ALL PATIENTS ≥ 16 (ADULT) FORM 1

**STANDARD FORM 1**

1.1 |__|__|__|__|__|__|__|__|__| Study Day Date

**GENERAL PATIENT INFORMATION**

1.2 |__|__|__| Patient’s gender
1.3 |__|__|__|__| Patient’s age (years)
1.4 |__|__|__|__|__|__|__|__|__| Hospital admission date (dd/mm/yyyy)
1.5 |__|__|__|__|__| Hospital admission time (use 24 hour clock)
1.6 |__|__|__|__|__|__|__|__|__| ICU admission date (dd/mm/yyyy)
1.7 |__|__|__|__|__| ICU admission time (use 24 hour clock)
1.8 From where was the patient admitted to the ICU? (select only one)
- Emergency Department
- Hospital Floor (Ward)
- Transfer from another ICU
- Transfer from another hospital (except from another ICU)
- Admitted from Operating Theatre following **EMERGENCY** surgery
- Admitted from Operating Theatre following **ELECTIVE** surgery
1.9 |__|__| Has this patient previously been in ICU in **THIS** hospital during **THIS** hospital admission?
1.10 |__|__| Was this a **POST-OPERATIVE** admission to ICU? (Answer **yes** if patient admitted **DIRECTLY** from the operating theatre or the recovery room)
1.11 **APACHE III Code** [See list of codes in Data Dictionary, Appendix 1]
- If **No**, What is the APACHE III **non-operative** diagnostic code?
- If **Yes**, What is the APACHE III **postoperative** diagnostic code?
1.12 |__|__|__| Patient’s weight (kg)
1.13 Was the above weight estimated or measured?
- Estimated
- Measured

*Form continued on next page*
PATIENT SUB CATEGORY

TRAUMA

1.14  Y  N  Was trauma the patient’s primary reason for hospital admission (include burns or any type of trauma including falls in the elderly)?
    If no, go to question 1.22
    If yes, go to question 1.15

Which of the following criteria for TRAUMA did the patient meet? (refer to Data Dictionary for definitions)

1.15  Y  N  An injury to the body produced by mechanical forces
1.16  Y  N  A primary admission diagnosis of burns
    If no, go to question 1.18
    If yes, answer question 1.17

1.17  Y  N  What was the percentage of body area of burns?
1.18  Y  N  What was the last GCS prior to sedation?
1.19  Y  N  Was the GCS recorded in the patient record or estimated from a description of the patient’s neurological state?
    □ Recorded
    □ Estimated
1.20  Y  N  Was a cranial CT scan performed prior to ICU admission?
    If no, go to question 1.22
    If yes, answer question 1.21

1.21  Y  N  Was there an abnormality on cranial CT consistent with acute traumatic brain injury?

SEPSIS ON STUDY DAY

1.22  Y  N  Does the patient meet BOTH of the following criteria for sepsis today (refer to Data Dictionary for definitions)
    • a defined focus of infection (positive cultures not required)
    • 2 or more of the Systemic Inflammatory Response Syndrome criteria
        o Core temperature >38°C or <36°C.
        o WCC >12 x 10^9/L or < 4 x 10^9/L or > 10% immature neutrophils (Band forms)
        o Tachycardia - Heart rate >90 beats/minute
        o Tachypnoea - >20 breaths per minute or a PaCO_2<32 mmHg or mechanical ventilation

1.22a  Y  N  Does the patient meet the defined focus of infection criteria (above) but NOT have 2 or more SIRS criteria?

ACUTE RESPIRATORY DISTRESS SYNDROME (ARDS) ON STUDY DAY

1.23  Y  N  Did the patient meet ALL of the following criteria for severe ARDS? (refer to Data Dictionary for definition)
    • Within 1 week of a known clinical insult or new or worsening respiratory symptoms
    • Bilateral opacities not fully explained by effusions, lobar/lung collapse, or nodules
    • Respiratory failure not fully explained by cardiac failure or fluid overload
    • PaO_2/FiO_2 ≤ 100 mmHg With PEEP ≥ 5cm H_2O
    □ Recorded
    □ Estimated
1.21  Y  N  Was there an abnormality on cranial CT consistent with acute traumatic brain injury?
### APACHE & SOFA SCORE

**APACHE II score**

1.24 |   | | What was the total APACHE II score for the first 24 hours of the ICU admission? (Record the APACHE II from your ICU database, or if necessary derive the score using an APACHE II worksheet. See Data Dictionary, Appendix 3)

1.25 |   | | What was the chronic health points score (part C). If the patient had chronic health points, indicate all that apply below:

- Liver: Biopsy proven cirrhosis & documented portal hypertension (PH); episodes of upper GI bleeding due to PH; or prior episodes of hepatic failure/encephalopathy/coma
- Renal: Receiving chronic dialysis
- Cardiovascular: New York Heart Association Class IV – symptoms at rest
- Respiratory: Chronic restrictive, obstructive or vascular disease resulting in severe exercise restriction (i.e. unable to climb stairs, perform household duties); or documented chronic hypoxia, hypercapnia, 2° polycythemia, severe pulmonary hypertension (>40mmHg) or respiratory dependency
- Immunocompromised: Patient has received therapy that suppresses resistance to infection, e.g. immunosuppression, chemotherapy, radiotherapy, long term or recent high dose steroids, or has a disease sufficiently advanced to suppress resistance to infection (e.g. leukaemia, lymphoma, AIDS)

**SOFA Domains**

Please document each of the SOFA domains using data for the most deranged score within the 24 hr study period (see Data Dictionary, Appendix 4).

1.26 |   | | SOFA Respiratory
1.27 |   | | SOFA Coagulation
1.28 |   | | SOFA Liver (Hepatic)
1.29 |   | | SOFA Cardiovascular
1.30 |   | | SOFA Renal
1.31 |   | | SOFA CNS

### ICU RESEARCH CAPACITY

1.32 |   | | Has this patient been enrolled in one or more interventional clinical trials during this ICU admission?

- If no, go to question 1.33
- If yes, go to question 1.34

1.33 |   | | If no, was this patient eligible for an interventional clinical trial (fulfilled inclusion and no exclusion criteria) but not recruited, for any reason (“missed recruitment”).

This form is finished. Go to Form 2.

1.34 |   | | If this patient is/was enrolled in an interventional clinical trial is it: (select all that apply)

- A fully sponsored commercial trial?
- A CTG endorsed multicentre trial?
- Another investigator initiated trial?
IMPORTANT INFORMATION

Please collect the following information from your hospital database on day 28 (counting the Point Prevalence Day as Day 1) so collect data on XXX or XXX, 20XX, depending on the Point Prevalence Day chosen.

PATIENT OUTCOME

6.1  At the end of day 28 has the patient been discharged (alive or dead) from your ICU?
    - If No, (form is complete)
    - If Yes, (continue to question 6.2)

6.2  What was the date of ICU discharge? (dd/mm/yyyy)

6.3  Was the patient alive at ICU discharge?
    - If no, form is complete
    - If yes, go to 6.4

6.4  At the end of day 28 has the patient been discharged (alive or dead) from your hospital? [This includes transfer to a different hospital]
    - If no, form is complete
    - If yes, go to 6.5

6.5  What was the date of hospital discharge? (dd/mm/yyyy)

6.6  Was the patient alive at hospital discharge?

THANK YOU – Data collection for this patient is complete.

Please fill out the Unit Level Questions (Form X) once per ICU