

<b>Sponsor:</b>	<b>Implementation Date:</b> 1 <sup>st</sup> April 2007
<b>Department of Health</b>	<b>Subject:</b> Paediatric Critical Care Minimum Dataset
<b>DATA SET CHANGE NOTICE</b>	
<p>This paper informs users of the approval of a new Information Standard by the NHS Information Standards Board</p> <p>This was approved by the Review of Central Returns Steering Committee (ROCR). The ROCR Reference number is: ROCR No: ROCR/OR/206/047</p>	
<b>Summary:</b> <p>This DSCN introduces the Paediatric Critical Care Minimum Dataset which will be submitted as part of the General Episode, Delivery Episode and Birth Episode Commissioning Data Sets.</p> <p>The Paediatric Critical Care Minimum Dataset is mandated to be collected in the Commissioning Data Sets from <b>1<sup>st</sup> October 2007</b> with optional collection from 1<sup>st</sup> April 2007.</p> <b>Note:</b> <p>This DSCN is in two parts:</p> <ol style="list-style-type: none"><li>1. Part 1 provides detailed policy information needed to implement the change</li><li>2. Part 2 provides the definitional, technical and modelling detail that will be included in the NHS Data Dictionary – Change Proposal CP 813</li></ol>	
<b>Other Datasets / returns affected:</b> <ul style="list-style-type: none"><li>• The APC Finished General Episode (CDS TYPE 130)</li><li>• The APC Unfinished General Episode (CDS TYPE 190)</li><li>• The APC Delivery Episode (CDS TYPE 140)</li><li>• The APC Unfinished Delivery Episode (CDS TYPE 200)</li><li>• The APC Finished Birth Episode (CDS TYPE 120)</li><li>• The APC Unfinished Birth Episode (CDS TYPE 180)</li></ul>	
<b>Impact of Change:</b>	
<b>Service:</b> Major	<b>System Suppliers:</b> Major
<p>The NHS Information Standards Board (ISB) is responsible for approving information standards. The ISB output related to the assurance and sign-off of this standard can be found at – <a href="http://www.isb.nhs.uk/docs/dscn01-2007output.pdf">www.isb.nhs.uk/docs/dscn01-2007output.pdf</a>.</p> <p>The ISB submission documents relating to the approval of this standard can be found at <a href="http://www.isb.nhs.uk/docs/paediatric-critical-care-minimum-data-set-1">http://www.isb.nhs.uk/docs/paediatric-critical-care-minimum-data-set-1</a></p> <p>More information about the ISB can be found at <a href="http://www.isb.nhs.uk">www.isb.nhs.uk</a> Data set change notices can be found at <a href="http://www.connectingforhealth.nhs.uk/dscn">www.connectingforhealth.nhs.uk/dscn</a></p>	

## DATASET CHANGE NOTICE

<b>Reference:</b>	DSCN 01/2007 ROCR/OR/206/047 Change Proposal CP 813
<b>Subject:</b>	Paediatric Critical Care Minimum Dataset
<b>Type of Change:</b>	This DSCN introduces the Paediatric Critical Care Minimum Dataset
<b>Effective Date:</b>	1 <sup>st</sup> April 2007 optional, 1 <sup>st</sup> October 2007 mandatory.
<b>Version no:</b>	Version 3.0
<b>Reason for Change:</b>	To support Paediatric Critical Care Healthcare Resource Groups.
<b>Effect on NHS Data Dictionary:</b>	Changes to the NHS Data Dictionary are detailed in DSCN 01/2007

### Background:

The Paediatric Critical Care Minimum Dataset (PCCMDS) has been developed by the Information Centre for health and social care (IC) to support the new Paediatric Critical Care Healthcare Resource Groups and Payment by Results.

Development of Paediatric Critical Care HRGs and PCCMDS was guided by an expert working group comprising medical and nursing clinicians from paediatric critical care, and representatives from epidemiology, specialist commissioning, the Department of Health Child Health and Maternity Branch, and the IC Casemix Service

PCCMDS will be collected as part of the Admitted Patient Care Commissioning Dataset types:

- The APC Finished General Episode (CDS TYPE 130)
- The APC Unfinished General Episode (CDS TYPE 190)
- The APC Delivery Episode (CDS TYPE 140)
- The APC Unfinished Delivery Episode (CDS TYPE 200)
- The APC Finished Birth Episode (CDS TYPE 120)
- The APC Unfinished Birth Episode (CDS TYPE 180)

The background to Payment by Results is covered in the 2003 Financial Flows consultation document, 'Preparing for 2005', which sets out proposals to bring critical care within the scope of PbR by creating a set of critical care HRGs. The primary rationale for this policy is that critical care is a high cost, low volume service whose case mix and activity levels are not necessarily related directly to normal commissioned activity.

The PCCMDS has been piloted in a number of sites around the country. Lessons learned from the pilots have been incorporated into the human behavioural guidance available from the IC's web site.

### Purpose of Standard:

The purpose of the PCCMDS is to ensure standardised collection of the data required to support operation of the Paediatric Critical Care Healthcare Resource Groups (HRGs).

Paediatric Critical Care HRG and PCCMDS development fits with the overall strategy to develop HRGs which will be able to be grouped together to form packages of care. HRGs will form the component parts of these packages of care.

All HRGs are derived from data rather than assigned and collected directly. The new PCCMDS is required to provide the data required by the HRGs.

Data collected via the PCCMDS will have considerable scope for secondary use for analysing service delivery. However, the primary purpose of the PCCMDS is to support Paediatric Critical Care HRGs which in turn support the Department of Health's Payment by Results policy.

All of the data items within PCCMDS are used directly in assigning a HRG to a paediatric critical care patient. The Paediatric Critical Care HRGs and how they are derived from data items within the Paediatric Critical Care MDS is detailed within the HRG definitions available separately.

### Scope:

The definition of Paediatric Critical Care is linked to the definition of Paediatric Critical Care HRGs.

The scope of PCCMDS is:

- a) All patients on a *Paediatric Intensive Care Unit* regardless of care being delivered.
- b) Patients on a *ward for children and young people* or *High Dependency Unit for children and young people* or *Renal Unit for children and young people* or *Burns Unit for children and young people* or *non standard location using the operating department for children and young people* to whom one or more of the following critical care activities applies for a period greater than 4 hours:

04	Exchange transfusion	
05	Peritoneal dialysis (acute patients only i.e. excluding chronic)	
06	Continuous infusion of inotrope, pulmonary vasodilator or prostaglandin	
09	Supplemental oxygen therapy (irrespective of ventilatory state)	
13	Tracheostomy cared for by nursing staff	
16	Haemofiltration	
50	Continuous electrocardiogram monitoring	
51	Invasive ventilation via endotracheal tube	
52	Invasive ventilation via tracheostomy tube	
53	Non-invasive ventilatory support	
55	Nasopharyngeal airway	
56	Advanced ventilatory support (Jet or Oscillatory ventilation)	
57	Upper airway obstruction requiring nebulised Epinephrine/ Adrenaline	
58	Apnoea requiring intervention	
59	Acute severe asthma requiring intravenous bronchodilator therapy or continuous nebuliser	
60	Arterial line monitoring	
61	Cardiac pacing via an external box (pacing wires or external pads or oesophageal pacing)	
62	Central venous pressure monitoring	
63	Bolus Intravenous fluids (>80 ml/kg/day) in addition to maintenance intravenous fluids	
64	Cardio-pulmonary resuscitation (CPR)	
65	Extracorporeal membrane oxygenation (ECMO) or Ventricular Assist Device (VAD) or aortic balloon pump	
66	Haemodialysis (acute patients only i.e. excluding chronic)	
67	Plasma filtration or Plasma exchange	
68	ICP-intracranial pressure monitoring	
69	Intraventricular catheter or external ventricular drain	
70	Diabetic ketoacidosis (DKA) requiring continuous infusion of insulin.	
71	Intravenous infusion of thrombolytic agent (limited to tissue plasminogen activator [tPA] and streptokinase)	

72	Extracorporeal liver support using Molecular Absorbent Recirculating System (MARS)	
73	Continuous pulse oximetry	
74	Patient nursed in single occupancy cubicle	

Definitions for these items appear in the next section.

If one or more of these items apply to a patient, then the patient would be counted as receiving Paediatric Critical Care at one of the levels of Intensive Care or High Dependency Care depending on the conditions/interventions which apply.

A number of these interventions will only occur in a PICU environment where all patients are covered by PCCMDS regardless of treatment. Care for patients outside of PICU will in practice be dealing with a shorter list of interventions.

PCCMDS *should not* be collected in patient treatment areas other than those with CRITICAL CARE UNIT FUNCTION:

- *Paediatric Intensive Care Unit; or*
- *ward for children and young people; or*
- *High Dependency Unit for children and young people; or*
- *Renal Unit for children and young people; or*
- *Burns Unit for children and young people; or*
- *Non standard location using the operating department for children and young people.*

It is expected that the CDS message will prevent submission of PCCMDS when submitted with a CRITICAL CARE UNIT FUNCTION other than those listed above.

Other critical care facilities will be covered by [Adult] CCMDS (DSCN 02/2005) or Neonatal CCMDS (DSCN 14/2006).

**Standard Specification:**

PCCMDS is detailed in Appendix A.

PCCMDS will be part of the Admitted Patient Care Commissioning Data Set (APC CDS):

- The APC Finished General Episode (CDS TYPE 130)
- The APC Unfinished General Episode (CDS TYPE 190)
- The APC Delivery Episode (CDS TYPE 140)
- The APC Unfinished Delivery Episode (CDS TYPE 200)
- The APC Finished Birth Episode (CDS TYPE 120)
- The APC Unfinished Birth Episode (CDS TYPE 180)

The data which together comprises the PCCMDS may be described in two parts:

- Data relating to the whole episode of critical care (start date, end date etc)
- Data relating to each day within the episode of critical care (weight, interventions, drugs etc)

For completeness the PCCMDS standard lists three data items which are used in the Paediatric Critical Care HRG derivation but which are already part of the existing CDS and do not require amendment.

PCCMDS is structured to permit:

- Up to nine episodes of critical care within each APC CDS Consultant Episode.
- Up to 999 days of critical care within an episode of critical care.

- Up to 20 interventions to be recorded each day.
- Up to 2 High Cost Drugs to be recorded each day currently but there is the capacity for 20.

Each of the data items is mandatory.

**Timing:**

PCCMDS will become mandatory from October 2007 but may be collected voluntarily from April 2007 and flowed via SUS when Version 6 CDS is implemented.

ROCR given approval for the PCCMDS to be collected from October 2007.

Collection and submission of the PCCMDS is required to support the operation of HRG based Payment by Results tariffs.

**Impact on the Burden of Data Collection**

The increase in the burden of collection has been estimated at 1.75 minutes per paediatric critical care patient per day, with a total net effect of around 2.98 whole time equivalents nationally.

The burden of collection has been based on the experience of pilots, extrapolated to take into account:

- Approximately 80,000 inpatient days per annum in PICUs in England Based on data contained in the PICANet report.
- Approximately 73,000 high dependency inpatient days per annum outside PICUs in England Based on figures contained in a recent report on paediatric high dependency by Kay Rushforth<sup>1</sup>

**Impact on NHS Data Dictionary and Commissioning Data Set Manual**

PCCMDS requires changes to the NHS Data Dictionary and the Commissioning Data Sets. These changes are fully detailed in DSCN 01/2007.

**Training and Support:**

Following issue of the DSCN individual providers will bear the primary responsibility for implementation. However, support and facilitation will be provided by:

- The IC - Help Desk and Web site for general queries related to PCCMDS and HRGs
- CfH – SUS, Data Standards
- DH, Children's Services
- Critical care networks
- Paediatric Intensive Care Society (PICS)
- PCC software suppliers

In practice it is expected that software suppliers will provide the majority of training and support to end users collecting PCCMDS as this will be a necessary part of operating the supplier's IT system.

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<sup>1</sup> Rushforth K. (2006). A Study of Paediatric High Dependency Care in West, North and East Yorkshire. A Report of Paediatric Staffing and Patient Activity. January – December 2005. University of Leeds. ISBN 0 85316 171 0.

The IC and CfH help desks would expect to deal with queries from Trust Information Services departments and IT suppliers.

PICS will provide support to the IC in resolving queries related to correct interpretation of the data items.

Initial support and training enquiries should be routed through the IC help desk.

### **Combining PCCMDS with CDS**

PCCMDS is part of CDS. However, it is expected that the majority of Trusts will collect PCCMDS on a standalone IM&T system.

There are a variety of ways in which Trusts may combine PCCMDS data with CDS which are described in the User Guide which accompanies this DSCN. In brief it is suggested that this may be done by:

- a) Importing PCCMDS data into the Patient Administration System (PAS), if the PAS supports this. This is expected to be the exception rather than the rule as it will involve a fairly sophisticated interface to be developed.
- b) Merging the CDS produced by PAS and PCCMDS after the CDS has been processed into a standardised XML message but before it is submitted to SUS.
- c) Merging the CDS produced by PAS and PCCMDS in a data warehouse or database before being processed into a standardised XML message and submitted to SUS. This is expected to be the principal method chosen, with some local variation to suit local IM&T. The majority of Trusts polled as part of piloting already operate this method to produce their current CDS as it permits data quality checking and manipulation of the CDS, including the addition of data not captured in PAS, before submission to the clearing service.

These methods are suggestions only and do not limit Trusts in any way. It is for Trusts to decide how the requirement is delivered in their own organisations and add any additional fields necessary to the PCCMDS data capture which may be necessary to provide the necessary data keys to enable reliable merging of the data files.

### **Human behavioural guidance**

The user guide for PCCMDS is available from:

<http://www.icservices.nhs.uk/casemix/pages/downloads.asp>

or

[http://www.icservices.nhs.uk/casemix/pages/critical\\_care.asp](http://www.icservices.nhs.uk/casemix/pages/critical_care.asp)

The User Guide includes guidance on:

- How the data set was successfully collected by pilot sites including data collection templates.
- How PCCMDS data may be combined into CDS
- NPfIT solutions
- Frequently asked questions.
- Contact details for support.

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*Please address enquiries about this DSCN to:-*

*Helpdesk  
The Information Centre for health and social care  
Trevelyan House  
Trevelyan Square*

Boar Lane  
Leeds  
LS1 6AE

*Tel:* 0845 3006016  
*E-mail:* [enquiries@ic.nhs.uk](mailto:enquiries@ic.nhs.uk)  
*WWW:* [www.icservices.nhs.uk](http://www.icservices.nhs.uk)  
*NHSnet:* [www.icservices.nhs.uk](http://www.icservices.nhs.uk)

## Appendix A

## Paediatric Critical Care Minimum Dataset

	Data Item	Description	Formats / Codes
0	<b>STATIC DEMOGRAPHICS (PART OF APC CDS EPISODE)</b>	These data items are part of the existing APC CDS. They are listed here as they are used in the HRG Grouping algorithm.	
0.1	DISCHARGE DATE (HOSPITAL PROVIDER SPELL)	The date the patient was discharged from the hospital provider spell	CCYY-MM-DD
0.2	DISCHARGE METHOD (HOSPITAL PROVIDER SPELL)	The method of discharge from the hospital provider spell	<ol style="list-style-type: none"> <li>1. Patient discharged on clinical advice or with clinical consent</li> <li>2. Patient discharged him/herself or was discharged by a relative or advocate</li> <li>3. Patient discharged by mental health review tribunal, Home Secretary or court</li> <li>4. Patient died</li> <li>5. Stillbirth</li> </ol>
0.3	PRIMARY DIAGNOSIS (ICD)	ICD10	<p>Burns:</p> <p>T312 Burns involving 20-29% of body surface  T313 Burns involving 30-39% of body surface  T314 Burns involving 40-49% of body surface  T322 Corrosions involving 20-29% of body surface  T323 Corrosions involving 30-39% of body surface  T324 Corrosions involving 40-49% of body surface</p> <p>T315 Burns involving 50-59% of body surface  T316 Burns involving 60-69% of body surface  T317 Burns involving 70-79% of body surface  T325 Corrosions involving 50-59% of body surface  T326 Corrosions involving 60-69% of body surface  T327 Corrosions involving 70-79% of body surface</p> <p>T318 Burns involving 80-89% of body surface  T319 Burns involving 90% or more of body surface  T328 Corrosions involving 80-89% of body surface  T329 Corrosions involving 90% or more of body surface</p> <p>Isolation Criteria:  See Appendix A</p>



	Data Item	Description	Formats / Codes
			Acute Renal: N170 Acute renal failure with tubular necrosis N171 Acute renal failure with acute cortical necrosis N172 Acute renal failure with medullary necrosis N178 Other acute renal failure N179 Acute renal failure unspecified N990 Post procedural renal failure
0.4	SECONDARY DIAGNOSIS (ICD)	ICD10	As for Primary Diagnosis above
1.	<b>STATIC DEMOGRAPHICS (PART OF PCCMDS)</b>		
1.1	CRITICAL CARE LOCAL IDENTIFIER	This is a unique local ACTIVITY IDENTIFIER used to identify a Critical Care Period	Alpha Numeric, 8 Characters
1.2	CRITICAL CARE START DATE	Start date for this episode of critical care for the patient.	CCYY-MM-DD
1.3	CRITICAL CARE START TIME	Start time for this episode of critical care for the patient.	HH:MM:SS
1.4	CRITICAL CARE DISCHARGE DATE	The date on which a patient has completed an episode of critical care, and is discharged from critical care.	CCYY-MM-DD
1.5	CRITICAL CARE DISCHARGE TIME	The time at which a patient has completed an episode of critical care, and is discharged from critical care.	HH:MM:SS
1.6	CRITICAL CARE UNIT FUNCTION	Type of care setting in which care is being delivered	<p><b>Adult Facilities</b> (Patients ≥ 19 years old on admission predominate)</p> <p><b>01</b> = non-specific, general adult critical care patients predominate.  <b>02</b> = surgical adult patients (unspecified specialty)  <b>03</b> = medical adult patients (unspecified specialty)  <b>05</b> = neurosciences adult patients predominate  <b>06</b> = cardiac surgical adult patients predominate  <b>07</b> = thoracic surgical adult patients predominate  <b>08</b> = burns and plastic surgery adult patients predominate  <b>09</b> = spinal adult patients predominate  <b>10</b> = renal adult patients predominate  <b>11</b> = liver adult patients predominate  <b>12</b> = obstetric and gynaecology critical care patients predominate  <b>90</b> = non standard location using a ward area</p> <p><b>Children and Young People Facilities</b> (Patients ≥ 29 Days to &lt;19 years predominate)</p> <p><b>04</b> = Paediatric Intensive Care Unit (Paediatric critical care patients predominate)  <b>16</b> = Ward for children and young people</p>

	Data Item	Description	Formats / Codes
			<p><b>17</b> = High Dependency Unit for children and young people  <b>18</b> = Renal Unit for children and young people  <b>19</b> = Burns Unit for children and young people  <b>92</b> = Non standard location using the operating department for children and young people</p> <p><b>Neonatal Facilities</b> (Patients &lt;29 days on admission predominate)  <b>13</b> = Neonatal Intensive Care Unit (Neonatal critical care patients predominate)  <b>14</b> = Facility for Babies on a Neonatal Transitional Care Ward  <b>15</b> = Facility for Babies on a Maternity Ward</p> <p><b>Other settings</b>  <b>91</b> = non standard location using the operating department.</p>
	<b>Data Item</b>	<b>Description</b>	<b>Formats / Codes</b>
2	<b>DAILY ACTIVITY DATA</b>	<i>Data may be recorded for each day of the PAEDIATRIC CTITICAL CARE period. A maximum of 999 daily entries may be recorded in each period of critical care.</i>	
2.1	ACTIVITY DATE (CRITICAL CARE)	Date to which the daily activity data relates.	CCYY-MM-DD
2.2	CRITICAL CARE ACTIVITY CODE	<p>As per the Critical Care Code Table defined below.  Activity codes indicate the care applied on the day.</p> <p>All codes relate to care provided on the ACTIVITY DATE (see Item 2.1)</p>	<p>Up to 20 instances of the codes for Paediatric Critical Care listed in the Critical Care Code Table:</p> <p>04 Exchange transfusion  05 Peritoneal dialysis (acute patients only i.e excluding chronic)  06 Continuous infusion of inotrope, pulmonary vasodilator or prostaglandin  09 Supplemental oxygen therapy (Irrespective of ventilatory state)  13 Tracheostomy cared for by nursing staff  16 Haemofiltration  50 Continuous electrocardiogram monitoring  51 Invasive ventilation via endotracheal tube  52 Invasive ventilation via tracheostomy tube  53 Non-invasive ventilatory support  55 Nasopharyngeal airway  56 Advanced ventilatory support (Jet or Oscillatory ventilation)  57 Upper airway obstruction requiring nebulised Epinephrine/ Adrenaline  58 Apnoea requiring intervention  59 Acute severe asthma requiring intravenous bronchodilator therapy or continuous nebuliser</p>

	Data Item	Description	Formats / Codes
			60 Arterial line monitoring 61 Cardiac pacing via an external box (pacing wires or external pads or oesophageal pacing) 62 Central venous pressure monitoring 63 Bolus Intravenous fluids (>80 ml/kg/day) in addition to maintenance intravenous fluids 64 Cardio-pulmonary resuscitation (CPR) 65 Extracorporeal membrane oxygenation (ECMO) or Ventricular Assist Device (VAD) or aortic balloon pump 66 Haemodialysis (acute patients only i.e. excluding chronic) 67 Plasma filtration or Plasma exchange 68 ICP-intracranial pressure monitoring 69 Intraventricular catheter or external ventricular drain 70 Diabetic ketoacidosis (DKA) requiring continuous infusion of insulin. 71 Intravenous infusion of thrombolytic agent (limited to tissue plasminogen activator [tPA] and streptokinase) 72 Extracorporeal liver support using Molecular Absorbent Recirculating System (MARS) 73 Continuous pulse oximetry 74 Patient nursed in single occupancy cubicle 99 NO DEFINED CRITICAL CARE ACTIVITY
2.2.1 - 2.2.20	CRITICAL CARE ACTIVITY CODE (INSTANCE 1 TO 20)	See above	See above
2.3	HIGH COST DRUGS (OPCS)	Records use of high cost drugs for Nitric Oxide and Surfactant as per OPCS definitions.  All codes relate to drugs provided on the ACTIVITY DATE (see Item 2.1)	OPCS code in the range:  X84.1 – Medical Gases Band 1 – Nitric Oxide TBC (OPCS4.4) - - Surfactant
2.3.1 - 2.3.2	HIGH COST DRUGS (OPCS) (INSTANCE 1 TO 2)	See above	See above

## CRITICAL CARE ACTIVITY CODE TABLE

CRITICAL CARE ACTIVITY CODE (APPLICABLE TO PAEDIATRIC CRITICAL CARE)		
CODE VALUE	DESCRIPTION	NOTES
04	Exchange transfusion	Patient received exchange transfusion.
05	Peritoneal dialysis (acute patients only i.e. excluding chronic)	
06	Continuous infusion of inotrope, pulmonary vasodilator or prostaglandin	Patient received a continuous infusion of an inotrope, vasodilator (includes pulmonary vasodilators) or prostaglandin
09	Supplemental oxygen therapy (irrespective of ventilatory state)	
13	Tracheostomy cared for by nursing staff	Patient receiving care of tracheostomy cared for by nursing staff not by an external carer (e.g. parent)
16	Haemofiltration	
50	Continuous electrocardiogram monitoring	
51	Invasive ventilation via endotracheal tube	includes CPAP via endotracheal tube
52	Invasive ventilation via tracheostomy tube	includes CPAP via tracheostomy tube
53	Non-invasive ventilatory support	Includes CPAP via short tube, mask or prong
55	Nasopharyngeal airway	
56	Advanced ventilatory support (Jet or Oscillatory ventilation)	Includes Jet Vent, High Frequency Oscillatory Ventilation (HFOV).
57	Upper airway obstruction requiring nebulised Epinephrine/ Adrenaline	
58	Apnoea requiring intervention	Patent has recurrent apnoea today needing frequent intervention, i.e. over 3 stimulations in 24 hours, or resuscitation with IPPV.
59	Acute severe asthma requiring intravenous bronchodilator therapy or continuous nebuliser	
60	Arterial line monitoring	Invasive blood pressure monitoring
61	Cardiac pacing via an external box (pacing wires or external pads or oesophageal pacing)	
62	Central venous pressure monitoring	
63	Bolus Intravenous fluids (>80 ml/kg/day) in addition to maintenance intravenous fluids	
64	Cardio-pulmonary resuscitation (CPR)	
65	Extracorporeal membrane oxygenation (ECMO) or Ventricular Assist Device (VAD) or aortic balloon pump	
66	Haemodialysis (acute patients only i.e. excluding chronic)	
67	Plasma filtration or Plasma exchange	
68	ICP-intracranial pressure monitoring	
69	Intraventricular catheter or external ventricular drain	External drainage of Cerebro-Spinal Fluid.

<b>CRITICAL CARE ACTIVITY CODE (APPLICABLE TO PAEDIATRIC CRITICAL CARE)</b>		
<b>CODE VALUE</b>	<b>DESCRIPTION</b>	<b>NOTES</b>
70	Diabetic ketoacidosis (DKA) requiring continuous infusion of insulin.	
71	Intravenous infusion of thrombolytic agent (limited to tissue plasminogen activator [tPA] and streptokinase)	
72	Extracorporeal liver support using Molecular Absorbent Recirculating System (MARS)	
73	Continuous pulse oximetry	
74	Patient nursed in single occupancy cubicle	
99	NO DEFINED CRITICAL CARE ACTIVITY	Patient is not receiving any of the critical care interventions listed above (Excluding code 21). For example, patient is on the Intensive Care Unit ready for discharge and is receiving normal care. This is the default code.

## Isolation Categories

Note: ICD10 codes at - <http://www3.who.int/icd/currentversion/fr-icd.htm>

### SOURCE ISOLATION                      Infectious causes – to protect others

Criteria	ICD10			
<b>Respiratory pathogens</b>				
Respiratory Syncytial Virus	<b>B97.4</b>	<b>Respiratory syncytial virus as the cause of diseases classified to other chapters</b>		
	<b>J12.1</b>	<b>Respiratory syncytial virus pneumonia</b>		
	<b>J20.5</b>	<b>Acute bronchitis due to respiratory syncytial virus</b>		
	<b>J21.0</b>	<b>Acute bronchiolitis due to respiratory syncytial virus</b>		
	<b>J 21.9</b>	<b>Acute bronchiolitis, unspecified</b> Bronchiolitis (acute)		
Influenza virus	<b>J10.0</b>	<b>Influenza with pneumonia, other influenza virus identified</b> Influenzal (broncho)pneumonia, other influenza virus identified		
	<b>J10.1</b>	<b>Influenza with other respiratory manifestations, other influenza virus identified</b>		
		Influenza	}	other influenza virus identified
		Influenzal:	}	
		· acute upper respiratory infection	}	
· laryngitis	}			
· pharyngitis	}			
· pleural effusion	}			
<b>J21.8</b>	<b>Acute bronchiolitis due to other specified organisms</b>			
<b>J21.9</b>	<b>Acute bronchiolitis, unspecified</b> Bronchiolitis (acute)			
Parainfluenza virus	<b>J20.4</b>	<b>Acute bronchitis due to parainfluenza virus</b>		
	<b>J12.2</b>	<b>Parainfluenza virus pneumonia</b>		
Pertussis / whooping cough (Bordetella pertussis)	<b>A37.0</b>	<b>Whooping cough due to Bordetella pertussis</b>		
Tuberculosis (TB)	<b>A15.0</b>	<b>Tuberculosis of lung, confirmed by sputum microscopy with or without culture</b> Tuberculous:		
		· bronchiectasis	}	confirmed by sputum microscopy with or without culture
	· fibrosis of lung	}		
· pneumonia	}			
· pneumothorax	}			
<b>A15.1</b>	<b>Tuberculosis of lung, confirmed by culture only</b> Conditions listed in A15.0, confirmed by culture only			

<b>A15.2</b>	<b>Tuberculosis of lung, confirmed histologically</b> Conditions listed in A15.0, confirmed histologically															
<b>A15.3</b>	<b>Tuberculosis of lung, confirmed by unspecified means</b> Conditions listed in A15.0, confirmed but unspecified whether bacteriologically or histologically															
<b>A15.4</b>	<b>Tuberculosis of intrathoracic lymph nodes, confirmed bacteriologically and histologically</b> Tuberculosis of lymph nodes: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">· hilar</td> <td style="width: 5%; text-align: center;">}</td> <td style="width: 45%;">confirmed bacteriologically and histologically</td> </tr> <tr> <td>· mediastinal</td> <td style="text-align: center;">}</td> <td></td> </tr> <tr> <td>· tracheobronchial</td> <td style="text-align: center;">}</td> <td></td> </tr> </table> <b>Excludes:</b> specified as primary ( <a href="#">A15.7</a> )	· hilar	}	confirmed bacteriologically and histologically	· mediastinal	}		· tracheobronchial	}							
· hilar	}	confirmed bacteriologically and histologically														
· mediastinal	}															
· tracheobronchial	}															
<b>A15.5</b>	<b>Tuberculosis of larynx, trachea and bronchus, confirmed bacteriologically and histologically</b> Tuberculosis of: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">· bronchus</td> <td style="width: 5%; text-align: center;">}</td> <td style="width: 45%;">confirmed bacteriologically and histologically</td> </tr> <tr> <td>· glottis</td> <td style="text-align: center;">}</td> <td></td> </tr> <tr> <td>· larynx</td> <td style="text-align: center;">}</td> <td></td> </tr> <tr> <td>· trachea</td> <td style="text-align: center;">}</td> <td></td> </tr> </table>	· bronchus	}	confirmed bacteriologically and histologically	· glottis	}		· larynx	}		· trachea	}				
· bronchus	}	confirmed bacteriologically and histologically														
· glottis	}															
· larynx	}															
· trachea	}															
<b>A15.6</b>	<b>Tuberculous pleurisy, confirmed bacteriologically and histologically</b> Tuberculosis of pleura Tuberculous empyema <b>Excludes:</b> in primary respiratory tuberculosis, confirmed bacteriologically and histologically ( <a href="#">A15.7</a> )															
<b>A15.7</b>	<b>Primary respiratory tuberculosis, confirmed bacteriologically and histologically</b>															
<b>A15.8</b>	<b>Other respiratory tuberculosis, confirmed bacteriologically and histologically</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">Mediastinal tuberculosis</td> <td style="width: 5%; text-align: center;">}</td> <td style="width: 45%;">confirmed bacteriologically and histologically</td> </tr> <tr> <td>Nasopharyngeal tuberculosis</td> <td style="text-align: center;">}</td> <td></td> </tr> <tr> <td>Tuberculosis of:</td> <td style="text-align: center;">}</td> <td></td> </tr> <tr> <td>· nose</td> <td style="text-align: center;">}</td> <td></td> </tr> <tr> <td>· sinus [any nasal]</td> <td style="text-align: center;">}</td> <td></td> </tr> </table>	Mediastinal tuberculosis	}	confirmed bacteriologically and histologically	Nasopharyngeal tuberculosis	}		Tuberculosis of:	}		· nose	}		· sinus [any nasal]	}	
Mediastinal tuberculosis	}	confirmed bacteriologically and histologically														
Nasopharyngeal tuberculosis	}															
Tuberculosis of:	}															
· nose	}															
· sinus [any nasal]	}															
<b>A15.9</b>	<b>Respiratory tuberculosis unspecified, confirmed bacteriologically and histologically</b>															
<b>Stool pathogens</b>																
Viral gastroenteritis (Rotavirus)	<b>A08.0</b> <b>Rotaviral enteritis</b>															
Bacterial gastroenteritis (Shigella, Salmonella, Campylobacter)	<b>A02.0</b> <b>Salmonella enteritis</b> Salmonellosis															
	<b>A02.1</b> <b>Salmonella septicaemia</b>															

<b>A02.2</b>	<b>Localized salmonella infections</b> Salmonella: · arthritis+ ( <u>M01.3*</u> ) · meningitis+ ( <u>G01*</u> ) · osteomyelitis+ ( <u>M90.2*</u> ) · pneumonia+ ( <u>J17.0*</u> ) · renal tubulo-interstitial disease+ ( <u>N16.0*</u> )												
<b>A03.0</b>	<b>Shigellosis due to Shigella dysenteriae</b>  Group A shigellosis [Shiga-Kruse dysentery]												
<b>A03.1</b>	<b>Shigellosis due to Shigella flexneri</b>  Group B shigellosis												
<b>A03.2</b>	<b>Shigellosis due to Shigella boydii</b>  Group C shigellosis												
<b>A03.3</b>	<b>Shigellosis due to Shigella sonnei</b>  Group D shigellosis												
<b>A03.8</b>	<b>Other shigellosis</b>												
<b>A03.9</b>	<b>Shigellosis, unspecified</b> Bacillary dysentery NOS												
<b>A04.5</b>	<b>Campylobacter enteritis</b>												
Acute presumed infectious diarrhoea without an organism	<b>A09</b>	<b>Diarrhoea and gastroenteritis of presumed infectious origin</b> <b>Note:</b> In countries where any term listed in A09 without further specification can be assumed to be of noninfectious origin, the condition should be classified to K52.9.											
		<table border="1" data-bbox="640 1042 1973 1161"> <tr> <td data-bbox="640 1042 1111 1074">Catarrh, enteric or intestinal</td> <td data-bbox="1111 1042 1155 1074"></td> <td data-bbox="1155 1042 1973 1074"></td> </tr> <tr> <td data-bbox="640 1074 1111 1106">Colitis</td> <td data-bbox="1111 1074 1155 1106">}</td> <td data-bbox="1155 1074 1973 1106">NOS</td> </tr> <tr> <td data-bbox="640 1106 1111 1137">Enteritis</td> <td data-bbox="1111 1106 1155 1137">}</td> <td data-bbox="1155 1106 1973 1137">haemorrhagic</td> </tr> <tr> <td data-bbox="640 1137 1111 1161">Gastroenteritis</td> <td data-bbox="1111 1137 1155 1161">}</td> <td data-bbox="1155 1137 1973 1161">septic</td> </tr> </table> Diarrhoea: · NOS · dysenteric · epidemic Infectious diarrhoeal disease NOS <b>Excludes:</b> due to bacterial, protozoal, viral and other specified infectious agents ( <u>A00-A08</u> ) noninfective diarrhoea ( <u>K52.9</u> ) · neonatal ( <u>P78.3</u> )	Catarrh, enteric or intestinal			Colitis	}	NOS	Enteritis	}	haemorrhagic	Gastroenteritis	}
Catarrh, enteric or intestinal													
Colitis	}	NOS											
Enteritis	}	haemorrhagic											
Gastroenteritis	}	septic											



Clostridium Dificile	<b>A04.7</b>	<b>Enterocolitis due to Clostridium difficile</b> Foodborne intoxication by Clostridium difficile Pseudomembranous colitis
<b>Virulent / infectious organisms</b>		
Meningococcal disease (Neisseria meningitides)	<b>A39.0+</b>	<b>Meningococcal meningitis ( G01* )</b>
	<b>A39.2</b>	<b>Acute meningococcaemia</b>
	<b>A39.4</b>	<b>Meningococcaemia, unspecified</b> Meningococcal bacteraemia NOS
Necrotising fasciitis (Streptococcus A)	<b>A40.0</b>	<b>Septicaemia due to streptococcus, group A</b>
		<b>WHEN COMBINED WITH:</b>
	<b>M72.6</b>	<b>Necrotizing fasciitis</b> Use additional code, if desired, to identify infectious agent
Chicken pox (Varicella)	<b>B01.0+</b>	<b>Varicella meningitis ( G02.0* )</b>
	<b>B01.1+</b>	<b>Varicella encephalitis ( G05.1* )</b> Postchickenpox encephalitis Varicella encephalomyelitis
	<b>B01.2+</b>	<b>Varicella pneumonia ( J17.1* )</b>
	<b>B01.8</b>	<b>Varicella with other complications</b>
	<b>B01.9</b>	<b>Varicella without complication</b> Varicella NOS
Herpes Zoster	<b>B02.0+</b>	<b>Zoster encephalitis ( G05.1* )</b> Zoster meningoencephalitis
	<b>B02.1+</b>	<b>Zoster meningitis ( G02.0* )</b>
	<b>B02.2+</b>	<b>Zoster with other nervous system involvement</b> Postherpetic: · geniculate ganglionitis ( G53.0* ) · polyneuropathy ( G63.0* ) · trigeminal neuralgia ( G53.0* )

	<b>B02.3</b>	<b>Zoster ocular disease</b> Zoster: · blepharitis+ ( <u>H03.1*</u> ) · conjunctivitis+ ( <u>H13.1*</u> ) · iridocyclitis+ ( <u>H22.0*</u> ) · iritis+ ( <u>H22.0*</u> ) · keratitis+ ( <u>H19.2*</u> ) · keratoconjunctivitis+ ( <u>H19.2*</u> ) · scleritis+ ( <u>H19.0*</u> )
	<b>B02.7</b>	<b>Disseminated zoster</b>
	<b>B02.8</b>	<b>Zoster with other complications</b>
	<b>B02.9</b>	<b>Zoster without complication</b> Zoster NOS
Measles	<b>B05.0+</b>	<b>Measles complicated by encephalitis ( <u>G05.1*</u> )</b> Postmeasles encephalitis
	<b>B05.1+</b>	<b>Measles complicated by meningitis ( <u>G02.0*</u> )</b> Postmeasles meningitis
	<b>B05.2+</b>	<b>Measles complicated by pneumonia ( <u>J17.1*</u> )</b> Postmeasles pneumonia
	<b>B05.3+</b>	<b>Measles complicated by otitis media ( <u>H67.1*</u> )</b> Postmeasles otitis media
	<b>B05.4</b>	<b>Measles with intestinal complications</b>
	<b>B05.8</b>	<b>Measles with other complications</b> Measles keratitis and keratoconjunctivitis+ ( <u>H19.2*</u> )
	<b>B05.9</b>	<b>Measles without complication</b> Measles NOS
Severe Acute Respiratory Syndrome (SARS)	<b>U04.9</b>	<b>Severe acute respiratory syndrome, unspecified</b>
Adenovirus	<b>B97.0</b>	<b>Adenovirus as the cause of diseases classified to other chapters</b>
	<b>B30.0+</b>	<b>Keratoconjunctivitis due to adenovirus ( <u>H19.2*</u> )</b> Epidemic keratoconjunctivitis Shipyard eye
	<b>B30.1+</b>	<b>Conjunctivitis due to adenovirus ( <u>H13.1*</u> )</b> Acute adenoviral follicular conjunctivitis Swimming-pool conjunctivitis
	<b>J21.8</b>	<b>Acute bronchiolitis due to other specified organisms</b>
	<b>J12.0</b>	<b>Adenoviral pneumonia</b>

	<b>A08.2</b>	<b>Adenoviral enteritis</b>
<b>Antibiotic resistance</b>		
Methicillin resistant Staphylococcus Aureus (MRSA)	<b>U80.1</b>	<b>Methicillin resistant agent</b>
Vancomycin resistant Enterococcus (VRE)	<b>U81.0</b>	<b>Vancomycin resistant agent</b>
Panto - Valentine Leucocidin Stap Aureus Pneumonia	<b>J15.2</b>	<b>Pneumonia due to staphylococcus</b>
	<b>J15.8</b>	<b>Other bacterial pneumonia</b>

**CONTACT ISOLATION** Immunosuppressed host – to protect the patient

Criteria	ICD10	
<b>Neutropenia</b>		
neutrophil count <1.0 x 10 <sup>12</sup> /l	<b>D70</b>	<p><b>Agranulocytosis</b>                      Agranulocytic angina                      Infantile genetic agranulocytosis                      Kostmann's disease                      Neutropenia:                      · NOS                      · congenital                      · cyclic                      · drug-induced                      · periodic                      · splenic (primary)                      · toxic                      Neutropenic splenomegaly                      Use additional external cause code (Chapter XX), if desired, to identify drug, if drug-induced.                      Excludes: transient neonatal neutropenia ( <a href="#">P61.5</a> )</p>
<b>Immunosuppressive therapies</b>		
combined solid organ transplant	<b>Z94.3</b>	<b>Heart and lungs transplant status</b>
	<b>Z94.4+ Z94.8</b>	<p><b>Liver transplant status</b>                      +  <b>Other transplanted organ and tissue status</b>                      Bone marrow                      Intestine                      Pancreas</p>
	<b>Z94.4+ Z94.0</b>	<p><b>Liver transplant status</b>                      +  <b>Kidney transplant status</b></p>
Bone Marrow Transplant (BMT)	<b>T86.0</b>	<b>Bone-marrow transplant rejection</b> Graft-versus-host reaction or disease
<b>Immunodeficiency states</b>		
Severe Combined Immune Deficiency (SCID)	<b>D81.0</b>	<b>Severe combined immunodeficiency [SCID] with reticular dysgenesis</b>
	<b>D81.1</b>	<b>Severe combined immunodeficiency [SCID] with low T- and B-cell numbers</b>
	<b>D81.2</b>	<b>Severe combined immunodeficiency [SCID] with low or normal B-cell numbers</b>

Primary Immunodeficiency (other)	<b>D84.8</b>	<b>Other specified immunodeficiencies</b>
Human Immunodeficiency virus (HIV) / Aids	<b>B24</b>	<b>Unspecified human immunodeficiency virus [HIV] disease</b> Acquired immunodeficiency syndrome [AIDS] NOS AIDS-related complex [ARC] NOS
	<b>B23.0</b>	<b>Acute HIV infection syndrome</b>
	<b>B20.0</b>	<b>HIV disease resulting in mycobacterial infection</b> HIV disease resulting in tuberculosis
	<b>B20.1</b>	<b>HIV disease resulting in other bacterial infections</b>
	<b>B20.2</b>	<b>HIV disease resulting in cytomegaloviral disease</b>
	<b>B20.3</b>	<b>HIV disease resulting in other viral infections</b>
	<b>B20.4</b>	<b>HIV disease resulting in candidiasis</b>
	<b>B20.5</b>	<b>HIV disease resulting in other mycoses</b>
	<b>B20.6</b>	<b>HIV disease resulting in Pneumocystis carinii pneumonia</b>
	<b>B20.7</b>	<b>HIV disease resulting in multiple infections</b>
	<b>B20.8</b>	<b>HIV disease resulting in other infectious and parasitic diseases</b>
<b>B20.9</b>	<b>HIV disease resulting in unspecified infectious or parasitic disease</b> HIV disease resulting in infection NOS	
<b>Skin barrier breakdown</b>		
Severe burn (>20% body surface area)	<b>T31.2</b>	<b>Burns involving 20-29% of body surface</b>
	<b>T31.3</b>	<b>Burns involving 30-39% of body surface</b>
	<b>T31.4</b>	<b>Burns involving 40-49% of body surface</b>
	<b>T31.5</b>	<b>Burns involving 50-59% of body surface</b>
	<b>T31.6</b>	<b>Burns involving 60-69% of body surface</b>
	<b>T31.7</b>	<b>Burns involving 70-79% of body surface</b>
	<b>T31.8</b>	<b>Burns involving 80-89% of body surface</b>
	<b>T31.9</b>	<b>Burns involving 90% or more of body surface</b>
	<b>T32.2</b>	<b>Corrosions involving 20-29% of body surface</b>
	<b>T32.3</b>	<b>Corrosions involving 30-39% of body surface</b>
	<b>T32.4</b>	<b>Corrosions involving 40-49% of body surface</b>
	<b>T32.5</b>	<b>Corrosions involving 50-59% of body surface</b>
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<b>T32.8</b>	<b>Corrosions involving 80-89% of body surface</b>	
<b>T32.9</b>	<b>Corrosions involving 90% or more of body surface</b>	
Epidermolysis bullosa	<b>L12.3</b>	<b>Acquired epidermolysis bullosa</b> Excludes: epidermolysis bullosa (congenital) ( <a href="#">Q81.-</a> )

## Change Request

### NHS Connecting for Health

#### NHS Data Model and Dictionary Service

<b>Reference:</b>	Change Request 813
<b>Version No:</b>	3.0
<b>Subject:</b>	Paediatric Critical Care Minimum Data Set
<b>Type of Change:</b>	Changes to NHS Data Standards
<b>Effective Date:</b>	1 April 2007
<b>Reason for Change:</b>	This Data Set Change Notice introduces the Paediatric Critical Care Minimum Data Set to support the Paediatric Critical Care Healthcare Resource Groups. This Data Set Change Notice updates the NHS Data Model and Dictionary to include this data set.

#### Background:

The Paediatric Critical Care Minimum Data Set has been developed by The Information Centre for health and social care to support the new Paediatric Critical Care Healthcare Resource Groups and Payment by Results.

The developmental work was guided by an expert working group comprising medical and nursing clinicians from paediatric critical care, and representatives from epidemiology, specialist commissioning, the Department of Health Child Health and Maternity Branch, and The Information Centre Casemix Service.

This Data Set Change Notice introduces the Paediatric Critical Care Minimum Data Set to support the Paediatric Critical Care Healthcare Resource Groups. This Paediatric Critical Care Minimum Data Set can be used as a subset of the Commissioning Data Set after the next release of the Admitted Patient Care General, Birth and Delivery Episodes Commissioning Data Set. A separate Data Set Change Notice will be published subsequently to update the Commissioning Data Set for Admitted Patient Care General, Birth and Delivery Episodes.

#### Collection

ROCR (Review Of Central Returns) has gained ministerial approval for the Paediatric Critical Care Minimum Data Set and will be transmitted as part of the Commissioning Data Sets from 1st October 2007. Collection and submission of the Paediatric Critical Care Minimum Data Set is required to support the operation of Healthcare Resource Group based Payment by Results tariffs.

This change paper details the changes required to the NHS Data Model and Dictionary.

#### Transmission to Secondary Uses Services

The Paediatric Critical Care Minimum Data Set will be transmitted as part of Version 6 of the Commissioning Data Set. The details of the Commissioning Data Set Version 6 will be published in a separate Data Set Change Notice.

#### Summary of changes:

##### **Attribute Definitions**

[CRITICAL CARE ACTIVITY CODE](#)

Change to Description

[CRITICAL CARE UNIT FUNCTION](#)

Change to Description

##### **Dataset**

[PAEDIATRIC CRITICAL CARE MINIMUM DATA SET](#)

New Dataset

#### **Supporting Information**

**Date:** 27 February 2007

**Sponsor:** Chris Watson and Hilary Samson-Barry, Department of Health

**Note:** New text is shown with a blue background. Deleted text is crossed out. Within the Diagrams deleted classes and relationships are red, changed items are blue and new items are green.

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## PAEDIATRIC CRITICAL CARE MINIMUM DATA SET

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Change to Dataset: New Dataset

Paediatric Critical Care Minimum Data Set

### Scope:

The definition of Paediatric Critical Care is linked to the definition of Paediatric Critical Care Healthcare Resource Groups.

The scope of the Paediatric Critical Care Minimum Data Set is:

- a) All PATIENTS on a WARD with a CRITICAL CARE UNIT FUNCTION *Paediatric Intensive Care Unit* regardless of care being delivered
- b) All PATIENTS on a WARD with a CRITICAL CARE UNIT FUNCTION with National Code of either:
  - 04 Paediatric Intensive Care Unit (Paediatric critical care patients predominate)
  - 16 Ward for children and 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 children and young people

to whom one or more of the following CRITICAL CARE ACTIVITIES applies for a period greater than 4 hours:

- 04 Exchange transfusion
- 05 Peritoneal dialysis (acute patients only i.e. excluding chronic)
- 06 Continuous infusion of inotrope, pulmonary vasodilator or prostaglandin
- 09 Supplemental oxygen therapy (irrespective of ventilatory state)
- 13 Tracheostomy cared for by nursing staff
- 16 Haemofiltration
- 50 Continuous electrocardiogram monitoring
- 51 Invasive ventilation via endotracheal tube
- 52 Invasive ventilation via tracheostomy tube
- 53 Non-invasive ventilatory support
- 55 Nasopharyngeal airway
- 56 Advanced ventilatory support (Jet or Oscillatory ventilation)
- 57 Upper airway obstruction requiring nebulised Epinephrine/ Adrenaline
- 58 Apnoea requiring intervention
- 59 Acute severe asthma requiring intravenous bronchodilator therapy or continuous nebuliser
- 60 Arterial line monitoring
- 61 Cardiac pacing via an external box (pacing wires or external pads or oesophageal pacing)
- 62 Central venous pressure monitoring
- 63 Bolus Intravenous fluids (> 80 ml/kg/day) in addition to maintenance Intravenous fluids
- 64 Cardio-pulmonary resuscitation (CPR)
- 65 Extracorporeal membrane oxygenation (ECMO) or Ventricular Assist Device (VAD) or aortic balloon pump
- 66 Haemodialysis (acute patients only i.e. excluding chronic)

- 67 Plasma filtration or Plasma exchange
- 68 ICP-intracranial pressure monitoring
- 69 Intraventricular catheter or external ventricular drain
- 70 Diabetic ketoacidosis (DKA) requiring continuous infusion of insulin
- 71 Intravenous infusion of thrombolytic agent (limited to tissue plasminogen activator [tPA] and streptokinase)
- 72 Extracorporeal liver support using Molecular Absorbent Recirculating System (MARS)
- 73 Continuous pulse oximetry
- 74 Patient nursed in single occupancy cubicle

If one or more of these items apply to a PATIENT, then the PATIENT would be counted as receiving Paediatric Critical Care at one of the levels of Intensive Care or High Dependency Care depending on the conditions/interventions which apply.

A number of these interventions will only occur in a Paediatric Intensive Care Unit environment where all PATIENTS are covered by the Paediatric Critical Care Minimum Data Set regardless of treatment. Care for PATIENTS outside of a Paediatric Intensive Care Unit will in practice be dealing with a shorter list of interventions. The Paediatric Critical Care Minimum Data Set should not be collected in facilities other than those with CRITICAL CARE UNIT FUNCTION:

- Paediatric Intensive Care Unit; or
- Ward for children and young people; or
- High Dependency Unit for children and young people; or
- Renal Unit for children and young people; or
- Burns Unit for children and young people; or
- Non standard location using the operating department for children and young people.

The Commissioning Data Set message will prevent submission of Paediatric Critical Care Minimum Data Set when submitted with a CRITICAL CARE UNIT FUNCTION other than those listed above.

The Paediatric Critical Care Minimum Data Set is sent as a subset in the following Commissioning Data Set messages:

ADMITTED PATIENT CARE CDS TYPE - BIRTH EPISODE

ADMITTED PATIENT CARE CDS TYPE - DELIVERY EPISODE

ADMITTED PATIENT CARE CDS TYPE - GENERAL EPISODE

Data set data element
<b>Person Group (Patient):</b> To carry the personal details of the Patient. One occurrence of this Group is permitted.
PERSON BIRTH DATE
DISCHARGE DATE (HOSPITAL PROVIDER SPELL)
DISCHARGE METHOD (HOSPITAL PROVIDER SPELL)
<b>Paediatric Critical Care Group:</b> To carry the details of the Paediatric Critical Care Period.
CRITICAL CARE LOCAL IDENTIFIER
CRITICAL CARE START DATE
CRITICAL CARE START TIME
CRITICAL CARE DISCHARGE DATE



CRITICAL CARE DISCHARGE TIME

CRITICAL CARE UNIT FUNCTION

**Paediatric Critical Care Daily Activity Group:** To carry the daily activity data for each day of the Paediatric Critical Care Period. 999 occurrences of this Group are permitted.

ACTIVITY DATE (CRITICAL CARE)

**20 occurrences of Critical Care Activity Codes are permitted within the Paediatric Critical Care Daily Activity Group. All codes relate to care provided on the CRITICAL CARE START DATE.**

CRITICAL CARE ACTIVITY CODE

2 HIGH COSTS DRUGS (OPCS) codes are permitted but there is the capacity for 20 codes within the Paediatric Critical Care Daily Activity Group, to allow future refinement. All codes relate to drugs provided on the CRITICAL CARE LOCAL IDENTIFIER.

HIGH COST DRUGS (OPCS)

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## PAEDIATRIC CRITICAL CARE MINIMUM DATA SET

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Change to Supporting Information: New Supporting Information

Paediatric Critical Care Minimum Data Set

### Introduction

The Paediatric Critical Care Minimum Data Set has been specified as a simple data specification but will be carried within the existing framework of the Commissioning Data Set as supported by the Secondary Uses Service.

Note that this enhancement is only intended to be implemented as a new version in the Commissioning Data Set-XML Message and will not be implemented in the current Commissioning Data Set-EDIFACT Message (NHS005) Commissioning Data Set.

The Paediatric Critical Care Minimum Data Set will be carried as part of the following Admitted Patient Care Commissioning Data Set Types:

- The Admitted Patient Care Finished General Episode (Commissioning Data Set TYPE 130)
- The Admitted Patient Care Unfinished General Episode (Commissioning Data Set TYPE 190)
- The Admitted Patient Care Delivery Episode (Commissioning Data SetTYPE 140)
- The Admitted Patient Care Unfinished Delivery Episode (Commissioning Data Set TYPE 200)
- The Admitted Patient Care Finished Birth Episode (Commissioning Data Set TYPE 120)
- The Admitted Patient Care Unfinished Birth Episode (Commissioning Data Set TYPE 180)

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## CRITICAL CARE ACTIVITY CODE

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Change to Attribute: Change to Description

A type of CRITICAL CARE ACTIVITY provided to a PATIENT during a CRITICAL CARE PERIOD.

*National Codes:*

- 01 Respiratory support via a tracheal tube (Respiratory support via a tracheal tube provided)
- 02 Nasal Continuous Positive Airway Pressure (nCPAP) (PATIENT receiving nCPAP for any part of the day)
- 03 Surgery (PATIENT received surgery)
- 04 Exchange Transfusion (PATIENT received exchange transfusion)
- 05 Peritoneal Dialysis (PATIENT received Peritoneal Dialysis)
- 06 Continuous infusion of inotrope, pulmonary vasodilator or prostaglandin (PATIENT received a continuous infusion of an inotrope, vasodilator (includes pulmonary vasodilators) or prostaglandin)
- 07 Parenteral Nutrition (PATIENT receiving Parenteral Nutrition (amino acids +/- lipids))

- 08 Convulsions (PATIENT having convulsions requiring treatment)
- 09 Oxygen Therapy (PATIENT receiving additional oxygen)
- 10 Neonatal abstinence syndrome (PATIENT receiving drug treatment for neonatal abstinence (withdrawal) syndrome)
- 11 Care of an intra-arterial catheter or chest drain (PATIENT receiving care of an intra-arterial catheter or chest drain)
- 12 Dilution Exchange Transfusion (PATIENT received Dilution Exchange Transfusion)
- 13 Tracheostomy cared for by nursing staff (PATIENT receiving care of tracheostomy cared for by nursing staff not by an external carer (e.g. parent))
- 14 Tracheostomy cared for by external carer (PATIENT receiving care of tracheostomy cared for by an external carer (e.g. parent) not by a nurse)
- 15 Recurrent apnoea (PATIENT has recurrent apnoea needing frequent intervention, i.e. over 5 stimulations in 8 hours, or resuscitation with IPPV two or more times in 24 hours)
- 16 Haemofiltration (PATIENT received Haemofiltration)
- 21 Carer Resident - Caring for Baby (External carer (for example, parent) resident with the baby and reducing nursing required by caring for the baby)
- 22 Continuous monitoring (PATIENT requiring continuous monitoring (by mechanical monitoring equipment) of respiration or heart rate, or by transcutaneous transducers or by Saturation Monitors. Note: apnoea alarms and monitors are *excluded* as forms of continuous monitoring)
- 23 Intravenous glucose and electrolyte solutions (PATIENT being given intravenous glucose and electrolyte solutions)
- 24 Tube-fed (PATIENT being tube-fed)
- 25 Barrier nursed (PATIENT being barrier nursed)
- 26 Phototherapy (PATIENT receiving phototherapy)
- 27 Special monitoring (PATIENT receiving special monitoring of blood glucose or serum bilirubin measurement at a minimum frequency of more than one per calendar day)
- 28 Observations at regular intervals (PATIENT requiring recorded observations for temperature, heart rate, respiratory rate, blood pressure or scoring for neonatal abstinence syndrome. Recorded observations must be at a minimum frequency of 4 hourly)
- 29 Intravenous medication (PATIENT receiving intravenous medication)
- 50 Continuous electrocardiogram monitoring
- 51 Invasive ventilation via endotracheal tube
- 52 Invasive ventilation via tracheostomy tube
- 53 Non-invasive ventilatory support
- 55 Nasopharyngeal airway
- 56 Advanced ventilatory support (Jet or Oscillatory ventilation)
- 57 Upper airway obstruction requiring nebulised Epinephrine/ Adrenaline
- 58 Apnoea requiring intervention
- 59 Acute severe asthma requiring intravenous bronchodilator therapy or continuous nebuliser
- 60 Arterial line monitoring
- 61 Cardiac pacing via an external box (pacing wires or external pads or oesophageal pacing)
- 62 Central venous pressure monitoring
- 63 Bolus intravenous fluids (> 80 ml/kg/day) in addition to maintenance intravenous fluids
- 64 Cardio-pulmonary resuscitation (CPR)
- 65 Extracorporeal membrane oxygenation (ECMO) or Ventricular Assist Device (VAD) or aortic balloon pump
- 66 Haemodialysis (acute patients only i.e. excluding chronic)
- 67 Plasma filtration or Plasma exchange
- 68 ICP-intracranial pressure monitoring
- 69 Intraventricular catheter or external ventricular drain
- 70 Diabetic ketoacidosis (DKA) requiring continuous infusion of insulin
- 71 Intravenous infusion of thrombolytic agent (limited to tissue plasminogen activator [tPA] and streptokinase)
- 72 Extracorporeal liver support using Molecular Absorbent Liver Recirculating System (MARS)
- 73 Continuous pulse oximetry
- 74 Patient nursed in single occupancy cubicle
- 99 No Defined Critical Care Activity (PATIENT is not receiving any of the critical care interventions listed above (Excluding code 21). For example, PATIENT is on the Intensive Care Unit ready for discharge and is receiving normal care. This is the default code.

This attribute is also known by these names:

Context	Alias
plural	CRITICAL CARE ACTIVITY CODES

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## CRITICAL CARE UNIT FUNCTION

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Change to Attribute: Change to Description

The type of area to which the PATIENT was admitted during a CRITICAL CARE PERIOD. This is the principal clinical service provided within the WARD.

*National Codes:*

Adult Facilities (Patients more than 19 years old on admission predominate)

- 01 Non-specific, general adult critical care patients predominate
- 02 Surgical adult patients (unspecified specialty)
- 03 Medical adult patients (unspecified specialty)
- 05 Neurosciences adult patients predominate
- 06 Cardiac surgical adult patients predominate
- 07 Thoracic surgical adult patients predominate
- 08 Burns and plastic surgery adult patients predominate
- 09 Spinal adult patients predominate
- 10 Renal adult patients predominate
- 11 Liver adult patients predominate
- 12 Obstetric and gynaecology critical care patients predominate
- 90 non standard location using a ward area

Children and Young People Facilities (Patients aged greater than or equal to 29 days to less than 19 years predominate)

- 04 Paediatric Intensive Care Unit (Paediatric critical care patients predominate)
- 16 Ward for children and 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 children and young people

Neonatal Facilities (Patients aged less than 29 days on admission predominate)

- 13 Neonatal Intensive Care Unit (Neonatal critical care patients predominate)
- 14 Facility for Babies on a Neonatal Transitional Care Ward
- 15 Facility for Babies on a Maternity Ward

Other settings

- 91 non standard location using the operating department

This attribute is also known by these names:

Context	Alias
plural	CRITICAL CARE UNIT FUNCTIONS

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