

Patient details (or hospital label)

<p>Family name <input type="text"/></p> <p>First name <input type="text"/></p> <p>Address <input type="text"/></p> <p>Postcode <input type="text"/> <input type="text"/></p>	<p>NHS/CHI/H&C number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="checkbox"/> Tick if patient is not eligible for number</p> <p>Case note number (destination PICU) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Date of birth (dd/mm/yyyy) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Indicate if date of birth is <input type="checkbox"/> Estimated <input type="checkbox"/> Anonymised <input type="checkbox"/> Unknown</p> <p>Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Ambiguous <input type="checkbox"/> Unknown</p>
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Transport details

<p>Date and time accepted for transport <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/></p> <p>Transport number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Type of transport team <input type="checkbox"/> PICU <input type="checkbox"/> Centralised transport service (PIC) <input type="checkbox"/> Transport team from neonates <input type="checkbox"/> Other specialist team <input type="checkbox"/> Non-specialist team</p> <p>Transport team <input type="text"/></p> <p>Grade of clinical team leader <input type="checkbox"/> Consultant/Associate Specialist/Staff Grade <input type="checkbox"/> ST 4 – 8 <input type="checkbox"/> ST 1 – 3 <input type="checkbox"/> Nurse practitioner</p> <p>Speciality of clinical team leader <input type="text"/></p> <p>Grade of most senior nurse <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> Nurse not present</p>	<p>Collection area <input type="checkbox"/> X-ray/endoscopy/CT scanner <input type="checkbox"/> ICU <input type="checkbox"/> Recovery only <input type="checkbox"/> PICU <input type="checkbox"/> HDU (step up/step down unit) <input type="checkbox"/> NICU <input type="checkbox"/> Other intermediate care area <input type="checkbox"/> Ward <input type="checkbox"/> Theatre and recovery <input type="checkbox"/> A & E <input type="checkbox"/> Other transport service</p> <p>Collection unit (or location) <input type="text"/></p> <p>Most senior member of medical staff present at collection unit <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> <p>Did a medical technician accompany the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did a parent accompany the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No – parent not present <input type="checkbox"/> No – parent declined to accompany <input type="checkbox"/> No – parent not permitted to accompany</p>	<p>Transport classification <input type="checkbox"/> Planned <input type="checkbox"/> Unplanned</p> <p>Outcome of this transport event <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> <p>Destination type <input type="checkbox"/> PICU <input type="checkbox"/> NICU <input type="checkbox"/> ICU <input type="checkbox"/> 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> <p>Destination unit (or location) <input type="text"/></p>
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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 type="text"/>
<input type="checkbox"/> Complete ventilator failure	<input type="checkbox"/> Medication administration error	

Comments

Form completed by

Contact us - picanet@leeds.ac.uk

General enquiries **Data collection queries**
0113 343 8125 0116 252 5414

For dataset manuals and guidance, go to
www.picanet.org.uk/Documentation/Guidance/

Transport times

BASE TO COLLECTION UNIT	PATIENT JOURNEY	DESTINATION UNIT TO BASE
<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
Mode of transport (tick all that apply) <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	Mode of transport (tick all that apply) <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	Mode of transport (tick all that apply) <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
Depart base (dd/mm/yyyy hh:mm) <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	Depart collection unit (or location) <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	Depart destination unit (or location) <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
→ Arrive base airport <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	→ Arrive collection airport <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	→ Arrive destination airport <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
→ Aircraft type <input type="checkbox"/> Unpressurised fixed-wing <input type="checkbox"/> Dedicated helicopter <input type="checkbox"/> Pressurised fixed-wing <input type="checkbox"/> Other helicopter	→ Aircraft type <input type="checkbox"/> Unpressurised fixed-wing <input type="checkbox"/> Dedicated helicopter <input type="checkbox"/> Pressurised fixed-wing <input type="checkbox"/> Other helicopter	→ Aircraft type <input type="checkbox"/> Unpressurised fixed-wing <input type="checkbox"/> Dedicated helicopter <input type="checkbox"/> Pressurised fixed-wing <input type="checkbox"/> Other helicopter
→ Takeoff base airport <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	→ Takeoff collection airport <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	→ Takeoff destination airport <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
→ Land collection airport <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	→ Land destination airport <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	→ Land base airport <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
→ Depart collection airport <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	→ Depart destination airport <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	→ Depart base airport <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
Arrive collection unit (or location) <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	Arrive destination unit (or location) <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	Arrive base <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
Blue light or siren used or requested <input type="checkbox"/> Yes <input type="checkbox"/> No	Blue light or siren used or requested <input type="checkbox"/> Yes <input type="checkbox"/> No	Blue light or siren used or requested <input type="checkbox"/> Yes <input type="checkbox"/> No
Organisational delay <input type="checkbox"/> None <input type="checkbox"/> Team out <input type="checkbox"/> Staffing <input type="checkbox"/> Vehicle	Organisational delay <input type="checkbox"/> None <input type="checkbox"/> Team out <input type="checkbox"/> Staffing <input type="checkbox"/> Vehicle	Organisational delay <input type="checkbox"/> None <input type="checkbox"/> Team busy <input type="checkbox"/> Staffing <input type="checkbox"/> Vehicle
Vehicle incident <input type="checkbox"/> None <input type="checkbox"/> Vehicle accident <input type="checkbox"/> Vehicle breakdown	Vehicle incident <input type="checkbox"/> None <input type="checkbox"/> Vehicle accident <input type="checkbox"/> Vehicle breakdown	Vehicle incident <input type="checkbox"/> None <input type="checkbox"/> Vehicle accident <input type="checkbox"/> Vehicle breakdown

Interventions (retrievals only)

Interventions by local team prior to arrival of transport team (tick all that apply)

Primary intubation
 Re-intubation
 Other airway
 Non-invasive ventilation
 High flow nasal cannula therapy
 Primary central venous access
 Additional central venous access
 Arterial access
 Inotrope or vasopressor infusion
 Prostaglandin infusion
 Primary intraosseous access
 Additional intraosseous access
 Chest drain insertion
 ICP monitoring
 ECMO

Interventions while transport team in attendance (tick all that apply)

Primary intubation
 Re-intubation
 Other airway
 Non-invasive ventilation
 High flow nasal cannula therapy
 Primary central venous access
 Additional central venous access
 Arterial access
 Inotrope or vasopressor infusion
 Prostaglandin infusion
 Primary intraosseous access
 Additional intraosseous access
 Chest drain insertion
 ICP monitoring
 ECMO

PIM2/PIM3 (retrievals only)

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

Elective admission
 Tick if this is an elective admission

Main reason for admission

<input type="checkbox"/> Asthma	<input type="checkbox"/> Bypass cardiac proc. <input type="checkbox"/> Non-bypass cardiac proc. <input type="checkbox"/> Elective liver transp't <input type="checkbox"/> Other procedure
<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)	

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

Systolic blood pressure
 mmHg

Blood gas measured
 Yes No

Arterial PaO₂ or Arterial PaO₂
 . kPa mmHg

FiO₂
 .

Intubation
 Yes No

Headbox
 Yes No

At the time of PaO₂ sample

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