

Surname			
First Name			
ICU Number	Year 4 digits	Case no 4 digits	2009
UR Number			
Date of Birth		dd/mm/yyyy	
Gender		M/F	
Indigenous Status			
0=Non Aboriginal or Torres Strait Islander, 1=Aboriginal and/or Torres Strait Islander			
Weight (Kg)			
Post Code			
Hospital Admission Source			
1=Home/scene, 2=Other Hosp-Emerg Dept, 3=Other Hosp-OT/Recov., 4=Other Hosp-ICU/NICU, 5=Other Hosp-Ward, 6=Inborn			
Retrieval			
0=No, 1=Yes (Transported by a specialist ICU transport team or equivalent)			
ICU Admission Source			
1=OT/Recov., 2=Emerg Dept, 3=Ward (any other inpatient area), 4=Other ICU/NICU-Same Hosp, 5=Direct ICU Adm'n			
Previous ICU Admission During this Hospital Admission			
0=No, 1=Yes- Readmitted <48 post ICU Discharge, 2=Yes- Readmitted >48 post ICU Discharge			
ICU Admission Date and Time		dd/mm/yyyy	hh:mm
ICU Discharge Date and Time		dd/mm/yyyy	hh:mm
Principal ICU Diagnosis			
Code the diagnosis most directly responsible for the ICU admission For patients admitted post op., the Principal Diagnosis should be a "Post Procedural Diagnosis" Do not use an infection code or mechanism of injury code for Principal Diagnosis ie Code Bronchiolitis as Principal Diagnosis and RSV as an Associated Diagnosis			
Principal Underlying Diagnosis			
Code the principal underlying diagnosis contributing to the need for ICU admission Eg ex premature infant with BPD and bronchiolitis: Principal Underlying diagnosis = prematurity Note: In many cases the principal ICU diagnosis will be the same as the principal underlying diagnosis (eg meningitis in a previously normal child). In these cases record the same code for both.			
Associated Diagnoses (1-5):		1	
Code up to 5 Associated Diagnoses For patients having surgery during their ICU admission – a "Post Procedural Diagnosis" should be listed as an Associated Diagnosis		2	
		3	
		4	
<i>Where non-specific "other" diagnosis code has been used (e.g. 450 Respiratory – Other), please record actual diagnosis in box below (text field)</i>		5	
Please specify diagnosis "other"			
Gestation			
If < 37 completed weeks AND < 12 months of age enter completed weeks of gestation If > 37 completed weeks or > 12 months of age enter 40			
Major Non Cardiac Structural Anomaly		0=No, 1=Yes	
Combination of Cardiac Surgery Procedures at a Single Operation		0=No, 1=Yes	
Antenatal Diagnosis of Major Structural Anomaly		0=No, 1=Yes	
Cardiac Surgery During this ICU Admission		0=No, 1=Yes	
Inotropes		0=None, 1=Started within 1 st hour of admission, 2=Started after 1 st hour	
Total Hours of Intubation During this Admission:			
Intubation refers to ETT or Tracheostomy			
Total Hours of Resp. Support During this Admission:			
Respiratory Support refers to ventilation, CPAP, BiPAP or NPV delivered by ETT, Trach, Prong, Mask or Curass (ie any form of mechanical assistance)			
Outcome			
1=Discharged to ward/home, 2=Died in ICU, 3=Transferred to another ICU (includes NICU), 4=Still in ICU, 5=Died within 24 hours after being discharged from ICU to receive palliative care			
ICU Transferred to			
If transferred to another ICU (includes NICU), record the ICU transferred to			

PIM2 General Instructions

PIM2 is calculated from the information collected at the time a child is admitted to your ICU.

- Record the observations at or about the time of first face-to-face (not telephone) contact between the patient and a doctor from your intensive care unit (or a doctor from a specialist paediatric transport team).
- Use the first value of each variable measured within the period from the time of first contact to one hour after arrival in your ICU. The first contact may be in your ICU, or your emergency department, or a ward in your own hospital, or in another hospital (eg on a retrieval).
- If the information was **NOT MEASURED**, record **999**.
If the information was **MEASURED BUT MISSING** leave the space **BLANK**.

Elective admission to ICU 0 = No, 1 = Yes	1
Recovery from surgery or a procedure is the main reason for ICU admission 0 = No, 1 = Yes	2
Cardiac bypass 0 = No, 1 = Admitted following cardiac bypass (also code as recovery from surgery), 2 = bypass procedure during admission, 3 = both 1 & 2 apply	
Mechanical ventilation* at any time during the first hour in ICU * includes CPAP, BiPAP 0 = No, 1 = Yes	3
SBP (mmHg)	4
Pupillary Responses to bright light 1 = Both fixed and >3mm, 0 = All other responses including unknown	5
(arterial only) PaO₂(mmHg)	
At time of PaO ₂ if inspired oxygen can be measured accurately (eg via ETT, NIV or headbox) (unknown = 999) FI_O₂	
(arterial or capillary only) Base Excess (mmol/l)	
High risk diagnosis (if in doubt record 0)	(0-11)
<ol style="list-style-type: none"> None Cardiac arrest out of hospital ⁶ Cardiac arrest in hospital (preceding ICU admission) ⁶ Severe combined immune deficiency Leukaemia or lymphoma after 1st induction ¹³ Spontaneous cerebral haemorrhage (eg from aneurysm or AVM) ⁷ Cardiomyopathy or myocarditis Hypoplastic left heart syndrome ⁸ HIV infection <i>code no longer used (2009 onwards)</i> Neurodegenerative disorder ⁹ Liver failure, acute or chronic, is the main reason for ICU admission ¹⁰ 	
Low risk diagnosis (if in doubt record 0)	(0-5)
<ol style="list-style-type: none"> None Asthma is the main reason for ICU admission Bronchiolitis is the main reason for admission ¹¹ Croup is the main reason for ICU admission Obstructive sleep apnoea is the main reason for ICU admission ¹² Diabetic ketoacidosis is the main reason for ICU admission 	
Place of first face to face contact between the patient and a doctor from your ICU (or a doctor from a specialist paediatric transport team). 1 = Your ICU, 2 = In your hospital but outside ICU, 3 = Outside your hospital	
Are the values recorded above those made at or about the time of first face to face contact? 0 = No, 1 = Yes	

Comments: (reasons for admission, treatment, coding, etc.)

PIM2 Definitions

1. **Elective Admission:** Include admission (planned or foreseeable) after elective surgery, or admission for an elective procedure (eg insertion of a central line), or elective monitoring, or review of home ventilation. An ICU admission or an operation is considered elective if it could be postponed for more than 6 hours without adverse effect.
2. **Recovery from surgery or procedure:** Includes a radiology procedure or cardiac catheter. Do not include patients admitted from the operating theatre where recovery from surgery is not the main reason for ICU admission (eg a patient with a head injury who is admitted from theatre after insertion of an ICP monitor; in this patient the main reason for ICU admission is the head injury).
3. **Mechanical ventilation:** Includes mask or nasal CPAP or BiPAP or negative pressure ventilation.
4. **SBP:** Record SBP as 0 if the patient is in cardiac arrest, record 30 if the patient is shocked and the blood pressure is so low that it cannot be measured.
5. **Pupillary Responses:** Pupillary reactions to bright light are used as index of brain function. Do not record abnormal findings due to drugs, toxins or local eye injury.
6. **Cardiac Arrest:** Requires either documented absent pulse or the requirement for external cardiac massage. Do not include past history of cardiac arrest.
7. **Cerebral Haemorrhage:** Cerebral haemorrhage must be spontaneous (eg from aneurysm or AV malformation). Do not include traumatic cerebral haemorrhage or intracranial haemorrhage that is not intracerebral eg: subdural haemorrhage.
8. **Hypoplastic Left Heart Syndrome:** Include only cases where a Norwood procedure, or equivalent, is required to sustain life
9. **Neurodegenerative Disorder:** Requires a history of progressive loss of milestones (even if no specific condition has been diagnosed), or a diagnosis where this will inevitably occur.
10. **Liver Failure:** Include patients admitted for recovery following liver transplantation for acute or chronic liver failure.
11. **Bronchiolitis:** Include children who present either with respiratory distress or central apnoea where the clinical diagnosis is bronchiolitis.
12. **Obstructive Sleep Apnoea:** Include patients admitted following adenoidectomy and or tonsillectomy in whom OSA is the main or underlying reason for ICU admission (and code as recovery from surgery).
13. **Leukaemia & lymphoma:** Include only cases where admission is related to leukaemia or lymphoma or the therapy for these conditions.

Specific Therapies

Tick the boxes corresponding to the therapies the patient received during this admission

Complete this table at the time of ICU discharge

CVVH or CVVHD	<input type="checkbox"/>
Intermittent haemodialysis	<input type="checkbox"/>
Peritoneal dialysis	<input type="checkbox"/>
Plasma filtration	<input type="checkbox"/>
HFO	<input type="checkbox"/>
Inhaled Nitric Oxide	<input type="checkbox"/>
ECMO	<input type="checkbox"/>
Ventricular assist device	<input type="checkbox"/>
ICP monitoring	<input type="checkbox"/>

Deaths

Complete this table for all patients that die in ICU

Mode of Death 1 = Brain death 2 = Death with maximal support 3 = Death with therapy limited but not withdrawn 4 = Death with therapy withdrawn		
External cardiac massage performed as the terminal event 0 = No, 1 = Yes		
Limitation of therapy order in the notes 0 = No, 1 = Yes		
(if yes) Date of Order if more than one order, record date of first order if order preceded ICU admission, record ICU admission date		
Organ Donation 1 = Brain death not present (NBHD not considered) 2 = Brain death, organ donor 3 = Brain death, contraindication to organ donation 4 = Brain death, consent not requested 5 = Brain death, consent requested and refused 6 = Non beating heart donor 7 = Non beating heart donation consent requested and refused		

Hospital Admission & Discharge details

Please complete this table for all patients

Hospital Admission Date and Time	dd/mm/yyyy hh:mm		
Hospital Discharge Date and Time	dd/mm/yyyy hh:mm		
Hospital Outcome			
1=Still in hospital, 2=Died, 3=Discharged home, 4=Transfer to rehab hosp, 5=Transfer to other hospital-ICU/NICU, 6 =Transfer to other hospital-ward			