# A. ADMISSION

1. **Age on admission**  ___ ___ ___ years

2. **Sex**
   - Male
   - Female
   - Non-binary
   - Unknown/Not available

3. **Weight** (If this information is not available input 999) ___ ___ ___ kg

4. **Date of ICU admission.** If this information is not available input 01/JAN/2001
   - dd/mmm/yyyy  ____/____/____/____

5. **Priority of ICU admission**
   - Elective/Planned
   - Emergency/Unplanned
   - Unknown/Not available

6. **Type of ICU admission (select one only)**
   - Surgical
   - Medical
   - Trauma
   - Obstetric

   **6.1. If ‘Type of ICU admission’ is ‘Surgical’ select 1 response most indicative of the primary diagnosis:**
   - Cardiac (heart and valves)
   - Ears-nose-throat
   - Endocrine
   - Gastrointestinal
   - Genito-urinary
   - Haematological/Immunological
   - Musculoskeletal (including plastic/reconstructive and orthopedic)
   - Neurosurgical
   - Thoracic
   - Transplant
   - Vascular
   - Other
   - Unknown/Not available

   **6.2. If ‘Type of ICU admission’ is ‘Medical’ select 1 response most indicative of the primary diagnosis:**
   - Allergy/Anaphylaxis
   - Cardiovascular
   - Cardiac arrest
   - Dermatological
   - Ears-nose-throat
   - Endocrine, metabolic, thermoregulation
   - Gastroenterology
   - Genito-urinary/gynecologic
   - Hematological
   - Immunological
   - Infection/Sepsis
   - Musculoskeletal
   - Neurological
   - Oncology
   - Palliative care
   - Poisoning
   - Pregnancy-related
   - Psychiatric
   - Respiratory
   - Rheumatological
   - Other
   - Unknown/Not available

   **6.3. If ‘Type of ICU admission’ is ‘Trauma’, select all that apply:**
   - Abdominal injury
   - Burn injury
   - Chest/Thoracic injury
   - Head injury (isolated)
   - Polytrauma (without head injury)
   - Polytrauma (with head injury)
   - Spinal cord injury
   - Other
   - Unknown/Not available

7. **Indicate the primary diagnosis/problem on ICU admission:** (If not known or not available input: NA)
   ____________________________________________________________

8. **Indicate the secondary diagnosis/problem on ICU admission:** (If not known or not available input: NA)
   ____________________________________________________________
B. ICU ORGAN SUPPORT

1. **Indicate the date the patient was first intubated and mechanical ventilation was started.** If this information is not available input 01/JAN/2001.
   
   dd/mmm/yyyy   ___ ___/___ ___/___ ___ ___

2. **Indicate the date of extubation.** If this information is not available or the patient was transferred to another location prior to extubation input 01/JAN/2001.
   
   If the patient was extubated more than once during this ICU admission, indicate the date of the LAST extubation.
   
   If the patient died prior to extubation, enter the date of death.
   
   dd/mmm/yyyy   ___ ___/___ ___/___ ___ ___

3. **Has the patient had a tracheostomy inserted during this ICU stay?**
   
   □ Yes □ No □ Unknown/Not available

   3.1. **If the patient received a tracheostomy during this ICU enter date of tracheostomy procedure.** If this information is not available input 01/JAN/2001.
   
   dd/mmm/yyyy   ___ ___/___ ___/___ ___ ___

4. **Did the patient receive Renal Replacement Therapy during this ICU stay?**
   
   □ Yes □ No □ Unknown/Not available

C. DISCHARGE

1. **Indicate the date of discharge from ICU.** If this information is not available input 01/JAN/2001, if the patient is still in the ICU input 08/AUG/2008.
   
   dd/mmm/yyyy   ___ ___/___ ___/___ ___ ___

2. **Indicate the status on discharge from ICU:**
   
   □ Alive □ Died □ Unknown/Not available

   2.1. **If discharged from ICU Alive indicate the discharge destination from ICU:**
   
   □ Ward □ Intermediate Care Unit/High Dependency Unit
   
   □ Another hospital (ICU/HDU) □ Another hospital (ward)
   
   □ Home □ Hospice
   
   □ Nursing home □ Rehabilitation hospital
   
   □ Other □ Data/Information not available

   2.2. **If discharged from ICU Alive enter the date of discharge from hospital** *(If this information is not available input 01/JAN/2001)*
   
   dd/mmm/yyyy   ___ ___/___ ___/___ ___ ___

   2.3. **If discharged from ICU Alive indicate the status on discharge from hospital:**
   
   □ Alive
   
   □ Deceased
   
   □ Unknown/Not available