A. ICU DEMOGRAPHIC DATA (complete 1 form for each ICU participating in SAnDMAN)

1. Hospital Name___________________________________________
2. City ___________________________________________________
3. Country ________________________________________________
4. How would you best describe your hospital? (select one only)
   - University affiliated hospital
   - Community/District hospital – Teaching
   - Community/District hospital – Non-teaching
   - Other
5. How many beds in total does your hospital have? (select one response only)
   - ≤250
   - 251-499
   - 500-1000
   - >1000
6. What is the type of your ICU (predominantly)? (select one response only)
   - Burns Unit
   - Cardiac ICU
   - Coronary ICU
   - Medical ICU
   - Mixed ICU
   - Neurological/Neurosurgical ICU
   - Surgical ICU
   - Transplant ICU
   - Trauma ICU
   - Other
7. What is your ICU model of care? (select one response only)
   - Closed ICU: patients are cared for by 1 team of intensivists; only intensivists have admitting privileges to the ICU
   - Open ICU: any physician/surgeon can admit patients to the ICU; intensivists are available for consultation at the discretion of the responsible physician
   - Semi-closed: only intensivists have admitting privileges to the ICU but treat the patient in collaboration with other physicians
   - Other
8. How many beds can be staffed in your ICU? (select one response only, relevant to the ICU participating in SAnDMAN)
   - ≤10
   - 11-19
   - 20-29
   - ≥30
9. How many ventilators are available for invasive mechanical ventilation in your ICU? (select one response only)
   - 1-5
   - 6-10
   - 11-20
   - ≥21
10. What is the number of annual admissions to your ICU? (select one response only)
    - <300
    - 301-500
    - 501-1000
    - >1000

B. ICU STAFFING INFORMATION

1. What is the average nurse to patient ratio in your ICU for MECHANICALLY VENTILATED patients? (select one response only)
   - 1:1
   - 1:2
   - 1:3
   - 1:4
   - Other
2. What is the average nurse to patient ratio in your ICU for NON-MECHANICALLY VENTILATED patients? (select one response only)
   - 1:1
   - 1:2
   - 1:3
   - 1:4
   - Other
3. What is the average intensivist to patient ratio in your ICU during day-time hours? (select one response only)
   - 1:5
   - 1:6-10
   - 1:11-15
   - 1:16-20
   - Other
4. Which of the following staff regularly work in your ICU? (select all that apply)
   - Trainee physician (non-critical care trainee)
   - Critical care/Anesthesiology trainee
   - Advanced Nurse Practitioner
   - Specialist Critical Care Nurse
   - Senior physician (Attending/Consultant)
5. Who provides out-of-hours (nights and weekends) senior clinical coverage ON SITE? (select all that apply)
   - Trainee physician (non-critical care trainee)
   - Critical care/Anesthesiology trainee physician
   - Advanced Nurse Practitioner
   - Specialist Critical Care Nurse
   - Senior physician (Attending/Consultant)
   - None of the above
   - Other
   - Unknown/Not available

6. What is the specialty of training of the intensivists who work in your ICU? (select all that apply)
   - Anaesthesia
   - Critical Care/Intensive Care Medicine
   - Internal/General Medicine
   - Respiratory/Pulmonary medicine
   - Surgery
   - Family Medicine/General Practice
   - Emergency Medicine
   - Neurology
   - Other

7. Do you have respiratory therapists working in your ICU?
   - No
   - Yes
   - Unknown/Not available

8. Does a dedicated pharmacist attend daily ICU rounds (at least daily on weekdays)?
   - No
   - Yes
   - Unknown/Not available

9. Does your ICU have a dedicated physiotherapist (at least daily on weekdays)?
   - No
   - Yes
   - Unknown/Not available

10. Does your ICU have a mobility team, whose primary role is to mobilize the patient?
    - No
    - Yes
    - Unknown/Not available

11. Does your hospital have a music therapist?
    - No
    - Yes
    - Unknown/Not available

12. Does your hospital provide pet therapy, or permit the patient’s own pet(s) to visit?
    - No
    - Yes
    - Unknown/Not available

13. How are patient rooms structured in your ICU? (select all that apply)
    - Single patient rooms
    - 2 patients per room
    - More than 2 patients per room
    - Open plan ICU with cubicles/bed spaces

14. What is your ICU visitor policy? (select one response only)
    - Open access 24 hours/day (other than brief periods for procedures, etc.)
    - Limited to specific times of the day
    - No visitors are permitted in the ICU
    - Other
C. ICU PRACTICES AND PROTOCOLS

1. Which of the following intravenous analgesics are available for use in your ICU? (select all that apply)
   - [ ] Acetaminophen/Paracetamol
   - [ ] Morphine
   - [ ] Hydromorphone
   - [ ] Fentanyl
   - [ ] Sufentanil
   - [ ] Remifentanil
   - [ ] Dezocine
   - [ ] Cannabinoids (e.g. Nabilone)
   - [ ] Other

2. Does your ICU routinely use a pain assessment scale?
   - [ ] No
   - [ ] Yes
   - [ ] Unknown/Not available
   2.1. If you responded ‘Yes’, please select the scale(s) you use (select all that apply)
   - [ ] Behavioral Pain Scale (BPS)
   - [ ] Critical Care Pain Observation Tool (CPOT)
   - [ ] Faces Pain Scale
   - [ ] Nociception Coma Scale
   - [ ] Non-Verbal Pain Scale (NVPS)
   - [ ] Numeric Rating Scale (NRS)
   - [ ] Verbal Descriptor Scale (VDS)
   - [ ] Visual Analogue Scale (VAS)
   - [ ] Other
   - [ ] Unknown/Not available

3. Which of the following intravenous sedatives are available for use in your ICU? (select all that apply)
   - [ ] Midazolam
   - [ ] Lorazepam
   - [ ] Diazepam
   - [ ] Propofol
   - [ ] Dexmedetomidine
   - [ ] Clonidine
   - [ ] Ketamine
   - [ ] Thiopental
   - [ ] Pentobarbital
   - [ ] Other

4. Does your ICU routinely use a sedation assessment scale?
   - [ ] No
   - [ ] Yes
   - [ ] Unknown/Not available
   4.1. If you responded ‘Yes’, please select the scale(s) you use (select all that apply)
   - [ ] Glasgow Coma Scale (GCS)
   - [ ] Motor activity assessment scale (MAAS)
   - [ ] Ramsay scale
   - [ ] Richmond Agitation-Sedation Scale (RASS)
   - [ ] Riker Sedation-Agitation Scale (SAS)
   - [ ] Other
   - [ ] Unknown/Not available

5. Does your ICU routinely use a delirium assessment scale?
   - [ ] No
   - [ ] Yes
   - [ ] Unknown/Not available
   5.1. If you responded ‘Yes’, please select the scale(s) you use (select all that apply)
   - [ ] 4AT Assessment test for delirium & cognitive impairment
   - [ ] Confusion Assessment Method – ICU (CAM-ICU)
   - [ ] Delirium Motor Subtype Scale (DMSS)
   - [ ] Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM-V) criteria
   - [ ] Intensive Care Delirium Screening Checklist (ICDSC)
   - [ ] Memorial Delirium Assessment Scale (MDAS)
   - [ ] Mini Mental State Examination (MMSE)
   - [ ] NEECHAM Confusion Scale
   - [ ] Nurses’ Delirium Screening Checklist (NuDeSC)
   - [ ] Single Question in Delirium
   - [ ] Clinical Assessment only
   - [ ] Other
   - [ ] Unknown/Not available
6. **Who evaluates patients for signs and symptoms of delirium in your ICU? (select all that apply)**
   - Consultant/Attending Intensivist
   - Trainee
   - Psychiatrist or Psychologist
   - ICU nurse
   - Other
   - Not Applicable – our ICU does not assess patients for delirium

7. **Indicate if in your ICU you have any of the following protocols (select all that apply)**
   - Alcohol withdrawal
   - Delirium/agitation prevention or treatment protocol
   - Physical restraint
   - Use of paralytic drugs (neuromuscular blocking agents)
   - None of the above
   - Other
   - Unknown/Not applicable

8. **Indicate if in your ICU you routinely... (select all that apply)**
   - Practice an analgesia-first (prior to sedation) strategy
   - Use daily sedation-analgesia interruption / spontaneous awakening trial (unless contraindicated)
   - Assess patients for iatrogenic opioid withdrawal
   - Wean opioids slowly to prevent opioid withdrawal
   - Perform daily spontaneous breathing trials (SBT)
   - Use a mobility assessment tool (i.e. SOMS, PFIT, CPAx, FSS-ICU)
   - Use physical restraints for agitated patients
   - Provide extra-corporeal supportive technologies (e.g. ECMO)
   - Use inhalation anaesthetic agents for sedation of critically ill patients (isoflurane, sevoflurane, desflurane, xenon, nitrous oxide, etc.)
   - None of the above
   - Other
   - Unknown/Not applicable

9. **Indicate the start time of the ICU day, as recorded in official documents in your ICU.** For example, if your ICU counts the day from the morning at 8:00 AM, input 08:00. If your unit counts the days from midnight (i.e. calendar day), input 00:00.
   
   ___ ___ : ___ ___ hh:mm