

## **Paediatric Networked Care CQUIN: Part I – Appendix 1**

The Paediatric Critical Care Minimum Data Set was introduced in 2007 and is used to record the clinical interventions undertaken on each day of admission. The scope of the PCCMDS is:

A) All patients on a ward with a Critical Care Unit Function of National Code:

04. Paediatric Intensive Care Unit (Paediatric Critical Care patients predominate).

B) All patients on a ward with a Critical Care Unit Function of National Code:

- 15. Facility for babies on a Maternity Ward
- 16. Ward for children & young people
- 17. High dependency unit for children and young people
- 18. Renal Unit for children and young people
- 19. Burns Unit for children and young people
- 92. Non-standard location using the operating department for C&YP

To whom one or more of the critical care activity codes applies for a period of greater than four hours.

Each item within the PCCMDS is used either singly or in combination with other items to assign a patient to a care level in one of the HRG currencies.

- All patients on a Paediatric Intensive Care Unit regardless of the care being delivered
- All patients on a ward with a critical care unit function with a National Code of either

- 16. Ward for children & young people
- 17. High dependency unit for children and young people
- 18. Renal Unit for children and young people
- 19. Burns Unit for children and young people
- 92. Non-standard location using the operating department for C&YP

Where a critical care activity code is applicable for a period exceeding four hours.

**Level 1** unit interventions (limited to those in PCCMDS and the four additional candidate items)

- Oxygen therapy + pulse oximetry + ECG monitoring (NB includes high flow oxygen)
- Arrhythmia requiring IV anti-arrhythmic
- Diabetic Ketoacidosis requiring continuous infusion of insulin
- Severe Asthma requiring IV bronchodilator therapy
- Reduced conscious level (GCS 12 or below) AND hourly (or more frequent)
- GCS monitoring
- Upper airway obstruction requiring nebulised adrenaline
- Apnoea

**Level 2** unit interventions

- Any of the level 1 unit interventions where there is a failure to respond to treatment as expected or the requirement for intervention persists for > 24 hours
- CPR in past 24 hours
- Nasopharyngeal airway
- Acute non-invasive ventilation, including CPAP
- >80 mls/kg fluid bolus in 24 hours
- \*Status epilepticus requiring treatment with continuous IV infusion (eg midazolam)
- \*Arterial line
- \*Central venous pressure monitoring
- \*Epidural
- \*Care of tracheostomy (first 7 days of admission)
- \*Inotropic / vasopressor treatment
- \*Acute cardiac pacing
- \*IV thrombolysis
- \*Acute renal replacement therapy (CVVH or HD or PD)
- \*ICP monitoring or EVD
- \*Exchange transfusion
- \*Plasma exchange
- \*MARS therapy
- Invasive ventilation of the Long Term Ventilated Child (which is coded as an advanced critical care intervention)

Note: \* denotes those interventions that are almost always performed in a tertiary centre.

## Paediatric Networked Care CQUIN: Part I – Appendix 2

This report should be completed by the Paediatric Intensive Unit identified in the CQUIN Terms

Name of Paediatric Intensive Care Unit:

Names of the Acute Hospitals with the PICU usual referral catchment:

Name of the usual emergency transport service:

Number of requests to escalate care:

Distribution of Paediatric Critical Care Activity by HRG Spell:-

PCC Unit Level	Insert Unit Name	Insert Unit Name	Insert Unit Name	Insert Unit Name	Insert Unit Name	Insert Unit Name	Insert Unit Name	Insert Unit Name
Level 1 (2 & 3)	HRG07Z							
Level 2 (1 & 2)	HRG06Z							
Level 3	HRG05Z							
Level 3	HRG04Z							
Level 3	HRG03Z							
Level 3	HRG02Z							
Level 3	HRG01Z							

Nb HRG01Z to HRG05Z should always be delivered in a Paediatric Intensive Care Unit and any activity reported here should be investigated with outcome reported as part of this submission.

