

GENERAL PATIENT INFORMATION

Hotline: +45 35 45 69 49

The registration below is based on information from the first day in ICU.

#	Question	Answer	Info	Validation and limits	Further comments for data manager
G1	Date of birth	_ _ - _ _ - _ _ _ _	Format: dd-mm-yyyy	Required	
G2	Male sex	<input type="checkbox"/> YES <input type="checkbox"/> NO	Yes, if the patient is male	Required	
G3	Hospital admission date	_ _ - _ _ - _ _ _ _	Format: dd-mm-yyyy	Required	
G4	ICU admission date	_ _ - _ _ - _ _ _ _	Format: dd-mm-yyyy	Required	ICU admission must be after or on the same day as hospital admission
G5	ICU admission time	_ _ - _ _	Format: 24 hours, hh:mm	Required	
Admission diagnose					
G6	Sepsis?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Yes, if the patient has proven or suspected infection AND a change in SOFA Score ≥ 2 .	Required	
G7	Trauma	<input type="checkbox"/> YES <input type="checkbox"/> NO	YES, if the patient is classified as a trauma patient.	Required	
G8	Surgery?	<input type="checkbox"/> Emergency surgery <input type="checkbox"/> Elective surgery <input type="checkbox"/> None	Did the patient have emergency surgery OR elective surgery during this hospital admission or was transferred from another hospital and had emergency surgery there, but before this ICU admission.	Required	

Risk factors for delirium prior to hospital/ICU admission

G9	Delirious episodes before ICU admission?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Defined as: Received one or more dose, oral or IV, before admitted to the ICU. Only for this hospitalization. <ul style="list-style-type: none"> • Haloperidol • Chlordiazepoxid (N05BA02) (Klopoxid®, Risolid®) • Phenobarbital (N03AA02) (Fenemal®) 	Required	
G10	Smoking?	<input type="checkbox"/> YES <input type="checkbox"/> NO	YES, if the patient smokes every day. If pack years are mention in the patient journal and the patient still smokes, answer 'YES'.	Required	
G11	Alcohol abuse?	<input type="checkbox"/> YES <input type="checkbox"/> NO	YES, if the patient drinks more than 3 units of alcohol per day (1 unit is defined as 12g of alcohol).	Required	
G12	Substance abuse?	<input type="checkbox"/> YES <input type="checkbox"/> NO	YES, if the patient has daily use of morphine, benzodiazepines or barbiturates not prescribed by a physician. Or any other use of illegal substances.	Required	
G13	Benzodiazepine use?	<input type="checkbox"/> YES <input type="checkbox"/> NO	YES, if the patient is being treated with benzodiazepines (N05BA) (N05CD08) at admission or before admission to ICU , such as; <ul style="list-style-type: none"> • Diazepam, Oxazepam, Lorazepam, Bromazepam, Cloxazolam, Midazolam. 	Required	
G14	Is the patient's vision impaired?	<input type="checkbox"/> YES <input type="checkbox"/> NO	YES, if the patient uses glasses? Data from patient file or ask the next of kin.	Required	
G15	Is the patient's hearing impaired?	<input type="checkbox"/> YES <input type="checkbox"/> NO	YES, if the patient uses a hearing aid. Data from patient file or ask the next of kin.	Required	

