident</b> <input type="checkbox"/> None <input type="checkbox"/> Vehicle accident <input type="checkbox"/> Vehicle breakdown	<b>PATIENT JOURNEY</b> <input type="checkbox"/> Tick if this section of the trip is not applicable <b>Mode of transport (tick all that apply)</b> <input type="checkbox"/> Dedicated ambulance <input type="checkbox"/> RRV <input type="checkbox"/> Taxi <input type="checkbox"/> Other ambulance <input type="checkbox"/> Air → <input type="checkbox"/> Other <b>Depart collection unit (or location)</b> [ ]/[ ]/[ ]/20 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] <b>→ Arrive collection airport</b> [ ]/[ ]/[ ]/20 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] <b>→ Aircraft type</b> <input type="checkbox"/> Unpressurised fixed-wing <input type="checkbox"/> Dedicated helicopter <input type="checkbox"/> Pressurised fixed-wing <input type="checkbox"/> Other helicopter <b>→ Takeoff collection airport</b> [ ]/[ ]/[ ]/20 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] <b>→ Land destination airport</b> [ ]/[ ]/[ ]/20 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] <b>→ Depart destination airport</b> [ ]/[ ]/[ ]/20 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] <b>Arrive destination unit (or location)</b> [ ]/[ ]/[ ]/20 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] <b>Blue light or siren used or requested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Organisational delay</b> <input type="checkbox"/> None <input type="checkbox"/> Team out <input type="checkbox"/> Staffing <input type="checkbox"/> Vehicle <b>Vehicle incident</b> <input type="checkbox"/> None <input type="checkbox"/> Vehicle accident <input type="checkbox"/> Vehicle breakdown	<b>DESTINATION UNIT TO BASE</b> <input type="checkbox"/> Tick if this section of the trip is not applicable <b>Mode of transport (tick all that apply)</b> <input type="checkbox"/> Dedicated ambulance <input type="checkbox"/> RRV <input type="checkbox"/> Taxi <input type="checkbox"/> Other ambulance <input type="checkbox"/> Air → <input type="checkbox"/> Other <b>Depart destination unit (or location)</b> [ ]/[ ]/[ ]/20 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] <b>→ Arrive destination airport</b> [ ]/[ ]/[ ]/20 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] <b>→ Aircraft type</b> <input type="checkbox"/> Unpressurised fixed-wing <input type="checkbox"/> Dedicated helicopter <input type="checkbox"/> Pressurised fixed-wing <input type="checkbox"/> Other helicopter <b>→ Takeoff destination airport</b> [ ]/[ ]/[ ]/20 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] <b>→ Land base airport</b> [ ]/[ ]/[ ]/20 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] <b>→ Depart base airport</b> [ ]/[ ]/[ ]/20 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] <b>Arrive base</b> [ ]/[ ]/[ ]/20 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] <b>Blue light or siren used or requested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Organisational delay</b> <input type="checkbox"/> None <input type="checkbox"/> Team busy <input type="checkbox"/> Staffing <input type="checkbox"/> Vehicle <b>Vehicle incident</b> <input type="checkbox"/> None <input type="checkbox"/> Vehicle accident <input type="checkbox"/> Vehicle breakdown
<b>Interventions (retrievals only)</b> <b>Prior to arrival of transport team</b> <input type="checkbox"/> Primary intubation (tick all that apply) <input type="checkbox"/> Re-intubation <input type="checkbox"/> Other airway <input type="checkbox"/> Non-invasive ventilation <input type="checkbox"/> Nitric oxide <input type="checkbox"/> Heated humidified high flow therapy <input type="checkbox"/> Primary central venous access <input type="checkbox"/> Additional central venous access <input type="checkbox"/> Arterial access <input type="checkbox"/> Inotrope or vasopressor infusion <input type="checkbox"/> Prostaglandin infusion <input type="checkbox"/> Cardioversion/defibrillation <input type="checkbox"/> Primary intraosseus access <input type="checkbox"/> Additional intraosseus access <input type="checkbox"/> Chest drain insertion <input type="checkbox"/> ICP monitoring <input type="checkbox"/> ECMO <b>While transport team in attendance</b> <input type="checkbox"/> Primary intubation (tick all that apply) <input type="checkbox"/> Re-intubation <input type="checkbox"/> Other airway <input type="checkbox"/> Non-invasive ventilation <input type="checkbox"/> Nitric oxide <input type="checkbox"/> Heated humidified high flow therapy <input type="checkbox"/> Primary central venous access <input type="checkbox"/> Additional central venous access <input type="checkbox"/> Arterial access <input type="checkbox"/> Inotrope or vasopressor infusion <input type="checkbox"/> Prostaglandin infusion <input type="checkbox"/> Cardioversion/defibrillation <input type="checkbox"/> Primary intraosseus access <input type="checkbox"/> Additional intraosseus access <input type="checkbox"/> Chest drain insertion <input type="checkbox"/> ICP monitoring <input type="checkbox"/> ECMO	<b>PIM (retrievals only)</b> <i>This applies to observations recorded in the first hour after first face-to-face contact with transport team lead</i> <b>Elective admission?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Main reason for admission</b> <input type="checkbox"/> Asthma <input type="checkbox"/> Bronchiolitis <input type="checkbox"/> Croup <input type="checkbox"/> Obstructive sleep apnoea <input type="checkbox"/> Recovery from surgery → <input type="checkbox"/> Diabetic ketoacidosis <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Other (none of the above) <input type="checkbox"/> Bypass cardiac proc. <input type="checkbox"/> Non-bypass cardiac proc. <input type="checkbox"/> Elective liver transpl <input type="checkbox"/> Other procedure <b>Is evidence available to assess past medical history?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, tick all that apply</b> <input type="checkbox"/> Cardiac arrest before admission <input type="checkbox"/> Cardiac arrest OUT of hospital <input type="checkbox"/> Cardiomyopathy or myocarditis <input type="checkbox"/> Severe combined immune deficiency <input type="checkbox"/> Hypoplastic left heart syndrome <input type="checkbox"/> Leukaemia or lymphoma after first induction <input type="checkbox"/> Liver failure main reason for ICU admission <input type="checkbox"/> Acute NEC main reason for ICU admission <input type="checkbox"/> Spontaneous cerebral haemorrhage <input type="checkbox"/> Neurodegenerative disorder <input type="checkbox"/> Human immunodeficiency virus (HIV) <input type="checkbox"/> Bone marrow transplant recipient <input type="checkbox"/> Other (none of the above)	<b>Systolic blood pressure</b> [ ] [ ] mmHg <b>SpO<sub>2</sub></b> [ ] [ ] % → <b>FiO<sub>2</sub></b> [ ] [ ] (at time SpO <sub>2</sub> measured) <b>Blood gas measured?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Arterial PaO<sub>2</sub></b> [ ] [ ] kPa or <b>Arterial PaO<sub>2</sub></b> [ ] [ ] mmHg <b>FiO<sub>2</sub></b> [ ] [ ] <b>Intubation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Base excess</b> [ ] [ ] [ ] mmol/l → <input type="checkbox"/> Arterial <input type="checkbox"/> Capillary <input type="checkbox"/> Venous <b>Lactate</b> [ ] [ ] [ ] mmol/l → <input type="checkbox"/> Arterial <input type="checkbox"/> Capillary <input type="checkbox"/> Venous <b>Mechanical ventilation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>CPAP?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Pupil reaction</b> <input type="checkbox"/> Both fixed and dilated <input type="checkbox"/> Other reaction <input type="checkbox"/> Unknown

**Interventions while transport team in attendance**  
This section refers to any intervention carried out by the transport team or by the local team in the presence of the transport team. Tick all interventions that apply.

**Other airway** - True if the patient had 'other airway' inserted e.g. laryngeal mask airway (LMA) or tracheostomy **PRIOR** to the arrival of the transport team OR **WHILST** the transport team is in attendance.

**Nitric Oxide** - True if nitric oxide was already being given **PRIOR** to the time of arrival of the transport team OR commenced by the transport team **WHILST** in attendance.

**Primary central venous access** - True if primary central venous access was gained **PRIOR** to the arrival of the transport team OR **WHILST** the transport team was in attendance.

**Additional central venous access** - True if additional central venous access was gained **PRIOR** to the arrival of the transport team OR **WHILST** the transport team was in attendance. (Intraosseus access is regarded separately).

**Primary intraseous access** - The patient has no intraosseus access and intraosseus access is gained **PRIOR** to the arrival of the transport team OR **WHILST** the transport team was in attendance.

**Additional intraseous access** - The patient already has intraosseus access but additional access is gained **PRIOR** to the arrival of the transport team OR **WHILST** the transport team was in attendance.





**Elective admission** - Identifies whether the child is an elective admission to the paediatric intensive care service. An admission to PICU is considered elective if it could be postponed for more than 6 hours without adverse effects.

**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

**Bronchiolitis** – include children who present either with respiratory distress or central apnoea where the clinical diagnosis is bronchiolitis

**Obstructive sleep apnoea** – record if main reason for admission is obstructive sleep apnoea. If the patient 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.

**Recovery from surgery or a procedure** - (include a radiological procedure or cardiac catheter). Do not include patients 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 patient with a head injury who goes to theatre for insertion of an ICP monitor; in this patient the main reason for admission is the head injury.

**Seizure disorder** - Include a patient 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.

**Evidence 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.

**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.

**Severe Combined Immune deficiency (SCIDS)** - 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.

Transport times		
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<b>Interventions (retrievals only)</b> <b>Prior to arrival of transport team</b> <input type="checkbox"/> Primary intubation (tick all that apply) <input type="checkbox"/> Re-intubation <input type="checkbox"/> Other airway <input type="checkbox"/> Non-invasive ventilation <input type="checkbox"/> Nitric oxide <input type="checkbox"/> Heated humidified high flow therapy <input type="checkbox"/> Primary central venous access <input type="checkbox"/> Additional central venous access <input type="checkbox"/> Arterial access <input type="checkbox"/> Inotrope or vasopressor infusion <input type="checkbox"/> Prostaglandin infusion <input type="checkbox"/> Cardioversion/defibrillation <input type="checkbox"/> Primary intraosseus access <input type="checkbox"/> Additional intraosseus access <input type="checkbox"/> Chest drain insertion <input type="checkbox"/> ICP monitoring <input type="checkbox"/> ECMO <b>While transport team in attendance</b> <input type="checkbox"/> Primary intubation (tick all that apply) <input type="checkbox"/> Re-intubation <input type="checkbox"/> Other airway <input type="checkbox"/> Non-invasive ventilation <input type="checkbox"/> Nitric oxide <input type="checkbox"/> Heated humidified high flow therapy <input type="checkbox"/> Primary central venous access <input type="checkbox"/> Additional central venous access <input type="checkbox"/> Arterial access <input type="checkbox"/> Inotrope or vasopressor infusion <input type="checkbox"/> Prostaglandin infusion <input type="checkbox"/> Cardioversion/defibrillation <input type="checkbox"/> Primary intraosseus access <input type="checkbox"/> Additional intraosseus access <input type="checkbox"/> Chest drain insertion <input type="checkbox"/> ICP monitoring <input type="checkbox"/> ECMO	<b>PIM (retrievals only)</b> <i>This applies to observations recorded in the first hour after first face-to-face contact with transport team lead</i> <b>Elective admission?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Main reason for admission</b> <input type="checkbox"/> Asthma <input type="checkbox"/> Bronchiolitis <input type="checkbox"/> Croup <input checked="" type="checkbox"/> Obstructive sleep apnoea <input checked="" type="checkbox"/> Recovery from surgery → <input type="checkbox"/> Diabetic ketoacidosis <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Other (none of the above) <input type="checkbox"/> Bypass cardiac proc. <input type="checkbox"/> Non-bypass cardiac proc. <input type="checkbox"/> Elective liver transpft <input type="checkbox"/> Other procedure <b>Is evidence available to assess past medical history?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, tick all that apply</b> <input type="checkbox"/> Cardiac arrest before admission <input checked="" type="checkbox"/> Cardiac arrest OUT of hospital <input type="checkbox"/> Cardiomyopathy or myocarditis <input checked="" type="checkbox"/> Severe combined immune deficiency <input checked="" type="checkbox"/> Hypoplastic left heart syndrome <input type="checkbox"/> Leukaemia or lymphoma after first induction <input type="checkbox"/> Liver failure main reason for ICU admission <input type="checkbox"/> Acute NEC main reason for ICU admission <input checked="" type="checkbox"/> Spontaneous cerebral haemorrhage <input type="checkbox"/> Neurodegenerative disorder <input type="checkbox"/> Human immunodeficiency virus (HIV) <input type="checkbox"/> Bone marrow transplant recipient <input type="checkbox"/> Other (none of the above)	<b>Systolic blood pressure</b> [ ] [ ] [ ] mmHg <b>SpO<sub>2</sub></b> [ ] [ ] [ ] % → <b>FiO<sub>2</sub> (measured)</b> [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] <b>Blood gas measured?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Arterial PaO<sub>2</sub> or Arterial PaO<sub>2</sub></b> [ ] [ ] [ ] [ ] kPa [ ] [ ] [ ] [ ] mmHg <b>FiO<sub>2</sub></b> [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] <b>Intubation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Base excess</b> [ ] [ ] [ ] [ ] mmol/l → <input type="checkbox"/> Arterial <input type="checkbox"/> Capillary <input type="checkbox"/> Venous <b>Lactate</b> [ ] [ ] [ ] [ ] mmol/l → <input type="checkbox"/> Arterial <input type="checkbox"/> Capillary <input type="checkbox"/> Venous <b>Mechanical ventilation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>CPAP?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Pupil reaction</b> <input type="checkbox"/> Both fixed and dilated <input type="checkbox"/> Other reaction <input type="checkbox"/> Unknown

**Systolic Blood Pressure** - The first systolic blood pressure measured and recorded following first face to face (not telephone) contact between the patient and a specialist paediatric intensive care doctor or nurse practitioner. Record 0 if the patient is in cardiac arrest. (Only when the BP is truly unrecordable e.g. cardiac arrest should a value of 0 be collected). Record 30 if the patient is shocked and the blood pressure is so low it is unrecordable. If missing document 999

**SpO2 and FiO2** - Record the first SpO2 and corresponding FiO2 measured following first face-to-face contact between the patient and a PIC doctor

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

**Arterial PaO2** - First arterial PaO2 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

**FiO2** - recorded at time of first arterial gas. If arterial gas not recorded write 999

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

**Base Excess** - First base excess from arterial, capillary or venous gas within defined time period. If not or never recorded, write 999. Indicate -ve or +ve and specify sample type

**Lactate** - First blood lactate from arterial, capillary or venous gas within defined time period. 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.

**Pupil Reaction** - First pupillary reaction measured AND recorded within defined time period - Both fixed and dilated if both >3mm and both unreactive to light.

**Leukaemia or Lymphoma after first induction** - Include only cases where admission is related to leukaemia or lymphoma or the therapy for these.

**Acute Necrotising Enterocolitis (NEC)** – If only develops subsequently following admission to your unit and is not present at first contact then do not record.

**Hypoplastic left heart syndrome** - 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.

**Spontaneous 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.