

Irish Paediatric Critical Care Audit National Report 2021-2022 including key trends from 2018 to 2022

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IRISH PAEDIATRIC CRITICAL CARE AUDIT

NATIONAL REPORT 2021-2022

including key trends from 2018 to 2022

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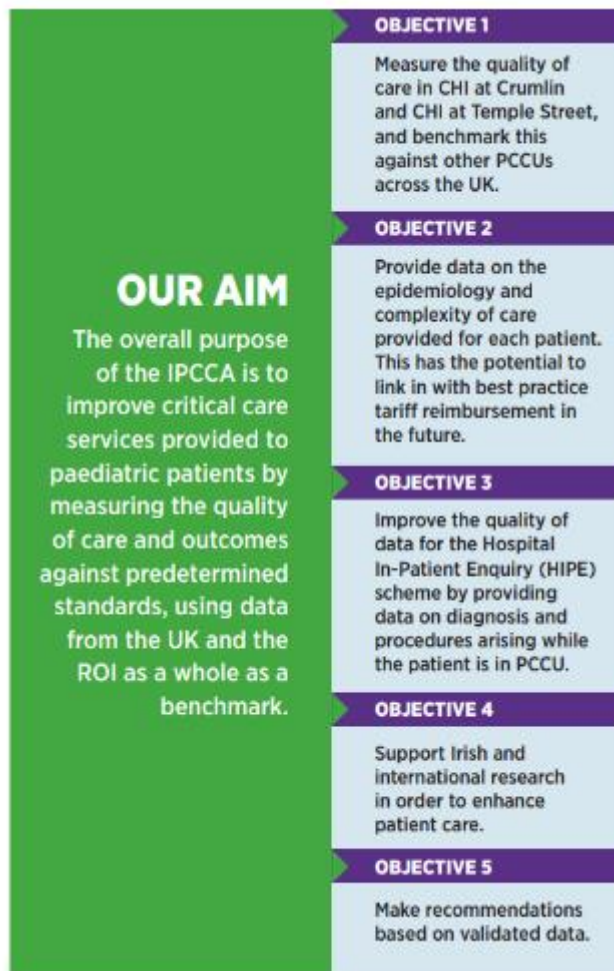
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Appendix 1: Intensive Care Unit Audit Governance Committee Membership 2022

ICU AUDIT GOVERNANCE COMMITTEE MEMBERSHIP AND MEETING ATTENDANCE 2022							
Representative	Name	03.03.22	09.06.22	21.07.22 (report approval)	15.09.22	15.12.22	Total for 2022
NOCA Clinical Lead Irish National ICU Audit (INICUA)	Dr Rory Dwyer	✓	✓	✓	✓	✓	5/5
NOCA Clinical Lead Irish Paediatric Critical Care Audit (IPCCA)	Dr Martina Healy	✓	x	x	✓	✓	3/5
Chair/Joint Faculty of Intensive Care Medicine of Ireland	Dr Brian Marsh	✓ Chair	✓ Chair	✓ Chair	✓ Chair	✓ Chair	5/5
Intensive Care Society of Ireland	Dr Catherine Motherway	x	✓	✓	x	✓	3/5
College of Anaesthesiologists of Ireland	Dr Kevin Clarkson	x	✓	✓	x	x	2/5
Royal College of Surgeons in Ireland	Prof. Paul Ridgway	n/a	n/a	n/a	✓	x	1/2
Royal College of Physicians in Ireland	Dr Oisín O'Connell	x	x	x	x	x	0/5
Chief Directors of Nursing and Midwifery	Eileen Whelan	✓ Retired	n/a	n/a	n/a	n/a	1/1
Chief Directors of Nursing and Midwifery	Paul Gallagher	n/a	n/a	✓	x	x	1/3
Ex Officio	Dr Michael Power	✓	x	✓	x	✓	3/5
HSE Office of the Nursing and Midwifery Services Director	Derek Cribbin	✓	✓	✓	x	✓	4/5
NOCA INICUA Manager	Mary O'Dwyer Baggot	✓	✓	✓	✓	✓	5/5
NOCA INICUA & ICU-BIS Manager	Fionnuala Treanor	✓	✓	✓	✓	✓	5/5
ICU Audit Coordinator representative	Magdalena Pecak	✓ Retired	n/a	n/a	n/a	n/a	1/1
ICU Audit Coordinator representative	Anita Glynn	n/a	✓	x	✓	✓	3/4

	(replaced Magdalena)						
NOCA IPCCCA Manager	Karina Hamilton	n/a	n/a	n/a	✓	✓	2/5
IPCCA Coordinator and Data Manager, CHI at Crumlin	Erika Brereton	✓	✓	✓	✓	✓	5/5
PPI (1) for INICUA	Barbara Egan	✓	✓	✓	✓	✓	5/5
PPI (2) for INICUA	Damian Nee	✓	x	x	✓	x	2/5
PPI (1) for IPCCCA	Gillian Nevin	x Retired	n/a	n/a	n/a	n/a	0/1
PPI (2) for IPCCCA	Sheila Campbell	n/a	x Retired	n/a	n/a	n/a	0/1
PPI (3) for IPCCCA	Fiona Fallon	n/a	n/a	n/a	✓	✓	2/2
NOCA Executive Director	Collette Tully	✓	✓	✓	✓	x	4/5
Attended = ✓ Not attended = X Not applicable = n/a							

Appendix 2 Irish Paediatric Critical Care Audit aim and objectives



Appendix 3: Data coverage in Intensive Care Units participating in the Irish National Intensive Care Unit Audit 2022

KEY	HOSPITAL NAME	UNIT NAME	Q1	Q2	Q3	Q4
A	Beaumont Hospital	Beaumont Hospital General ICU	Y	Y	Y	Y
B	Beaumont Hospital	Beaumont Hospital (Richmond) Neurosurgical ICU	Y	Y	Y	Y
C	Mater Misericordiae University Hospital	Mater Misericordiae University Hospital HDU	Y	Y	Y	N
D	Mater Misericordiae University Hospital	Mater Misericordiae University Hospital ICU	Y	Y	Y	N
E	Our Lady of Lourdes Hospital Drogheda	Our Lady of Lourdes Hospital Drogheda ICU	Y	Y	Y	Y
F	St James's Hospital	St James's Hospital Cardiothoracic ICU	Y	Y	Y	Y
G	St James's Hospital	St James's Hospital General ICU	Y	Y	Y	N
H	Tallaght University Hospital	Tallaght University Hospital ICU	Y	N	N	Y
I	University Hospital Galway	University Hospital Galway ICU	Y	Y	Y	Y
J	University Hospital Limerick	University Hospital Limerick ICU	Y	Y	Y	Y
K	University Hospital Waterford	University Hospital Waterford ICU	Y	Y	Y	Y
L	Regional Hospital Mullingar	Regional Hospital Mullingar ICU	Y	Y	Y	Y
M	Wexford General Hospital	Wexford General Hospital ICU	Y	Y	Y	Y
N	Connolly Hospital	Connolly Hospital ICU	Y	Y	Y	Y
O	Midland Regional Hospital Tullamore	Midland Regional Hospital Tullamore ICU	Y	Y	Y	Y
P	Naas General Hospital	Naas General Hospital ICU	Y	Y	Y	Y
Q	St Luke's General Hospital, Carlow/Kilkenny	St Luke's General Hospital Carlow/Kilkenny ICU	Y	Y	N	N
R	St Vincent's University Hospital	St Vincent's University Hospital ICU	Y	Y	Y	Y
S	Cork University Hospital	Cork University Hospital Cardiothoracic ICU	Y	N	Y	N
T	Cork University Hospital	Cork University Hospital General ICU	Y	Y	Y	Y
U	Letterkenny University Hospital	Letterkenny University Hospital ICU	Y	Y	Y	N
V	Tipperary University Hospital	Tipperary University Hospital ICU	Y	N	N	Y
W	University Hospital Kerry	University Hospital Kerry ICU	N	N	N	Y
X	Cavan General Hospital	Cavan General Hospital ICU	Y	Y	Y	N
Y	Mercy University Hospital	Mercy University Hospital Cork ICU	Y	Y	Y	Y
Z	Sligo University Hospital	Sligo University Hospital ICU	N	N	N	Y
DATA INCLUDED IN REPORT		NO DATA				

Appendix 4: Irish National Intensive Care Unit Audit dataset

Dataset	Examples
Pre-ICU admission data	Demographic data; hospital transfer details; length of stay (LOS) in hospital prior to ICU admission
Severity of illness scoring systems	Acute Physiology and Chronic Health Evaluation (APACHE II); ICNARC Model; Sequential Organ Failure Assessment (SOFA) Score
Chronic illness	Metastatic; cardiovascular; other chronic disease
Interventions in ICU	Ventilation; invasive monitoring; dialysis; nutrition; intracranial pressure monitoring; transfers to operating theatre
Organ support	Respiratory, cardiovascular, renal, neurological, liver, dermatological and gastrointestinal support
Data to support HIPE coding	Diagnosis (current) during ICU stay; hours of ventilation
Infection in ICU	Unit- and hospital-acquired infection
Organ donation	Potential and actual organ donation
Post-ICU discharge data	Outcome and LOS in Unit, ward and hospital; patient journey details

Appendix 5: Paediatric Intensive Care Audit Network organisation key

Key	Organisation
A	Addenbrooke's Hospital, Cambridge
C	Noah's Ark Children's Hospital for Wales, Cardiff
D	Royal Manchester Children's Hospital
E1	Great Ormond Street Hospital, London (PCCU/NICU)
E2	Great Ormond Street Hospital, London (CICU)
F	Evelina London Children's Hospital
H	King's College Hospital, London
I	Leeds General Infirmary
K2	Freeman Hospital, Newcastle upon Tyne
K3	Great North Children's Hospital, Newcastle upon Tyne
L	Royal Stoke University Hospital
M	Nottingham Children's Hospital, Queens Medical Centre, Nottingham
N	John Radcliffe Hospital, Oxford
O	Royal Brompton Hospital, London
P	Alder Hey Children's Hospital, Liverpool
Q	Sheffield Children's Hospital
R	Southampton Children's Hospital
S	James Cook University Hospital, Middlesbrough
T	St. George's Hospital, London
U	St. Mary's Hospital, London
V	Birmingham Children's Hospital
W	Bristol Royal Hospital for Children
X1	Glenfield Hospital, Leicester
X2	Leicester Royal Infirmary
Y	Royal Hospital for Sick Children, Edinburgh
Z	The Royal London Hospital
ZA	Royal Hospital for Children, Glasgow
ZB	Royal Belfast Hospital for Sick Children
ZC	Children's Health Ireland at Crumlin
ZD	Children's Health Ireland at Temple Street
ZE	Harley Street Clinic, London
ZF	The Portland Hospital, London
T001	Children's Acute Transport Service (CATS)
T002	Embrace: Yorkshire and Humber Infant and Children's Transport Service
T003	North West and North Wales Paediatric Transport Service (NWTS)
T004	South Thames Retrieval Service (STRS)
T005	KIDS Intensive Care and Decision Support
T008	Southampton Oxford Retrieval Team (SORT)
T010	Paediatric Northern Ireland Specialist Transport and Retrieval (NISTAR)
T020	Scottish Specialist Transport and Retrieval (ScotSTAR)
T022	Irish Paediatric Acute Transport Service (IPATS)
T024	Wales and West Acute Transport for Children (WATCH)

T026	North East Children's Transport and Retrieval (NECTAR)
T027	Children's Medical Emergency Transport Team (CoMET)
T028	Heart Link ECMO Children's Service

Appendix 6: Description of the Healthcare Resource Group definitions

Level	HRG code	HRG definitions	Description
Level 0	XB09Z	Enhanced care	Ward-level care
Level 1	XB07Z	PCC High Dependency	Monitoring and interventions, high flow oxygen therapy
Level 2	XB06Z	PCC High Dependency Advanced	Non-invasive mechanical ventilation, inotropic support
Level 3	XB05Z	PCC Intensive Care Basic	Invasive ventilatory support and/or support for two or more organ systems
	XB04Z	PCC Intensive Care Basic Advanced	Mechanical ventilation and inotropic support
	XB03Z	PCC Intensive Care Advanced	Mechanical ventilation and renal replacement therapy
	XB02Z	PCC Intensive Care Advanced Enhanced	Complex interventions/organ support
	XB01Z	PCC Intensive Care ECMO/ECLS	ECMO

Mapping of PCCMDS codes to PCC Healthcare Resource Groups

HRG XB01Z Intensive Care ECMO/ECLS

Extracorporeal membrane oxygenation (ECMO)

Or ventricular assist device (VAD)

Or aortic balloon pump

HRG XB02Z Intensive Care Advanced Enhanced

Invasive mechanical ventilation (via either endotracheal tube or tracheostomy)

Or advanced respiratory support (HFOV or jet ventilation)

Plus one or more of:

- burns 50%–79% BSA
- >80 mls/kg volume boluses

Or HRG XB03Z + isolation in a single-occupancy cubicle in the presence of a valid ICD10 code

HRG XB03Z Intensive Care Advanced

Invasive mechanical ventilation (via either endotracheal tube or tracheostomy)

Or advanced respiratory support (HFOV or jet ventilation)

Plus one or more of:

- haemofiltration
- haemodialysis
- peritoneal dialysis
- burns 50%–79% BSA
- extracorporeal liver support (MARS)
- exchange transfusion
- inhaled nitric oxide (iNO)
- surfactant
- plasmfiltration

Or HRG XB04Z + isolation in a single-occupancy cubicle in the presence of a valid ICD10 code

XB04Z Intensive Care Basic Advanced

Invasive mechanical ventilation (via either endotracheal tube or tracheostomy)

Plus one or more of:

- vasoactive infusion
- intracranial pressure (ICP) monitoring or external ventricular drain
- burns 20%–49% BSA
- intravenous thrombolysis
- cardiopulmonary resuscitation (CPR) in last 24 hrs

Or HRG XB05Z + isolation in a single-occupancy cubicle in the presence of a valid ICD10 code

XB05Z Intensive Care Basic

Invasive mechanical ventilation via endotracheal tube

Or Invasive mechanical ventilation via tracheostomy

Plus one or more of:

- continuous intravenous infusion of a sedative agent
- invasive arterial monitoring
- central venous pressure monitoring
- epidural infusion

Or Non-invasive ventilation

Plus one or more of:

- continuous intravenous infusion of a sedative agent
- invasive arterial monitoring
- central venous pressure monitoring
- epidural infusion
- vasoactive infusion
- >80 mls/kg volume boluses
- haemofiltration
- haemodialysis
- peritoneal dialysis
- plasmfiltration
- extracorporeal liver support (MARS)
- CPR in last 24 hrs
- intravenous thrombolysis
- burns >20% BSA
- iNO
- surfactant
- exchange transfusion
- Intracranial pressure (ICP) monitoring or external ventricular drain

XB06Z High Dependency Advanced

Airway: nasopharyngeal airway

care of tracheostomy (first 7 days of episode only)

Breathing:

- non-invasive ventilation (including CPAP and BiPAP) (to max of 90 consecutive days of episode at 06Z)
- invasive ventilation via a tracheostomy (to max of 90 consecutive days of episode at 06Z)

Circulation:

- >80 ml/kg volume boluses
- vasoactive infusion (including inotropes and prostaglandin)
- temporary external pacing
- Cardiopulmonary resuscitation in the last 24 hours

Diagnosis:

- acute renal failure requiring dialysis or haemofiltration
- status epilepticus requiring treatment with continuous intravenous (IV) infusion

Monitoring:

- invasive arterial monitoring
- central venous pressure monitoring
- ICP monitoring or external ventricular drain

Other:

- exchange transfusion
- intravenous thrombolysis
- extracorporeal liver support (MARS)
- plasmapheresis
- epidural infusion

XB07Z High Dependency

Airway:

- upper airway obstruction requiring nebulised adrenaline

Breathing:

- apnoea – recurrent
- oxygen therapy plus continuous pulse oximetry plus ECG monitoring
- heated humidified high flow therapy plus continuous pulse oximetry plus ECG monitoring
- invasive ventilation via a tracheostomy (after 90 days of episode at XB06Z)
- non-invasive ventilation (including CPAP and BiPAP) (after 90 days of episode at XB06Z)

Circulation:

- arrhythmia requiring IV anti-arrhythmic therapy

Diagnosis:

- severe asthma (IV bronchodilator/continuous nebulisers)
- diabetic ketoacidosis requiring continuous insulin infusion

Other:

Reduced level of consciousness (Glasgow Coma Score (GCS) 12 or below) and hourly (or more frequent) GCS monitoring

DEFINITION OF PAEDIATRIC CRITICAL CARE LEVELS IN IRELAND

Level 0: Ward-based care
Hospital ward clinical management.
Level 1: High-dependency care requiring a nurse–patient ratio of 0.5:1
A discrete area or unit where Level 1 paediatric critical care is delivered. Close monitoring and observation are required, but not acute mechanical ventilation. Patients who require basic respiratory, circulatory, neurological or renal support and whose needs cannot be met on the acute ward, and who instead require the input of the critical care team, or, in the case of a Regional High Dependency Unit (RHU), the agreed paediatric cover according to the standards.
Level 1: Regional HDU care
In addition to providing enhanced observation and basic system supports, regional Level 1 HDUs due to availability of subspecialist expertise, may continue to care for those requiring more complex care, such as a continuation of long-term ventilation via tracheostomy or non-invasively. A consensus to care for such patients locally should be reached on a case-by-case basis following early communication with the lead centre.
Level 2: Critical care requiring a nurse–patient ratio of 1:1
The child who is receiving advanced respiratory support (complex non-invasive or invasive ventilation) and who requires continuous nursing supervision. Level 2 also pertains to the unstable, non-intubated child (e.g. the haemodynamically unstable patient who requires invasive cardiovascular monitoring, frequent fluid challenges and vasoactive drug infusions). The child meeting Level 2 criteria should be treated at a paediatric critical care medicine lead centre, except in a case where the regional and lead centre consultants agree that the child can be safely cared for locally.
Level 3: Critical care requiring a nurse–patient ratio of 1:1
The critically ill child with two or more organ failures requiring intensive supervision, who needs additional complex therapeutic procedures. For example, patients requiring respiratory support, patients with multi-organ failure requiring vasoactive and inotropic medications, and postoperative patients requiring ventilation and vasoactive medications, such as those who have had major abdominal surgery or paediatric scoliosis surgery.
Level 3s: Critical care requiring a nurse–patient ratio of 2:1
The critically ill child requiring the most intensive therapeutic interventions, such as paediatric neuro – critical care, paediatric extracorporeal life support (ECLS), paediatric cardiac critical care, and/or paediatric renal replacement therapy (RRT). These criteria may change with advances in technology.

Source: Joint Faculty of Intensive Care Medicine of Ireland, 2018.

Appendix 7: Activity by health organisation

This table shows the proportion of days of care delivered over the reporting period 2020–2022 at each HRG group level, by organisation. It includes all admissions (including patients aged 16 years and over)

PICU	Intensive Care ECMO/ECLS	Intensive Care Advanced Enhanced	Intensive Care Advanced	Intensive Care Basic Enhanced	Intensive Care Basic	High Dependency Advanced	High Dependency	Enhanced Care
	%	%	%	%	%	%	%	%
A		(0.5)	(1.6)	(10.0)	(28.9)	(17.3)	(13.0)	(28.7)
C		(0.8)	(2.1)	(7.1)	(30.5)	(33.8)	(9.7)	(16.0)
D	(0.0)	(1.0)	(3.2)	(7.4)	(20.7)	(30.9)	(20.9)	(15.8)
E1	(0.1)	(0.4)	(5.1)	(11.3)	(43.2)	(18.4)	(12.6)	(9.0)
E2	(11.4)	(3.2)	(8.7)	(25.3)	(14.5)	(23.0)	(7.0)	(6.9)
F	(2.1)	(0.6)	(6.0)	(20.4)	(30.1)	(25.3)	(6.0)	(9.5)
H	(0.0)	(0.9)	(7.9)	(5.5)	(28.0)	(24.6)	(12.7)	(20.5)
I	(1.4)	(3.1)	(8.6)	(31.0)	(22.4)	(26.1)	(6.3)	(1.1)
K2	(22.8)	(2.4)	(10.2)	(25.8)	(9.8)	(20.4)	(4.4)	(4.2)
K3	(0.0)	(1.3)	(4.7)	(8.8)	(42.3)	(23.4)	(8.1)	(11.4)
L	(0.2)	(7.1)	(1.1)	(12.8)	(37.4)	(22.5)	(9.3)	(9.7)
M	(0.0)	(1.1)	(2.0)	(6.1)	(26.0)	(45.3)	(13.5)	(6.0)
N		(0.1)	(0.8)	(8.9)	(29.3)	(35.7)	(11.1)	(14.1)
O	(1.3)	(0.1)	(2.3)	(21.1)	(24.4)	(36.5)	(12.6)	(1.7)
P	(5.8)	(3.1)	(13.4)	(34.8)	(26.2)	(12.8)	(2.3)	(1.7)
Q		(0.9)	(1.7)	(6.3)	(18.5)	(36.2)	(17.5)	(18.9)
R	(1.1)	(0.7)	(3.7)	(33.9)	(31.8)	(19.5)	(4.5)	(5.0)
S				(0.7)	(1.5)	(49.5)	(22.2)	(26.1)
T		(0.4)	(2.0)	(5.1)	(27.0)	(37.8)	(16.0)	(11.7)
U		(0.5)	(2.9)	(10.3)	(35.7)	(19.5)	(15.2)	(15.9)
V	(2.0)	(1.0)	(6.6)	(17.1)	(33.3)	(29.4)	(6.7)	(3.9)
W	(1.0)	(0.5)	(5.7)	(22.0)	(31.4)	(30.4)	(4.0)	(5.0)
X2	(0.0)	(1.2)	(2.9)	(10.8)	(41.9)	(15.2)	(14.8)	(13.2)
X3X1	(9.0)	(2.1)	(5.7)	(21.3)	(12.5)	(25.3)	(13.5)	(10.5)
Y	(0.0)	(0.4)	(1.4)	(6.0)	(18.7)	(37.5)	(12.0)	(24.1)
Z		(0.6)	(0.4)	(9.8)	(32.2)	(33.0)	(12.0)	(12.1)
ZA	(2.2)	(0.7)	(6.6)	(16.2)	(21.2)	(26.4)	(19.2)	(7.5)
ZB		(0.7)	(3.0)	(8.4)	(35.1)	(23.7)	(12.4)	(16.8)
ZC	(1.3)	(0.7)	(5.1)	(33.1)	(18.2)	(29.6)	(6.4)	(5.7)
ZD	(0.0)	(2.2)	(4.3)	(15.3)	(26.5)	(26.6)	(15.0)	(10.0)
ZE		(0.2)	(2.0)	(19.8)	(42.9)	(11.7)	(4.9)	(18.5)
ZF		(0.3)	(1.2)	(3.0)	(4.0)	(30.2)	(28.4)	(32.9)

Notes

1) These figures are based on admissions for which PCCMDS data were available

2) Undefined HRG group (UZ01Z) is not presented in this table

Appendix 8: Frequency tables

Table A8.1: Total number of admissions to Paediatric Intensive Care Audit Network participating Units by Unit, 2021 (N=18307) and 2022 (N=18774)

Unit	Admissions 2022	Admissions 2021
CHI at Crumlin	1092	1098
CHI at Temple St	542	519

Table A8.2: Admissions by Paediatric Critical Care Units in the Republic of Ireland, 2018–2022 (N=7571)

	CHI at Crumlin	CHI at Temple Street
2018	1023	406
2019	1024	490
2020	968	409
2021	1098	519
2022	1092	542
Total	5205	2366

Table A8.3a: Types of Paediatric Critical Care Unit admission to Children’s Health Ireland at Crumlin (N=5205), 2018–2022

	Planned – following surgery		Unplanned – following surgery		Planned – other		Unplanned – other	
	n	%	n	%	n	%	n	%
2018	362	35.4	61	6	62	6.1	538	52.6
2019	421	41.1	44	4.3	91	8.9	468	45.7
2020	434	44.8	44	4.5	79	8.2	411	42.5
2021	373	34	68	6.2	64	5.8	593	54
2022	334	30.6	71	6.5	28	2.6	659	60.3

Table A8.3b: Types of Paediatric Critical Care Unit admission to Children’s Health Ireland at Temple Street (N=2366), 2018–2022

	Planned – following surgery		Unplanned – following surgery		Planned – other		Unplanned – other	
	n	%	n	%	n	%	n	%
2018	83	20.4	17	4.2	10	2.5	296	72.9
2019	96	19.6	30	6.1	16	3.3	348	71
2020	131	32	17	4.2	8	2	253	61.9
2021	112	21.6	24	4.6	13	2.5	370	71.3
2022	132	24.4	23	4.2	12	2.2	375	69.2

Table A8.4: Source of ‘Unplanned – other’ Paediatric Critical Care Unit admission to Children’s Health Ireland at Crumlin (N=2675) and Children’s Health Ireland at Temple Street (N=1642), 2018–2022

	CHI at Temple Street						CHI at Crumlin					
	2018	2019	2020	2021	2022	Total	2018	2019	2020	2021	2022	Total
N	119	124	96	132	124	595	327	323	285	326	378	1639
Inpatient (same hospital)	40%	36%	38%	36%	33%		61%	69%	68%	55%	57%	
N	177	224	157	238	251	1047	211	145	132	267	281	1036
Transferred patient (other hospital)	60%	64%	62%	64%	67%		39%	31%	32%	45%	43%	

Table A8.5: Collection area of unplanned admissions transported by IPATS to Paediatric Critical Care Units in the Republic of Ireland, 2018–2022 (N=498)

	Total	A & E		Ward		Theatre/Recovery		NICU		HDU (step-up/step-down unit)		ICU		PICU		Recovery only		Other	
	n	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
2018	83	19	22.9	22	26.5	~	*	0	0	10	12	19	22.9	~	*	~	*	~	*
2019	82	20	24.4	22	26.8	6	7.3	0	0	11	13.4	15	18.3	6	7.3	~	*	~	*
2020	63	15	23.8	25	39.7	8	12.7	0	0	~	*	~	*	6	9.5	~	*	0	0
2021	131	33	25.2	56	42.7	12	9.2	~	*	7	5.3	12	9.2	~	*	~	*	~	*
2022	139	33	23.7	55	39.6	*	*	0	0	9	6.5	22	15.8	8	5.8	0	0	~	*
Total	498	120	24	180	36	40	8	~	*	41	8	72	14.4	30	6	7	1.4	*	*

~ Denotes five cases or fewer.

* Further suppression required in order to prevent disclosure of five cases or fewer.

Table A8.6: Age profile of children in Paediatric Critical Care Unit in Children’s Health Ireland at Crumlin (N=2252) and Children’s Health Ireland at Temple Street (N=1077), 2021–2022

Unit	Year	Neonates	Under 1 year	1–4 years	5–10 years	11–15 years	16 years and over	Total
CHI at Crumlin	2021	327	290	227	140	114	29	1127
	2022	279	314	231	118	150	33	1125
Total		606	604	458	258	264	62	2252
CHI at Temple Street	2021	127	*	133	93	88	*	532
	2022	123	*	112	105	116	~	545
Total		250	164	245	198	204	16	1077

~ Denotes five cases or fewer.

* Further suppression required in order to prevent disclosure of five cases or fewer.

Table A8.7: Neonatal admissions to Children’s Health Ireland at Crumlin (N=1283) and Children’s Health Ireland at Temple Street (N=485), 2018–2022

Year	CHI at Crumlin	CHI at Temple Street
2018	207	57
2019	217	83
2020	253	95
2021	327	127
2022	279	123

Table A8.8: Percentage of total admissions by neonatal Paediatric Critical Care Unit admissions in Children’s Health Ireland at Crumlin (N=606) and Children’s Health Ireland at Temple Street (N=250) by gestational age, 2021–2022

	CHI at Crumlin		CHI at Temple Street	
Gestational age	N	%	N	%
Extremely preterm <28 wks	64	3%	38	4%
Very preterm 28–32 wks	51	2%	39	4%
Moderate-to-late preterm 33–37 wks	212	10%	81	8%
Term 38–42 wks	279	13%	92	9%
Total	606	28%	250	25%

Table A8.9: Neonatal Paediatric Critical Care Unit admissions in Children’s Health Ireland at Crumlin (N=1278) and Children’s Health Ireland at Temple Street (N=482) by primary diagnosis, 2018–2022

Primary Diagnosis	CHI at Crumlin		CHI at Temple Street	
	N	%	N	%
Cardiovascular	596	47%	*	*
Respiratory	278	22%	197	41%
Gastrointestinal	163	13%	104	22%
Body wall and cavities	108	8%	51	11%
Neurological	18	1%	49	10%
Other	46	4%	30	6%
Infection	30	2%	23	5%
Endocrine/metabolic	27	2%	15	3%
Oncology	12	1%	~	*
Total	1278	100%	482	100%

~ Denotes five cases or fewer.

* Further suppression required in order to prevent disclosure of five cases or fewer.

Table A8.10: Neonatal admissions to Paediatric Critical Care Units by primary diagnosis, 2018–2022 (N=1763)

Primary diagnostic group	2018	2019	2020	2021	2022
Body wall and cavities	23	32	32	38	34
Cardiovascular	98	109	129	148	120
Endocrine/metabolic	6	7	14	7	8
Gastrointestinal	45	53	47	76	46
Infection	8	10	7	17	11
Neurological	*	~	*	*	*
Oncology	~	~	~	~	~
Other ¹	13	16	12	16	19
Respiratory	55	61	81	136	142
Total	262	297	348	454	402

~ Denotes five cases or fewer.

* Further suppression required in order to prevent disclosure of five cases or fewer.

Table A8.11a: Admissions to Children’s Health Ireland at Crumlin Paediatric Critical Care Unit by primary diagnosis and year, 2018–2022 (N=5205)

	2018		2019		2020		2021		2022	
	N	%	N	%	N	%	N	%	N	%
Endocrine/metabolic	32	3.1	20	2.0	48	5.0	54	4.9	47	4.3
Musculoskeletal	38	3.7	25	2.4	38	3.9	28	2.6	37	3.4
Oncology	34	3.3	32	3.1	27	2.8	24	2.2	36	3.3
Neurological	49	4.8	33	3.2	44	4.5	50	4.6	58	5.3
Other/unknown	101	9.9	85	8.3	75	7.7	103	9.5	107	9.8
Infection	83	8.1	61	6.0	34	3.5	42	3.8	48	4.4
Gastrointestinal	66	6.5	67	6.5	51	5.3	87	7.9	54	4.9
Respiratory	245	23.9	252	24.6	178	18.4	274	25.0	323	29.6
Cardiovascular	375	36.7	448	43.8	473	48.9	436	39.7	382	35.0
Total	1023	100.0	1024	100.0	968	100.0	1098	100.0	1092	100.0

¹ Other includes Blood/lymphatic, multisystem, musculoskeletal and trauma

Table A8.11b: Admissions to Children’s Health Ireland at Temple Street Paediatric Critical Care Unit by primary diagnosis and year, 2018–2022 (N=2366)

	2018		2019		2020		2021		2022	
	N	%	N	%	N	%	N	%	N	%
Cardiovascular	~	*	8	1.6	10	2.4	13	2.5	9	1.7
Endocrine/metabolic	*	*	25	5.1	21	5.1	29	5.6	33	6.1
Musculoskeletal	22	5.4	25	5.1	33	8.1	31	6.0	41	7.6
Infection	33	8.1	27	5.5	13	3.2	24	4.6	29	5.4
Other/unknown	52	12.8	55	11.2	58	14.2	76	14.6	71	13.5
Gastrointestinal	32	7.9	38	7.8	31	7.6	39	7.5	23	4.2
Oncology	19	4.7	38	7.8	44	10.8	39	7.5	42	7.7
Neurological	71	17.5	109	22.2	99	24.2	88	17.0	84	15.5
Respiratory	158	38.9	165	33.7	100	24.4	180	34.7	210	38.7
Total	406	100.0	490	100.0	409	100.0	519	100.0	542	100.0

~ Denotes five cases or fewer.

* Further suppression required in order to prevent disclosure of five cases or fewer.

Table A8.12a: Respiratory Admissions to Paediatric Critical Care Units by month and year, 2021–2022 (N=1003)

Month	2021	2022
Jan	17	28
Feb	22	29
Mar	14	40
Apr	28	34
May	29	27
Jun	24	33
Jul	29	23
Aug	34	23
Sep	39	53
Oct	84	71
Nov	87	102
Dec	54	79

Table A8.12b: Respiratory admissions to Paediatric Critical Care Units for children aged under 1 year, by month and year, 2021–2022 (N=593)

Month	2021	2022
Jan	8	14
Feb	11	10
Mar	10	18
Apr	11	19
May	20	14
Jun	17	21
Jul	14	13
Aug	21	14
Sep	23	22
Oct	54	46
Nov	54	80
Dec	28	51

Table A8.13: Number of bed days delivered by each Unit participating in the Paediatric Critical Care Audit Network, United Kingdom and Republic of Ireland, 2022 (N=148481)

Unit	Total Bed Days 2022
CHI at Crumlin	7952
CHI at Temple Street	2843

Table A8.14: Number of bed days delivered in Children’s Health Ireland at Crumlin (N=38779) and Children’s Health Ireland at Temple Street (N=12383) by year, 2018–2022

	2018	2019	2020	2021	2022
CHI at Crumlin	7890	7902	7182	7853	7952
CHI at Temple Street	2286	2491	2229	2534	2843

Table A8:15a: Percentage of bed days delivered in Children’s Health Ireland at Crumlin (N=38779) and Children’s Health Ireland at Temple Street (N=12383) by age, 2018–2022

		Under 1 year		1–4 years		5–10 years		11–15 years		16+ years		Total
Year	Unit	n	%	n	%	n	%	n	%	n	%	n
2018	CHI at Crumlin	5608	71	1181	14.9	522	6.6	591	7.5	0	0	7902
	CHI at Temple Street	1195	48	554	22.2	379	15.2	363	14.6	0	0	2491
2019	CHI at Crumlin	5456	69.2	1124	14.2	624	7.9	686	8.7	0	0	7890
	CHI at Temple Street	889	38.9	573	25.1	482	21.1	342	15	0	0	2286
2020	CHI at Crumlin	5236	72.9	619	8.6	609	8.5	637	8.9	81	1.1	7182
	CHI at Temple Street	1070	48.0	325	14.6	484	21.7	332	14.9	18	0.8	2229
2021	CHI at Crumlin	5241	66.7	1100	14.0	764	9.7	626	8.0	122	1.6	7853
	CHI at Temple Street	1141	45.0	537	21.2	419	16.5	375	14.8	62	2.4	2534
2022	CHI at Crumlin	5252	66.0	1123	14.1	723	9.1	700	8.8	154	1.9	7952
	CHI at Temple Street	1272	44.7	447	15.7	394	13.9	717	25.2	13	0.5	2843

Table A8.15b: Percentage of bed days delivered in Children’s Health Ireland at Crumlin (N=9304) and Children’s Health Ireland at Temple Street (n=1980) for children aged under 1 year, by infant age in months, 2021–2022

	CHI at Crumlin		CHI at Temple Street	
	2021	2022	2021	2022
<1 month	2443	2469	542	391
1 month	510	554	269	208
2 months	380	332	111	115
3 months	247	198	37	27
4 months	273	318	25	21
5 months	193	107	14	21
6 months	266	155	1	37
7 months	105	190	11	21
8 months	64	141	~	17
9 months	45	63	~	43
10 months	40	105	~	20
11 months	57	49	19	22
Total bed days	4623	4681	1037	943

~ Denotes five cases or fewer.

Table A8.16: Bed occupancy in Paediatric Critical Care Units by year, 2018–2022

CHI at Crumlin			
Year	Bed days used	Bed days available	Occupancy %
2018	7969	8356	95%
2019	8006	8021	100%
2020	7182	8191	88%
2021	7853	8348	94%
2022	7962	8371	95%
CHI at Temple Street			
Year	Bed days used	Bed days available	Occupancy %
2019	2499	2844	88%
2020	2229	2730	82%
2021	2055.5	2593	79%
2022	2362	2685.5	88%

Table A8.17: Number of patients admitted to Paediatric Critical Care Units in the Republic of Ireland, by hour, 2018–2022 (N=7724)

Hour	Admissions	Admissions	Admissions	Admissions	Admissions
	2018	2019	2020	2021	2022
0	57	66	30	57	55
1	38	39	44	46	56
2	36	32	28	30	46
3	26	45	24	32	47
4	22	22	21	31	36
5	25	25	27	35	21
6	13	25	15	34	26
7	20	13	18	20	23
8	12	7	12	25	21
9	21	25	8	17	22
10	20	23	19	32	27
11	27	36	38	26	33
12	60	62	71	66	73
13	92	105	110	114	98
14	99	121	117	120	113
15	112	115	114	134	121
16	103	132	113	134	148
17	135	122	127	131	140
18	142	133	112	126	158
19	108	130	105	147	132
20	88	95	91	92	87
21	74	81	69	82	69
22	73	34	45	71	73
23	51	54	41	57	45

Table A8:18: Number of patients discharged from Paediatric Critical Care Units in the Republic of Ireland, by hour, 2018–2022 (N=7702)

Hour	Discharges	Discharges	Discharges	Discharges	Discharges
	2018	2019	2020	2021	2022
0	16	21	10	16	18
1	~	8	6	15	15
2	7	~	~	13	9
3	~	~	6	8	7
4	~	~	6	10	6
5	9	~	~	10	6
6	8	8	11	~	11
7	6	~	~	7	9
8	8	10	10	~	9
9	20	24	14	14	13
10	37	57	49	46	35
11	115	145	139	131	123
12	168	183	181	196	191
13	122	108	109	145	144
14	144	164	144	179	170
15	216	239	200	228	231
16	217	207	176	214	213
17	121	123	114	140	149
18	89	94	95	109	129
19	29	31	31	57	50
20	18	36	31	28	34
21	34	37	29	40	46
22	14	11	14	23	26
23	21	23	15	20	26

~ Denotes five cases or fewer.

Table A8.19a: Admissions by actual length of stay to Children’s Health Ireland at Crumlin, 2018–2022 (N=5273)

	1 to <4 hours	1 to <4 hours (%)	4 to <12 hours	4 to <12 hours (%)	12 to <24 hours	12 to <24 hours (%)	1 to <3 days	1 to <3 days (%)	3 to <7 days	3 to <7 days (%)	7+ days	7+ days (%)
2018			21	2.1	139	13.6	339	33.1	274	26.8	249	24.3
2019	~	*	*	*	157	15.3	323	31.5	272	26.6	250	24.4
2020	~	*	*	*	186	18.9	324	32.9	236	24.0	208	21.1
2021			24	2.1	170	15.1	379	33.6	310	27.5	237	21.0
2022	8	0.7	27	2.4	129	11.5	417	37.1	315	28.0	229	20.4

~ Denotes five cases or fewer.

* Further suppression required in order to prevent disclosure of five cases or fewer.

Table A8.19b: Admissions by actual length of stay to Children’s Health Ireland at Temple Street, 2018–2022 (N=2360)

	1 to <4 hours	1 to <4 hours (%)	4 to <12 hours	4 to <12 hours (%)	12 to <24 hours	12 to <24 hours (%)	1 to <3 days	1 to <3 days (%)	3 to <7 days	3 to <7 days (%)	7+ days	7+ days (%)
2018			19	4.7	92	22.7	132	32.5	80	19.7	75	18.5
2019	9	1.8	34	6.9	128	26.1	157	32	107	21.8	55	11.2
2020			22	5.3	109	26.3	135	32.5	86	20.7	52	12.5
2021			42	7.9	139	26.1	163	30.6	108	20.3	71	13.3
2022	10	1.8	37	6.8	124	22.8	189	34.7	107	19.6	78	14.3

Table A8.20a: Type of ventilation in Children’s Health Ireland at Crumlin by year, 2018–2022

	CHI at Crumlin									
	2018		2019		2020		2021		2022	
	N	%	N	%	N	%	N	%	N	%
Invasive only	449	43.9	493	48.1	485	49.5	526	46.7	459	40.8
Non-invasive only	92	9.0	81	7.9	54	5.4	88	7.8	120	10.7
Both	186	18.2	137	13.4	142	14.6	147	13	180	16
Neither	296	28.9	313	30.6	303	30.6	366	32.5	366	32.5
Total	1023	100.0	1024	100.0	984	100.0	1127	100.0	1025	100.0

Table A8.20b: Type of ventilation in Children’s Health Ireland at Temple Street by year, 2018–2022

	CHI at Temple Street									
	2018		2019		2020		2021		2022	
	N	%	N	%	N	%	N	%	N	%
Invasive only	195	48.0	251	51.2	208	50.1	203	38.2	208	38.2
Non-invasive only	28	6.9	47	9.6	35	8.3	72	13.5	86	15.8
Both	66	16.3	49	10.0	46	11.2	61	11.5	79	14.5
Neither	117	28.8	143	29.2	126	30.3	196	36.8	172	31.6
Total	406	100.0	490	100.0	415	100.0	532	100.0	545	100.0

Table A8.21: Admissions by Paediatric Index of Mortality in Paediatric Critical Care Units in the Republic of Ireland by year, 2018–2022 (N=7571)

Year	Organisation	<1%	<1% (%)	1-5%	1-5% (%)	5-15%	5-15% (%)	15-30%	15-30% (%)	30%+	30%+ (%)	Total	Total (%)
2018	CHI at Crumlin	321	31.4	508	49.7	151	14.8	36	3.5	7	0.7	1023	5.1
	CHI at Temple Street	193	47.5	151	37.2	43	10.6	*	*	~	*	406	2.0
2019	CHI at Crumlin	358	35.0	511	49.9	128	12.5	16	1.6	11	1.1	1024	5.0
	CHI at Temple Street	235	48.0	186	38.0	54	11.0	*	*	~	*	490	2.4
2020	CHI at Crumlin	387	40.0	432	44.6	112	11.6	28	2.9	9	0.9	968	5.9
	CHI at Temple Street	185	45.2	162	39.6	43	10.5	11	2.7	8	2.0	409	2.5
2021	CHI at Crumlin	416	37.9	485	44.2	149	13.6	35	3.2	13	1.2	1098	6.0
	CHI at Temple Street	231	44.5	204	39.3	58	11.2	12	2.3	14	2.7	519	2.8
2022	CHI at Crumlin	479	43.9	418	38.3	150	13.7	29	2.7	16	1.5	1092	5.8
	CHI at Temple Street	270	49.8	193	35.6	54	10.0	15	2.8	10	1.8	542	2.9

~ Denotes five cases or fewer.

* Further suppression required in order to prevent disclosure of five cases or fewer.

Table A8.22: Proportion of deaths in Paediatric Critical Care Units by Unit, 2018–2022

Year	Organisation	Alive		Dead		Total	SMR
2018	CHI at Crumlin	978	96%	45	4%	1023	1.35
2018	CHI at Temple Street	392	97%	14	3%	406	1.00
2019	CHI at Crumlin	979	96%	45	4%	1024	1.44
2019	CHI at Temple Street	475	97%	15	3%	490	0.98
2020	CHI at Crumlin	930	96%	38	4%	968	1.20
2020	CHI at Temple Street	393	96%	16	4%	409	1.02
2021	CHI at Crumlin	1052	96%	46	4%	1098	1.12
2021	CHI at Temple Street	500	96%	19	4%	519	0.81
2022	CHI at Crumlin	1052	96%	41	4%	1092	1.01
2022	CHI at Temple Street	527	97%	15	3%	542	0.81

Table A8.23: Age profile of deaths in Children’s Health Ireland at Crumlin (N=87) and Children’s Health Ireland at Temple Street (N=34), 2021–2022

CHI at Crumlin	2021–2022	N	%
	Under 1 (excluding neonates)	22	25%
	Neonates	43	50%
	1–9 years	13	15%
	10–16 years	9	10%
	Total	87	
CHI at Temple St	2021–2022	N	%
	Under 1 (excluding neonates)	~	*
	Neonates	*	*
	1–9 years	11	32%
	10–16 years	10	29%
	Total	34	

~ Denotes five cases or fewer.

* Further suppression required in order to prevent disclosure of five cases or fewer.

Table A8.24: Age distribution of neonatal deaths in Paediatric Critical Care Units by gestational age in weeks, 2021–2022 (N=52)

Gestational Age	N	%
Term 38–42 weeks	26	50%
Moderate-to-late 33–37 weeks	14	27%
Very preterm 28–32 weeks	~	*
Extremely preterm <28 weeks	*	*
Total	52	100%

~ Denotes five cases or fewer.

* Further suppression required in order to prevent disclosure of five cases or fewer.

Table A8.25a: Deaths in Children’s Health Ireland at Crumlin by cause of death category, 2021–2022 (N=87)

CHI at Crumlin	%	N
Cardiac	43%	37
Neonatal (other)	15%	13
Neonatal (Gastrointestinal and Necrotising enterocolitis)	9%	8
Infection	10%	9
Cancer	7%	6
Other	16%	14
Total	100%	87

Table A8.25b: Deaths in Children’s Health Ireland at Temple Street by cause of death category, 2021–2022 (N=34)

CHI at Temple Street	%	N
External cause	38%	13
Neonatal (other)	*	~
Neonatal (Necrotising enterocolitis)	*	~
Infection	*	~
Neurological	*	~
Other	*	~
Total	100%	34

~ Denotes five cases or fewer.

* Further suppression required in order to prevent disclosure of five cases or fewer.

Table A8.26a: Proportion of admission records completed within 3 months of discharge by country of admission, 2021–2022

2021							
	Discharged	Complete		Complete in 3 months		Not complete in 3 months	
		n	%	n	%	n	%
England	14 728	14 726	100.0	13 829	93.9	899	6.1
England non-NHS	280	280	100.0	17	6.1	263	93.9
Scotland	1405	1405	100.0	1344	95.7	61	4.3
Wales	379	379	100.0	376	99.2	3	0.8
NI	452	452	100.0	433	95.8	19	4.2
ROI	1651	1651	100.0	568	34.4	1083	65.6
Total	18 895	18 893	100.0	16 567	87.7	2328	12.3

2022							
	Discharged	Complete		Complete in 3 months		Not complete in 3 months	
		n	%	n	%	n	%
England	6778	6776	100.0	6480	95.6	298	4.4
England non-NHS	142	142	100.0	49	34.5	93	65.5
Scotland	768	768	100.0	765	99.6	3	0.4
Wales	176	176	100.0	122	69.3	54	30.7
NI	207	207	100.0	181	87.4	26	12.6
ROI	823	822	99.9	288	35.0	535	65.0
Total	8894	8891	100.0	7885	88.7	1009	11.3

Table A8.26b: Proportion of admission records completed within 3 months of discharge by 32Children’s Health Ireland at Crumlin and Children’s Health Ireland at Temple Street, 2018–2022

		Discharged	Complete		Complete in 3 months		Not complete in 3 months	
			n	%	n	%	n	%
2018	CHI at Crumlin	1041	1041	100	1007	96.7	34	3.3
	CHI at Temple Street	411	411	100	399	97.1	12	2.9
2019	CHI at Crumlin	1,049	1049	100	699	66.6	350	33.4
	CHI at Temple Street	498	498	100	415	83.3	83	16.7
2020	CHI at Crumlin	990	990	100	473	47.8	517	52.2
	CHI at Temple Street	415	415	100	354	85.3	61	14.7
2021	CHI at Crumlin	1120	1120	100	492	43.9	628	56.1
	CHI at Temple Street	531	531	100	76	14.3	455	85.7
2022	CHI at Crumlin	533	533	100	5	0.9	528	99.1
	CHI at Temple Street	290	289	99.7	283	97.6	7	2.4

Table A8.27: Non-elective transports by mobilisation times (in minutes) in Republic of Ireland, 2018–2022

	Total	0–30 minutes		31–60 minutes		61–180 minutes		181+ minutes		Not recorded	
	n	n	%	n	%	n	%	n	%	n	%
2018	83	~	*	52	63	22	27	0	0	~	*
2019	82	11	13	48	59	18	22	*	*	~	*
2020	63	11	17.5	34	54.0	10	15.9	~	*	*	*
2021	131	24	18.3	77	58.8	19	14.5	~	*	*	*
2022	139	38	27.3	69	49.6	27	19.4	*	*	~	*

~ Denotes five cases or fewer.

* Further suppression required in order to prevent disclosure of five cases or fewer.

Table A8.28: Non-elective transports by times (in minutes) to bedside in Republic of Ireland, 2018–2022 (N=498)

Year	Total	0–60 minutes		61–120 minutes		121–180 minutes		181–240 minutes		241+ minutes		Not recorded	
	n	n	%	n	%	n	%	n	%	n	%	n	%
2018	83	~	*	18	21.7	25	30.1	26	31.3	~	*	~	*
2019	82	10	12.2	19	23.2	27	32.9	19	23.2	~	*	~	*
2020	63	~	*	14	22.2	16	25.4	19	30.2	~	*	7	11.1
2021	131	12	9.2	26	19.8	36	27.5	40	30.5	9	6.9	8	6.1
2022	139	14	10.1	30	21.6	49	35.3	27	19.4	14	10.1	~	

~ Denotes five cases or fewer.

* Further suppression required in order to prevent disclosure of five cases or fewer.

Table A8.29: Rate of unplanned extubation per 1,000 days of invasive ventilation by country of admission, 2018–2022

Country	2018		2019		2020		2021		2022		2018–2022	
	N	%	N	%	N	%	N	%	N	%	N	%
England	284	5.1	247	4.5	191	4.5	209	4.3	229	4.2	1160	4.5
Wales	~	2.4	~	2.9	~	7.4	~	4.4	~	1.8	16	3.8
Scotland	25	6.4	25	6.2	18	5.7	16	4.8	23	6.5	107	5.9
Northern Ireland	~	3.5	*	5.9	~	0.9	~	4.0	*	6.4	27	4.1
Republic of Ireland	22	4.0	23	4.2	12	2.4	31	6.2	30	6.1	118	4.6
Total	339	5.0	307	4.8	227	4.4	264	4.5	292	4.5	1428	4.6

~ Denotes five cases or fewer.

* Further suppression required in order to prevent disclosure of five cases or fewer.

Table A8.30: Rates of unplanned extubations at Paediatric Critical Care Units by year, 2018–2022

	2018	2019	2020	2021	2022
CHI at Crumlin	2.4	3.0	1.6	4.4	5.9
CHI at Temple Street	8.5	7.6	5.3	12.6	6.6

Table A8.31: Out-of-hours discharges from Paediatric Critical Care Units in Republic of Ireland, 2018–2022 (N=7702)

Hour	Discharges	Discharges	Discharges	Discharges	Discharges
	2018	2019	2020	2021	2022
20	18	36	31	28	34
21	34	37	29	40	46
22	14	11	14	23	26
23	21	23	15	20	26
0	16	21	10	16	18
1	~	8	6	15	15
2	7	~	~	13	9
3	~	~	6	8	7
4	~	~	6	10	6
5	9	~	~	10	6
6	8	8	11	~	11
7	6	~	~	*	9
Total	141	162	137	195	213

~ Denotes five cases or fewer.

* Further suppression required in order to prevent disclosure of five cases or fewer.

