**YNHH – VPS Web Data Collection**

**VPS Patient Data #:**\_\_\_\_\_\_\_\_\_\_\_\_\_ **READMIT: N Y # \_\_\_\_\_\_\_\_**

Abstractor Initials:\_\_\_\_\_\_\_ Abstraction Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Data Entry Initials:\_\_\_\_\_\_\_ Data Entry Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Audit Initials:\_\_\_\_\_\_\_\_\_\_\_ Audit Date:\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**PATIENT INFORMATION:**

**MRN:** \_\_\_\_\_\_\_\_\_\_\_\_ **First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MI:\_\_\_\_\_\_**

**DOB:** \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ **Gender:**  M / F

**Race:** African American Hispanic Caucasian Asian/Indian/Pacific Islander American Indian Other/Mixed Unspecified

**ADMISSION MODULE:** (PICU Admission Data)

***Hospital Admit D/T:*** *\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_:\_\_\_\_\_\_*

**PICU Admit Date:** \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ **PICU Admit Time** \_\_\_\_\_\_:\_\_\_\_\_\_ **Weight:** \_\_\_\_\_\_ kg method obtained:\_\_\_\_\_\_\_

Head circumference (less or equal to 36 mths):\_\_\_\_\_\_\_\_\_

**Origin:** OR ED Floor NICU PACU other YNHH ICU Cath Lab Proc. Rm (IR) HOME

OSH-ED OSH-floor OSH- ICU OSH-OR MD office SNF/chronic care Outpt proc RM

**Transported How:** Not Transported (personal transport) Our PICU Team Our Hospital Team (skyhealth) Community EMS

OTHER (incl Lifestar) Transport Team Unknown

**Transport Vehicle:** Not by Professional Team (personal transport) Vehicle Unknown Ambulance Helicopter

Fixed Wing OTHER

**Patient Type:** Scheduled (>= 12 hours in advance) Unscheduled (<12 hours in advance)

**Patient Post-Operative** ***(****OR & therapeutic IR* ***within 24 hours pre/post PICU admit)?***YES NO

**Trauma:** YES NO

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| **Table 3 – Baseline Pediatric Cerebral Performance Category PCPC** | | | **Table 4 – Baseline Pediatric Overall Performance Category**  **POPC** | | | |
| 1 | Normal | Age approp/attends regular school | | 1 | Good overall performance | PCPC1 do normal activities | |
| 2 | Mild Disability | Conscious – Alert/able to interact app | | 2 | Mild Disability | PCPC2 +/= minor phys problem | |
| 3 | Mod Disability | Conscious – Suff funct age app activity | | 3 | Mod overall disability | PCPC3 +/-mod disab non-cereb | |
| 4 | Severe Disability | Conscious - dependent on others | | 4 | Severe overall disability | PCPC4 +/- sev diab non-cerebral | |
| 5 | Coma/Vegetative | Any degree coma w/o brain death | | 5 | Coma or vegetative state | PCPC5 | |
| 6 | Brain Death | Apnea, areflexia and/or EEG silence | | 6 | Brain Death | PCPC6 | |

**Is this a cardiac patient?** YES NO

**Has the patient had a cardiac OPERATION either directly before or during this ICU stay**? YES NO

**DISCHARGE**

*Ho****spital discharge D:T \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_:\_\_\_\_\_***

**Discharge Order D/T:**  \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_**:**\_\_\_\_\_ **Hospital Dispo:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PICU Discharge D/T:**  \_\_\_\_\_/\_\_\_\_\_/\_\_\_­\_\_ \_\_\_\_\_**:**\_\_\_\_\_

**Disposition:**  Floor Home OR Hospice Cath Lab Inpt PROC Suite (IR) HOME/AMA NICU other YNHH ICU

Psych Pulm Rehab PACU SDU Telemetry SNF Morgue M/E SNF/Chronic Other\_\_\_\_\_\_\_\_\_

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| **Table 4 – Discharge Pediatric Cerebral Performance Category PCPC** | | | **Table 5 – Discharge Pediatric Overall Performance Category**  **POPC** | | | |
| 1 | Normal | Age approp/attends regular school | | 1 | Good overall performance | PCPC1 do normal activities | |
| 2 | Mild Disability | Conscious – Alert/able to interact app | | 2 | Mild Disability | PCPC2 +/= minor phys problem | |
| 3 | Mod Disability | Conscious – Suff funct age app activity | | 3 | Mod overall disability | PCPC3 +/-mod disab non-cereb | |
| 4 | Severe Disability | Conscious - dependent on others | | 4 | Severe overall disability | PCPC4 +/- sev diab non-cerebral | |
| 5 | Coma/Vegetative | Any degree coma w/o brain death | | 5 | Coma or vegetative state | PCPC5 | |
| 6 | Brain Death | Apnea, areflexia and/or EEG silence | | 6 | Brain Death | PCPC6 | |

Limitations on Care: Y N Altered Code Status: Y N Withdrawl of support : Y N Donations: Y N

**DIAGNOSES**

|  |  |  |  |  |  |  |  |  |  |
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| **ICD-9 Code** | **Active (A) and Primary (P) Dx** | **Diagnosis Description**   * **STS diagnosis** | **SO = Significant Ongoing Status** | **Resolved before admit?** | **Present on admit?** | **Congenital ?** | **Date of onset or Unknown** | **Resolved before PICU DC?**  **Y/N & date** | **If resolved, Minor or Significant** |
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**PROCEDURES**

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| **Name of Procedure**  **& Anatomic location** | **STS index? \*\*\*** | **Present on Adm?** | **Start Date** | **Start time** | **Present on D/C?** | **End Date** | **End time** | **R =Reason Rem**  **V=Variable**  **C= Complication** | **Location** | **Operator/**  **Supervisor(Att)** | **Service** |
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***GTTS: Blood Products: Other:***

**\* Start Date & Time mandatory for procedures done during and 24 hours prior to PICU admit \*\* Variables: added details about the procedure – vary based on procedure – refer to manual or data entry screens (cuffed ETT, antibiotic coated line)**

***DEATHS:***

**Discharge Level of Support**

Autopsy? Yes No

Limitation on care? Yes No **Donation**

Altered Code Status? Yes No Eligible Organ Donor? Y N Organs donated? Y N

Determine Brain Death? Yes No Eligible Tissue Donor? Y N Tissues donated? Y N

Support Withdrawn? Yes No *Donate p cardiac death*? Y N

**If yes to donation:**

Guardian Consent? Yes No

What organs/tissues were donated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why Organ NOT donated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who discussed organ/tissue donation with family? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(ie: nurse, Attd, SW, Chaplain, etc)*

Is this person a designated requestor according to CMS regulations? Yes No

Was OPO contacted prior to discussion of organ/tissue donation? Yes No

OPO Contacted DATE:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ TIME:\_\_\_\_\_:\_\_\_\_\_

***COMMENTS:***

**PIM 2:** (1st Hour PICU Admit – up to 59min 59 sec)

**VERY HIGH RISK DIAGNOSIS:** *(\* signifies main reason for PICU admit)*

NONE Cardiac Arrest Severe Combined Immune Deficiency Liver Failure\* Bone Marrow TX Leukemia/Lymphoma *(p1st tx)*

**HIGH RISK DIAGNOSIS:**

NONE Cardiomyopathy/Myocarditis*(incl immediate Post Heart TX*) HLHS Neuro-degenerative disorders

Necrotizing Enterocolitis\* Spontaneous cerebral Hemorrhage HIV

**LOW RISK DIAGNOSIS:**

NONE Asthma\* Bronchiolitis\* Croup\* DKA\* Seizure Disorders\* Obstructive Sleep Apnea\*

**Baseline:**

**Systolic BP:** \_\_\_\_\_\_\_ UNK **Mechanical Vent in place:** YES NO *(Invasive or noninvasive CPAP, BiPAP, NIPV*)

***ABG PaO2:*** \_\_\_\_\_\_\_ UNK **Elective ICU Admit:** YES NO *(could be postponed >6 hours*

***ABG FiO2:***  \_\_\_\_\_\_\_ UNK **Recovery from OR/Proc:**  YES NO *(unexpected complication = NO) (include OR/Cath lab/IR)*

***ABG SaO2:*** \_\_\_\_\_\_\_\_\_ UNK (also, recovery is the main reason for Admit)

**Pulse OX** **SpO2:** \_\_\_\_\_\_\_UNK **Procedure/OR type**: Non-cardiac

**FiO2:** \_\_\_\_\_\_\_\_\_\_ Non-Bypass Cardiac

**Base Ex:**(art/cap) \_\_\_\_\_ UNK Bypass Cardiac

**Pupil Reaction:** UNK (not documented) OTHER (PERL)

>3mm and NR (fixed&dialated) INVALID r/t Drugs Toxins injury

**See attached page**  P IM & PRISM 3 POST –CARDIAC SURGERY *(for pt’s already in PICU who then go to OR for cardiac surgery)*

**PRISM III** - 1st 12 hours

EXCLUSIONS: Length of Stay less than 2 hrs? Yes No

Pt admitted to ICU in Step/down or non-ICU status? Yes No

Non-survivor of ICU & did not have at least 2 viable bitals collected during consecutive hours? Yes No

**CARDIOVASCULAR CHEMISTRY**

Systolic BP \_\_\_\_\_ \_\_\_\_\_ Sodium \_\_\_\_\_ \_\_\_\_\_ From Inpatient Unit? Yes No

Diastolic BP \_\_\_\_\_ Potassium \_\_\_\_\_ \_\_\_\_\_ Post Op? (OR/IR only) Yes No

Heart Rate \_\_\_\_\_ \_\_\_\_\_ Bicarbonate \_\_\_\_\_ \_\_\_\_\_ Previous PICU Admit? Yes No

Respiratory Rate \_\_\_\_\_ \_\_\_\_\_ BUN \_\_\_\_\_ Acute Diabetes\*? Yes No

Temperature \_\_\_\_\_ \_\_\_\_\_ Creatinine \_\_\_\_\_ HX: Oncology Diagnosis? Yes No

**ACID BASE/BLOOD GAS** Glucose \_\_\_\_\_ \_\_\_\_\_ Acute Med CV disease? Yes No

pH (acv) \_\_\_\_\_ \_\_\_\_\_ Total Calcium \_\_\_\_\_ \_\_\_\_\_\_ CPR/Cardiac Massage Yes No

PaO2 (art only) \_\_\_\_\_ Ionized Calcium \_\_\_\_\_ \_\_\_\_\_ Acute Overdose? Yes No

PCO2 (acv) \_\_\_\_\_ \_\_\_\_\_ Total Bili \_\_\_\_\_ \_\_\_\_\_ Operative Cardiac Disease? Yes No

**HEMATOLOGY** Albumin \_\_\_\_\_ \_\_\_\_\_ PNA/RSV/bronchiolitis Yes No

HGB \_\_\_\_\_ \_\_\_\_\_ **NEUROLOGICAL** *(worst)* Head Trauma Yes No

WBC \_\_\_\_\_ \_\_\_\_\_ Pupils: UNK 2R 1R NR>3mm Non-head Trauma Yes No

Segs % (Neutr) \_\_\_\_\_ \_\_\_\_\_ Scale:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mech Vent w/in 24 hrs Yes No

PLT \_\_\_\_\_ \_\_\_\_\_ Worst GCS \_\_\_\_\_ *(incl: non-inv CPAP, NIPPB, etc)*

*(do not include vented/sedated)*

PT \_\_\_\_\_

PTT \_\_\_\_\_

Patient

**PELOD (Pediatric Logistic Organ Dysfunction) Score**

Patient still *Premature*? Yes

***Exclusion:*** Patient *Premature*? Yes No

Gestational age at birth(weeks)\_\_\_\_\_\_\_ (Days)\_\_\_\_\_\_\_

Pregnant ? Yes No

Admitted in a state requiring *CPR* w/o achieving stable vital signs for at least 2 consecutive hours? Yes No

Was patient admitted for scheduled procedure performed in other unavailable hospital locations? Yes No

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|  | **Dates** | **CV** | | **Neuro** | | **Liver** | | **Respiratory** | | | **Hematology** | | **Renal** |
| Adm time | (d/c time) | **HR** | **SBP** | **Pupil** | **GCS** | **AST** | **INR** | **PaO2/FiO2 (art.)** | **PaCO2 (A, V, C)** | **Mech. Vent invasive only** | **WBC** | **PLT** | **Creat.** |
|  |  | (high) | (low) | (R/F) | (low) | (high) | (high) | (low) | (high) | (Y/N) | (low) | (low) | (high) |
| **D1** |  |  |  |  |  |  |  | \_\_ |  |  |  |  |  |
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| **D10** |  |  |  |  |  |  |  | \_\_ |  |  |  |  |  |