

Patient no:

Questions or assistances call: +45 35 45 6949

DAY 1 FORM, contains baseline characteristics and data from ICU admission to the beginning of the next day (defined as the start of the chart day)

Instructions to CTU: All questions must be answered. “Unobtainable” can be e.g. a button or a checked box.

Click the flag to add comments.

GENERAL PATIENT INFORMATION

- D1:1 **Date of birth** |_|_|-|_|_|-|_|_|_|_| dd-mm-yyyy
- D1:2 **Male sex?** Y N “YES” if, the patient is male
- D1:3 **Hospital admission date?** |_|_|-|_|_|-|_|_|_|_| dd-mm-yyyy If the patient has been transferred from another hospital, report the date of admission to the first hospital.
- D1:4 **ICU admission date?** |_|_|-|_|_|-|_|_|_|_| dd-mm-yyyy If the patient has been transferred from another ICU, report the date of admission to the first ICU.
- D1:5 **ICU admission time?** |_|_|:|_|_| hh:mm 24 hour time
- D1:6 **Admissions diagnose?**
- D1:6.1 **Severe sepsis?** Y N “YES” if the patient has proven or suspected AND sepsis-induced hypotension or lactate above upper limits laboratory normal, Urine output < 0.5ml/kg/hr for more than 2 hrs despite fluid resuscitation, acute lung injury with Pao₂/Fio₂ < 250 mmHg in the absence of pneumonia as infection source, (Pao₂/Fio₂ < 200 mmHg in the presence of pneumonia), p-Creatinine > 2mg/dl (176.8 μmol/L, Bilirubin > 2 mg/dl (34.2 μmol/L), Platelet count < 100,000 /μL OR Coagulopathy (International normalized ratio > 1.5)
- D1:6.2 **Trauma?** Y N “YES” if the patient is classified as a trauma patient

D1:6.3 **Surgery - emergency?** Y N “YES” if the patient has had emergency surgery during this hospital admission OR was transferred from another hospital and had emergency surgery there

D1:6.4 **Surgery - elective?** Y N “YES” if the patient has had elective surgery during this hospital admission OR was transferred from another hospital and had elective surgery there

D1:7 **Risk factor for delirium** prior to hospital/ICU admission?

D1:7.1 **Previous delirious episodes?** Y N Defined as: patients receiving one or more doses of haloperidol, AND described as delirious (documented CAM-ICU positive or ICDSC ≥ 4 point (0-8 point) or DOS>3 point (0-13/day point), ICD-10 code (DF05, DF050, DF058), or agitated and/or non-cooperative and/or eyes open and big with no contact (Glasgow Coma Score (GCS) > 7) or restrained to the bed

D1:7.2 **Smoking?** Y N “YES” if the smokes more than 10 cigarettes a day

D1:7.3 **Alcohol abuse?** Y N “YES” if the patient drinks more than 3 units of alcohol pr. day (1 units defined as 12g of alcohol)

D1:7.4 **Substance abuse?** Y N “YES” if the patient use morphine, benzodiazepines or barbiturates not prescribed by a certified doctor every day. Or any other use of an illegal sustains.

D1:7.5 **Treatment of psycholeptics, analeptic and Parkinson prior to hospital /ICU admission?** Y N “YES” if the patient has been treated with either of the below prior to this hospital/ICU admission:
 - antipsychotics (N05A)
 - anti-Parkinson (N04)
 - antidepressant (N06A)
 - benzodiazepine (N05BA)

D1:8 **Is the patient’s vision impaired?** Y N “YES” if the patient uses glasses? Data from patient file or ask the next in kind

D1:9 **Is the patient’s hearing impaired?** Y N “YES” if the patient uses a hearing aid. As of data from patient file or ask next of kind

CO-morbidities

The registration below is based on information from the patients’ files.

D1:10 **Does the patient have metastatic cancer?** Y N “YES”, if metastatic cancer is proven by surgery, C.T. scan or any other method.

D1:11 **Does the patient have haematological malignancy?** Y N “YES”, if the patient has known haematological malignancy.

D1:12 **Does the patient have AIDS?** Y N “YES”, if HIV positive with HIV defining diseases such as pneumocystis carinii pneumonia, Kaposi’s sarcoma, Lymphoma, tuberculosis or toxoplasma infection.

SAPS (Simplified Acute Physiology Score) II

The registration below is based on the value obtained on the first day in ICU.

If missing, use the value of the next ICU day
Please select the most deranged value

D1:13	_ _ [range: 3-15]	<p>Lowest Glasgow Coma score on this day? If unknown write 15</p> <p>If sedated, use last score before sedation. If unknown write 15. Glasgow Coma Score is the sum of points (range 3-15) given for the following categories: eyes, verbal response, and motor response. EYES: 1 point: Does not open eyes. 2 points: Opens eyes in response to painful stimuli. 3 points: Opens eyes in response to voice. 4 points: Opens eyes spontaneously. VERBAL: 1 point: Makes no sounds. 2 points: Incomprehensible sounds. 3 points: Utters inappropriate words. 4 points: Confused, disorientated. 5 points: Oriented, converses normally. MOTOR: 1 point: Makes no movements. 2 points: Extension to painful stimuli. 3 points: Abnormal flexion to painful stimuli 4 points: Flexion / withdrawal to painful stimuli. 5 points: Localizes painful stimuli. 6 points: Obeys commands.</p>
D1:14	_ _ _ [range: 00-200]	<p>Lowest systolic arterial pressure on this day? (mmHg)</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto;">Do not allow decimals</div>
D1:15	_ _ _ [range: 30-250]	<p>Highest systolic arterial pressure on this day (mmHg)</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto;">Do not allow decimals</div>
D1:16	_ _ _ [range: 00-200]	<p>Lowest heart rate on this day? (beats/min)</p> <p>If the patient has an atrial arrhythmia, measure the ventricular response rate (R waves) only to record the heart rate</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto;">Do not allow decimals</div>
D1:17	_ _ _ [range: 30-250]	<p>Highest heart rate on this day? (beats/min)</p> <p>If the patient has an atrial arrhythmia, measure the ventricular response rate (R waves) only to record the heart rate</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto;">Do not allow decimals</div>
D1:18	<div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; padding: 2px 10px;">Y</div> <div style="border: 1px solid black; padding: 2px 10px;">N</div> </div>	<p>Was the core temperature $\geq 39^{\circ}\text{C}$ on this day?</p> <p>Core temperature: rectal, urinary bladder, central line, or tympanic. If oral, inguinal or axillary temperatures are used, add 0.5°C to measured value.</p>
D1:19	_ _ [range: 2-80]	<p>Highest p-carbamid (urea) on this day? (mmol/L)</p> <p>To convert from mg/dl multiply with 0.05</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto;">Allow decimals</div>
D1:20	_ _ . _ [range: 0.1-99]	<p>Lowest white blood cell count on this day? ($10^9/\text{L}$)</p> <p>If the lab returns a value of e.g. "$<0,1$", please report "0.1".</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto;">Allow decimals</div>
D1:21	_ _ . _ [range: 0.1-99]	<p>Highest white blood cell count on this day? ($10^9/\text{L}$)</p> <p>If the lab returns a value of e.g. "$<0,1$", please report "0.1".</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto;">Allow decimals</div>



D1:22 | | | |
[range: 100-170]

Lowest p-sodium on this day? (mmol/L)
Sodium is also known as natrium

Do not allow decimals

D1:23 | | | |
[range: 100-170]

Highest p-sodium on this day? (mmol/L)
Sodium is also known as natrium

Do not allow decimals

D1:24 | | . | | |
[range: 1.5-10.0]

Lowest p-potassium on this day? (mmol/L)
Potassium is also known as kalium

Allow decimals

D1:25 | | . | | |
[range: 1.5-10.0]

Highest p-potassium on this day? (mmol/L)
Potassium is also known as kalium

Allow decimals

D1:26 | | | |
[range: 10-35]

Lowest p-bicarbonate on this day? (mmol/L)

Allow decimals

Use of life support on this day

D1:31 Treatment with **continuous infusion vasopressor or inotropes?**

Was the patient treated with any of the following on 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)

D1:32 Did the patient receive **respiratory support** (invasive or non-invasive ventilation including continuous mask CPAP or CPAP via tracheotomy) any time on this day?

Y N

D1:33 Did the patient receive any form of renal replacement therapy (continuous or intermittent) on this day?

Y N

DELIRIUM ASSESSMENT

One positive score equals this day is positive for delirium or coma

D1:27 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

D1:28 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)

D1:29 Was the patient restrained at any time during this day?

Y N

“Yes” if the patient has been physically on this day.

D1:30 Was the patient described as **hypo**, **hyper** or **mixed** delirious?

Y N

“Yes” if the patient is described as HYPOactive and is positive for delirium on this day. Lying still with open eyes and no clear contact (GCS >7).

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

Y N

“Yes” if the patient is described as HYPERactive 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 .
 See above for description.

Delirium treatment assessment

D1:34 Did the patient receive any treatment with **haloperidol** (N05AD01) on this day?

Y N

if “YES” select any of the below

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

D1:35 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 prophylactic |_|_|_| mg/day

D1:36 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 dose |_|_|_| mg/day

Total prophylactic |_|_|_| mg/day

D1:37 Did the patient receive **any other pharmacological intervention** for delirium on this day? Y N

if "YES" select any of the below

Y N Benzodiazepine (N05BA)

Y N Rivastigmin (N06DA03)

Y N Other

D1:38 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 > 18 hours on this day

Y N Other

D1:39 Did the patient receive any continuous infusion of **opioids** for more than 2 consecutive hours on this day? 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

D1:40 Did the patient receive any **sleeping pill** or insomnia medication on 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 Chlorhydrate (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

Finish ☺ Then go to main page