IMPROVE-ICU Part II

There are 32 questions in this survey

Basic patient characteristics

1 Please enter your personal token *

Please write your answer here:

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2 Date of ICU admission *

Please enter a date:

---

3 Please type of admission *

Please choose **only one** of the following:

○ Elective

○ Emergency

**4 What was the initial reason for ICU admission?
***

Please choose **only one** of the following:

○ Surgical

○ Medical

○ Trauma

○ Other

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5 What was the mainly affected organ system upon ICU admission? *

Please choose **all** that apply:

☐ Central Nervous

☐ Cardiovascular

☐ Respiratory

☐ Gastrointestinal

☐ Genitourinary

☐ Trauma / Musculosceletal

Other: [   ]

6 Known disease of the central nervous system

[Only answer this question if you answered 'Central Nervous' to question '5']

Please choose **all** that apply:

☐ Dementia

☐ Stroke

☐ Traumatic brain injury

Other: [   ]

7 Dementia *

[Only answer this question if you answered 'Dementia' to question '6']

Please choose **only one** of the following:

○ Alzheimer's

○ Parkinson's

○ Other dementia

8 Patient's age (years)
*

Please write your answer here:

[   ]

9 Patient's gender *

Please choose **only one** of the following:

○ Male

○ Female

10
Respiratory support. Currently the patient is / receives ...
*

Please choose **all** that apply:

☐ Not ventilated

☐ Non invasive ventilation (NIV)

☐ Invasive/mechanical ventilation

☐ Extracorporal lung assist

11 Duration (days) of mechanical / invasive ventilation

[Only answer this question if you answered 'Invasive/mechanical ventilation' to question '10']

Please write your answer here:

12 Duration (days) of extra corporal lung assist

[Only answer this question if you answered 'Extracorporal lung assist' to question '10']

Please write your answer here:

13 Devices

Please choose **all** that apply:

☐ Nasogastric tube

☐ Central venous line

☐ Intra-arterial line

☐ IABP

☐ Urinary catheter

☐ Dialysis catheter

☐ Epidural catheter

☐ ICP monitor

Other:

14 Drains (number)

Please write your answer here:

Patients Score Values (last 24h)

Please type 999 for not applicable

15 24 hours before day of study (January 24th, 00:00:00–23:59:59)

16 TISS 28

Please write your answer here:

17 APACHE II

Please write your answer here:

18 APACHE III

Please write your answer here:

19 SAPS

Please write your answer here:

20 SOFA

Please write your answer here:

Patients Score Values (last 24h)

21 Others (which)

Please write your answer here:

Patient's Pain Data

22 What analgesics has the patient received during the 24 hours preceding the day of study? *

Please choose all that apply:

☐ **None used**

☐ **Fentanyl**

☐ **Sufentanil**

☐ **Remifentanil**

☐ **Morphine**

☐ **Piritramide**

☐ **epidural**

Other: [   ]

24 hours before day of study (January 24th, 00:00:00-23:59:59)

23
Patients highest pain score (score)

	VAS	NAS	BPS	Other
Morning shift				
Afternoon shift				
Night shift				

24 hours before day of study (January 24th, 00:00:00-23:59:59)

For each shift, please indicate only the highest score that has been documented and leave the others blank.

24
If you have used the column "other", please specify the name of the score

Please write your answer here:

[   ]

Patient's Sedation Data

25 What sedatives has the patient received during the 24 hours preceding the day of study? *

Please choose all that apply:

☐ **None used**

☐ **Propofol**

☐ **Midazolam**

☐ **Lorazepam**

☐ **Clonidine**

☐ **Dexmedetomidine**

☐ **Ketamine**

☐ **Barbiturates**

Other: [_____]

24 hours before day of study (January 24th, 00:00:00-23:59:59)

26 Please name barbiturates

[Only answer this question if you answered 'Barbiturates' to question '25']

Please write your answer here:

[_____]

27 Sedation scale (score)

[Only answer this question if you have NOT answered 'None used' to question '25']

	RASS	SAS	RSS	Other
Morning shift (pts)				
Afternoon shift (pts)				
Night shift (pts)				

24 hours before day of study (January 24th, 00:00:00-23:59:59)

For each shift, please indicate only the highest score that has been documented and leave the others blank.

28
If you have used the column "other", please specify the name of the score

Please write your answer here:

Patient's Delirium Data

29

Was the patient delirious during the 24 hours preceding the day of study? *

Please choose only one of the following:

○ **Yes**

○ **No**

○ **Delirium not monitored**

○ **Evaluation not possible (e.g. RASS <= -3, GCS 3)**

24 hours before day of study (January 24th, 00:00:00-23:59:59)

30
By whom was occurence or non-occurence of delirium detected?
***

[Only answer this question if you answered 'Yes' or 'No' to question '29']

Please choose only one of the following:

○ **Nurse**

○ **Intensive Care MD**

○ **Psychiatrist**

○ **Psychologist**

○ **Other** [_____]

31
Which score/method was used for detection?

[Only answer this question if you answered 'No' or 'Yes' to question '29']

Please choose all that apply:

☐ **None**

☐ **CAM (Confusion Assessment Method)**

☐ **CAM-ICU (The Confusion Assessment Method for the ICU)**

☐ **DDS (Delirium Detection Score)**

☐ **DRS-R98 (Delirium rating scale-revised-98)**

☐ **ICDSC (Intensive Care Delirium Screening Checklist)**

☐ **MDAS (Memorial Delirium Assessment Scale)**

☐ **Nu-DESC (Nursing Delirium Screening Scale)**

☐ **ICD-10 (International Classification of Diseases)**

☐ **DSM4 (diagnostical and statistical manual for mental disorders)**

Other: [   ]

32
Patients highest delirium score (score)

[Only answer this question if you answered 'Yes' or 'No' to question '29']

Please write your answer(s) here:

Morning shift [   ]

Afternoon shift [   ]

Night shift [   ]

24 hours before day of study (January 24th, 00:00:00-23:59:59)
If score result is "positive" or "negative" (e.g. CAM-ICU), please type 100 for positive and 200 for negative

2010-08-04
{FAX_TO} Submit your survey.
Thank you for completing this survey.