Form completed on dd/mm/yyyy___ ___/___ ___/___ ___ ___ ___

A. SOFA SCORE AND MECHANICAL VENTILATION

1. **SOFA Score.**

Indicate the best Glasgow Coma Scale (GCS) value of the day. For other physiologic variables select the worst value of the day. If the parameter is not reported in the patient's medical record, select 'Unknown/Not available'. If no arterial blood gas was done today, use the conversion table to estimate the PaO_2 (See Manual of Operations page 14).

	Unknown/ Not available	0	1	2	3	4	Total SCORE
Hypotension		No hypotension (MAP ≥70 mmHg)	MAP<70 mmHg	*Dopamine≤5 mcg/kg/min or Dobutamine (any dose)	*Dopamine >5 mcg/kg/min or Epinephrine ≤0.1 mcg/kg/min or Norepinephrine ≤0.1 mcg/kg/min or Vasopressin alone (any dose)	* Dopamine >15 mcg/kg/min or Epinephrine >0.1 mcg/kg/min or Norepinephrine >0.1 mcg/kg/min or Vasopressin in combination with any other drug (any dose)	
Respiration PaO_2/FiO_2		≥400	<400	<300	<200 and mechanically ventilated	<100 and mechanically ventilated	
GCS (best score)		15	13-14	10-12	6-9	<6	
Platelets (10^9/L)		≥150	<150	<100	<50	<20	
Creatinine μmol/L (mg/dL)		<110 (<1.2)	110-170 (1.2-1.9)	171-299 (2.0-3.4)	300-440 (3.5-4.9) or Urine output<500 ml/day	≥440 (≥5.0) or Urine output<200 ml/day	
Bilirubin total μmol/L (mg/dL)		<20 (<1.2)	20-32 (1.2-1.9)	33-101 (2.0-5.9)	102-204 (6.0-11.9)	>204 (>12)	

Adrenergic agents administered for at least 1 hour

2. **What was the predominant mode of respiratory support TODAY?** Select only one response, representing the support mode applied for the majority of the day
   - ☐ Invasive mechanical ventilation with endotracheal tube (Assisted breathing, e.g. Pressure support)
   - ☐ Invasive mechanical ventilation with endotracheal tube (Controlled breathing, e.g. Pressure or Volume control, and patient not making respiratory efforts)
   - ☐ Extra-corporeal respiratory support
   - ☐ Other
   - ☐ Data/Information not available

3. **Did the patient require proning for hypoxaemia TODAY?**
   ☐ Yes   ☐ No   ☐ Unknown/Not available
   3.1   **If yes, how long was the patient in prone position today?**
   ___ ___ hours

B. SEDATION AND ANALGESIA

1. **Did the patient receive ANY sedative today (intravenous infusion, boluses, or enteral)?**
   ☐ Yes   ☐ No   ☐ Unknown/Not available

   1.1. **If the patient received a sedative today, what was/were the indication(s) for sedation? (Select all that apply)**
   ☐ Agitation   ☐ Anxiety
   ☐ Cardiac ischemia or arrhythmia   ☐ Decrease intracranial pressure
   ☐ Decrease oxygen consumption (e.g. sepsis)
   ☐ Extra-corporeal support   ☐ Facilitate sleep
   ☐ Facilitate targeted temperature management   ☐ Hypoxemia/ARDS
   ☐ Lung protective ventilation   ☐ Postoperative
   ☐ Prevent tube/device removal   ☐ Prone position
   ☐ Required pharmacological muscle paralysis   ☐ Seizure control
   ☐ Shock / hemodynamic instability   ☐ Ventilator asynchrony
   ☐ Other   ☐ Unknown/Not available

   1.2. **If the patient received a sedative today, was the sedative titrated according to a scale?**
   ☐ Yes   ☐ No   ☐ Unknown/Not available

   1.2.1. **If sedation was titrated according to a scale, please specify the scale(s) used (select all that apply):**
   ☐ GCS – Glasgow Coma Score
   ☐ MAAS – Motor Activity Assessment Scale
   ☐ Ramsay scale
   ☐ RASS – Richmond Agitation and Sedation Scale
   ☐ SAS – Sedation Agitation Scale
   ☐ Other
   ☐ Unknown/Not available

   1.2.2. **Was sedation titrated according to a formal written protocol?**
   ☐ Yes   ☐ No   ☐ Unknown/Not available

   1.2.3. **Was sedation titrated according to neuromonitoring?**
   ☐ ElectroEncephaloGram (EEG) or EEG-derived measures (BIS, Entropy, etc.)
   ☐ IntraCranial Pressure (ICP)
   ☐ Near-InfraRed Spectroscopy (NIRS)
   ☐ No neuromonitoring used
   ☐ Other
   ☐ Unknown/Not available

2. **Did the patient receive any analgesia (opioid or non-opioid) today?**
   ☐ Yes   ☐ No   ☐ Unknown/Not available

   2.1. **If the patient received analgesia today, was (were) analgesic(s) titrated according to a pain scale?**
   ☐ Yes   ☐ No   ☐ Unknown/Not available

   2.1.1. **If yes, please specify the scale(s) used:**
   ☐ 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)
   ☐ Visual Analogue Scale (VAS)
   ☐ Other
   ☐ Unknown/Not available

2.2. Was a target pain score set for today?

☐ Yes   ☐ No   ☐ Unknown/Not available

2.3. Was analgesia titrated according to a formal written protocol?

☐ Yes   ☐ No   ☐ Unknown/Not available

3. **Did the patient receive a continuous infusion of SEDATIVE or ANALGESIC today?**

☐ Yes   ☐ No   ☐ Unknown/Not available

3.1. If the patient received continuous SEDATIVE infusions, were the infusions interrupted intentionally TODAY?

☐ Yes   ☐ No   ☐ Unknown/Not available

3.1.1. If ANY SEDATIVE infusion was interrupted, was it restarted today?

☐ Yes   ☐ No   ☐ Unknown/Not available

3.1.1.1. At what rate/dose was the sedative infusion restarted today after interruption?
☐ At previous rate/dose
☐ LESS than the previous rate/dose
☐ HIGHER than the previous rate/dose
☐ Unknown/Not available

3.2. If the patient received continuous ANALGESIC infusions, were the infusions interrupted intentionally TODAY?

☐ Yes   ☐ No   ☐ Unknown/Not available

3.2.1. If ANY ANALGESIC infusion was interrupted, was it restarted today?

☐ Yes   ☐ No   ☐ Unknown/Not available

3.2.1.1. At what rate/dose was the analgesic infusion restarted today after interruption?
☐ At previous rate/dose
☐ LESS than the previous rate/dose
☐ HIGHER than the previous rate/dose
☐ Unknown/Not available

3.3. Enter ALL sedative and analgesic INFUSIONS administered today.
[e.g. benzodiazepines (midazolam, lorazepam), opioids (morphine, fentanyl, remifentanil, hydromorphone, etc.), propofol, dexmedetomidine]. Do **NOT** enter antipsychotics here.

Drug name	Total dose for the day (mg/24h)	Number of hours of infusion over 24h (e.g. patient had an infusion running for 11 of 24h today)

3.4. Was the infusion rate of sedative different during day-time (08:00-20:00) compared to night-time (20:00-08:00)?
☐ HIGHER during NIGHT-TIME   ☐ HIGHER during DAY-TIME
☐ No difference   ☐ Unknown/Not available

3.5. Was the infusion rate of analgesic different during day-time (08:00-20:00) compared to night-time (20:00-08:00)?
☐ HIGHER during NIGHT-TIME   ☐ HIGHER during DAY-TIME
☐ No difference   ☐ Unknown/Not available

4. **Enter ALL sedative and analgesic INTERMITTENT INTRAVENOUS DOSES administered today.** Do **NOT** enter antipsychotics here.

Drug name	Number of doses given over 24h	Total amount given over 24h (mg)

5. **Enter ALL ENTERAL sedatives and analgesics administered today.** Do **NOT** enter antipsychotics here.

Drug name	Number of doses given over 24h	Total amount given over 24h (mg)

C. AGITATION AND ANTIPSYCHOTICS

1. **Were physical restraints (any of: wrist, ankle or trunk) applied TODAY?**
   ☐ Yes   ☐ No   ☐ Unknown/Not available
   1.1. *What type of physical restraint was used? (*Select all that apply. Manual of Operations shows representative images on page 16)
      ☐ Ankle ☐ Mittens   ☐ Torso   ☐ Wrist   ☐ Other
      ☐ Unknown/Not available

2. **Did the patient experience accidental removal of any lines/catheters/tubes TODAY?**
   ☐ Yes   ☐ No   ☐ Unknown/Not available
   2.1. *If 'Yes' indicate what lines/catheters/tubes were accidentally removed today? (Select all that apply)*
      ☐ Abdominal drain   ☐ Arterial catheter
      ☐ Bladder catheter   ☐ Central Venous Access line
      ☐ Chest drain   ☐ Dialysis catheter
      ☐ Endotracheal tube   ☐ Epidural/Paravertebral/Local anaesthetic catheter
      ☐ Feeding tube   ☐ Intracranial or Lumbar drain/ICP probe
      ☐ Other surgical drain   ☐ Peripheral Venous Access
      ☐ Tracheostomy tube   ☐ Other
      ☐ Unknown/Not available

3. **Enter ANY antipsychotic agents administered.** List separately all regular AND as needed (PRN) orders. (Refer to Manual of Operations page 20 for a list of antipsychotic drugs)

Drug name	Route of administration (IM, SC, PO, IV-C, IV-B, T, etc.)	Number of doses given over 24h	Total amount given over 24h (mg)

4. **Was delirium formally assessed today?**
   ☐ Yes   ☐ No   ☐ Unknown/Not available
   4.1. *If 'Yes' to Q C4 indicate how delirium was assessed today? (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)
      ☐ NEElon and CHAMpagne Confusion Scale (NEECHAM)
      ☐ Nurses' Delirium Screening Checklist (NuDeSC)
      ☐ Single Question in Delirium
      ☐ Clinical assessment only
      ☐ Other
      ☐ Unknown/Not available

4.2. Was the patient diagnosed with delirium today?

☐ Yes   ☐ No   ☐ Unknown/Not available

4.2.1.If 'Yes' to Q C4.2. indicate what motor subtype of delirium was the most prevalent today? (select only one response)

☐ Hyperactive   ☐ Hypoactive

☐ Mixed (Hyper- & Hypo-active)   ☐ Unknown/Not available

4.2.2.If 'Yes' to Q C4.2. indicate what type of symptoms were present today? (Select all that apply)

☐ Agitation   ☐ Delusions

☐ Disorganised thinking   ☐ Disorientation in place/time/person

☐ Inattention   ☐ Perceptual disturbances and hallucinations

☐ Reduced level of consciousness   ☐ Short-term memory impairment

☐ Sleep-wake cycle disturbances   ☐ Other

☐ Unknown/Not available

D. NEUROMUSCULAR BLOCKERS

1. **Did this patient receive a neuromuscular blocker/paralytic agent TODAY?**
    ☐ Yes   ☐ No   ☐ Unknown/Not available

    1.1. If 'Yes' to Q D1 indicate what is/are the reasons for neuromuscular paralysis? (Select all that apply)

    ☐ Hypoxemia/ARDS   ☐ Agitation
    ☐ Asthma   ☐ Hypercapnia
    ☐ Shock/hemodynamic instability   ☐ Induction for intubation
    ☐ Concern about accidental tube/device removal   ☐ For an ICU procedure
    ☐ Brain injury/Increased Intracranial pressure   ☐ Seizures
    ☐ Transfer (imaging, ambulance, other)   ☐ Major procedure (surgery, other)
    ☐ Therapeutic hypothermia   ☐ Unstable arrhythmia
    ☐ Other   ☐ Unknown/Not available

    1.2. If 'Yes' to Q D1 indicate how was the muscle paralysis administered?

    ☐ One or multiple intravenous boluses   ☐ Continuous infusion   ☐ Unknown/Not available

    > *1.2.1. If 'Continuous infusion' to Q D1.2. indicate If the patient received a continuous infusion of a paralytic agent, was it intentionally interrupted TODAY?*
    >
    > ☐ Yes   ☐ No   ☐ Unknown/Not available

    1.3. If 'Yes' to Q D1 indicate how was the neuromuscular block/paralysis drug monitored today? (Select all that apply)

    ☐ Absence of respiratory effort   ☐ Absence of patient movement
    ☐ ElectroEncephalography/ElectroMiography (EEG, BIS, Entropy, etc.)
    ☐ Train of four (TOF) monitoring
    ☐ Other   ☐ Unknown/Not available

    1.4. If 'Yes' to Q D1 list ANY neuromuscular blocking/paralysis drug(s) administered today.

Drug name	Route	Total dose over 24 hours (mg)
	☐ Bolus ☐ Continuous Infusion	
	☐ Bolus ☐ Continuous Infusion	
	☐ Bolus ☐ Continuous Infusion	
	☐ Bolus ☐ Continuous Infusion	
	☐ Bolus ☐ Continuous Infusion	
	☐ Bolus ☐ Continuous Infusion	

E. MOBILITY

1. **What was the patient's highest level of mobility today? If this information is unknown, select response '8'.**

Category	Description
0	**Nothing**: passively rolled or exercised by staff, but not actively moving (includes raising head of bed to upright position without patient participation in movement, chest physical therapy and splinting)
1	**Transfer from bed to chair without standing:** hoist, passive lift, or slide to the chair without standing
2	**Sitting in bed/exercises in bed**: any activity in bed, including active rolling, bridging, active exercises, active movement from supine to sitting position, use of cycle ergometer, use of tilt table, not moving out of bed or over the edge of the bed
3	**Sitting at edge of bed**: actively sitting over the side of the bed with some trunk control (may be assisted)
4	**Standing**: weight bearing through feet in standing position without or without assistance; may include use of a standing lifter
5	**Transfer from bed to chair with standing**: able to step or shuffle through standing to chair; this involves actively transferring weight from one leg to another to move to chair
6	**Marching in place**: able to walk in place by lifting alternate feet (must be able to step at least 4 times, 2 for each foot) with or without assistance
7	**Walking**: walking away from the bed/chair by at least 4 steps (2 for each foot) assisted by a person/people or gait aid, or unassisted
8	**Unknown**: it is unknown what activity, if any, occurred