

Patient no:
DAILY FORM from Day 2 to DISCHARGE

Questions or assistances call: +45 35 45 6949

Instructions to CTU: All questions must be answered. “Unobtainable” can be e.g. a button or a checked box. The day form no. and the date should be generated automatically

Click the flag to add comments.

DELIRIUM ASSESSMENT

One positive score equals one day positive for delirium or coma

- D1 Was the patient in coma at any time during this day? Y N “Yes” if the patient has any of the following on this day:
 - RASS score from -3 to (-5)
 - Ramsey sedations score 4-6
 - MASS score 1-0
 - GCS < 8
- D2 Did the patient have delirium at any time during this day? Y N “Yes” if the patient has any of the following on this day:
 - CAM-ICU (positive)
 - ICDSC (≥ 4 points)
 - DOS (>3 points)
 - ICD 10 (code DF05, DF050, DF058)
- D3 Was the patient restrained at any time during this day? Y N “Yes” if the patient has been physically on this day.
- D4 Was the patient described as **hypo, hyper or mixed** delirious?
 Y N “Yes” if the patient is described as **HYPO**active and is positive for delirium on this day. Lying still with open eyes and no clear contact (GCS >7).
 Y N “Yes” if the patient is described as **HYPER**active and is positive for delirium on this day. Agitated and non-cooperative, pulling tubes and catheters.
 Y N “YES” if the patient is described as **MIXED** hypo-hyperactive and is positive for delirium on this day .
 Se above for description.

It is only possible to apply "YES" in one of the three.

Delirium treatment assessment

- D5 Did the patient receive any treatment with **haloperidol** (N05AD01) during this day? Y N if “YES” select any of the below

Total regular dose |_|_|_| mg/day

Total as needed dose |_|_|_| mg/day

Total prophylaxis |_|_|_| mg/day

D6 Did the patient receive any treatment with **olanzapin** (N05AH03) during this day? Y N

if "YES" select any of the below

Total regular dose |_|_|_| mg/day
Total as needed dose |_|_|_| mg/day
Total prophylaxis |_|_|_| mg/day

D7 Did the patient receive any treatment with **quetiapine** (N05AH04) during this day? Y N

if "YES" select any of the below

Total regular dose |_|_|_| mg/day
Total as needed |_|_|_| mg/day
Total prophylaxis |_|_|_| mg/day

D8 Did the patient receive **any other pharmacological intervention** for delirium during this day? Y N

if "YES" select any of the below

Y N Benzodiazepine (N05BA)
 Y N Rivastigmin (N06DA03)
 Y N Other

D9 Did the patient receive continuous infusion of **sedatives** on this day? Y N

if "YES" then select all of the below that the patient received.

Y N Propofol (N01AX10)
 Y N Midazolam (N05CD08)
 Y N Dexmedetomidin (N05CM18) as continues > 12 hours on this day
 Y N Other

D10 Did the patient receive continuous infusion of **opioids** on this day, for more than 2 consecutive hours? Y N

if "YES" then select all of the below that the patient received.

Y N Remifentanil (N01AH06)
 Y N Sufentanil (N01AH03)
 Y N Fentanyl (N01AH01)

Y N Morphine (N02AA01)

Y N Other

D11 Did the patient receive any **sleeping pill** or insomnia medication during this day?

if "YES" the patient received any of the following.

Zopiclon (N05CF01), Zolpidem (N05CF02), Triazolam (N05CD05), Lormetazepam (N05CD06) or Nitrazepam (N05CD02)

Y N Short acting benzodiazepine (see box)

Y N Chloralhydrate (N05CC01)

Y N Melatonin (N05CH01)

Y N Dexmedetomidin (N05CM18) continuous > 4 hours between 10 pm – 06 am on this day

Y N promethazine (R06AD02)

Y N Other

Use of life support on this day

D12 Treatment with **continuous infusion vasopressor or inotropes?**

Was the patient been treated with any of the following during this day?

Y N noradrenaline (C01CA03)

Y N adrenaline (C01CA24)

Y N dobutamine (C01CA07)

Y N dopamine (C01CA04)

Y N milrinone (C01CE02)

Y N levosimendan (C01CX08)

Y N phenylephrine (C01CA06)

Y N

vasopressin (H01BA01)

D13 Did the patient receive **respiratory support** (invasive or non-invasive ventilation including continuous mask CPAP or CPAP via tracheotomy) on this day?

 Y N

D14 Did the patient receive any form of **renal replacement therapy** (continuous or intermittent) on this day?

 Y N

Finish ☺ Then go to main page