Patients who had been discharged home or had an elective readmission were excluded. The CIS and hospital case notes of the patients were analysed using standard proformas.

Information recorded included readmission reason, length of stay, time from discharge to readmission, CEWS scores prior to discharge from PICU and intervention required in PICU (figures 1, 2, 3).

Results 89 patients were readmitted which represents a readmission rate of 3.8%. 10 patients were readmitted within 24 hours (26%), 14 were readmitted within 3 days (36%) and the remainder between 4 and 7 days. Average time of readmission was 60 hrs (mean) with a range of 3 hrs to 168 hours.

The majority (23–60%) of the patients were readmitted with respiratory distress. 3 patients were readmitted with cardiac failure. 4 patients were readmitted with life threatening events (10%)

The majority of patients were cardiac (52%). The majority of patients had a CEW score of 0 prior to discharge. Almost half of the patients (46%) readmitted required ventilation, 12 required inotropic support. The rest required observation only.

9 patients were readmitted for less than 24 hours (23%), 10 (25%) patients for between 1 and 3 days and 20 (51%) for more than 3 days. The longest readmission was 73 days, median 202 hours.

Conclusion A readmission rate of 3.8% is within the accepted norm although there is a lack of paediatric data. Most of our patients were readmitted with respiratory distress usually caused by the same condition necessitating initial admission. The majority of our readmissions occurred within 72 hours. The patients that did not require ventilation had a generally short admission (mean 38 hrs). There was a large group however, who required a lot of intervention and had a prolonged second admission. We did not identify any clear avoidable risk factors for readmission.