Stabilisation of the critically ill child: Receiving unit critical care questionnaire

A. Introduction

What is this study about?
The aim of this study is to identify good practice and areas for improvement in the quality of care provided to children and young people who are critically ill and require stabilisation; and to review the impact of delivering that care on staff and parent carers

Inclusions
Patients aged 0 to 16th birthday, who require stabilisation in hospital in any location.
Critical care provision may be in the same or different hospital to where the patient was stabilised.

Who should complete this questionnaire?
This questionnaire should be completed by the clinician who was responsible for the care of the patient at the time of admission to their definitive critical care destination.
Please do not include any patient identifiers in the free text boxes

Definitions
A list of definitions can be found here: https://www.ncepod.org.uk/pdf/current/Stabilisation/Definitions.pdf

Questions or help
If you have any queries about this study or this questionnaire, please contact: stabilisation@ncepod.org.uk or telephone 020 7251 9060.

CPD accreditation
Consultants who complete NCEPOD questionnaires make a valuable contribution to the investigation of patient care. Completion of questionnaires also provides an opportunity for consultants to review their clinical management and undertake a period of personal reflection. These activities have a continuing medical and professional development value for individual consultants. Consequently, NCEPOD recommends that consultants who complete NCEPOD questionnaires keep a record of this activity which can be included as evidence of internal/self directed Continuous Professional Development in their appraisal portfolio.

About NCEPOD
The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) reviews healthcare practice by undertaking confidential studies, and makes recommendations to improve the quality of the delivery of care, for healthcare professionals and policymakers to implement. Data to inform the studies are collected from NHS hospitals and Independent sector hospitals across England, Wales, Northern Ireland and the Offshore Islands. NCEPOD are supported by a wide range of bodies and the Steering Group consists of members from the Medical Royal Colleges and Specialist Associations, as well as observers from The Coroners Society of England and Wales, and the Healthcare Quality Improvement Partnership (HQIP).

Impact of NCEPOD
Recommendations from NCEPOD reports have had an impact on many areas of healthcare including:
Development of NICE Clinical Guidelines for Acute Kidney Injury (CG169), published 2013 – ‘Adding Insult to Injury’ (2009).
Development of ICS Standards for the care of adult patients with a temporary Tracheostomy, published 2014 – ‘On the right trach?’ (2014).
Development of guidelines from the British Society of Gastroenterology: diagnosis and management of acute lower gastrointestinal bleeding, published 2019 – ‘Time to Get Control’ (2015).
Development of the British Thoracic Society’s Quality Standards for NIV, published 2018 – ‘Inspiring Change’ (2017).
Development of NHSE Children and young people's cancer service specification - 'On the Right Course?' (2018)
Development of the Centre for Perioperative Care Guideline for Perioperative Care for People with Diabetes Mellitus Undergoing Elective and Emergency Surgery, published 2021 - 'Highs and Lows' (2018)
Update to NICE 'Transition from children’s to adults’ services' Quality Standard (QS140), updated 2023 – 'The Inbetweeners' (2023)
Update to NICE 'Endometriosis: diagnosis and management' guideline (CG73), updated 2024 – 'A long and painful road' (2024)
Development of the GIRFT Children and Young People: Testicular torsion pathway, published 2024 – 'Twist and Shout' (2024)

This study was commissioned by The Healthcare Quality Improvement Partnership (HQIP) as part of the Clinical Outcome Review Programme into Child Health.

B. Clinician details & structured commentary

1a. Grade of clinician completing the questionnaire

- ◯ Consultant
- ◯ Specialty and associate specialist (SAS)
- ◯ Senior Clinical Fellow
- ◯ Resident doctor/specialist trainee (ST6-8 or equivalent)
- ◯ Resident doctor/specialist trainee (ST3-5 or equivalent)
- ◯ Resident doctor (below ST3 or equivalent)
- ◯ Advanced clinical practitioner
- ◯ Specialist nurse (bands 7-9)
- ◯ Unknown

If not listed above, please specify here...

1b. Specialty of clinician completing the questionnaire

- ◯ Paediatric critical care medicine
- ◯ Critical care outreach
- ◯ General paediatrician
- ◯ Paediatric emergency medicine
- ◯ General medicine
- ◯ Critical care medicine
- ◯ Specialist paediatrician
- ◯ Anaesthetics
- ◯ Emergency medicine
- ◯ Unknown

If not listed above, please specify here...

2. Please use the box below to provide a brief summary of this case, adding any additional comments or information you feel relevant. You should be assured that this information is confidential. NCEPOD attaches great importance to this summary. Please give as much information as possible about the care of this patient.

C. Patient details

This questionnaire is for completion by the clinician responsible for the patient on admission to their definitive critical care destination (PHDU/HDU/PICU/ICU/). If this patient did not require critical care during this admission, or you are not the clinician responsible for the patient during this admission please return this questionnaire to your Local Reporter (hand your assignment back) who will notify NCEPOD

1a. Age at admission

Years ☐ Unknown

Value should be no more than 16

1b. Was the patient less than one year of age at admission?

◯ Yes ◯ No ◯ Unknown

1c. If answered "Yes" to [1b] then:
Age in months

Months ☐ Unknown

Value should be no more than 23

1d. If answered "Yes" to [1b] then:
Was the patient less than one month of age at admission?

◯ Yes ◯ No ◯ Unknown

1e. If answered "Yes" to [1b] and "Yes" to [1d] then:
Age in days

Days ☐ Unknown

Value should be no more than 31

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2. Sex

◯ Male ◯ Female ◯ Other ◯ Unknown

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3. Ethnicity

◯ White British/White - other
◯ Black/African/Caribbean/Black British
◯ Asian/Asian British (Indian, Pakistani, Bangladeshi, Chinese, other Asian)
◯ Mixed/Multiple ethnic groups
◯ Unknown

If not listed above, please specify here...

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4. Is this admission the first time the patient has required stabilsation?

◯ Yes ◯ No ◯ Unknown

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5. Is this the first time the patient has required a critical care admission?

◯ Yes ◯ No ◯ Unknown

D. Hospital details

Please complete this questionnaire in relation to arrival at the definitive critical care destination

The definitive critical care destination is defined as the final intended critical care location where the patient received treatment.

1. **What type of hospital is this? (Where the patient was admitted to their definitive critical care destination)**

- ◯ A stand alone tertiary paediatric centre
- ◯ A tertiary paediatric centre in a Trust/Health Board that also treats adults
- ◯ A University Teaching Hospital
- ◯ A District General Hospital
- ◯ Unknown

If not listed above, please specify here...

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2. **Type of critical care area of definitive critical care destination admitted to:**

- ◯ Paediatric critical care unit (PICU)
- ◯ Intensive care unit (ICU)
- ◯ Paediatric high dependency unit (PHDU)
- ◯ High dependency unit (HDU)
- ◯ Unknown

If not listed above, please specify here...

E. Admission details

1a. What was the date of arrival in the definitive critical care destination?

☐ Unknown

1b. What was the time of arrival in the definitive critical care destination?

☐ Unknown

2a. Was the patient:

- ◯ Transferred to this unit from within the same hospital
- ◯ Transferred to this unit from another hospital within the same Trust/Health Board
- ◯ Transferred to this unit from a different Trust/Health Board
- ◯ Unknown

If not listed above, please specify here...

2b. If answered "Transferred to this unit from another hospital within the same Trust/Health Board" or "Transferred to this unit from a different Trust/Health Board" to [2a] then: If transferred from another hospital (either within the same Trust/Health Board or from a different Trust/Health Board), what type of hospital was the patient transferred from?

- ◯ A stand alone tertiary paediatric centre
- ◯ A tertiary paediatric centre in a Trust/Health Board that also treats adults
- ◯ A University Teaching Hospital in a Trust/Health Board
- ◯ A District General Hospital
- ◯ Unknown

If not listed above, please specify here...

3a. Was any intervention required on arrival that could have been done:

- ☐ At the original hospital
- ☐ No interventions required on arrival
- ☐ During transfer
- ☐ Unknown

3b. If answered "At the original hospital" or "During transfer" to [3a] then: Please expand on your answer

F. Condition of the patient on arrival at the definitive care destination

Definition

The stabilising team is the team responsible for the care of the patient in the referring hospital/unit (prior to admission to critical care)
The specialist transport team is the team responsible for the care of the patient at pick up from the transferring hospital or unit

1. Was a specialist transport team involved in the transfer of the patient to critical care?

- ◯ Yes
- ◯ No
- ◯ Unknown

Airway and breathing

2a. What respiratory support was given by the stabilising team? (Answers may be mulitple)

- ☐ No respiratory support required
- ☐ No respiratory support given
- ☐ Oxygen via nasal cannulae
- ☐ Oxygen via mask
- ☐ High flow humidified oxygen
- ☐ Nasopharyngeal airway
- ☐ Supraglottic airway (e.g. Laryngeal mask airway)
- ☐ BiPAP
- ☐ CPAP
- ☐ Bag and mask
- ☐ Tracheostomy
- ☐ Intubation
- ☐ Unknown

2b. If answered "Yes" to [1] then:
Did the specialist transport team give any additional respiratory support?

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ NA - respiratory support not required

2c. If answered "Yes" to [1] and "Yes" to [2b] then:
What additional respiratory support was given by the specialist transport team team? (Answers may be multiple)

- ☐ No respiratory support required
- ☐ Oxygen via nasal cannulae
- ☐ Oxygen via mask
- ☐ High flow humidified oxygen
- ☐ Nasopharyngeal airway
- ☐ Supraglottic airway (e.g. Laryngeal mask airway)
- ☐ BiPAP
- ☐ CPAP
- ☐ Bag and mask
- ☐ Tracheostomy
- ☐ Intubation
- ☐ Unknown

Please specify any additional options here...

2d. If answered "Intubation" to [2a] then:
If intubated by the stabilising team at the referring hospital, was the endotracheal tube (ETT) an appropriate size for the patient?

- ◯ Yes
- ◯ No
- ◯ Unknown

2e. If answered "Intubation" to [2a] then:
If intubated by the stabilising team at the referring hospital, was the endotracheal tube (ETT) correctly placed?

- ◯ Yes
- ◯ No
- ◯ Unknown

2f. If answered "Yes" to [1] then:
If there was an escalation of care between the arrival of the specialist transport team at the referring hospital and the arrival of the patient at the definitive critical care destination, what was the reason for this? (Please tick all that apply)

- ☐ Patient deteriorated
- ☐ Local team not happy to provide required intervention?
- ☐ Equipment not available to escalate care
- ☐ Expertise not available to escalate care
- ☐ Other (please specify)
- ☐ NA - no escalation of care

Please specify any additional options here...

Circulation

3. Prior to deterioration was central access in situ?

◯ Yes ◯ No ◯ Unknown

4a. What intravenous (IV) access was gained by the stabilising team? (Answers may be mulitple)

- ☐ Intraosseous access only
- ☐ Peripheral IV x1
- ☐ Peripheral IV x2
- ☐ Peripheral IV 3+
- ☐ Central line
- ☐ No IV access gained
- ☐ Unknown

Please specify any additional options here...

4b. If answered "No IV access gained" to [4a] then:
If no IV access gained, were attempts made to insert a line by the stabilising team?

◯ Yes ◯ No ◯ Unknown

4c. If answered "No IV access gained" to [4a] and "Yes" to [4b] then:
Did this delay transfer to critical care?

◯ Yes ◯ No ◯ Unknown

4d. If answered "Yes" to [1] then:
Did the specialist transport team insert any additional venous access?

◯ Yes ◯ No ◯ Unknown

4e. If answered "Yes" to [1] and "Yes" to [4d] then:
What intravenous (IV) access was gained by the specialist transport team team? (Answers may be mulitple)

- ☐ Intraosseous access only
- ☐ Peripheral IV x1
- ☐ Peripheral IV x2
- ☐ Peripheral IV 3+
- ☐ Central line
- ☐ Unknown

Please specify any additional options here...

4f. If answered "Yes" to [1] and "Yes" to [4d] then:
If there was an escalation of care between the arrival of the specialist transport team at the referring hospital and the arrival of the patient at the definitive critical care destination, what was the reason for this? (Please tick all that apply)

- ☐ Patient deteriorated
- ☐ Local team not happy to provide required intervention?
- ☐ Equipment not available to escalate care
- ☐ Expertise not available to escalate care
- ☐ Unknown
- ☐ NA - no escalation of care

Please specify any additional options here...

5a. Were vasocactive infusions started by the stabilising team?

◯ Yes ◯ No ◯ Unknown

5b. If answered "Yes" to [5a] then:
Were they being given: (please tick all that apply)

☐ Peripherally ☐ Centrally ☐ Unknown

5c. If answered "Yes" to [1] then:
Were vasocactive infusions started by the specialist transport team?

◯ Yes ◯ No ◯ Unknown

5d. If answered "Yes" to [1] and "Yes" to [5c] then:
Were they being given: (please tick all that apply)

☐ Peripherally ☐ Centrally ☐ Unknown

5e. If answered "Yes" to [1] and "Yes" to [5c] then:
If there was an escalation of care between the arrival of the specialist transport team at the referring hospital and the arrival of the patient at the definitive critical care destination, what was the reason for this?

- ☐ Patient deteriorated
- ☐ Local team not happy to provide required intervention?
- ☐ Equipment not available to escalate care
- ☐ Expertise not available to escalate care
- ☐ Unknown
- ☐ NA - no escalation of care

Please specify any additional options here...

6a. How much fluid was given by the stabilising team?

◯ 10mls/kg ◯ 20mls/kg ◯ 30mls/kg ◯ 40mls/kg
◯ 50mls/kg ◯ >50mls/kg ◯ None ◯ Unknown

6b. If answered "Yes" to [1] then:
Did the specialist transport team give additional fluid?

◯ Yes ◯ No ◯ Unknown

6c. If answered "Yes" to [1] and "Yes" to [6b] then:
How much fluid was given by the specialist transport team?

◯ 10mls/kg ◯ 20mls/kg ◯ 30mls/kg ◯ 40mls/kg
◯ 50mls/kg ◯ >50mls/kg ◯ None ◯ Unknown

7a. On arrival at the definitive critical care destination, did the patient require electrolyte/glucose correction?

◯ Yes ◯ No ◯ Unknown

7b. On arrival at the definitive critical care destination, did the patient require blood products?

◯ Yes ◯ No ◯ Unknown

8a. As part of the stabilisation process, did the patient undergo any imaging at the referring hospital?

◯ Yes ◯ No ◯ Unknown

8b. If answered "Yes" to [8a] then:
Were you able to see/access the results?

◯ Yes ◯ No ◯ Unknown

G. Handover

1. On arrival in critical care, did you receive: (please tick all that apply)

- [ ] Documentation of the stabilisation process
- [ ] Documentation of any imaging results that had been undertaken
- [ ] Documentation of dicussions with parents/carers
- [ ] Documentation of discussions regarding ceiling of treatment with parent carers
- [ ] Documentation of discussions regarding ceiling of treatment with the receiving critical care team
- [ ] None of the above
- [ ] Unknown

H. Additional information

1. Please use this space should you wish to provide further details on any of the answers you have provided (please include the question number)

Other data collection methods for this study include:
A clinician survery: An anonymous online survey for completion by clinicians who provide care to children and young people who may require stabilisation during a hospital admission.
A patient and parent carer survey: An anonymous online survey for completion by patients and parent carers of patients who have previously required stabilisation during a hospital admission.

2a. If you would like any of the following to be sent to you, please indicate which information you would like, and enter your email address

- [ ] A link to the clinician survey
- [ ] A link to the parent carer survey to help disseminate locally
- [ ] A copy of the report at publication

2b. Email address

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE

By doing so you have contributed to the dataset that will form the report and recommendations due for release in late 2026