

# **Sedation, Analgesia and Delirium MANagement: an international audit of adult medical, surgical, trauma, and neuro-intensive care patients**

Patient(e) {number}

## Patient demographics

## A. ADMISSION

1. Age on admission (years) (260)	<input type="text"/>	(PAT_ADMISSION_AGE_INT)
2. Sex (262)	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary <input type="radio"/> Unknown/Not available	(PAT_SEX_RAD)
3. Weight (kg). If this information is not available input 999 (264)	<input type="text"/>	(PAT_WEIGHT_INT)
4. Date of ICU admission. (Input format : DD/MM/YYYY) If this information is not available input 01/01/2001 (266)	<input type="text"/>	(PAT_ADMISSION_DATE)
5. Priority of ICU admission (268)	<input type="radio"/> Elective/Planned <input type="radio"/> Emergency/Unplanned <input type="radio"/> Not Available/Unknown	(PAT_ADMISSION_PRIORITY_RAD)
6. Type of ICU admission (select one only) (270)	<input type="radio"/> Surgical <input type="radio"/> Medical <input type="radio"/> Trauma <input type="radio"/> Obstetric <input type="radio"/> Suspected/confirmed COVID-19 pneumonia/respiratory failure	(PAT_ADMISSION_TYPE_RAD)
6.1. If 'Type of ICU admission' is ' <u>Surgical</u> ' select 1 response most indicative of the primary diagnosis: ()	<input type="radio"/> Cardiac (heart and valves) <input type="radio"/> Ears-nose-throat <input type="radio"/> Endocrine <input type="radio"/> Gastrointestinal <input type="radio"/> Genito-urinary <input type="radio"/> Haematological/Immunological <input type="radio"/> Musculoskeletal (including plastic/reconstructive and orthopedic) <input type="radio"/> Neurosurgical <input type="radio"/> Thoracic <input type="radio"/> Transplant <input type="radio"/> Vascular <input type="radio"/> Other	(PAT_SURGICAL_DIAGNOSIS_LD)
6.2. If 'Type of ICU admission' is ' <u>Medical</u> ' select 1 response most indicative of the primary diagnosis: ()	<input type="radio"/> Allergy/Anaphylaxis <input type="radio"/> Cardiovascular <input type="radio"/> Cardiac arrest <input type="radio"/> Dermatological <input type="radio"/> Ears-nose-throat <input type="radio"/> Endocrine, metabolic, thermoregulation <input type="radio"/> Gastroenterology <input type="radio"/> Genito-urinary/gynecologic <input type="radio"/> Hematological <input type="radio"/> Immunological <input type="radio"/> Infection/Sepsis <input type="radio"/> Musculoskeletal <input type="radio"/> Neurological <input type="radio"/> Oncology <input type="radio"/> Palliative care <input type="radio"/> Poisoning <input type="radio"/> Pregnancy-related <input type="radio"/> Psychiatric <input type="radio"/> Respiratory <input type="radio"/> Rheumatological <input type="radio"/> Other	(PAT_MEDICAL_DIAGNOSIS_LD)
6.3. If 'Type of ICU admission' is ' <u>Trauma</u> ', select all that apply: ()	<input type="checkbox"/> Abdominal injury <input type="checkbox"/> Burn injury <input type="checkbox"/> Chest/Thoracic injury <input type="checkbox"/> Head injury (isolated) <input type="checkbox"/> Polytrauma (without head injury) <input type="checkbox"/> Polytrauma (with head injury) <input type="checkbox"/> Spinal cord injury <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not available	(PAT_TRAUMA_DIAGNOSIS_1_CB) (PAT_TRAUMA_DIAGNOSIS_2_CB) (PAT_TRAUMA_DIAGNOSIS_3_CB) (PAT_TRAUMA_DIAGNOSIS_4_CB) (PAT_TRAUMA_DIAGNOSIS_5_CB) (PAT_TRAUMA_DIAGNOSIS_6_CB) (PAT_TRAUMA_DIAGNOSIS_7_CB) (PAT_TRAUMA_DIAGNOSIS_8_CB) (PAT_TRAUMA_DIAGNOSIS_9_CB)
7. Indicate the primary diagnosis/problem on ICU admission: (If not known or not available input: NA) ()	<input type="text"/>	(PAT_ADMISSION_PRIMARY_DIAG_TXT)
8. Indicate the secondary diagnosis/problem on ICU admission: (If not known or not available input: NA)	<input type="text"/>	(PAT_ADMISSION_SECOND_DIAG_TXT)

**B. ICU ORGAN SUPPORT****1. Indicate the date the patient was first intubated and mechanical ventilation was started.**

(Input format : DD/MM/YYYY)

(PAT\_INTUBATION\_START\_DATE)

If this information is not available input 01/01/2001. (299)

**2. Indicate the date of extubation\*.**

\*Extubation indicates the removal of invasive endotracheal airway device (endotracheal tube or tracheostomy).

(PAT\_EXTUBATION\_DATE)

(Input format : DD/MM/YYYY)

If this information is not available or the patient was transferred to another location prior to extubation input 01/01/2001.

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. (301)

**3. Has the patient had a tracheostomy inserted during this ICU stay? (303)**☐ No ☐ Yes ☐ Unknown/Not available (PAT\_TRACHEO\_YN)**3.1. If the patient received a tracheostomy during this ICU enter date of tracheostomy procedure.**

(PAT\_TRACHEO\_DATE)

(Input format : DD/MM/YYYY)

If this information is not available input 01/01/2001. ()

**4. When was the patient liberated from Mechanical Ventilation?**

(Input format : DD/MM/YYYY)

(PAT\_MECH\_VENT\_LIB\_DATE)

If this information is not available input 01/01/2001. ()

**5. Did the patient receive Renal Replacement Therapy during this ICU stay? (307)**☐ No ☐ Yes ☐ Unknown/Not available (PAT\_RENAL\_REPLACE\_THERAPY\_YN)

available

**C. DISCHARGE****1. Indicate the date of discharge from ICU.**

(Input format : DD/MM/YYYY)

(PAT\_DISCHARGE\_DATE)

If this information is not available input  
01/01/2001, if the patient is still in the ICU  
input 08/08/2008. (310)

**2. Indicate the status on discharge from ICU:** ☐ Alive ☐ Died ☐ Unknown/Not available (PAT\_DISCHARGE\_STATUS\_RAD)

(312)

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

**2.2. If discharged from ICU Alive enter the  
date of discharge from hospital.**

(Input format : DD/MM/YYYY)

(PAT\_HOSP\_DISCHARGE\_DATE)

If this information is not available input  
01/01/2001 ()

2.3. If discharged from ICU Alive indicate the ☐ Alive ☐ Deceased ☐ Unknown/Not available (PAT\_HOSP\_DISCHARGE\_STATUS)  
status on discharge from hospital: ()

## Day 1

Visit date (DD/MM/YYYY): (3197)

 (DAY1\_VISIT\_DATE)

## 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<sub>2</sub> (See [Manual of Operations](#) page 11). (342)

Variables		Score
Hypotension (321)	<input type="radio"/> Unknown/Not available <input type="radio"/> No hypotension (MAP ≥70 mmHg) <input type="radio"/> MAP <70 mmHg <input type="radio"/> Dopamine ≤5 mcg/kg/min or Dobutamine (any dose) <input type="radio"/> Dopamine >5 mcg/kg/min or Epinephrine ≤0.1 mcg/kg/min or Norepinephrine ≤0.1 mcg/kg/min or Vasopressin alone (any dose) <input type="radio"/> 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 (DAY1_SOFA_HYPOTENSION_RAD)	<input type="text"/> (DAY1_SOFA_HYPO_SCORE_AUTO)
Respiration PaO <sub>2</sub> /FiO <sub>2</sub> ()	<input type="radio"/> Unknown/Not available <input type="radio"/> ≥ 400 <input type="radio"/> < 400 <input type="radio"/> < 300 <input type="radio"/> < 200 and mechanically ventilated <input type="radio"/> < 100 and mechanically ventilated (DAY1_SOFA_RESPIRATION_RAD)	<input type="text"/> (DAY1_SOFA_RESPI_SCORE_AUTO)
GCS (best score) ()	<input type="radio"/> Unknown/Not available <input type="radio"/> 15 <input type="radio"/> 13-14 <input type="radio"/> 10-12 <input type="radio"/> 6-9 <input type="radio"/> < 6 (DAY1_SOFA_GCS_RAD)	<input type="text"/> (DAY1_SOFA_GCS_SCORE_AUTO)
Platelets (10 <sup>9</sup> /L) ()	<input type="radio"/> Unknown/Not available <input type="radio"/> ≥ 150 <input type="radio"/> < 150 <input type="radio"/> < 100 <input type="radio"/> < 50 <input type="radio"/> < 20 (DAY1_SOFA_PLATELETS_RAD)	<input type="text"/> (DAY1_SOFA_PLATELETS_SCORE_AUTO)
Creatinine μmol/L (mg/dL) ()	<input type="radio"/> Unknown/Not available <input type="radio"/> < 110 (< 1.2) <input type="radio"/> 110-170 (1.2-1.9) <input type="radio"/> 171-299 (2.0-3.4) <input type="radio"/> 300-440 (3.5-4.9) or Urine output < 500ml/day <input type="radio"/> ≥ 440 (≥ 5.0) or Urine output < 200ml/day (DAY1_SOFA_CREAT_RAD)	<input type="text"/> (DAY1_SOFA_CREAT_SCORE_AUTO)
Bilirubin total μmol/L (mg/dL) ()	<input type="radio"/> Unknown/Not available <input type="radio"/> < 20 (< 1.2) <input type="radio"/> 20-32 (1.2-1.9) <input type="radio"/> 33-101 (2.0-5.9) <input type="radio"/> 102-204 (6.0-11.9) <input type="radio"/> > 204 (> 12) (DAY1_SOFA_BILIRUBIN_RAD)	<input type="text"/> (DAY1_SOFA_BILIRUBIN_SCORE_AUTO)
TOTAL SOFA SCORE : ()		<input type="text"/> (DAY1_SOFA_TOTAL_SCORE_AUTO)

2. What was the predominant mode of respiratory support today? ☐ Invasive mechanical ventilation with endotracheal tube (Assisted breathing, e.g. Pressure support) ☐ Invasive mechanical ventilation with endotracheal tube (Controlled breathing, Pressure or Volume control, and patient not making respiratory efforts) ☐ Extra-corporeal respiratory support ☐ Other ☐ Data/Information not available (DAY1\_RESPI\_SUPPORT\_MODE\_DDL)

Select only one response, representing the support mode applied for the majority of the day (343)

3. Did the patient require proning for hypoxaemia today? (3247)

☐ No ☐ Yes ☐ Unknown/Not available (DAY1\_PRONING\_YN)

3.1. How long was the patient in prone position today? (hours) ()

(DAY1\_PRONING\_DURATION)

**B. SEDATION AND ANALGESIA**

1. Did the patient receive ANY sedative ☐ No ☐ Yes ☐ Unknown/Not available (DAY1\_SEDATIVE\_TODAY\_YN)  
today (intravenous infusion, boluses, or  
enteral)? (346)

1.1. If the patient received a sedative ☐ Agitation (DAY1\_SEDATIVE\_INDICATION\_1\_CB)  
today, what was/were the indication(s) for ☐ Anxiety (DAY1\_SEDATIVE\_INDICATION\_2\_CB)  
sedation? (Select all that apply) ()  
☐ Cardiac ischemia or arrhythmia (DAY1\_SEDATIVE\_INDICATION\_3\_CB)  
☐ Decrease intracranial pressure (DAY1\_SEDATIVE\_INDICATION\_4\_CB)  
☐ Decrease oxygen consumption (e.g. sepsis) (DAY1\_SEDATIVE\_INDICATION\_5\_CB)  
☐ Extra-corporeal support (DAY1\_SEDATIVE\_INDICATION\_6\_CB)  
☐ Facilitate sleep (DAY1\_SEDATIVE\_INDICATION\_7\_CB)  
☐ Facilitate targeted temperature management (DAY1\_SEDATIVE\_INDICATION\_8\_CB)  
☐ Hypoxemia/ARDS (DAY1\_SEDATIVE\_INDICATION\_9\_CB)  
☐ Lung protective ventilation (DAY1\_SEDATIVE\_INDICATION\_10\_CB)  
☐ Postoperative (DAY1\_SEDATIVE\_INDICATION\_11\_CB)  
☐ Prevent tube/device removal (DAY1\_SEDATIVE\_INDICATION\_12\_CB)  
☐ Prone position (DAY1\_SEDATIVE\_INDICATION\_13\_CB)  
☐ Required pharmacological muscle paralysis (DAY1\_SEDATIVE\_INDICATION\_14\_CB)  
☐ Seizure control (DAY1\_SEDATIVE\_INDICATION\_15\_CB)  
☐ Shock / hemodynamic instability (DAY1\_SEDATIVE\_INDICATION\_16\_CB)  
☐ Ventilator asynchrony (DAY1\_SEDATIVE\_INDICATION\_17\_CB)  
☐ Other (DAY1\_SEDATIVE\_INDICATION\_18\_CB)  
☐ Unknown/Not available (DAY1\_SEDATIVE\_INDICATION\_19\_CB)

1.2. If the patient received a sedative ☐ No ☐ Yes ☐ Unknown/Not available (DAY1\_SEDATIVE\_TITRATED\_YN)  
today, was the sedative titrated according  
to a scale? ()

1.2.1. If sedation was titrated according to ☐ GCS – Glasgow Coma Score (DAY1\_SEDATIVE\_SCALE\_1\_CB)  
a scale, please specify the scale(s) used ☐ MAAS – Motor Activity Assessment Scale (DAY1\_SEDATIVE\_SCALE\_2\_CB)  
(select all that apply): () ☐ Ramsay scale (DAY1\_SEDATIVE\_SCALE\_3\_CB)  
☐ RASS – Richmond Agitation and Sedation Scale (DAY1\_SEDATIVE\_SCALE\_4\_CB)  
☐ SAS – Sedation Agitation Scale (DAY1\_SEDATIVE\_SCALE\_5\_CB)  
☐ Other (DAY1\_SEDATIVE\_SCALE\_6\_CB)  
☐ Unknown/Not available (DAY1\_SEDATIVE\_SCALE\_7\_CB)

1.2.2. Was sedation titrated according to a ☐ No ☐ Yes ☐ Unknown/Not available (DAY1\_SEDATIVE\_TITR\_PROTO\_YN)  
formal written protocol? ()

1.2.3. Was sedation titrated according to ☐ ElectroEncephaloGram (EEG) or EEG-derived measures (BIS, Entropy, etc.) (DAY1\_SEDATIVE\_NEUROMON\_1\_CB)  
neuromonitoring? () ☐ IntraCranial Pressure (ICP) (DAY1\_SEDATIVE\_NEUROMON\_2\_CB)  
☐ Near-InfraRed Spectroscopy (NIRS) (DAY1\_SEDATIVE\_NEUROMON\_3\_CB)  
☐ No neuromonitoring used (DAY1\_SEDATIVE\_NEUROMON\_4\_CB)  
☐ Other (DAY1\_SEDATIVE\_NEUROMON\_5\_CB)  
☐ Unknown/Not available (DAY1\_SEDATIVE\_NEUROMON\_6\_CB)

2. Did the patient receive any analgesia ☐ No ☐ Yes ☐ Unknown/Not available (DAY1\_ANALGESIA\_TODAY\_YN)  
(opioid or non-opioid) today? ()

2.1. If the patient received analgesia ☐ No ☐ Yes ☐ Unknown/Not available (DAY1\_ANALGESIA\_SCALE\_YN)  
today, was (were) analgesic(s) titrated  
according to a pain scale? ()

2.1.1. If yes, please specify the scale(s) ☐ Behavioral Pain Scale (BPS) (DAY1\_ANALGESIA\_SCALE\_1\_CB)  
used: () ☐ Critical Care Pain Observation Tool (CPOT) (DAY1\_ANALGESIA\_SCALE\_2\_CB)  
☐ Faces Pain Scale (DAY1\_ANALGESIA\_SCALE\_3\_CB)  
☐ Nociception Coma Scale (DAY1\_ANALGESIA\_SCALE\_4\_CB)  
☐ Non-Verbal Pain Scale (NVPS) (DAY1\_ANALGESIA\_SCALE\_5\_CB)  
☐ Numeric Rating Scale (NRS) (DAY1\_ANALGESIA\_SCALE\_6\_CB)  
☐ Visual Analogue Scale (VAS) (DAY1\_ANALGESIA\_SCALE\_7\_CB)  
☐ Other (DAY1\_ANALGESIA\_SCALE\_8\_CB)  
☐ Unknown/Not available (DAY1\_ANALGESIA\_SCALE\_9\_CB)

2.2. Was a target pain score set for today? ☐ No ☐ Yes ☐ Unknown/Not available (DAY1\_TARGET\_PAIN\_SCORE\_YN)  
()

2.3. Was analgesia titrated according to a ☐ No ☐ Yes ☐ Unknown/Not available (DAY1\_ANALGESIA\_TITR\_PROTO\_YN)  
formal written protocol? ()

3. Did the patient receive a continuous ☐ No ☐ Yes ☐ Unknown/Not available (DAY1\_ANALG\_SEDAT\_INFUSION\_YN)

infusion of SEDATIVE or ANALGESIC today? ()

3.1. If the patient received continuous ☐ No ☐ Yes ☐ Unknown/Not available (DAY1\_SEDAT\_INFUSION\_INTERRUPT\_) SEDATIVE infusions, were the infusions interrupted intentionally TODAY?

3.1.1. If ANY SEDATIVE infusion was ☐ No ☐ Yes ☐ Unknown/Not available (DAY1\_SEDAT\_INFUSION\_RESTART\_) interrupted, was it restarted today? ()

3.1.1.1. At what rate/dose was the ☐ At previous rate/dose sedative infusion restarted today after ☐ LESS than the previous rate/dose interruption? () ☐ HIGHER than the previous rate/dose ☐ Unknown/Not available (DAY1\_SEDAT\_INFUSION\_RESTART\_DO)

3.2. If the patient received continuous ☐ No ☐ Yes ☐ Unknown/Not available (DAY1\_ANALG\_INFUSION\_INTERRUPT\_) ANALGESIC infusions, were the infusions interrupted intentionally TODAY? ()

3.2.1. If ANY ANALGESIC infusion was ☐ No ☐ Yes ☐ Unknown/Not available (DAY1\_ANALG\_INFUSION\_RESTART\_) interrupted, was it restarted today? ()

3.2.1.1. At what rate/dose was the ☐ At previous rate/dose analgesic infusion restarted today after ☐ LESS than the previous rate/dose interruption? () ☐ HIGHER than the previous rate/dose ☐ Unknown/Not available (DAY1\_ANALG\_INFUSION\_RESTART\_DO)

### 3.3. Enter ALL sedative and analgesic INFUSIONS administered today.

[e.g. benzodiazepines (midazolam, lorazepam), opioids (morphine, fentanyl, remifentanyl, 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)
<input type="text"/> (DAY1_INFUSIONS_DRUG_NAME1_TXT)	<input type="text"/> (DAY1_INFUSIONS_DAILY_DOSE1_DEC)	<input type="text"/> (DAY1_INFUSIONS_HOURS_24H_1_INT)
<input type="text"/> (DAY1_INFUSIONS_DRUG_NAME2_TXT)	<input type="text"/> (DAY1_INFUSIONS_DAILY_DOSE2_DEC)	<input type="text"/> (DAY1_INFUSIONS_HOURS_24H_2_INT)
<input type="text"/> (DAY1_INFUSIONS_DRUG_NAME3_TXT)	<input type="text"/> (DAY1_INFUSIONS_DAILY_DOSE3_DEC)	<input type="text"/> (DAY1_INFUSIONS_HOURS_24H_3_INT)
<input type="text"/> (DAY1_INFUSIONS_DRUG_NAME4_TXT)	<input type="text"/> (DAY1_INFUSIONS_DAILY_DOSE4_DEC)	<input type="text"/> (DAY1_INFUSIONS_HOURS_24H_4_INT)
<input type="text"/> (DAY1_INFUSIONS_DRUG_NAME5_TXT)	<input type="text"/> (DAY1_INFUSIONS_DAILY_DOSE5_DEC)	<input type="text"/> (DAY1_INFUSIONS_HOURS_24H_5_INT)
<input type="text"/> (DAY1_INFUSIONS_DRUG_NAME6_TXT)	<input type="text"/> (DAY1_INFUSIONS_DAILY_DOSE6_DEC)	<input type="text"/> (DAY1_INFUSIONS_HOURS_24H_6_INT)
<input type="text"/> (DAY1_INFUSIONS_DRUG_NAME7_TXT)	<input type="text"/> (DAY1_INFUSIONS_DAILY_DOSE7_DEC)	<input type="text"/> (DAY1_INFUSIONS_HOURS_24H_7_INT)
<input type="text"/> (DAY1_INFUSIONS_DRUG_NAME8_TXT)	<input type="text"/> (DAY1_INFUSIONS_DAILY_DOSE8_DEC)	<input type="text"/> (DAY1_INFUSIONS_HOURS_24H_8_INT)

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 (DAY1\_SEDAT\_RATE\_DAY\_NIGHT\_RAD)

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 (DAY1\_ANALG\_RATE\_DAY\_NIGHT\_RAD)

### 4. Enter ALL sedative and analgesic INTERMITTENT INTRAVENOUS DOSES administered today. Do **NOT** enter antipsychotics here. (491)

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Drug name	Number of doses given over 24h	Total amount given over 24h (mg)
<input type="text"/> (DAY1_IV_DRUG_NAME1_TXT)	<input type="text"/> (DAY1_IV_DOSE_NB1_INT)	<input type="text"/> (DAY1_IV_TOTAL_AMOUNT1_DEC)
<input type="text"/> (DAY1_IV_DRUG_NAME2_TXT)	<input type="text"/> (DAY1_IV_DOSE_NB2_INT)	<input type="text"/> (DAY1_IV_TOTAL_AMOUNT2_DEC)
<input type="text"/> (DAY1_IV_DRUG_NAME3_TXT)	<input type="text"/> (DAY1_IV_DOSE_NB3_INT)	<input type="text"/> (DAY1_IV_TOTAL_AMOUNT3_DEC)
<input type="text"/> (DAY1_IV_DRUG_NAME4_TXT)	<input type="text"/> (DAY1_IV_DOSE_NB4_INT)	<input type="text"/> (DAY1_IV_TOTAL_AMOUNT4_DEC)
<input type="text"/> (DAY1_IV_DRUG_NAME5_TXT)	<input type="text"/> (DAY1_IV_DOSE_NB5_INT)	<input type="text"/> (DAY1_IV_TOTAL_AMOUNT5_DEC)
<input type="text"/> (DAY1_IV_DRUG_NAME6_TXT)	<input type="text"/> (DAY1_IV_DOSE_NB6_INT)	<input type="text"/> (DAY1_IV_TOTAL_AMOUNT6_DEC)

5. Enter ALL ENTERAL sedatives and analgesics administered today. Do NOT enter antipsychotics here. (491)

Drug name	Number of doses given over 24h	Total amount given over 24h (mg)
<input type="text"/> (DAY1_ALLENTER_DRUG_NAME1_TXT)	<input type="text"/> (DAY1_ALLENTER_DOSE_NB1_INT)	<input type="text"/> (DAY1_ALLENTER_TOTAL_AMOUNT1_DE)
<input type="text"/> (DAY1_ALLENTER_DRUG_NAME2_TXT)	<input type="text"/> (DAY1_ALLENTER_DOSE_NB2_INT)	<input type="text"/> (DAY1_ALLENTER_TOTAL_AMOUNT2_DE)
<input type="text"/> (DAY1_ALLENTER_DRUG_NAME3_TXT)	<input type="text"/> (DAY1_ALLENTER_DOSE_NB3_INT)	<input type="text"/> (DAY1_ALLENTER_TOTAL_AMOUNT3_DE)
<input type="text"/> (DAY1_ALLENTER_DRUG_NAME4_TXT)	<input type="text"/> (DAY1_ALLENTER_DOSE_NB4_INT)	<input type="text"/> (DAY1_ALLENTER_TOTAL_AMOUNT4_DE)
<input type="text"/> (DAY1_ALLENTER_DRUG_NAME5_TXT)	<input type="text"/> (DAY1_ALLENTER_DOSE_NB5_INT)	<input type="text"/> (DAY1_ALLENTER_TOTAL_AMOUNT5_DE)
<input type="text"/> (DAY1_ALLENTER_DRUG_NAME6_TXT)	<input type="text"/> (DAY1_ALLENTER_DOSE_NB6_INT)	<input type="text"/> (DAY1_ALLENTER_TOTAL_AMOUNT6_DE)

**C. AGITATION AND ANTIPSYCHOTICS**

1. Were physical restraints (any of: wrist, ankle or trunk) applied TODAY? ☐ No ☐ Yes ☐ Unknown/Not available (DAY1\_PHYS\_RESTRAINT\_YN) (530)

1.1. What type of physical restraint was used? (Select all that apply. [Manual of Operations](#) shows representative images on page 15) ()

☐ Ankle (DAY1\_PHYS\_RESTRAINT\_TYPE1\_CB)

☐ Mittens (DAY1\_PHYS\_RESTRAINT\_TYPE2\_CB)

☐ Torso (DAY1\_PHYS\_RESTRAINT\_TYPE3\_CB)

☐ Wrist (DAY1\_PHYS\_RESTRAINT\_TYPE4\_CB)

☐ Other (DAY1\_PHYS\_RESTRAINT\_TYPE5\_CB)

☐ Unknown/Not available (DAY1\_PHYS\_RESTRAINT\_TYPE6\_CB)

2. Did the patient experience accidental removal of any lines/catheters/tubes TODAY due to restlessness or agitation? ☐ No ☐ Yes ☐ Unknown/Not available (DAY1\_ACCID\_REMOVAL\_YN) ()

2.1. If 'Yes' indicate what lines/catheters/tubes were accidentally removed today? (Select all that apply) ()

☐ Abdominal drain (DAY1\_ACCID\_REMOVAL1\_CB)

☐ Arterial catheter (DAY1\_ACCID\_REMOVAL2\_CB)

☐ Bladder catheter (DAY1\_ACCID\_REMOVAL3\_CB)

☐ Central Venous Access line (DAY1\_ACCID\_REMOVAL4\_CB)

☐ Chest drain (DAY1\_ACCID\_REMOVAL5\_CB)

☐ Dialysis catheter (DAY1\_ACCID\_REMOVAL6\_CB)

☐ Endotracheal tube (DAY1\_ACCID\_REMOVAL7\_CB)

☐ Epidural/Paravertebral/Local anaesthetic catheter (DAY1\_ACCID\_REMOVAL8\_CB)

☐ Feeding tube (DAY1\_ACCID\_REMOVAL9\_CB)

☐ Intracranial or Lumbar drain/ICP probe (DAY1\_ACCID\_REMOVAL10\_CB)

☐ Other surgical drain (DAY1\_ACCID\_REMOVAL11\_CB)

☐ Peripheral Venous Access (DAY1\_ACCID\_REMOVAL12\_CB)

☐ Tracheostomy tube (DAY1\_ACCID\_REMOVAL13\_CB)

☐ Other (DAY1\_ACCID\_REMOVAL14\_CB)

☐ Unknown/Not available (DAY1\_ACCID\_REMOVAL15\_CB)

3. Enter ANY antipsychotic agents administered. List separately all regular AND as needed (PRN) orders. (Refer to Manual of Operations page 16 for a list of antipsychotic drugs) (576)

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)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY1_ANTIPSYCHO_NAME1_TXT)	(DAY1_ANTIPSYCHO_ROUTE1_TX)	(DAY1_ANTIPSYCHO_DOSE_NB1_INT)	(DAY1_ANTIPSYCHO_TOTAL_AMOUNT1_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY1_ANTIPSYCHO_NAME2_TXT)	(DAY1_ANTIPSYCHO_ROUTE2_TX)	(DAY1_ANTIPSYCHO_DOSE_NB2_INT)	(DAY1_ANTIPSYCHO_TOTAL_AMOUNT2_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY1_ANTIPSYCHO_NAME3_TXT)	(DAY1_ANTIPSYCHO_ROUTE3_TX)	(DAY1_ANTIPSYCHO_DOSE_NB3_INT)	(DAY1_ANTIPSYCHO_TOTAL_AMOUNT3_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY1_ANTIPSYCHO_NAME4_TXT)	(DAY1_ANTIPSYCHO_ROUTE4_TX)	(DAY1_ANTIPSYCHO_DOSE_NB4_INT)	(DAY1_ANTIPSYCHO_TOTAL_AMOUNT4_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY1_ANTIPSYCHO_NAME5_TXT)	(DAY1_ANTIPSYCHO_ROUTE5_TX)	(DAY1_ANTIPSYCHO_DOSE_NB5_INT)	(DAY1_ANTIPSYCHO_TOTAL_AMOUNT5_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY1_ANTIPSYCHO_NAME6_TXT)	(DAY1_ANTIPSYCHO_ROUTE6_TX)	(DAY1_ANTIPSYCHO_DOSE_NB6_INT)	(DAY1_ANTIPSYCHO_TOTAL_AMOUNT6_)

4. Was delirium formally assessed today? ☐ No ☐ Yes ☐ Unknown/Not available (DAY1\_DELIRIUM\_ASSESS\_YN) (601)

4.1. If 'Yes' to Q C4 indicate how delirium was assessed today? (select all that apply) ()

☐ 4AT Assessment test for delirium & cognitive impairment (DAY1\_DELIRIUM\_ASSESS1\_CB)

☐ Confusion Assessment Method – ICU (CAM-ICU) (DAY1\_DELIRIUM\_ASSESS2\_CB)

☐ Delirium Motor Subtype Scale (DMSS) (DAY1\_DELIRIUM\_ASSESS3\_CB)

☐ Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM-V) criteria (DAY1\_DELIRIUM\_ASSESS4\_CB)

☐ Intensive Care Delirium Screening Checklist (ICDSC) (DAY1\_DELIRIUM\_ASSESS5\_CB)

☐ Memorial Delirium Assessment Scale (MDAS) (DAY1\_DELIRIUM\_ASSESS6\_CB)

☐ Mini Mental State Examination (MMSE) (DAY1\_DELIRIUM\_ASSESS7\_CB)

☐ NEElon and CHAMpagne Confusion Scale (NEECHAM) (DAY1\_DELIRIUM\_ASSESS8\_CB)

☐ Nurses' Delirium Screening Checklist (NuDeSC) (DAY1\_DELIRIUM\_ASSESS9\_CB)

☐ Single Question in Delirium (DAY1\_DELIRIUM\_ASSESS10\_CB)

☐ Clinical assessment only (DAY1\_DELIRIUM\_ASSESS11\_CB)

☐ Other (DAY1\_DELIRIUM\_ASSESS12\_CB)

☐ Unknown/Not available (DAY1\_DELIRIUM\_ASSESS13\_CB)

4.2. Was the patient diagnosed with delirium today? () ☐ No ☐ Yes ☐ Unknown/Not available (DAY1\_DELIRIUM\_DIAGNOSIS\_YN)

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 (DAY1\_DELIRIUM\_MOTOR\_RAD)

4.2.2. If 'Yes' to Q C4.2. indicate what type of symptoms were present today? (Select all that apply) () ☐ Agitation (DAY1\_DELIRIUM\_SYMPT1\_CB) ☐ Delusions (DAY1\_DELIRIUM\_SYMPT2\_CB) ☐ Disorganised thinking (DAY1\_DELIRIUM\_SYMPT3\_CB) ☐ Disorientation in place/time/person (DAY1\_DELIRIUM\_SYMPT4\_CB) ☐ Inattention (DAY1\_DELIRIUM\_SYMPT5\_CB) ☐ Perceptual disturbances and hallucinations (DAY1\_DELIRIUM\_SYMPT6\_CB) ☐ Reduced level of consciousness (DAY1\_DELIRIUM\_SYMPT7\_CB) ☐ Short-term memory impairment (DAY1\_DELIRIUM\_SYMPT8\_CB) ☐ Sleep-wake cycle disturbances (DAY1\_DELIRIUM\_SYMPT9\_CB) ☐ Other (DAY1\_DELIRIUM\_SYMPT10\_CB) ☐ Unknown/Not available (DAY1\_DELIRIUM\_SYMPT11\_CB)

**D. NEUROMUSCULAR BLOCKERS**

1. Did this patient receive a neuromuscular blocker/paralytic agent TODAY? (656) ☐ No ☐ Yes ☐ Unknown/Not available (DAY1\_NM\_BLOCK\_YN)

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

- ☐ Hypoxemia/ARDS (DAY1\_NM\_BLOCK\_REASON1\_CB)
- ☐ Agitation (DAY1\_NM\_BLOCK\_REASON2\_CB)
- ☐ Asthma (DAY1\_NM\_BLOCK\_REASON3\_CB)
- ☐ Hypercapnia (DAY1\_NM\_BLOCK\_REASON4\_CB)
- ☐ Shock/hemodynamic instability (DAY1\_NM\_BLOCK\_REASON5\_CB)
- ☐ Induction for intubation (DAY1\_NM\_BLOCK\_REASON6\_CB)
- ☐ Concern about accidental tube/device removal (DAY1\_NM\_BLOCK\_REASON7\_CB)
- ☐ For an ICU procedure (DAY1\_NM\_BLOCK\_REASON8\_CB)
- ☐ Brain injury/Increased Intracranial pressure (DAY1\_NM\_BLOCK\_REASON9\_CB)
- ☐ Seizures (DAY1\_NM\_BLOCK\_REASON10\_CB)
- ☐ Transfer (imaging, ambulance, other) (DAY1\_NM\_BLOCK\_REASON11\_CB)
- ☐ Major procedure (surgery, other) (DAY1\_NM\_BLOCK\_REASON12\_CB)
- ☐ Therapeutic hypothermia (DAY1\_NM\_BLOCK\_REASON13\_CB)
- ☐ Unstable arrhythmia (DAY1\_NM\_BLOCK\_REASON14\_CB)
- ☐ Other (DAY1\_NM\_BLOCK\_REASON15\_CB)
- ☐ Unknown/Not available (DAY1\_NM\_BLOCK\_REASON16\_CB)

1.2. If 'Yes' to Q D1 indicate how was the muscle paralysis administered? () ☐ One or multiple intravenous boluses ☐ Continuous infusion ☐ Unknown/Not available (DAY1\_MUSCLE\_BLOCK\_TYPE\_RAD)

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? () ☐ No ☐ Yes ☐ Unknown/Not available (DAY1\_PARALYTIC\_AGENT\_YN)

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 (DAY1\_NM\_BLOCK\_MONITO1\_CB)
- ☐ Absence of patient movement (DAY1\_NM\_BLOCK\_MONITO2\_CB)
- ☐ ElectroEncephalography/ElectroMyography (EEG, BIS, Entropy, etc.) (DAY1\_NM\_BLOCK\_MONITO3\_CB)
- ☐ Train of four (TOF) monitoring (DAY1\_NM\_BLOCK\_MONITO4\_CB)
- ☐ Other (DAY1\_NM\_BLOCK\_MONITO5\_CB)
- ☐ Unknown/Not available (DAY1\_NM\_BLOCK\_MONITO6\_CB)

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)
<input type="text"/> (DAY1_NM_BLOCK_NAME1_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY1_NM_BLOCK_ROUTE1_RAD)	<input type="text"/> (DAY1_NM_BLOCK_DOSE1_DEC)
<input type="text"/> (DAY1_NM_BLOCK_NAME2_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY1_NM_BLOCK_ROUTE2_RAD)	<input type="text"/> (DAY1_NM_BLOCK_DOSE2_DEC)
<input type="text"/> (DAY1_NM_BLOCK_NAME3_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY1_NM_BLOCK_ROUTE3_RAD)	<input type="text"/> (DAY1_NM_BLOCK_DOSE3_DEC)
<input type="text"/> (DAY1_NM_BLOCK_NAME4_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY1_NM_BLOCK_ROUTE4_RAD)	<input type="text"/> (DAY1_NM_BLOCK_DOSE4_DEC)
<input type="text"/> (DAY1_NM_BLOCK_NAME5_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY1_NM_BLOCK_ROUTE5_RAD)	<input type="text"/> (DAY1_NM_BLOCK_DOSE5_DEC)
<input type="text"/> (DAY1_NM_BLOCK_NAME6_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY1_NM_BLOCK_ROUTE6_RAD)	<input type="text"/> (DAY1_NM_BLOCK_DOSE6_DEC)

## E. MOBILITY

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1. What was the patient's highest level of ☐0 = Nothing ☐1 = Transfer form bed to chair without standing ☐2 = Sitting in bed/exercises in bed ☐3 = Sitting at mobility today? If this information is unknown, edge of bed ☐4 = Standing ☐5 = Transfer from bed to chair with standing ☐6 = Marching in place ☐7 = Walking ☐8 = Unknown (DAY1\_MOBILITY\_LEVEL\_DDL)

select response '8'. (726)  
For more detailed information about mobility levels description, please click here → ()

## Day 2

Visit date (DD/MM/YYYY): (3197)

 (DAY2\_VISIT\_DATE)

## 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<sub>2</sub> (See [Manual of Operations](#) page 11). (342)

Variables		Score
Hypotension (321)	<input type="radio"/> Unknown/Not available <input type="radio"/> No hypotension (MAP ≥70 mmHg) <input type="radio"/> MAP <70 mmHg <input type="radio"/> Dopamine ≤5 mcg/kg/min or Dobutamine (any dose) <input type="radio"/> Dopamine >5 mcg/kg/min or Epinephrine ≤0.1 mcg/kg/min or Norepinephrine ≤0.1 mcg/kg/min or Vasopressin alone (any dose) <input type="radio"/> 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 (DAY2_SOFA_HYPOTENSION_RAD)	<input type="text"/> (DAY2_SOFA_HYO_SCORE_AUTO)
Respiration PaO <sub>2</sub> /FiO <sub>2</sub> (778)	<input type="radio"/> Unknown/Not available <input type="radio"/> ≥ 400 <input type="radio"/> < 400 <input type="radio"/> < 300 <input type="radio"/> < 200 and mechanically ventilated <input type="radio"/> < 100 and mechanically ventilated (DAY2_SOFA_RESPIRATION_RAD)	<input type="text"/> (DAY2_SOFA_RESPI_SCORE_AUTO)
GCS (best score) (781)	<input type="radio"/> Unknown/Not available <input type="radio"/> 15 <input type="radio"/> 13-14 <input type="radio"/> 10-12 <input type="radio"/> 6-9 <input type="radio"/> < 6 (DAY2_SOFA_GCS_RAD)	<input type="text"/> (DAY2_SOFA_GCS_SCORE_AUTO)
Platelets (10 <sup>9</sup> /L) (784)	<input type="radio"/> Unknown/Not available <input type="radio"/> ≥ 150 <input type="radio"/> < 150 <input type="radio"/> < 100 <input type="radio"/> < 50 <input type="radio"/> < 20 (DAY2_SOFA_PLATELETS_RAD)	<input type="text"/> (DAY2_SOFA_PLATELETS_SCORE_AUTO)
Creatinine ?mol/L (mg/dL) (787)	<input type="radio"/> Unknown/Not available <input type="radio"/> < 110 (< 1.2) <input type="radio"/> 110-170 (1.2-1.9) <input type="radio"/> 171-299 (2.0-3.4) <input type="radio"/> 300-440 (3.5-4.9) or Urine output < 500ml/day <input type="radio"/> ≥ 440 (≥ 5.0) or Urine output < 200ml/day (DAY2_SOFA_CREAT_RAD)	<input type="text"/> (DAY2_SOFA_CREAT_SCORE_AUTO)
Bilirubin total ?mol/L (mg/dL) (790)	<input type="radio"/> Unknown/Not available <input type="radio"/> < 20 (< 1.2) <input type="radio"/> 20-32 (1.2-1.9) <input type="radio"/> 33-101 (2.0-5.9) <input type="radio"/> 102-204 (6.0-11.9) <input type="radio"/> > 204 (> 12) (DAY2_SOFA_BILIRUBIN_RAD)	<input type="text"/> (DAY2_SOFA_BILIRUBIN_SCORE_AUTO)
TOTAL SOFA SCORE : (793)		<input type="text"/> (DAY2_SOFA_TOTAL_SCORE_AUTO)

**2. What was the predominant mode of respiratory support today?** Select only one response, with endotracheal tube (Assisted breathing, e.g. Pressure support) ☐ Invasive mechanical ventilation with endotracheal tube representing the support mode (Controlled breathing, Pressure or Volume control, and patient not making respiratory efforts) ☐ Extra-corporeal respiratory applied for the majority of the day support ☐ Other ☐ Data/Information not available (DAY2\_RESPI\_SUPPORT\_MODE\_DDL) (343)

3. Did the patient require proning for hypoxaemia today? (3247)

☐ No ☐ Yes ☐ Unknown/Not available (DAY2\_PRONING\_YN)

**3.1. How long was the patient in prone position today? (hours) ()**

(DAY2\_PRONING\_DURATION)

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**B. SEDATION AND ANALGESIA**

1. Did the patient receive ANY sedative ☐ No ☐ Yes ☐ Unknown/Not available (DAY2\_SEDATIVE\_TODAY\_YN)  
today (intravenous infusion, boluses, or  
enteral)? (346)

1.1. If the patient received a sedative ☐ Agitation (DAY2\_SEDATIVE\_INDICATION\_1\_CB)  
today, what was/were the indication(s) for ☐ Anxiety (DAY2\_SEDATIVE\_INDICATION\_2\_CB)  
sedation? (Select all that apply) ☐ Cardiac ischemia or arrhythmia (DAY2\_SEDATIVE\_INDICATION\_3\_CB)  
☐ Decrease intracranial pressure (DAY2\_SEDATIVE\_INDICATION\_4\_CB)  
☐ Decrease oxygen consumption (e.g. sepsis) (DAY2\_SEDATIVE\_INDICATION\_5\_CB)  
☐ Extra-corporeal support (DAY2\_SEDATIVE\_INDICATION\_6\_CB)  
☐ Facilitate sleep (DAY2\_SEDATIVE\_INDICATION\_7\_CB)  
☐ Facilitate targeted temperature management (DAY2\_SEDATIVE\_INDICATION\_8\_CB)  
☐ Hypoxemia/ARDS (DAY2\_SEDATIVE\_INDICATION\_9\_CB)  
☐ Lung protective ventilation (DAY2\_SEDATIVE\_INDICATION\_10\_CB)  
☐ Postoperative (DAY2\_SEDATIVE\_INDICATION\_11\_CB)  
☐ Prevent tube/device removal (DAY2\_SEDATIVE\_INDICATION\_12\_CB)  
☐ Prone position (DAY2\_SEDATIVE\_INDICATION\_13\_CB)  
☐ Required pharmacological muscle paralysis (DAY2\_SEDATIVE\_INDICATION\_14\_CB)  
☐ Seizure control (DAY2\_SEDATIVE\_INDICATION\_15\_CB)  
☐ Shock / hemodynamic instability (DAY2\_SEDATIVE\_INDICATION\_16\_CB)  
☐ Ventilator asynchrony (DAY2\_SEDATIVE\_INDICATION\_17\_CB)  
☐ Other (DAY2\_SEDATIVE\_INDICATION\_18\_CB)  
☐ Unknown/Not available (DAY2\_SEDATIVE\_INDICATION\_19\_CB)

1.2. If the patient received a sedative ☐ No ☐ Yes ☐ Unknown/Not available (DAY2\_SEDATIVE\_TITRATED\_YN)  
today, was the sedative titrated according  
to a scale?

1.2.1. If sedation was titrated according to ☐ GCS ? Glasgow Coma Score (DAY2\_SEDATIVE\_SCALE\_1\_CB)  
a scale, please specify the scale(s) used ☐ MAAS ? Motor Activity Assessment Scale (DAY2\_SEDATIVE\_SCALE\_2\_CB)  
(select all that apply): ☐ Ramsay scale (DAY2\_SEDATIVE\_SCALE\_3\_CB)  
☐ RASS ? Richmond Agitation and Sedation Scale (DAY2\_SEDATIVE\_SCALE\_4\_CB)  
☐ SAS ? Sedation Agitation Scale (DAY2\_SEDATIVE\_SCALE\_5\_CB)  
☐ Other (DAY2\_SEDATIVE\_SCALE\_6\_CB)  
☐ Unknown/Not available (DAY2\_SEDATIVE\_SCALE\_7\_CB)

1.2.2. Was sedation titrated according to a ☐ No ☐ Yes ☐ Unknown/Not available (DAY2\_SEDATIVE\_TITR\_PROTO\_YN)  
formal written protocol?

1.2.3. Was sedation titrated according to ☐ ElectroEncephaloGram (EEG) or EEG-derived measures (BIS, Entropy, etc.) (DAY2\_SEDATIVE\_NEUROMON\_1\_CB)  
neuromonitoring? ☐ IntraCranial Pressure (ICP) (DAY2\_SEDATIVE\_NEUROMON\_2\_CB)  
☐ Near-InfraRed Spectroscopy (NIRS) (DAY2\_SEDATIVE\_NEUROMON\_3\_CB)  
☐ No neuromonitoring used (DAY2\_SEDATIVE\_NEUROMON\_4\_CB)  
☐ Other (DAY2\_SEDATIVE\_NEUROMON\_5\_CB)  
☐ Unknown/Not available (DAY2\_SEDATIVE\_NEUROMON\_6\_CB)

2. Did the patient receive any analgesia ☐ No ☐ Yes ☐ Unknown/Not available (DAY2\_ANALGESIA\_TODAY\_YN)  
(opioid or non-opioid) today? (869)

2.1. If the patient received analgesia ☐ No ☐ Yes ☐ Unknown/Not available (DAY2\_ANALGESIA\_SCALE\_YN)  
today, was (were) analgesic(s) titrated  
according to a pain scale?

2.1.1. If yes, please specify the scale(s) ☐ Behavioral Pain Scale (BPS) (DAY2\_ANALGESIA\_SCALE\_1\_CB)  
used: ☐ Critical Care Pain Observation Tool (CPOT) (DAY2\_ANALGESIA\_SCALE\_2\_CB)  
☐ Faces Pain Scale (DAY2\_ANALGESIA\_SCALE\_3\_CB)  
☐ Nociception Coma Scale (DAY2\_ANALGESIA\_SCALE\_4\_CB)  
☐ Non-Verbal Pain Scale (NVPS) (DAY2\_ANALGESIA\_SCALE\_5\_CB)  
☐ Numeric Rating Scale (NRS) (DAY2\_ANALGESIA\_SCALE\_6\_CB)  
☐ Visual Analogue Scale (VAS) (DAY2\_ANALGESIA\_SCALE\_7\_CB)  
☐ Other (DAY2\_ANALGESIA\_SCALE\_8\_CB)  
☐ Unknown/Not available (DAY2\_ANALGESIA\_SCALE\_9\_CB)

2.2. Was a target pain score set for today? ☐ No ☐ Yes ☐ Unknown/Not available (DAY2\_TARGET\_PAIN\_SCORE\_YN)

2.3. Was analgesia titrated according to a ☐ No ☐ Yes ☐ Unknown/Not available (DAY2\_ANALGESIA\_TITR\_PROTO\_YN)  
formal written protocol?

3. Did the patient receive a continuous ☐ No ☐ Yes ☐ Unknown/Not available (DAY2\_ANALG\_SEDAT\_INFUSION\_YN)  
infusion of SEDATIVE or ANALGESIC



today? (895)

3.1. If the patient received continuous ☐ No ☐ Yes ☐ Unknown/Not available (DAY2\_SEDAT\_INFUSION\_INTERRUPT\_) SEDATIVE infusions, were the infusions interrupted intentionally TODAY?

3.1.1. If ANY SEDATIVE infusion was ☐ No ☐ Yes ☐ Unknown/Not available (DAY2\_SEDAT\_INFUSION\_RESTART\_) interrupted, was it restarted today?

3.1.1.1. At what rate/dose was the ☐ At previous rate/dose sedative infusion restarted today after ☐ LESS than the previous rate/dose ☐ HIGHER than the previous rate/dose ☐ Unknown/Not available (DAY2\_SEDAT\_INFUSION\_RESTART\_DO)

3.2. If the patient received continuous ☐ No ☐ Yes ☐ Unknown/Not available (DAY2\_ANALG\_INFUSION\_INTERRUPT\_) ANALGESIC infusions, were the infusions interrupted intentionally TODAY?

3.2.1. If ANY ANALGESIC infusion was ☐ No ☐ Yes ☐ Unknown/Not available (DAY2\_ANALG\_INFUSION\_RESTART\_) interrupted, was it restarted today?

3.2.1.1. At what rate/dose was the ☐ At previous rate/dose analgesic infusion restarted today after ☐ LESS than the previous rate/dose ☐ HIGHER than the previous rate/dose ☐ Unknown/Not available (DAY2\_ANALG\_INFUSION\_RESTART\_DO)

**3.3. Enter ALL sedative and analgesic INFUSIONS administered today.** [e.g. benzodiazepines (midazolam, lorazepam), opioids (morphine, fentanyl, remifentanyl, 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)
<input type="text"/> (DAY2_INFUSIONS_DRUG_NAME1_TXT)	<input type="text"/> (DAY2_INFUSIONS_DAILY_DOSE1_DEC)	<input type="text"/> (DAY2_INFUSIONS_HOURS_24H_1_INT)
<input type="text"/> (DAY2_INFUSIONS_DRUG_NAME2_TXT)	<input type="text"/> (DAY2_INFUSIONS_DAILY_DOSE2_DEC)	<input type="text"/> (DAY2_INFUSIONS_HOURS_24H_2_INT)
<input type="text"/> (DAY2_INFUSIONS_DRUG_NAME3_TXT)	<input type="text"/> (DAY2_INFUSIONS_DAILY_DOSE3_DEC)	<input type="text"/> (DAY2_INFUSIONS_HOURS_24H_3_INT)
<input type="text"/> (DAY2_INFUSIONS_DRUG_NAME4_TXT)	<input type="text"/> (DAY2_INFUSIONS_DAILY_DOSE4_DEC)	<input type="text"/> (DAY2_INFUSIONS_HOURS_24H_4_INT)
<input type="text"/> (DAY2_INFUSIONS_DRUG_NAME5_TXT)	<input type="text"/> (DAY2_INFUSIONS_DAILY_DOSE5_DEC)	<input type="text"/> (DAY2_INFUSIONS_HOURS_24H_5_INT)
<input type="text"/> (DAY2_INFUSIONS_DRUG_NAME6_TXT)	<input type="text"/> (DAY2_INFUSIONS_DAILY_DOSE6_DEC)	<input type="text"/> (DAY2_INFUSIONS_HOURS_24H_6_INT)
<input type="text"/> (DAY2_INFUSIONS_DRUG_NAME7_TXT)	<input type="text"/> (DAY2_INFUSIONS_DAILY_DOSE7_DEC)	<input type="text"/> (DAY2_INFUSIONS_HOURS_24H_7_INT)
<input type="text"/> (DAY2_INFUSIONS_DRUG_NAME8_TXT)	<input type="text"/> (DAY2_INFUSIONS_DAILY_DOSE8_DEC)	<input type="text"/> (DAY2_INFUSIONS_HOURS_24H_8_INT)

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  
(DAY2\_SEDAT\_RATE\_DAY\_NIGHT\_RAD)

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  
(DAY2\_ANALG\_RATE\_DAY\_NIGHT\_RAD)

**4. Enter ALL sedative and analgesic INTERMITTENT INTRAVENOUS DOSES administered today.** Do NOT enter antipsychotics here. (491)

Drug name	Number of doses given over 24h	Total amount given over 24h (mg)
<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>	(DAY2_IV_DRUG_NAME1_TXT)	<input type="text"/>	(DAY2_IV_DOSE_NB1_INT)	<input type="text"/>	(DAY2_IV_TOTAL_AMOUNT1_DEC)
<input type="text"/>	(DAY2_IV_DRUG_NAME2_TXT)	<input type="text"/>	(DAY2_IV_DOSE_NB2_INT)	<input type="text"/>	(DAY2_IV_TOTAL_AMOUNT2_DEC)
<input type="text"/>	(DAY2_IV_DRUG_NAME3_TXT)	<input type="text"/>	(DAY2_IV_DOSE_NB3_INT)	<input type="text"/>	(DAY2_IV_TOTAL_AMOUNT3_DEC)
<input type="text"/>	(DAY2_IV_DRUG_NAME4_TXT)	<input type="text"/>	(DAY2_IV_DOSE_NB4_INT)	<input type="text"/>	(DAY2_IV_TOTAL_AMOUNT4_DEC)
<input type="text"/>	(DAY2_IV_DRUG_NAME5_TXT)	<input type="text"/>	(DAY2_IV_DOSE_NB5_INT)	<input type="text"/>	(DAY2_IV_TOTAL_AMOUNT5_DEC)
<input type="text"/>	(DAY2_IV_DRUG_NAME6_TXT)	<input type="text"/>	(DAY2_IV_DOSE_NB6_INT)	<input type="text"/>	(DAY2_IV_TOTAL_AMOUNT6_DEC)

**5. Enter ALL ENTERAL sedatives and analgesics administered today. Do NOT enter antipsychotics here. (491)**

Drug name	Number of doses given over 24h	Total amount given over 24h (mg)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY2_ALLENTER_DRUG_NAME1_TXT)	(DAY2_ALLENTER_DOSE_NB1_INT)	(DAY2_ALLENTER_TOTAL_AMOUNT1_DE)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY2_ALLENTER_DRUG_NAME2_TXT)	(DAY2_ALLENTER_DOSE_NB2_INT)	(DAY2_ALLENTER_TOTAL_AMOUNT2_DE)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY2_ALLENTER_DRUG_NAME3_TXT)	(DAY2_ALLENTER_DOSE_NB3_INT)	(DAY2_ALLENTER_TOTAL_AMOUNT3_DE)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY2_ALLENTER_DRUG_NAME4_TXT)	(DAY2_ALLENTER_DOSE_NB4_INT)	(DAY2_ALLENTER_TOTAL_AMOUNT4_DE)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY2_ALLENTER_DRUG_NAME5_TXT)	(DAY2_ALLENTER_DOSE_NB5_INT)	(DAY2_ALLENTER_TOTAL_AMOUNT5_DE)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY2_ALLENTER_DRUG_NAME6_TXT)	(DAY2_ALLENTER_DOSE_NB6_INT)	(DAY2_ALLENTER_TOTAL_AMOUNT6_DE)

**C. AGITATION AND ANTIPSYCHOTICS**

1. Were physical restraints (any of: wrist, ankle or trunk) applied TODAY? ☐ No ☐ Yes ☐ Unknown/Not available (DAY2\_PHYS\_RESTRAINT\_YN) (530)

1.1. What type of physical restraint was used? (Select all that apply. [Manual of Operations](#) shows representative images on page 15)

☐ Ankle (DAY2\_PHYS\_RESTRAINT\_TYPE1\_CB)

☐ Mittens (DAY2\_PHYS\_RESTRAINT\_TYPE2\_CB)

☐ Torso (DAY2\_PHYS\_RESTRAINT\_TYPE3\_CB)

☐ Wrist (DAY2\_PHYS\_RESTRAINT\_TYPE4\_CB)

☐ Other (DAY2\_PHYS\_RESTRAINT\_TYPE5\_CB)

☐ Unknown/Not available (DAY2\_PHYS\_RESTRAINT\_TYPE6\_CB)

2. Did the patient experience accidental removal of any lines/catheters/tubes TODAY due to restlessness or agitation? (991) ☐ No ☐ Yes ☐ Unknown/Not available (DAY2\_ACCID\_REMOVAL\_YN)

2.1. If ?Yes? indicate what lines/catheters/tubes were accidentally removed today? (Select all that apply)

☐ Abdominal drain (DAY2\_ACCID\_REMOVAL1\_CB)

☐ Arterial catheter (DAY2\_ACCID\_REMOVAL2\_CB)

☐ Bladder catheter (DAY2\_ACCID\_REMOVAL3\_CB)

☐ Central Venous Access line (DAY2\_ACCID\_REMOVAL4\_CB)

☐ Chest drain (DAY2\_ACCID\_REMOVAL5\_CB)

☐ Dialysis catheter (DAY2\_ACCID\_REMOVAL6\_CB)

☐ Endotracheal tube (DAY2\_ACCID\_REMOVAL7\_CB)

☐ Epidural/Paravertebral/Local anaesthetic catheter (DAY2\_ACCID\_REMOVAL8\_CB)

☐ Feeding tube (DAY2\_ACCID\_REMOVAL9\_CB)

☐ Intracranial or Lumbar drain/ICP probe (DAY2\_ACCID\_REMOVAL10\_CB)

☐ Other surgical drain (DAY2\_ACCID\_REMOVAL11\_CB)

☐ Peripheral Venous Access (DAY2\_ACCID\_REMOVAL12\_CB)

☐ Tracheostomy tube (DAY2\_ACCID\_REMOVAL13\_CB)

☐ Other (DAY2\_ACCID\_REMOVAL14\_CB)

☐ Unknown/Not available (DAY2\_ACCID\_REMOVAL15\_CB)

3. Enter ANY antipsychotic agents administered. List separately all regular AND as needed (PRN) orders. (Refer to Manual of Operations page 16 for a list of antipsychotic drugs) (576)

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)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY2_ANTIPSYCHO_NAME1_TXT)	(DAY2_ANTIPSYCHO_ROUTE1_TX)	(DAY2_ANTIPSYCHO_DOSE_NB1_INT)	(DAY2_ANTIPSYCHO_TOTAL_AMOUNT1_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY2_ANTIPSYCHO_NAME2_TXT)	(DAY2_ANTIPSYCHO_ROUTE2_TX)	(DAY2_ANTIPSYCHO_DOSE_NB2_INT)	(DAY2_ANTIPSYCHO_TOTAL_AMOUNT2_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY2_ANTIPSYCHO_NAME3_TXT)	(DAY2_ANTIPSYCHO_ROUTE3_TX)	(DAY2_ANTIPSYCHO_DOSE_NB3_INT)	(DAY2_ANTIPSYCHO_TOTAL_AMOUNT3_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY2_ANTIPSYCHO_NAME4_TXT)	(DAY2_ANTIPSYCHO_ROUTE4_TX)	(DAY2_ANTIPSYCHO_DOSE_NB4_INT)	(DAY2_ANTIPSYCHO_TOTAL_AMOUNT4_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY2_ANTIPSYCHO_NAME5_TXT)	(DAY2_ANTIPSYCHO_ROUTE5_TX)	(DAY2_ANTIPSYCHO_DOSE_NB5_INT)	(DAY2_ANTIPSYCHO_TOTAL_AMOUNT5_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY2_ANTIPSYCHO_NAME6_TXT)	(DAY2_ANTIPSYCHO_ROUTE6_TX)	(DAY2_ANTIPSYCHO_DOSE_NB6_INT)	(DAY2_ANTIPSYCHO_TOTAL_AMOUNT6_)

4. Was delirium formally assessed today? ☐ No ☐ Yes ☐ Unknown/Not available (DAY2\_DELIRIUM\_ASSESS\_YN) (601)

4.1. If ?Yes? to Q C4 indicate how delirium was assessed today? (select all that apply)

☐ 4AT Assessment test for delirium & cognitive impairment (DAY2\_DELIRIUM\_ASSESS1\_CB)

☐ Confusion Assessment Method ? ICU (CAM-ICU) (DAY2\_DELIRIUM\_ASSESS2\_CB)

☐ Delirium Motor Subtype Scale (DMSS) (DAY2\_DELIRIUM\_ASSESS3\_CB)

☐ Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM-V) criteria (DAY2\_DELIRIUM\_ASSESS4\_CB)

☐ Intensive Care Delirium Screening Checklist (ICDSC) (DAY2\_DELIRIUM\_ASSESS5\_CB)

☐ Memorial Delirium Assessment Scale (MDAS) (DAY2\_DELIRIUM\_ASSESS6\_CB)

☐ Mini Mental State Examination (MMSE) (DAY2\_DELIRIUM\_ASSESS7\_CB)

☐ NEElon and CHAMpagne Confusion Scale (NEECHAM) (DAY2\_DELIRIUM\_ASSESS8\_CB)

☐ Nurses? Delirium Screening Checklist (NuDeSC) (DAY2\_DELIRIUM\_ASSESS9\_CB)

☐ Single Question in Delirium (DAY2\_DELIRIUM\_ASSESS10\_CB)☐ Clinical assessment only (DAY2\_DELIRIUM\_ASSESS11\_CB)☐ Other (DAY2\_DELIRIUM\_ASSESS12\_CB)☐ Unknown/Not available (DAY2\_DELIRIUM\_ASSESS13\_CB)4.2. Was the patient diagnosed with delirium today? ☐ No ☐ Yes ☐ Unknown/Not available (DAY2\_DELIRIUM\_DIAGNOSIS\_YN)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  
(DAY2\_DELIRIUM\_MOTOR\_RAD)4.2.2. If ?Yes? to Q C4.2. indicate what type of symptoms were present today? (Select all that apply)  
☐ Agitation (DAY2\_DELIRIUM\_SYMPT1\_CB)  
☐ Delusions (DAY2\_DELIRIUM\_SYMPT2\_CB)  
☐ Disorganised thinking (DAY2\_DELIRIUM\_SYMPT3\_CB)  
☐ Disorientation in place/time/person (DAY2\_DELIRIUM\_SYMPT4\_CB)  
☐ Inattention (DAY2\_DELIRIUM\_SYMPT5\_CB)  
☐ Perceptual disturbances and hallucinations (DAY2\_DELIRIUM\_SYMPT6\_CB)  
☐ Reduced level of consciousness (DAY2\_DELIRIUM\_SYMPT7\_CB)  
☐ Short-term memory impairment (DAY2\_DELIRIUM\_SYMPT8\_CB)  
☐ Sleep-wake cycle disturbances (DAY2\_DELIRIUM\_SYMPT9\_CB)  
☐ Other (DAY2\_DELIRIUM\_SYMPT10\_CB)  
☐ Unknown/Not available (DAY2\_DELIRIUM\_SYMPT11\_CB)

**D. NEUROMUSCULAR BLOCKERS**

1. Did this patient receive a neuromuscular blocker/paralytic agent TODAY? (656) ☐ No ☐ Yes ☐ Unknown/Not available (DAY2\_NM\_BLOCK\_YN)

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

- ☐ Hypoxemia/ARDS (DAY2\_NM\_BLOCK\_REASON1\_CB)
- ☐ Agitation (DAY2\_NM\_BLOCK\_REASON2\_CB)
- ☐ Asthma (DAY2\_NM\_BLOCK\_REASON3\_CB)
- ☐ Hypercapnia (DAY2\_NM\_BLOCK\_REASON4\_CB)
- ☐ Shock/hemodynamic instability (DAY2\_NM\_BLOCK\_REASON5\_CB)
- ☐ Induction for intubation (DAY2\_NM\_BLOCK\_REASON6\_CB)
- ☐ Concern about accidental tube/device removal (DAY2\_NM\_BLOCK\_REASON7\_CB)
- ☐ For an ICU procedure (DAY2\_NM\_BLOCK\_REASON8\_CB)
- ☐ Brain injury/Increased Intracranial pressure (DAY2\_NM\_BLOCK\_REASON9\_CB)
- ☐ Seizures (DAY2\_NM\_BLOCK\_REASON10\_CB)
- ☐ Transfer (imaging, ambulance, other) (DAY2\_NM\_BLOCK\_REASON11\_CB)
- ☐ Major procedure (surgery, other) (DAY2\_NM\_BLOCK\_REASON12\_CB)
- ☐ Therapeutic hypothermia (DAY2\_NM\_BLOCK\_REASON13\_CB)
- ☐ Unstable arrhythmia (DAY2\_NM\_BLOCK\_REASON14\_CB)
- ☐ Other (DAY2\_NM\_BLOCK\_REASON15\_CB)
- ☐ Unknown/Not available (DAY2\_NM\_BLOCK\_REASON16\_CB)

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

- ☐ One or multiple intravenous boluses
- ☐ Continuous infusion
- ☐ Unknown/Not available (DAY2\_MUSCLE\_BLOCK\_TYPE\_RAD)

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? ☐ No ☐ Yes ☐ Unknown/Not available (DAY2\_PARALYTIC\_AGENT\_YN)

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 (DAY2\_NM\_BLOCK\_MONITO1\_CB)
- ☐ Absence of patient movement (DAY2\_NM\_BLOCK\_MONITO2\_CB)
- ☐ ElectroEncephalography/ElectroMiography (EEG, BIS, Entropy, etc.) (DAY2\_NM\_BLOCK\_MONITO3\_CB)
- ☐ Train of four (TOF) monitoring (DAY2\_NM\_BLOCK\_MONITO4\_CB)
- ☐ Other (DAY2\_NM\_BLOCK\_MONITO5\_CB)
- ☐ Unknown/Not available (DAY2\_NM\_BLOCK\_MONITO6\_CB)

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)
<input type="text"/> (DAY2_NM_BLOCK_NAME1_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY2_NM_BLOCK_ROUTE1_RAD)	<input type="text"/> (DAY2_NM_BLOCK_DOSE1_DEC)
<input type="text"/> (DAY2_NM_BLOCK_NAME2_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY2_NM_BLOCK_ROUTE2_RAD)	<input type="text"/> (DAY2_NM_BLOCK_DOSE2_DEC)
<input type="text"/> (DAY2_NM_BLOCK_NAME3_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY2_NM_BLOCK_ROUTE3_RAD)	<input type="text"/> (DAY2_NM_BLOCK_DOSE3_DEC)
<input type="text"/> (DAY2_NM_BLOCK_NAME4_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY2_NM_BLOCK_ROUTE4_RAD)	<input type="text"/> (DAY2_NM_BLOCK_DOSE4_DEC)
<input type="text"/> (DAY2_NM_BLOCK_NAME5_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY2_NM_BLOCK_ROUTE5_RAD)	<input type="text"/> (DAY2_NM_BLOCK_DOSE5_DEC)
<input type="text"/> (DAY2_NM_BLOCK_NAME6_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY2_NM_BLOCK_ROUTE6_RAD)	<input type="text"/> (DAY2_NM_BLOCK_DOSE6_DEC)

## E. MOBILITY

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1. What was the patient's highest level of ☐ 0 = Nothing ☐ 1 = Transfer from bed to chair without standing ☐ 2 = Sitting in bed/exercises in bed ☐ 3 = Sitting at mobility today? If this information is unknown, edge of bed ☐ 4 = Standing ☐ 5 = Transfer from bed to chair with standing ☐ 6 = Marching in place ☐ 7 = Walking select response ?8?. (726) ☐ 8 = Unknown (DAY2\_MOBILITY\_LEVEL\_DDL)

For more detailed information about mobility levels description, please click here &rarr, (1175)

## Day 3

Visit date (DD/MM/YYYY): (3197)

 (DAY3\_VISIT\_DATE)

## 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<sub>2</sub> (See [Manual of Operations](#) page 11). (342)

Variables		Score
Hypotension (321)	<input type="radio"/> Unknown/Not available <input type="radio"/> No hypotension (MAP ≥70 mmHg) <input type="radio"/> MAP <70 mmHg <input type="radio"/> Dopamine ≤5 mcg/kg/min or Dobutamine (any dose) <input type="radio"/> Dopamine >5 mcg/kg/min or Epinephrine ≤0.1 mcg/kg/min or Norepinephrine ≤0.1 mcg/kg/min or Vasopressin alone (any dose) <input type="radio"/> 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 (DAY3_SOFA_HYPOTENSION_RAD)	<input type="text"/> (DAY3_SOFA_HYPO_SCORE_AUTO)
Respiration PaO <sub>2</sub> /FiO <sub>2</sub> (1182)	<input type="radio"/> Unknown/Not available <input type="radio"/> ≥ 400 <input type="radio"/> < 400 <input type="radio"/> < 300 <input type="radio"/> < 200 and mechanically ventilated <input type="radio"/> < 100 and mechanically ventilated (DAY3_SOFA_RESPIRATION_RAD)	<input type="text"/> (DAY3_SOFA_RESPI_SCORE_AUTO)
GCS (best score) (1185)	<input type="radio"/> Unknown/Not available <input type="radio"/> 15 <input type="radio"/> 13-14 <input type="radio"/> 10-12 <input type="radio"/> 6-9 <input type="radio"/> < 6 (DAY3_SOFA_GCS_RAD)	<input type="text"/> (DAY3_SOFA_GCS_SCORE_AUTO)
Platelets (10 <sup>9</sup> /L) (1188)	<input type="radio"/> Unknown/Not available <input type="radio"/> ≥ 150 <input type="radio"/> < 150 <input type="radio"/> < 100 <input type="radio"/> < 50 <input type="radio"/> < 20 (DAY3_SOFA_PLATELETS_RAD)	<input type="text"/> (DAY3_SOFA_PLATELETS_SCORE_AUTO)
Creatinine ?mol/L (mg/dL) (1191)	<input type="radio"/> Unknown/Not available <input type="radio"/> < 110 (< 1.2) <input type="radio"/> 110-170 (1.2-1.9) <input type="radio"/> 171-299 (2.0-3.4) <input type="radio"/> 300-440 (3.5-4.9) or Urine output < 500ml/day <input type="radio"/> ≥ 440 (≥ 5.0) or Urine output < 200ml/day (DAY3_SOFA_CREAT_RAD)	<input type="text"/> (DAY3_SOFA_CREAT_SCORE_AUTO)
Bilirubin total ?mol/L (mg/dL) (1194)	<input type="radio"/> Unknown/Not available <input type="radio"/> < 20 (< 1.2) <input type="radio"/> 20-32 (1.2-1.9) <input type="radio"/> 33-101 (2.0-5.9) <input type="radio"/> 102-204 (6.0-11.9) <input type="radio"/> > 204 (> 12) (DAY3_SOFA_BILIRUBIN_RAD)	<input type="text"/> (DAY3_SOFA_BILIRUBIN_SCORE_AUTO)
TOTAL SOFA SCORE : (1197)		<input type="text"/> (DAY3_SOFA_TOTAL_SCORE_AUTO)

**2. What was the predominant mode of respiratory support today?** Select only one response, with endotracheal tube (Assisted breathing, e.g. Pressure support) ☐ Non-invasive ventilation: Continuous Positive Airway Pressure (CPAP), or Non-invasive pressure support (e.g. BiPAP) ☐ Invasive mechanical ventilation with endotracheal tube representing the support mode (Controlled breathing, Pressure or Volume control, and patient not making respiratory efforts) ☐ Extra-corporeal respiratory applied for the majority of the day support ☐ Other ☐ Data/Information not available (DAY3\_RESPI\_SUPPORT\_MODE\_DDL) (343)

3. Did the patient require proning for hypoxaemia today? (3247)

☐ No ☐ Yes ☐ Unknown/Not available (DAY3\_PRONING\_YN)

**3.1. How long was the patient in prone position today? (hours) ()**

(DAY3\_PRONING\_DURATION)

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**B. SEDATION AND ANALGESIA**

1. Did the patient receive ANY sedative ☐ No ☐ Yes ☐ Unknown/Not available (DAY3\_SEDATIVES\_TODAY\_YN)  
today (intravenous infusion, boluses, or  
enteral)? (346)

1.1. If the patient received a sedative ☐ Agitation (DAY3\_SEDATIVES\_INDICATION\_1\_CB)  
today, what was/were the indication(s) for ☐ Anxiety (DAY3\_SEDATIVES\_INDICATION\_2\_CB)  
sedation? (Select all that apply) ☐ Cardiac ischemia or arrhythmia (DAY3\_SEDATIVES\_INDICATION\_3\_CB)  
☐ Decrease intracranial pressure (DAY3\_SEDATIVES\_INDICATION\_4\_CB)  
☐ Decrease oxygen consumption (e.g. sepsis) (DAY3\_SEDATIVES\_INDICATION\_5\_CB)  
☐ Extra-corporeal support (DAY3\_SEDATIVES\_INDICATION\_6\_CB)  
☐ Facilitate sleep (DAY3\_SEDATIVES\_INDICATION\_7\_CB)  
☐ Facilitate targeted temperature management (DAY3\_SEDATIVES\_INDICATION\_8\_CB)  
☐ Hypoxemia/ARDS (DAY3\_SEDATIVES\_INDICATION\_9\_CB)  
☐ Lung protective ventilation (DAY3\_SEDATIVES\_INDICATION\_10\_CB)  
☐ Postoperative (DAY3\_SEDATIVES\_INDICATION\_11\_CB)  
☐ Prevent tube/device removal (DAY3\_SEDATIVES\_INDICATION\_12\_CB)  
☐ Prone position (DAY3\_SEDATIVES\_INDICATION\_13\_CB)  
☐ Required pharmacological muscle paralysis (DAY3\_SEDATIVES\_INDICATION\_14\_CB)  
☐ Seizure control (DAY3\_SEDATIVES\_INDICATION\_15\_CB)  
☐ Shock / hemodynamic instability (DAY3\_SEDATIVES\_INDICATION\_16\_CB)  
☐ Ventilator asynchrony (DAY3\_SEDATIVES\_INDICATION\_17\_CB)  
☐ Other (DAY3\_SEDATIVES\_INDICATION\_18\_CB)  
☐ Unknown/Not available (DAY3\_SEDATIVES\_INDICATION\_19\_CB)

1.2. If the patient received a sedative ☐ No ☐ Yes ☐ Unknown/Not available (DAY3\_SEDATIVES\_TITRATED\_YN)  
today, was the sedative titrated according  
to a scale?

1.2.1. If sedation was titrated according to ☐ GCS ? Glasgow Coma Score (DAY3\_SEDATIVES\_SCALE\_1\_CB)  
a scale, please specify the scale(s) used ☐ MAAS ? Motor Activity Assessment Scale (DAY3\_SEDATIVES\_SCALE\_2\_CB)  
(select all that apply): ☐ Ramsay scale (DAY3\_SEDATIVES\_SCALE\_3\_CB)  
☐ RASS ? Richmond Agitation and Sedation Scale (DAY3\_SEDATIVES\_SCALE\_4\_CB)  
☐ SAS ? Sedation Agitation Scale (DAY3\_SEDATIVES\_SCALE\_5\_CB)  
☐ Other (DAY3\_SEDATIVES\_SCALE\_6\_CB)  
☐ Unknown/Not available (DAY3\_SEDATIVES\_SCALE\_7\_CB)

1.2.2. Was sedation titrated according to a ☐ No ☐ Yes ☐ Unknown/Not available (DAY3\_SEDATIVES\_TITR\_PROTO\_YN)  
formal written protocol?

1.2.3. Was sedation titrated according to ☐ ElectroEncephaloGram (EEG) or EEG-derived measures (BIS, Entropy, etc.) (DAY3\_SEDATIVES\_NEUROMON\_1\_CB)  
neuromonitoring? ☐ IntraCranial Pressure (ICP) (DAY3\_SEDATIVES\_NEUROMON\_2\_CB)  
☐ Near-InfraRed Spectroscopy (NIRS) (DAY3\_SEDATIVES\_NEUROMON\_3\_CB)  
☐ No neuromonitoring used (DAY3\_SEDATIVES\_NEUROMON\_4\_CB)  
☐ Other (DAY3\_SEDATIVES\_NEUROMON\_5\_CB)  
☐ Unknown/Not available (DAY3\_SEDATIVES\_NEUROMON\_6\_CB)

2. Did the patient receive any analgesia ☐ No ☐ Yes ☐ Unknown/Not available (DAY3\_ANALGESIA\_TODAY\_YN)  
(opioid or non-opioid) today? (1273)

2.1. If the patient received analgesia ☐ No ☐ Yes ☐ Unknown/Not available (DAY3\_ANALGESIA\_SCALE\_YN)  
today, was (were) analgesic(s) titrated  
according to a pain scale?

2.1.1. If yes, please specify the scale(s) ☐ Behavioral Pain Scale (BPS) (DAY3\_ANALGESIA\_SCALE\_1\_CB)  
used: ☐ Critical Care Pain Observation Tool (CPOT) (DAY3\_ANALGESIA\_SCALE\_2\_CB)  
☐ Faces Pain Scale (DAY3\_ANALGESIA\_SCALE\_3\_CB)  
☐ Nociception Coma Scale (DAY3\_ANALGESIA\_SCALE\_4\_CB)  
☐ Non-Verbal Pain Scale (NVPS) (DAY3\_ANALGESIA\_SCALE\_5\_CB)  
☐ Numeric Rating Scale (NRS) (DAY3\_ANALGESIA\_SCALE\_6\_CB)  
☐ Visual Analogue Scale (VAS) (DAY3\_ANALGESIA\_SCALE\_7\_CB)  
☐ Other (DAY3\_ANALGESIA\_SCALE\_8\_CB)  
☐ Unknown/Not available (DAY3\_ANALGESIA\_SCALE\_9\_CB)

2.2. Was a target pain score set for today? ☐ No ☐ Yes ☐ Unknown/Not available (DAY3\_TARGET\_PAIN\_SCORE\_YN)

2.3. Was analgesia titrated according to a ☐ No ☐ Yes ☐ Unknown/Not available (DAY3\_ANALGESIA\_TITR\_PROTO\_YN)  
formal written protocol?

3. Did the patient receive a continuous ☐ No ☐ Yes ☐ Unknown/Not available (DAY3\_ANALG\_SEDAT\_INFUSION\_YN)  
infusion of SEDATIVE or ANALGESIC

today? (1299)

3.1. If the patient received continuous ☐ No ☐ Yes ☐ Unknown/Not available (DAY3\_SEDAT\_INFUSION\_INTERRUPT\_) SEDATIVE infusions, were the infusions interrupted intentionally TODAY?

3.1.1. If ANY SEDATIVE infusion was ☐ No ☐ Yes ☐ Unknown/Not available (DAY3\_SEDAT\_INFUSION\_RESTART\_) interrupted, was it restarted today?

3.1.1.1. At what rate/dose was the ☐ At previous rate/dose sedative infusion restarted today after ☐ LESS than the previous rate/dose interruption? ☐ HIGHER than the previous rate/dose ☐ Unknown/Not available (DAY3\_SEDAT\_INFUSION\_RESTART\_DO)

3.2. If the patient received continuous ☐ No ☐ Yes ☐ Unknown/Not available (DAY3\_ANALG\_INFUSION\_INTERRUPT\_) ANALGESIC infusions, were the infusions interrupted intentionally TODAY?

3.2.1. If ANY ANALGESIC infusion was ☐ No ☐ Yes ☐ Unknown/Not available (DAY3\_ANALG\_INFUSION\_RESTART\_) interrupted, was it restarted today?

3.2.1.1. At what rate/dose was the ☐ At previous rate/dose analgesic infusion restarted today after ☐ LESS than the previous rate/dose interruption? ☐ HIGHER than the previous rate/dose ☐ Unknown/Not available (DAY3\_ANALG\_INFUSION\_RESTART\_DO)

**3.3. Enter ALL sedative and analgesic INFUSIONS administered today.** [e.g. benzodiazepines (midazolam, lorazepam), opioids (morphine, fentanyl, remifentanyl, 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)
<input type="text"/> (DAY3_INFUSIONS_DRUG_NAME1_TXT)	<input type="text"/> (DAY3_INFUSIONS_DAILY_DOSE1_DEC)	<input type="text"/> (DAY3_INFUSIONS_HOURS_24H_1_INT)
<input type="text"/> (DAY3_INFUSIONS_DRUG_NAME2_TXT)	<input type="text"/> (DAY3_INFUSIONS_DAILY_DOSE2_DEC)	<input type="text"/> (DAY3_INFUSIONS_HOURS_24H_2_INT)
<input type="text"/> (DAY3_INFUSIONS_DRUG_NAME3_TXT)	<input type="text"/> (DAY3_INFUSIONS_DAILY_DOSE3_DEC)	<input type="text"/> (DAY3_INFUSIONS_HOURS_24H_3_INT)
<input type="text"/> (DAY3_INFUSIONS_DRUG_NAME4_TXT)	<input type="text"/> (DAY3_INFUSIONS_DAILY_DOSE4_DEC)	<input type="text"/> (DAY3_INFUSIONS_HOURS_24H_4_INT)
<input type="text"/> (DAY3_INFUSIONS_DRUG_NAME5_TXT)	<input type="text"/> (DAY3_INFUSIONS_DAILY_DOSE5_DEC)	<input type="text"/> (DAY3_INFUSIONS_HOURS_24H_5_INT)
<input type="text"/> (DAY3_INFUSIONS_DRUG_NAME6_TXT)	<input type="text"/> (DAY3_INFUSIONS_DAILY_DOSE6_DEC)	<input type="text"/> (DAY3_INFUSIONS_HOURS_24H_6_INT)
<input type="text"/> (DAY3_INFUSIONS_DRUG_NAME7_TXT)	<input type="text"/> (DAY3_INFUSIONS_DAILY_DOSE7_DEC)	<input type="text"/> (DAY3_INFUSIONS_HOURS_24H_7_INT)
<input type="text"/> (DAY3_INFUSIONS_DRUG_NAME8_TXT)	<input type="text"/> (DAY3_INFUSIONS_DAILY_DOSE8_DEC)	<input type="text"/> (DAY3_INFUSIONS_HOURS_24H_8_INT)

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  
(DAY3\_SEDAT\_RATE\_DAY\_NIGHT\_RAD)

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  
(DAY3\_ANALG\_RATE\_DAY\_NIGHT\_RAD)

**4. Enter ALL sedative and analgesic INTERMITTENT INTRAVENOUS DOSES administered today.** Do NOT enter antipsychotics here. (491)

Drug name	Number of doses given over 24h	Total amount given over 24h (mg)
<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>	(DAY3_IV_DRUG_NAME1_TXT)	<input type="text"/>	(DAY3_IV_DOSE_NB1_INT)	<input type="text"/>	(DAY3_IV_TOTAL_AMOUNT1_DEC)
<input type="text"/>	(DAY3_IV_DRUG_NAME2_TXT)	<input type="text"/>	(DAY3_IV_DOSE_NB2_INT)	<input type="text"/>	(DAY3_IV_TOTAL_AMOUNT2_DEC)
<input type="text"/>	(DAY3_IV_DRUG_NAME3_TXT)	<input type="text"/>	(DAY3_IV_DOSE_NB3_INT)	<input type="text"/>	(DAY3_IV_TOTAL_AMOUNT3_DEC)
<input type="text"/>	(DAY3_IV_DRUG_NAME4_TXT)	<input type="text"/>	(DAY3_IV_DOSE_NB4_INT)	<input type="text"/>	(DAY3_IV_TOTAL_AMOUNT4_DEC)
<input type="text"/>	(DAY3_IV_DRUG_NAME5_TXT)	<input type="text"/>	(DAY3_IV_DOSE_NB5_INT)	<input type="text"/>	(DAY3_IV_TOTAL_AMOUNT5_DEC)
<input type="text"/>	(DAY3_IV_DRUG_NAME6_TXT)	<input type="text"/>	(DAY3_IV_DOSE_NB6_INT)	<input type="text"/>	(DAY3_IV_TOTAL_AMOUNT6_DEC)

**5. Enter ALL ENTERAL sedatives and analgesics administered today. Do NOT enter antipsychotics here. (491)**

Drug name	Number of doses given over 24h	Total amount given over 24h (mg)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY3_ALLENTER_DRUG_NAME1_TXT)	(DAY3_ALLENTER_DOSE_NB1_INT)	(DAY3_ALLENTER_TOTAL_AMOUNT1_DE)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY3_ALLENTER_DRUG_NAME2_TXT)	(DAY3_ALLENTER_DOSE_NB2_INT)	(DAY3_ALLENTER_TOTAL_AMOUNT2_DE)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY3_ALLENTER_DRUG_NAME3_TXT)	(DAY3_ALLENTER_DOSE_NB3_INT)	(DAY3_ALLENTER_TOTAL_AMOUNT3_DE)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY3_ALLENTER_DRUG_NAME4_TXT)	(DAY3_ALLENTER_DOSE_NB4_INT)	(DAY3_ALLENTER_TOTAL_AMOUNT4_DE)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY3_ALLENTER_DRUG_NAME5_TXT)	(DAY3_ALLENTER_DOSE_NB5_INT)	(DAY3_ALLENTER_TOTAL_AMOUNT5_DE)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY3_ALLENTER_DRUG_NAME6_TXT)	(DAY3_ALLENTER_DOSE_NB6_INT)	(DAY3_ALLENTER_TOTAL_AMOUNT6_DE)

**C. AGITATION AND ANTIPSYCHOTICS**

1. Were physical restraints (any of: wrist, ankle or trunk) applied TODAY? ☐ No ☐ Yes ☐ Unknown/Not available (DAY3\_PHYS\_RESTRAINT\_YN) (530)

1.1. What type of physical restraint was used? (Select all that apply. [Manual of Operations](#) shows representative images on page 15)

☐ Ankle (DAY3\_PHYS\_RESTRAINT\_TYPE1\_CB)

☐ Mittens (DAY3\_PHYS\_RESTRAINT\_TYPE2\_CB)

☐ Torso (DAY3\_PHYS\_RESTRAINT\_TYPE3\_CB)

☐ Wrist (DAY3\_PHYS\_RESTRAINT\_TYPE4\_CB)

☐ Other (DAY3\_PHYS\_RESTRAINT\_TYPE5\_CB)

☐ Unknown/Not available (DAY3\_PHYS\_RESTRAINT\_TYPE6\_CB)

2. Did the patient experience accidental removal of any lines/catheters/tubes TODAY due to restlessness or agitation? (1395) ☐ No ☐ Yes ☐ Unknown/Not available (DAY3\_ACCID\_REMOVAL\_YN)

2.1. If ?Yes? indicate what lines/catheters/tubes were accidentally removed today? (Select all that apply)

☐ Abdominal drain (DAY3\_ACCID\_REMOVAL1\_CB)

☐ Arterial catheter (DAY3\_ACCID\_REMOVAL2\_CB)

☐ Bladder catheter (DAY3\_ACCID\_REMOVAL3\_CB)

☐ Central Venous Access line (DAY3\_ACCID\_REMOVAL4\_CB)

☐ Chest drain (DAY3\_ACCID\_REMOVAL5\_CB)

☐ Dialysis catheter (DAY3\_ACCID\_REMOVAL6\_CB)

☐ Endotracheal tube (DAY3\_ACCID\_REMOVAL7\_CB)

☐ Epidural/Paravertebral/Local anaesthetic catheter (DAY3\_ACCID\_REMOVAL8\_CB)

☐ Feeding tube (DAY3\_ACCID\_REMOVAL9\_CB)

☐ Intracranial or Lumbar drain/ICP probe (DAY3\_ACCID\_REMOVAL10\_CB)

☐ Other surgical drain (DAY3\_ACCID\_REMOVAL11\_CB)

☐ Peripheral Venous Access (DAY3\_ACCID\_REMOVAL12\_CB)

☐ Tracheostomy tube (DAY3\_ACCID\_REMOVAL13\_CB)

☐ Other (DAY3\_ACCID\_REMOVAL14\_CB)

☐ Unknown/Not available (DAY3\_ACCID\_REMOVAL15\_CB)

3. Enter ANY antipsychotic agents administered. List separately all regular AND as needed (PRN) orders. (Refer to Manual of Operations page 16 for a list of antipsychotic drugs) (576)

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)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY3_ANTIPSYCHO_NAME1_TXT)	(DAY3_ANTIPSYCHO_ROUTE1_TX)	(DAY3_ANTIPSYCHO_DOSE_NB1_INT)	(DAY3_ANTIPSYCHO_TOTAL_AMOUNT1_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY3_ANTIPSYCHO_NAME2_TXT)	(DAY3_ANTIPSYCHO_ROUTE2_TX)	(DAY3_ANTIPSYCHO_DOSE_NB2_INT)	(DAY3_ANTIPSYCHO_TOTAL_AMOUNT2_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY3_ANTIPSYCHO_NAME3_TXT)	(DAY3_ANTIPSYCHO_ROUTE3_TX)	(DAY3_ANTIPSYCHO_DOSE_NB3_INT)	(DAY3_ANTIPSYCHO_TOTAL_AMOUNT3_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY3_ANTIPSYCHO_NAME4_TXT)	(DAY3_ANTIPSYCHO_ROUTE4_TX)	(DAY3_ANTIPSYCHO_DOSE_NB4_INT)	(DAY3_ANTIPSYCHO_TOTAL_AMOUNT4_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY3_ANTIPSYCHO_NAME5_TXT)	(DAY3_ANTIPSYCHO_ROUTE5_TX)	(DAY3_ANTIPSYCHO_DOSE_NB5_INT)	(DAY3_ANTIPSYCHO_TOTAL_AMOUNT5_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY3_ANTIPSYCHO_NAME6_TXT)	(DAY3_ANTIPSYCHO_ROUTE6_TX)	(DAY3_ANTIPSYCHO_DOSE_NB6_INT)	(DAY3_ANTIPSYCHO_TOTAL_AMOUNT6_)

4. Was delirium formally assessed today? ☐ No ☐ Yes ☐ Unknown/Not available (DAY3\_DELIRIUM\_ASSESS\_YN) (601)

4.1. If ?Yes? to Q C4 indicate how delirium was assessed today? (select all that apply)

☐ 4AT Assessment test for delirium & cognitive impairment (DAY3\_DELIRIUM\_ASSESS1\_CB)

☐ Confusion Assessment Method ? ICU (CAM-ICU) (DAY3\_DELIRIUM\_ASSESS2\_CB)

☐ Delirium Motor Subtype Scale (DMSS) (DAY3\_DELIRIUM\_ASSESS3\_CB)

☐ Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM-V) criteria (DAY3\_DELIRIUM\_ASSESS4\_CB)

☐ Intensive Care Delirium Screening Checklist (ICDSC) (DAY3\_DELIRIUM\_ASSESS5\_CB)

☐ Memorial Delirium Assessment Scale (MDAS) (DAY3\_DELIRIUM\_ASSESS6\_CB)

☐ Mini Mental State Examination (MMSE) (DAY3\_DELIRIUM\_ASSESS7\_CB)

☐ NEElon and CHAMpagne Confusion Scale (NEECHAM) (DAY3\_DELIRIUM\_ASSESS8\_CB)

☐ Nurses? Delirium Screening Checklist (NuDeSC) (DAY3\_DELIRIUM\_ASSESS9\_CB)

☐ Single Question in Delirium (DAY3\_DELIRIUM\_ASSESS10\_CB)☐ Clinical assessment only (DAY3\_DELIRIUM\_ASSESS11\_CB)☐ Other (DAY3\_DELIRIUM\_ASSESS12\_CB)☐ Unknown/Not available (DAY3\_DELIRIUM\_ASSESS13\_CB)4.2. Was the patient diagnosed with delirium today? ☐ No ☐ Yes ☐ Unknown/Not available (DAY3\_DELIRIUM\_DIAGNOSIS\_YN)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  
(DAY3\_DELIRIUM\_MOTOR\_RAD)4.2.2. If ?Yes? to Q C4.2. indicate what type of symptoms were present today? (Select all that apply)  
☐ Agitation (DAY3\_DELIRIUM\_SYMPT1\_CB)  
☐ Delusions (DAY3\_DELIRIUM\_SYMPT2\_CB)  
☐ Disorganised thinking (DAY3\_DELIRIUM\_SYMPT3\_CB)  
☐ Disorientation in place/time/person (DAY3\_DELIRIUM\_SYMPT4\_CB)  
☐ Inattention (DAY3\_DELIRIUM\_SYMPT5\_CB)  
☐ Perceptual disturbances and hallucinations (DAY3\_DELIRIUM\_SYMPT6\_CB)  
☐ Reduced level of consciousness (DAY3\_DELIRIUM\_SYMPT7\_CB)  
☐ Short-term memory impairment (DAY3\_DELIRIUM\_SYMPT8\_CB)  
☐ Sleep-wake cycle disturbances (DAY3\_DELIRIUM\_SYMPT9\_CB)  
☐ Other (DAY3\_DELIRIUM\_SYMPT10\_CB)  
☐ Unknown/Not available (DAY3\_DELIRIUM\_SYMPT11\_CB)

**D. NEUROMUSCULAR BLOCKERS**

1. Did this patient receive a neuromuscular blocker/paralytic agent TODAY? (656) ☐ No ☐ Yes ☐ Unknown/Not available (DAY3\_NM\_BLOCK\_YN)

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

- ☐ Hypoxemia/ARDS (DAY3\_NM\_BLOCK\_REASON1\_CB)
- ☐ Agitation (DAY3\_NM\_BLOCK\_REASON2\_CB)
- ☐ Asthma (DAY3\_NM\_BLOCK\_REASON3\_CB)
- ☐ Hypercapnia (DAY3\_NM\_BLOCK\_REASON4\_CB)
- ☐ Shock/hemodynamic instability (DAY3\_NM\_BLOCK\_REASON5\_CB)
- ☐ Induction for intubation (DAY3\_NM\_BLOCK\_REASON6\_CB)
- ☐ Concern about accidental tube/device removal (DAY3\_NM\_BLOCK\_REASON7\_CB)
- ☐ For an ICU procedure (DAY3\_NM\_BLOCK\_REASON8\_CB)
- ☐ Brain injury/Increased Intracranial pressure (DAY3\_NM\_BLOCK\_REASON9\_CB)
- ☐ Seizures (DAY3\_NM\_BLOCK\_REASON10\_CB)
- ☐ Transfer (imaging, ambulance, other) (DAY3\_NM\_BLOCK\_REASON11\_CB)
- ☐ Major procedure (surgery, other) (DAY3\_NM\_BLOCK\_REASON12\_CB)
- ☐ Therapeutic hypothermia (DAY3\_NM\_BLOCK\_REASON13\_CB)
- ☐ Unstable arrhythmia (DAY3\_NM\_BLOCK\_REASON14\_CB)
- ☐ Other (DAY3\_NM\_BLOCK\_REASON15\_CB)
- ☐ Unknown/Not available (DAY3\_NM\_BLOCK\_REASON16\_CB)

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

- ☐ One or multiple intravenous boluses
- ☐ Continuous infusion
- ☐ Unknown/Not available (DAY3\_MUSCLE\_BLOCK\_TYPE\_RAD)

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? ☐ No ☐ Yes ☐ Unknown/Not available (DAY3\_PARALYTIC\_AGENT\_YN)

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 (DAY3\_NM\_BLOCK\_MONITO1\_CB)
- ☐ Absence of patient movement (DAY3\_NM\_BLOCK\_MONITO2\_CB)
- ☐ ElectroEncephalography/ElectroMiography (EEG, BIS, Entropy, etc.) (DAY3\_NM\_BLOCK\_MONITO3\_CB)
- ☐ Train of four (TOF) monitoring (DAY3\_NM\_BLOCK\_MONITO4\_CB)
- ☐ Other (DAY3\_NM\_BLOCK\_MONITO5\_CB)
- ☐ Unknown/Not available (DAY3\_NM\_BLOCK\_MONITO6\_CB)

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)
<input type="text"/> (DAY3_NM_BLOCK_NAME1_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY3_NM_BLOCK_ROUTE1_RAD)	<input type="text"/> (DAY3_NM_BLOCK_DOSE1_DEC)
<input type="text"/> (DAY3_NM_BLOCK_NAME2_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY3_NM_BLOCK_ROUTE2_RAD)	<input type="text"/> (DAY3_NM_BLOCK_DOSE2_DEC)
<input type="text"/> (DAY3_NM_BLOCK_NAME3_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY3_NM_BLOCK_ROUTE3_RAD)	<input type="text"/> (DAY3_NM_BLOCK_DOSE3_DEC)
<input type="text"/> (DAY3_NM_BLOCK_NAME4_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY3_NM_BLOCK_ROUTE4_RAD)	<input type="text"/> (DAY3_NM_BLOCK_DOSE4_DEC)
<input type="text"/> (DAY3_NM_BLOCK_NAME5_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY3_NM_BLOCK_ROUTE5_RAD)	<input type="text"/> (DAY3_NM_BLOCK_DOSE5_DEC)
<input type="text"/> (DAY3_NM_BLOCK_NAME6_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY3_NM_BLOCK_ROUTE6_RAD)	<input type="text"/> (DAY3_NM_BLOCK_DOSE6_DEC)

## E. MOBILITY

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1. What was the patient's highest level of ☐0 = Nothing ☐1 = Transfer from bed to chair without standing ☐2 = Sitting in bed/exercises in bed ☐3 = Sitting at mobility today? If this information is unknown, edge of bed ☐4 = Standing ☐5 = Transfer from bed to chair with standing ☐6 = Marching in place ☐7 = Walking select response ?8?. (726) ☐8 = Unknown (DAY3\_MOBILITY\_LEVEL\_DDL)

For more detailed information about mobility levels description, please click here &rarr, (1579)

## Day 4

Visit date (DD/MM/YYYY): (3197)

 (DAY4\_VISIT\_DATE)

## 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<sub>2</sub> (See [Manual of Operations](#) page 11). (342)

Variables		Score
Hypotension (321)	<input type="radio"/> Unknown/Not available <input type="radio"/> No hypotension (MAP ≥70 mmHg) <input type="radio"/> MAP <70 mmHg <input type="radio"/> Dopamine ≤5 mcg/kg/min or Dobutamine (any dose) <input type="radio"/> Dopamine >5 mcg/kg/min or Epinephrine ≤0.1 mcg/kg/min or Norepinephrine ≤0.1 mcg/kg/min or Vasopressin alone (any dose) <input type="radio"/> 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 (DAY4_SOFA_HYPOTENSION_RAD)	<input type="text"/> (DAY4_SOFA_HYPO_SCORE_AUTO)
Respiration PaO <sub>2</sub> /FiO <sub>2</sub> (1586)	<input type="radio"/> Unknown/Not available <input type="radio"/> ≥ 400 <input type="radio"/> < 400 <input type="radio"/> < 300 <input type="radio"/> < 200 and mechanically ventilated <input type="radio"/> < 100 and mechanically ventilated (DAY4_SOFA_RESPIRATION_RAD)	<input type="text"/> (DAY4_SOFA_RESPI_SCORE_AUTO)
GCS (best score) (1589)	<input type="radio"/> Unknown/Not available <input type="radio"/> 15 <input type="radio"/> 13-14 <input type="radio"/> 10-12 <input type="radio"/> 6-9 <input type="radio"/> < 6 (DAY4_SOFA_GCS_RAD)	<input type="text"/> (DAY4_SOFA_GCS_SCORE_AUTO)
Platelets (10 <sup>9</sup> /L) (1592)	<input type="radio"/> Unknown/Not available <input type="radio"/> ≥ 150 <input type="radio"/> < 150 <input type="radio"/> < 100 <input type="radio"/> < 50 <input type="radio"/> < 20 (DAY4_SOFA_PLATELETS_RAD)	<input type="text"/> (DAY4_SOFA_PLATELETS_SCORE_AUTO)
Creatinine ?mol/L (mg/dL) (1595)	<input type="radio"/> Unknown/Not available <input type="radio"/> < 110 (< 1.2) <input type="radio"/> 110-170 (1.2-1.9) <input type="radio"/> 171-299 (2.0-3.4) <input type="radio"/> 300-440 (3.5-4.9) or Urine output < 500ml/day <input type="radio"/> ≥ 440 (≥ 5.0) or Urine output < 200ml/day (DAY4_SOFA_CREAT_RAD)	<input type="text"/> (DAY4_SOFA_CREAT_SCORE_AUTO)
Bilirubin total ?mol/L (mg/dL) (1598)	<input type="radio"/> Unknown/Not available <input type="radio"/> < 20 (< 1.2) <input type="radio"/> 20-32 (1.2-1.9) <input type="radio"/> 33-101 (2.0-5.9) <input type="radio"/> 102-204 (6.0-11.9) <input type="radio"/> > 204 (> 12) (DAY4_SOFA_BILIRUBIN_RAD)	<input type="text"/> (DAY4_SOFA_BILIRUBIN_SCORE_AUTO)
TOTAL SOFA SCORE : (1601)		<input type="text"/> (DAY4_SOFA_TOTAL_SCORE_AUTO)

**2. What was the predominant mode of respiratory support today?** Select only one response, with endotracheal tube (Assisted breathing, e.g. Pressure support) ☐ Non-invasive ventilation: Continuous Positive Airway Pressure (CPAP), or Non-invasive pressure support (e.g. BiPAP) ☐ Invasive mechanical ventilation with endotracheal tube representing the support mode (Controlled breathing, Pressure or Volume control, and patient not making respiratory efforts) ☐ Extra-corporeal respiratory applied for the majority of the day support ☐ Other ☐ Data/Information not available (DAY4\_RESPI\_SUPPORT\_MODE\_DDL) (343)

3. Did the patient require proning for hypoxaemia today? (3247)

☐ No ☐ Yes ☐ Unknown/Not available (DAY4\_PRONING\_YN)



**3.1. How long was the patient in prone position today? (hours) ()**

(DAY4\_PRONING\_DURATION)

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**B. SEDATION AND ANALGESIA**

1. Did the patient receive ANY sedative ☐ No ☐ Yes ☐ Unknown/Not available (DAY4\_SEDATIVE\_TODAY\_YN) today (intravenous infusion, boluses, or enteral)? (346)

1.1. If the patient received a sedative today, what was/were the indication(s) for sedation? (Select all that apply)

- ☐ Agitation (DAY4\_SEDATIVE\_INDICATION\_1\_CB)
- ☐ Anxiety (DAY4\_SEDATIVE\_INDICATION\_2\_CB)
- ☐ Cardiac ischemia or arrhythmia (DAY4\_SEDATIVE\_INDICATION\_3\_CB)
- ☐ Decrease intracranial pressure (DAY4\_SEDATIVE\_INDICATION\_4\_CB)
- ☐ Decrease oxygen consumption (e.g. sepsis) (DAY4\_SEDATIVE\_INDICATION\_5\_CB)
- ☐ Extra-corporeal support (DAY4\_SEDATIVE\_INDICATION\_6\_CB)
- ☐ Facilitate sleep (DAY4\_SEDATIVE\_INDICATION\_7\_CB)
- ☐ Facilitate targeted temperature management (DAY4\_SEDATIVE\_INDICATION\_8\_CB)
- ☐ Hypoxemia/ARDS (DAY4\_SEDATIVE\_INDICATION\_9\_CB)
- ☐ Lung protective ventilation (DAY4\_SEDATIVE\_INDICATION\_10\_CB)
- ☐ Postoperative (DAY4\_SEDATIVE\_INDICATION\_11\_CB)
- ☐ Prevent tube/device removal (DAY4\_SEDATIVE\_INDICATION\_12\_CB)
- ☐ Prone position (DAY4\_SEDATIVE\_INDICATION\_13\_CB)
- ☐ Required pharmacological muscle paralysis (DAY4\_SEDATIVE\_INDICATION\_14\_CB)
- ☐ Seizure control (DAY4\_SEDATIVE\_INDICATION\_15\_CB)
- ☐ Shock / hemodynamic instability (DAY4\_SEDATIVE\_INDICATION\_16\_CB)
- ☐ Ventilator asynchrony (DAY4\_SEDATIVE\_INDICATION\_17\_CB)
- ☐ Other (DAY4\_SEDATIVE\_INDICATION\_18\_CB)
- ☐ Unknown/Not available (DAY4\_SEDATIVE\_INDICATION\_19\_CB)

1.2. If the patient received a sedative today, was the sedative titrated according to a scale? ☐ No ☐ Yes ☐ Unknown/Not available (DAY4\_SEDATIVE\_TITRATED\_YN)

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 (DAY4\_SEDATIVE\_SCALE\_1\_CB)
- ☐ MAAS ? Motor Activity Assessment Scale (DAY4\_SEDATIVE\_SCALE\_2\_CB)
- ☐ Ramsay scale (DAY4\_SEDATIVE\_SCALE\_3\_CB)
- ☐ RASS ? Richmond Agitation and Sedation Scale (DAY4\_SEDATIVE\_SCALE\_4\_CB)
- ☐ SAS ? Sedation Agitation Scale (DAY4\_SEDATIVE\_SCALE\_5\_CB)
- ☐ Other (DAY4\_SEDATIVE\_SCALE\_6\_CB)
- ☐ Unknown/Not available (DAY4\_SEDATIVE\_SCALE\_7\_CB)

1.2.2. Was sedation titrated according to a formal written protocol? ☐ No ☐ Yes ☐ Unknown/Not available (DAY4\_SEDATIVE\_TITR\_PROTO\_YN)

1.2.3. Was sedation titrated according to neuromonitoring?

- ☐ ElectroEncephaloGram (EEG) or EEG-derived measures (BIS, Entropy, etc.) (DAY4\_SEDATIVE\_NEUROMON\_1\_CB)
- ☐ IntraCranial Pressure (ICP) (DAY4\_SEDATIVE\_NEUROMON\_2\_CB)
- ☐ Near-InfraRed Spectroscopy (NIRS) (DAY4\_SEDATIVE\_NEUROMON\_3\_CB)
- ☐ No neuromonitoring used (DAY4\_SEDATIVE\_NEUROMON\_4\_CB)
- ☐ Other (DAY4\_SEDATIVE\_NEUROMON\_5\_CB)
- ☐ Unknown/Not available (DAY4\_SEDATIVE\_NEUROMON\_6\_CB)

2. Did the patient receive any analgesia ☐ No ☐ Yes ☐ Unknown/Not available (DAY4\_ANALGESIA\_TODAY\_YN) (opioid or non-opioid) today? (1677)

2.1. If the patient received analgesia today, was (were) analgesic(s) titrated according to a pain scale? ☐ No ☐ Yes ☐ Unknown/Not available (DAY4\_ANALGESIA\_SCALE\_YN)

2.1.1. If yes, please specify the scale(s) used:

- ☐ Behavioral Pain Scale (BPS) (DAY4\_ANALGESIA\_SCALE\_1\_CB)
- ☐ Critical Care Pain Observation Tool (CPOT) (DAY4\_ANALGESIA\_SCALE\_2\_CB)
- ☐ Faces Pain Scale (DAY4\_ANALGESIA\_SCALE\_3\_CB)
- ☐ Nociception Coma Scale (DAY4\_ANALGESIA\_SCALE\_4\_CB)
- ☐ Non-Verbal Pain Scale (NVPS) (DAY4\_ANALGESIA\_SCALE\_5\_CB)
- ☐ Numeric Rating Scale (NRS) (DAY4\_ANALGESIA\_SCALE\_6\_CB)
- ☐ Visual Analogue Scale (VAS) (DAY4\_ANALGESIA\_SCALE\_7\_CB)
- ☐ Other (DAY4\_ANALGESIA\_SCALE\_8\_CB)
- ☐ Unknown/Not available (DAY4\_ANALGESIA\_SCALE\_9\_CB)

2.2. Was a target pain score set for today? ☐ No ☐ Yes ☐ Unknown/Not available (DAY4\_TARGET\_PAIN\_SCORE\_YN)

2.3. Was analgesia titrated according to a formal written protocol? ☐ No ☐ Yes ☐ Unknown/Not available (DAY4\_ANALGESIA\_TITR\_PROTO\_YN)

3. Did the patient receive a continuous infusion of SEDATIVE or ANALGESIC ☐ No ☐ Yes ☐ Unknown/Not available (DAY4\_ANALG\_SEDAT\_INFUSION\_YN)

today? (1703)

3.1. If the patient received continuous ☐ No ☐ Yes ☐ Unknown/Not available (DAY4\_SEDAT\_INFUSION\_INTERRUPT\_) SEDATIVE infusions, were the infusions interrupted intentionally TODAY?

3.1.1. If ANY SEDATIVE infusion was ☐ No ☐ Yes ☐ Unknown/Not available (DAY4\_SEDAT\_INFUSION\_RESTART\_) interrupted, was it restarted today?

3.1.1.1. At what rate/dose was the ☐ At previous rate/dose sedative infusion restarted today after ☐ LESS than the previous rate/dose interruption? ☐ HIGHER than the previous rate/dose ☐ Unknown/Not available (DAY4\_SEDAT\_INFUSION\_RESTART\_DO)

3.2. If the patient received continuous ☐ No ☐ Yes ☐ Unknown/Not available (DAY4\_ANALG\_INFUSION\_INTERRUPT\_) ANALGESIC infusions, were the infusions interrupted intentionally TODAY?

3.2.1. If ANY ANALGESIC infusion was ☐ No ☐ Yes ☐ Unknown/Not available (DAY4\_ANALG\_INFUSION\_RESTART\_) interrupted, was it restarted today?

3.2.1.1. At what rate/dose was the ☐ At previous rate/dose analgesic infusion restarted today after ☐ LESS than the previous rate/dose interruption? ☐ HIGHER than the previous rate/dose ☐ Unknown/Not available (DAY4\_ANALG\_INFUSION\_RESTART\_DO)

**3.3. Enter ALL sedative and analgesic INFUSIONS administered today.** [e.g. benzodiazepines (midazolam, lorazepam), opioids (morphine, fentanyl, remifentanyl, 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)
<input type="text"/> (DAY4_INFUSIONS_DRUG_NAME1_TXT)	<input type="text"/> (DAY4_INFUSIONS_DAILY_DOSE1_DEC)	<input type="text"/> (DAY4_INFUSIONS_HOURS_24H_1_INT)
<input type="text"/> (DAY4_INFUSIONS_DRUG_NAME2_TXT)	<input type="text"/> (DAY4_INFUSIONS_DAILY_DOSE2_DEC)	<input type="text"/> (DAY4_INFUSIONS_HOURS_24H_2_INT)
<input type="text"/> (DAY4_INFUSIONS_DRUG_NAME3_TXT)	<input type="text"/> (DAY4_INFUSIONS_DAILY_DOSE3_DEC)	<input type="text"/> (DAY4_INFUSIONS_HOURS_24H_3_INT)
<input type="text"/> (DAY4_INFUSIONS_DRUG_NAME4_TXT)	<input type="text"/> (DAY4_INFUSIONS_DAILY_DOSE4_DEC)	<input type="text"/> (DAY4_INFUSIONS_HOURS_24H_4_INT)
<input type="text"/> (DAY4_INFUSIONS_DRUG_NAME5_TXT)	<input type="text"/> (DAY4_INFUSIONS_DAILY_DOSE5_DEC)	<input type="text"/> (DAY4_INFUSIONS_HOURS_24H_5_INT)
<input type="text"/> (DAY4_INFUSIONS_DRUG_NAME6_TXT)	<input type="text"/> (DAY4_INFUSIONS_DAILY_DOSE6_DEC)	<input type="text"/> (DAY4_INFUSIONS_HOURS_24H_6_INT)
<input type="text"/> (DAY4_INFUSIONS_DRUG_NAME7_TXT)	<input type="text"/> (DAY4_INFUSIONS_DAILY_DOSE7_DEC)	<input type="text"/> (DAY4_INFUSIONS_HOURS_24H_7_INT)
<input type="text"/> (DAY4_INFUSIONS_DRUG_NAME8_TXT)	<input type="text"/> (DAY4_INFUSIONS_DAILY_DOSE8_DEC)	<input type="text"/> (DAY4_INFUSIONS_HOURS_24H_8_INT)

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  
(DAY4\_SEDAT\_RATE\_DAY\_NIGHT\_RAD)

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  
(DAY4\_ANALG\_RATE\_DAY\_NIGHT\_RAD)

**4. Enter ALL sedative and analgesic INTERMITTENT INTRAVENOUS DOSES administered today.** Do NOT enter antipsychotics here. (491)

Drug name	Number of doses given over 24h	Total amount given over 24h (mg)
<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>	(DAY4_IV_DRUG_NAME1_TXT)	<input type="text"/>	(DAY4_IV_DOSE_NB1_INT)	<input type="text"/>	(DAY4_IV_TOTAL_AMOUNT1_DEC)
<input type="text"/>	(DAY4_IV_DRUG_NAME2_TXT)	<input type="text"/>	(DAY4_IV_DOSE_NB2_INT)	<input type="text"/>	(DAY4_IV_TOTAL_AMOUNT2_DEC)
<input type="text"/>	(DAY4_IV_DRUG_NAME3_TXT)	<input type="text"/>	(DAY4_IV_DOSE_NB3_INT)	<input type="text"/>	(DAY4_IV_TOTAL_AMOUNT3_DEC)
<input type="text"/>	(DAY4_IV_DRUG_NAME4_TXT)	<input type="text"/>	(DAY4_IV_DOSE_NB4_INT)	<input type="text"/>	(DAY4_IV_TOTAL_AMOUNT4_DEC)
<input type="text"/>	(DAY4_IV_DRUG_NAME5_TXT)	<input type="text"/>	(DAY4_IV_DOSE_NB5_INT)	<input type="text"/>	(DAY4_IV_TOTAL_AMOUNT5_DEC)
<input type="text"/>	(DAY4_IV_DRUG_NAME6_TXT)	<input type="text"/>	(DAY4_IV_DOSE_NB6_INT)	<input type="text"/>	(DAY4_IV_TOTAL_AMOUNT6_DEC)

**5. Enter ALL ENTERAL sedatives and analgesics administered today. Do NOT enter antipsychotics here. (491)**

Drug name	Number of doses given over 24h	Total amount given over 24h (mg)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY4_ALLENTER_DRUG_NAME1_TXT)	(DAY4_ALLENTER_DOSE_NB1_INT)	(DAY4_ALLENTER_TOTAL_AMOUNT1_DE)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY4_ALLENTER_DRUG_NAME2_TXT)	(DAY4_ALLENTER_DOSE_NB2_INT)	(DAY4_ALLENTER_TOTAL_AMOUNT2_DE)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY4_ALLENTER_DRUG_NAME3_TXT)	(DAY4_ALLENTER_DOSE_NB3_INT)	(DAY4_ALLENTER_TOTAL_AMOUNT3_DE)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY4_ALLENTER_DRUG_NAME4_TXT)	(DAY4_ALLENTER_DOSE_NB4_INT)	(DAY4_ALLENTER_TOTAL_AMOUNT4_DE)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY4_ALLENTER_DRUG_NAME5_TXT)	(DAY4_ALLENTER_DOSE_NB5_INT)	(DAY4_ALLENTER_TOTAL_AMOUNT5_DE)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY4_ALLENTER_DRUG_NAME6_TXT)	(DAY4_ALLENTER_DOSE_NB6_INT)	(DAY4_ALLENTER_TOTAL_AMOUNT6_DE)

**C. AGITATION AND ANTIPSYCHOTICS**

1. Were physical restraints (any of: wrist, ankle or trunk) applied TODAY? ☐ No ☐ Yes ☐ Unknown/Not available (DAY4\_PHYS\_RESTRAINT\_YN) (530)

1.1. What type of physical restraint was used? (Select all that apply. [Manual of Operations](#) shows representative images on page 15)

☐ Ankle (DAY4\_PHYS\_RESTRAINT\_TYPE1\_CB)

☐ Mittens (DAY4\_PHYS\_RESTRAINT\_TYPE2\_CB)

☐ Torso (DAY4\_PHYS\_RESTRAINT\_TYPE3\_CB)

☐ Wrist (DAY4\_PHYS\_RESTRAINT\_TYPE4\_CB)

☐ Other (DAY4\_PHYS\_RESTRAINT\_TYPE5\_CB)

☐ Unknown/Not available (DAY4\_PHYS\_RESTRAINT\_TYPE6\_CB)

2. Did the patient experience accidental removal of any lines/catheters/tubes TODAY due to restlessness or agitation? (1799) ☐ No ☐ Yes ☐ Unknown/Not available (DAY4\_ACCID\_REMOVAL\_YN)

2.1. If ?Yes? indicate what lines/catheters/tubes were accidentally removed today? (Select all that apply)

☐ Abdominal drain (DAY4\_ACCID\_REMOVAL1\_CB)

☐ Arterial catheter (DAY4\_ACCID\_REMOVAL2\_CB)

☐ Bladder catheter (DAY4\_ACCID\_REMOVAL3\_CB)

☐ Central Venous Access line (DAY4\_ACCID\_REMOVAL4\_CB)

☐ Chest drain (DAY4\_ACCID\_REMOVAL5\_CB)

☐ Dialysis catheter (DAY4\_ACCID\_REMOVAL6\_CB)

☐ Endotracheal tube (DAY4\_ACCID\_REMOVAL7\_CB)

☐ Epidural/Paravertebral/Local anaesthetic catheter (DAY4\_ACCID\_REMOVAL8\_CB)

☐ Feeding tube (DAY4\_ACCID\_REMOVAL9\_CB)

☐ Intracranial or Lumbar drain/ICP probe (DAY4\_ACCID\_REMOVAL10\_CB)

☐ Other surgical drain (DAY4\_ACCID\_REMOVAL11\_CB)

☐ Peripheral Venous Access (DAY4\_ACCID\_REMOVAL12\_CB)

☐ Tracheostomy tube (DAY4\_ACCID\_REMOVAL13\_CB)

☐ Other (DAY4\_ACCID\_REMOVAL14\_CB)

☐ Unknown/Not available (DAY4\_ACCID\_REMOVAL15\_CB)

3. Enter ANY antipsychotic agents administered. List separately all regular AND as needed (PRN) orders. (Refer to Manual of Operations page 16 for a list of antipsychotic drugs) (576)

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)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY4_ANTIPSYCHO_NAME1_TXT)	(DAY4_ANTIPSYCHO_ROUTE1_TX)	(DAY4_ANTIPSYCHO_DOSE_NB1_INT)	(DAY4_ANTIPSYCHO_TOTAL_AMOUNT1_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY4_ANTIPSYCHO_NAME2_TXT)	(DAY4_ANTIPSYCHO_ROUTE2_TX)	(DAY4_ANTIPSYCHO_DOSE_NB2_INT)	(DAY4_ANTIPSYCHO_TOTAL_AMOUNT2_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY4_ANTIPSYCHO_NAME3_TXT)	(DAY4_ANTIPSYCHO_ROUTE3_TX)	(DAY4_ANTIPSYCHO_DOSE_NB3_INT)	(DAY4_ANTIPSYCHO_TOTAL_AMOUNT3_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY4_ANTIPSYCHO_NAME4_TXT)	(DAY4_ANTIPSYCHO_ROUTE4_TX)	(DAY4_ANTIPSYCHO_DOSE_NB4_INT)	(DAY4_ANTIPSYCHO_TOTAL_AMOUNT4_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY4_ANTIPSYCHO_NAME5_TXT)	(DAY4_ANTIPSYCHO_ROUTE5_TX)	(DAY4_ANTIPSYCHO_DOSE_NB5_INT)	(DAY4_ANTIPSYCHO_TOTAL_AMOUNT5_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY4_ANTIPSYCHO_NAME6_TXT)	(DAY4_ANTIPSYCHO_ROUTE6_TX)	(DAY4_ANTIPSYCHO_DOSE_NB6_INT)	(DAY4_ANTIPSYCHO_TOTAL_AMOUNT6_)

4. Was delirium formally assessed today? ☐ No ☐ Yes ☐ Unknown/Not available (DAY4\_DELIRIUM\_ASSESS\_YN) (601)

4.1. If ?Yes? to Q C4 indicate how delirium was assessed today? (select all that apply)

☐ 4AT Assessment test for delirium & cognitive impairment (DAY4\_DELIRIUM\_ASSESS1\_CB)

☐ Confusion Assessment Method ? ICU (CAM-ICU) (DAY4\_DELIRIUM\_ASSESS2\_CB)

☐ Delirium Motor Subtype Scale (DMSS) (DAY4\_DELIRIUM\_ASSESS3\_CB)

☐ Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM-V) criteria (DAY4\_DELIRIUM\_ASSESS4\_CB)

☐ Intensive Care Delirium Screening Checklist (ICDSC) (DAY4\_DELIRIUM\_ASSESS5\_CB)

☐ Memorial Delirium Assessment Scale (MDAS) (DAY4\_DELIRIUM\_ASSESS6\_CB)

☐ Mini Mental State Examination (MMSE) (DAY4\_DELIRIUM\_ASSESS7\_CB)

☐ NEElon and CHAMpagne Confusion Scale (NEECHAM) (DAY4\_DELIRIUM\_ASSESS8\_CB)

☐ Nurses? Delirium Screening Checklist (NuDeSC) (DAY4\_DELIRIUM\_ASSESS9\_CB)

☐ Single Question in Delirium (DAY4\_DELIRIUM\_ASSESS10\_CB)☐ Clinical assessment only (DAY4\_DELIRIUM\_ASSESS11\_CB)☐ Other (DAY4\_DELIRIUM\_ASSESS12\_CB)☐ Unknown/Not available (DAY4\_DELIRIUM\_ASSESS13\_CB)4.2. Was the patient diagnosed with delirium today? ☐ No ☐ Yes ☐ Unknown/Not available (DAY4\_DELIRIUM\_DIAGNOSIS\_YN)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  
(DAY4\_DELIRIUM\_MOTOR\_RAD)4.2.2. If ?Yes? to Q C4.2. indicate what type of symptoms were present today? (Select all that apply)  
☐ Agitation (DAY4\_DELIRIUM\_SYMPT1\_CB)  
☐ Delusions (DAY4\_DELIRIUM\_SYMPT2\_CB)  
☐ Disorganised thinking (DAY4\_DELIRIUM\_SYMPT3\_CB)  
☐ Disorientation in place/time/person (DAY4\_DELIRIUM\_SYMPT4\_CB)  
☐ Inattention (DAY4\_DELIRIUM\_SYMPT5\_CB)  
☐ Perceptual disturbances and hallucinations (DAY4\_DELIRIUM\_SYMPT6\_CB)  
☐ Reduced level of consciousness (DAY4\_DELIRIUM\_SYMPT7\_CB)  
☐ Short-term memory impairment (DAY4\_DELIRIUM\_SYMPT8\_CB)  
☐ Sleep-wake cycle disturbances (DAY4\_DELIRIUM\_SYMPT9\_CB)  
☐ Other (DAY4\_DELIRIUM\_SYMPT10\_CB)  
☐ Unknown/Not available (DAY4\_DELIRIUM\_SYMPT11\_CB)

**D. NEUROMUSCULAR BLOCKERS**

1. Did this patient receive a neuromuscular blocker/paralytic agent TODAY? (656) ☐ No ☐ Yes ☐ Unknown/Not available (DAY4\_NM\_BLOCK\_YN)

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

- ☐ Hypoxemia/ARDS (DAY4\_NM\_BLOCK\_REASON1\_CB)
- ☐ Agitation (DAY4\_NM\_BLOCK\_REASON2\_CB)
- ☐ Asthma (DAY4\_NM\_BLOCK\_REASON3\_CB)
- ☐ Hypercapnia (DAY4\_NM\_BLOCK\_REASON4\_CB)
- ☐ Shock/hemodynamic instability (DAY4\_NM\_BLOCK\_REASON5\_CB)
- ☐ Induction for intubation (DAY4\_NM\_BLOCK\_REASON6\_CB)
- ☐ Concern about accidental tube/device removal (DAY4\_NM\_BLOCK\_REASON7\_CB)
- ☐ For an ICU procedure (DAY4\_NM\_BLOCK\_REASON8\_CB)
- ☐ Brain injury/Increased Intracranial pressure (DAY4\_NM\_BLOCK\_REASON9\_CB)
- ☐ Seizures (DAY4\_NM\_BLOCK\_REASON10\_CB)
- ☐ Transfer (imaging, ambulance, other) (DAY4\_NM\_BLOCK\_REASON11\_CB)
- ☐ Major procedure (surgery, other) (DAY4\_NM\_BLOCK\_REASON12\_CB)
- ☐ Therapeutic hypothermia (DAY4\_NM\_BLOCK\_REASON13\_CB)
- ☐ Unstable arrhythmia (DAY4\_NM\_BLOCK\_REASON14\_CB)
- ☐ Other (DAY4\_NM\_BLOCK\_REASON15\_CB)
- ☐ Unknown/Not available (DAY4\_NM\_BLOCK\_REASON16\_CB)

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

- ☐ One or multiple intravenous boluses
- ☐ Continuous infusion
- ☐ Unknown/Not available (DAY4\_MUSCLE\_BLOCK\_TYPE\_RAD)

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? ☐ No ☐ Yes ☐ Unknown/Not available (DAY4\_PARALYTIC\_AGENT\_YN)

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 (DAY4\_NM\_BLOCK\_MONITO1\_CB)
- ☐ Absence of patient movement (DAY4\_NM\_BLOCK\_MONITO2\_CB)
- ☐ ElectroEncephalography/ElectroMiography (EEG, BIS, Entropy, etc.) (DAY4\_NM\_BLOCK\_MONITO3\_CB)
- ☐ Train of four (TOF) monitoring (DAY4\_NM\_BLOCK\_MONITO4\_CB)
- ☐ Other (DAY4\_NM\_BLOCK\_MONITO5\_CB)
- ☐ Unknown/Not available (DAY4\_NM\_BLOCK\_MONITO6\_CB)

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)
<input type="text"/> (DAY4_NM_BLOCK_NAME1_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY4_NM_BLOCK_ROUTE1_RAD)	<input type="text"/> (DAY4_NM_BLOCK_DOSE1_DEC)
<input type="text"/> (DAY4_NM_BLOCK_NAME2_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY4_NM_BLOCK_ROUTE2_RAD)	<input type="text"/> (DAY4_NM_BLOCK_DOSE2_DEC)
<input type="text"/> (DAY4_NM_BLOCK_NAME3_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY4_NM_BLOCK_ROUTE3_RAD)	<input type="text"/> (DAY4_NM_BLOCK_DOSE3_DEC)
<input type="text"/> (DAY4_NM_BLOCK_NAME4_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY4_NM_BLOCK_ROUTE4_RAD)	<input type="text"/> (DAY4_NM_BLOCK_DOSE4_DEC)
<input type="text"/> (DAY4_NM_BLOCK_NAME5_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY4_NM_BLOCK_ROUTE5_RAD)	<input type="text"/> (DAY4_NM_BLOCK_DOSE5_DEC)
<input type="text"/> (DAY4_NM_BLOCK_NAME6_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY4_NM_BLOCK_ROUTE6_RAD)	<input type="text"/> (DAY4_NM_BLOCK_DOSE6_DEC)

## E. MOBILITY

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1. What was the patient's highest level of ☐ 0 = Nothing ☐ 1 = Transfer from bed to chair without standing ☐ 2 = Sitting in bed/exercises in bed ☐ 3 = Sitting at mobility today? If this information is unknown, edge of bed ☐ 4 = Standing ☐ 5 = Transfer from bed to chair with standing ☐ 6 = Marching in place ☐ 7 = Walking select response ?8?. (726) ☐ 8 = Unknown (DAY4\_MOBILITY\_LEVEL\_DDL)

For more detailed information about mobility levels description, please click here &rarr, (1983)



## Day 5

Visit date (DD/MM/YYYY): (3197)

 (DAY5\_VISIT\_DATE)

## 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<sub>2</sub> (See [Manual of Operations](#) page 11). (342)

Variables		Score
Hypotension (321)	<input type="radio"/> Unknown/Not available <input type="radio"/> No hypotension (MAP ≥70 mmHg) <input type="radio"/> MAP <70 mmHg <input type="radio"/> Dopamine ≤5 mcg/kg/min or Dobutamine (any dose) <input type="radio"/> Dopamine >5 mcg/kg/min or Epinephrine ≤0.1 mcg/kg/min or Norepinephrine ≤0.1 mcg/kg/min or Vasopressin alone (any dose) <input type="radio"/> 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 (DAY5_SOFA_HYPOTENSION_RAD)	<input type="text"/> (DAY5_SOFA_HYPO_SCORE_AUTO)
Respiration PaO <sub>2</sub> /FiO <sub>2</sub> (1990)	<input type="radio"/> Unknown/Not available <input type="radio"/> ≥ 400 <input type="radio"/> < 400 <input type="radio"/> < 300 <input type="radio"/> < 200 and mechanically ventilated <input type="radio"/> < 100 and mechanically ventilated (DAY5_SOFA_RESPIRATION_RAD)	<input type="text"/> (DAY5_SOFA_RESPI_SCORE_AUTO)
GCS (best score) (1993)	<input type="radio"/> Unknown/Not available <input type="radio"/> 15 <input type="radio"/> 13-14 <input type="radio"/> 10-12 <input type="radio"/> 6-9 <input type="radio"/> < 6 (DAY5_SOFA_GCS_RAD)	<input type="text"/> (DAY5_SOFA_GCS_SCORE_AUTO)
Platelets (10 <sup>9</sup> /L) (1996)	<input type="radio"/> Unknown/Not available <input type="radio"/> ≥ 150 <input type="radio"/> < 150 <input type="radio"/> < 100 <input type="radio"/> < 50 <input type="radio"/> < 20 (DAY5_SOFA_PLATELETS_RAD)	<input type="text"/> (DAY5_SOFA_PLATELETS_SCORE_AUTO)
Creatinine ?mol/L (mg/dL) (1999)	<input type="radio"/> Unknown/Not available <input type="radio"/> < 110 (< 1.2) <input type="radio"/> 110-170 (1.2-1.9) <input type="radio"/> 171-299 (2.0-3.4) <input type="radio"/> 300-440 (3.5-4.9) or Urine output < 500ml/day <input type="radio"/> ≥ 440 (≥ 5.0) or Urine output < 200ml/day (DAY5_SOFA_CREAT_RAD)	<input type="text"/> (DAY5_SOFA_CREAT_SCORE_AUTO)
Bilirubin total ?mol/L (mg/dL) (2002)	<input type="radio"/> Unknown/Not available <input type="radio"/> < 20 (< 1.2) <input type="radio"/> 20-32 (1.2-1.9) <input type="radio"/> 33-101 (2.0-5.9) <input type="radio"/> 102-204 (6.0-11.9) <input type="radio"/> > 204 (> 12) (DAY5_SOFA_BILIRUBIN_RAD)	<input type="text"/> (DAY5_SOFA_BILIRUBIN_SCORE_AUTO)
TOTAL SOFA SCORE : (2005)		<input type="text"/> (DAY5_SOFA_TOTAL_SCORE_AUTO)

**2. What was the predominant mode of respiratory support today?** Select only one response, with endotracheal tube (Assisted breathing, e.g. Pressure support) ☐ Non-invasive ventilation: Continuous Positive Airway Pressure (CPAP), or Non-invasive pressure support (e.g. BiPAP) ☐ Invasive mechanical ventilation with endotracheal tube representing the support mode (Controlled breathing, Pressure or Volume control, and patient not making respiratory efforts) ☐ Extra-corporeal respiratory applied for the majority of the day support ☐ Other ☐ Data/Information not available (DAY5\_RESPI\_SUPPORT\_MODE\_DDL) (343)

3. Did the patient require proning for hypoxaemia today? (3247)

☐ No ☐ Yes ☐ Unknown/Not available (DAY5\_PRONING\_YN)

**3.1. How long was the patient in prone position today? (hours) ()**

(DAY5\_PRONING\_DURATION)

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**B. SEDATION AND ANALGESIA**

1. Did the patient receive ANY sedative ☐ No ☐ Yes ☐ Unknown/Not available (DAY5\_SEDATIVE\_TODAY\_YN)  
today (intravenous infusion, boluses, or  
enteral)? (346)

1.1. If the patient received a sedative ☐ Agitation (DAY5\_SEDATIVE\_INDICATION\_1\_CB)  
today, what was/were the indication(s) for ☐ Anxiety (DAY5\_SEDATIVE\_INDICATION\_2\_CB)  
sedation? (Select all that apply) ☐ Cardiac ischemia or arrhythmia (DAY5\_SEDATIVE\_INDICATION\_3\_CB)  
☐ Decrease intracranial pressure (DAY5\_SEDATIVE\_INDICATION\_4\_CB)  
☐ Decrease oxygen consumption (e.g. sepsis) (DAY5\_SEDATIVE\_INDICATION\_5\_CB)  
☐ Extra-corporeal support (DAY5\_SEDATIVE\_INDICATION\_6\_CB)  
☐ Facilitate sleep (DAY5\_SEDATIVE\_INDICATION\_7\_CB)  
☐ Facilitate targeted temperature management (DAY5\_SEDATIVE\_INDICATION\_8\_CB)  
☐ Hypoxemia/ARDS (DAY5\_SEDATIVE\_INDICATION\_9\_CB)  
☐ Lung protective ventilation (DAY5\_SEDATIVE\_INDICATION\_10\_CB)  
☐ Postoperative (DAY5\_SEDATIVE\_INDICATION\_11\_CB)  
☐ Prevent tube/device removal (DAY5\_SEDATIVE\_INDICATION\_12\_CB)  
☐ Prone position (DAY5\_SEDATIVE\_INDICATION\_13\_CB)  
☐ Required pharmacological muscle paralysis (DAY5\_SEDATIVE\_INDICATION\_14\_CB)  
☐ Seizure control (DAY5\_SEDATIVE\_INDICATION\_15\_CB)  
☐ Shock / hemodynamic instability (DAY5\_SEDATIVE\_INDICATION\_16\_CB)  
☐ Ventilator asynchrony (DAY5\_SEDATIVE\_INDICATION\_17\_CB)  
☐ Other (DAY5\_SEDATIVE\_INDICATION\_18\_CB)  
☐ Unknown/Not available (DAY5\_SEDATIVE\_INDICATION\_19\_CB)

1.2. If the patient received a sedative ☐ No ☐ Yes ☐ Unknown/Not available (DAY5\_SEDATIVE\_TITRATED\_YN)  
today, was the sedative titrated according  
to a scale?

1.2.1. If sedation was titrated according to ☐ GCS ? Glasgow Coma Score (DAY5\_SEDATIVE\_SCALE\_1\_CB)  
a scale, please specify the scale(s) used ☐ MAAS ? Motor Activity Assessment Scale (DAY5\_SEDATIVE\_SCALE\_2\_CB)  
(select all that apply): ☐ Ramsay scale (DAY5\_SEDATIVE\_SCALE\_3\_CB)  
☐ RASS ? Richmond Agitation and Sedation Scale (DAY5\_SEDATIVE\_SCALE\_4\_CB)  
☐ SAS ? Sedation Agitation Scale (DAY5\_SEDATIVE\_SCALE\_5\_CB)  
☐ Other (DAY5\_SEDATIVE\_SCALE\_6\_CB)  
☐ Unknown/Not available (DAY5\_SEDATIVE\_SCALE\_7\_CB)

1.2.2. Was sedation titrated according to a ☐ No ☐ Yes ☐ Unknown/Not available (DAY5\_SEDATIVE\_TITR\_PROTO\_YN)  
formal written protocol?

1.2.3. Was sedation titrated according to ☐ ElectroEncephaloGram (EEG) or EEG-derived measures (BIS, Entropy, etc.) (DAY5\_SEDATIVE\_NEUROMON\_1\_CB)  
neuromonitoring? ☐ IntraCranial Pressure (ICP) (DAY5\_SEDATIVE\_NEUROMON\_2\_CB)  
☐ Near-InfraRed Spectroscopy (NIRS) (DAY5\_SEDATIVE\_NEUROMON\_3\_CB)  
☐ No neuromonitoring used (DAY5\_SEDATIVE\_NEUROMON\_4\_CB)  
☐ Other (DAY5\_SEDATIVE\_NEUROMON\_5\_CB)  
☐ Unknown/Not available (DAY5\_SEDATIVE\_NEUROMON\_6\_CB)

2. Did the patient receive any analgesia ☐ No ☐ Yes ☐ Unknown/Not available (DAY5\_ANALGESIA\_TODAY\_YN)  
(opioid or non-opioid) today? (2081)

2.1. If the patient received analgesia ☐ No ☐ Yes ☐ Unknown/Not available (DAY5\_ANALGESIA\_SCALE\_YN)  
today, was (were) analgesic(s) titrated  
according to a pain scale?

2.1.1. If yes, please specify the scale(s) ☐ Behavioral Pain Scale (BPS) (DAY5\_ANALGESIA\_SCALE\_1\_CB)  
used: ☐ Critical Care Pain Observation Tool (CPOT) (DAY5\_ANALGESIA\_SCALE\_2\_CB)  
☐ Faces Pain Scale (DAY5\_ANALGESIA\_SCALE\_3\_CB)  
☐ Nociception Coma Scale (DAY5\_ANALGESIA\_SCALE\_4\_CB)  
☐ Non-Verbal Pain Scale (NVPS) (DAY5\_ANALGESIA\_SCALE\_5\_CB)  
☐ Numeric Rating Scale (NRS) (DAY5\_ANALGESIA\_SCALE\_6\_CB)  
☐ Visual Analogue Scale (VAS) (DAY5\_ANALGESIA\_SCALE\_7\_CB)  
☐ Other (DAY5\_ANALGESIA\_SCALE\_8\_CB)  
☐ Unknown/Not available (DAY5\_ANALGESIA\_SCALE\_9\_CB)

2.2. Was a target pain score set for today? ☐ No ☐ Yes ☐ Unknown/Not available (DAY5\_TARGET\_PAIN\_SCORE\_YN)

2.3. Was analgesia titrated according to a ☐ No ☐ Yes ☐ Unknown/Not available (DAY5\_ANALGESIA\_TITR\_PROTO\_YN)  
formal written protocol?

3. Did the patient receive a continuous ☐ No ☐ Yes ☐ Unknown/Not available (DAY5\_ANALG\_SEDAT\_INFUSION\_YN)  
infusion of SEDATIVE or ANALGESIC

today? (2107)

3.1. If the patient received continuous ☐ No ☐ Yes ☐ Unknown/Not available (DAY5\_SEDAT\_INFUSION\_INTERRUPT\_) SEDATIVE infusions, were the infusions interrupted intentionally TODAY?

3.1.1. If ANY SEDATIVE infusion was ☐ No ☐ Yes ☐ Unknown/Not available (DAY5\_SEDAT\_INFUSION\_RESTART\_) interrupted, was it restarted today?

3.1.1.1. At what rate/dose was the ☐ At previous rate/dose sedative infusion restarted today after ☐ LESS than the previous rate/dose interruption? ☐ HIGHER than the previous rate/dose ☐ Unknown/Not available (DAY5\_SEDAT\_INFUSION\_RESTART\_DO)

3.2. If the patient received continuous ☐ No ☐ Yes ☐ Unknown/Not available (DAY5\_ANALG\_INFUSION\_INTERRUPT\_) ANALGESIC infusions, were the infusions interrupted intentionally TODAY?

3.2.1. If ANY ANALGESIC infusion was ☐ No ☐ Yes ☐ Unknown/Not available (DAY5\_ANALG\_INFUSION\_RESTART\_) interrupted, was it restarted today?

3.2.1.1. At what rate/dose was the ☐ At previous rate/dose analgesic infusion restarted today after ☐ LESS than the previous rate/dose interruption? ☐ HIGHER than the previous rate/dose ☐ Unknown/Not available (DAY5\_ANALG\_INFUSION\_RESTART\_DO)

**3.3. Enter ALL sedative and analgesic INFUSIONS administered today.** [e.g. benzodiazepines (midazolam, lorazepam), opioids (morphine, fentanyl, remifentanyl, 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)
<input type="text"/> (DAY5_INFUSIONS_DRUG_NAME1_TXT)	<input type="text"/> (DAY5_INFUSIONS_DAILY_DOSE1_DEC)	<input type="text"/> (DAY5_INFUSIONS_HOURS_24H_1_INT)
<input type="text"/> (DAY5_INFUSIONS_DRUG_NAME2_TXT)	<input type="text"/> (DAY5_INFUSIONS_DAILY_DOSE2_DEC)	<input type="text"/> (DAY5_INFUSIONS_HOURS_24H_2_INT)
<input type="text"/> (DAY5_INFUSIONS_DRUG_NAME3_TXT)	<input type="text"/> (DAY5_INFUSIONS_DAILY_DOSE3_DEC)	<input type="text"/> (DAY5_INFUSIONS_HOURS_24H_3_INT)
<input type="text"/> (DAY5_INFUSIONS_DRUG_NAME4_TXT)	<input type="text"/> (DAY5_INFUSIONS_DAILY_DOSE4_DEC)	<input type="text"/> (DAY5_INFUSIONS_HOURS_24H_4_INT)
<input type="text"/> (DAY5_INFUSIONS_DRUG_NAME5_TXT)	<input type="text"/> (DAY5_INFUSIONS_DAILY_DOSE5_DEC)	<input type="text"/> (DAY5_INFUSIONS_HOURS_24H_5_INT)
<input type="text"/> (DAY5_INFUSIONS_DRUG_NAME6_TXT)	<input type="text"/> (DAY5_INFUSIONS_DAILY_DOSE6_DEC)	<input type="text"/> (DAY5_INFUSIONS_HOURS_24H_6_INT)
<input type="text"/> (DAY5_INFUSIONS_DRUG_NAME7_TXT)	<input type="text"/> (DAY5_INFUSIONS_DAILY_DOSE7_DEC)	<input type="text"/> (DAY5_INFUSIONS_HOURS_24H_7_INT)
<input type="text"/> (DAY5_INFUSIONS_DRUG_NAME8_TXT)	<input type="text"/> (DAY5_INFUSIONS_DAILY_DOSE8_DEC)	<input type="text"/> (DAY5_INFUSIONS_HOURS_24H_8_INT)

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  
(DAY5\_SEDAT\_RATE\_DAY\_NIGHT\_RAD)

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  
(DAY5\_ANALG\_RATE\_DAY\_NIGHT\_RAD)

**4. Enter ALL sedative and analgesic INTERMITTENT INTRAVENOUS DOSES administered today.** Do **NOT** enter antipsychotics here. (491)

Drug name	Number of doses given over 24h	Total amount given over 24h (mg)
<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>	(DAY5_IV_DRUG_NAME1_TXT)	<input type="text"/>	(DAY5_IV_DOSE_NB1_INT)	<input type="text"/>	(DAY5_IV_TOTAL_AMOUNT1_DEC)
<input type="text"/>	(DAY5_IV_DRUG_NAME2_TXT)	<input type="text"/>	(DAY5_IV_DOSE_NB2_INT)	<input type="text"/>	(DAY5_IV_TOTAL_AMOUNT2_DEC)
<input type="text"/>	(DAY5_IV_DRUG_NAME3_TXT)	<input type="text"/>	(DAY5_IV_DOSE_NB3_INT)	<input type="text"/>	(DAY5_IV_TOTAL_AMOUNT3_DEC)
<input type="text"/>	(DAY5_IV_DRUG_NAME4_TXT)	<input type="text"/>	(DAY5_IV_DOSE_NB4_INT)	<input type="text"/>	(DAY5_IV_TOTAL_AMOUNT4_DEC)
<input type="text"/>	(DAY5_IV_DRUG_NAME5_TXT)	<input type="text"/>	(DAY5_IV_DOSE_NB5_INT)	<input type="text"/>	(DAY5_IV_TOTAL_AMOUNT5_DEC)
<input type="text"/>	(DAY5_IV_DRUG_NAME6_TXT)	<input type="text"/>	(DAY5_IV_DOSE_NB6_INT)	<input type="text"/>	(DAY5_IV_TOTAL_AMOUNT6_DEC)

**5. Enter ALL ENTERAL sedatives and analgesics administered today. Do NOT enter antipsychotics here. (491)**

Drug name	Number of doses given over 24h	Total amount given over 24h (mg)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY5_ALLENTER_DRUG_NAME1_TXT)	(DAY5_ALLENTER_DOSE_NB1_INT)	(DAY5_ALLENTER_TOTAL_AMOUNT1_DE)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY5_ALLENTER_DRUG_NAME2_TXT)	(DAY5_ALLENTER_DOSE_NB2_INT)	(DAY5_ALLENTER_TOTAL_AMOUNT2_DE)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY5_ALLENTER_DRUG_NAME3_TXT)	(DAY5_ALLENTER_DOSE_NB3_INT)	(DAY5_ALLENTER_TOTAL_AMOUNT3_DE)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY5_ALLENTER_DRUG_NAME4_TXT)	(DAY5_ALLENTER_DOSE_NB4_INT)	(DAY5_ALLENTER_TOTAL_AMOUNT4_DE)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY5_ALLENTER_DRUG_NAME5_TXT)	(DAY5_ALLENTER_DOSE_NB5_INT)	(DAY5_ALLENTER_TOTAL_AMOUNT5_DE)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY5_ALLENTER_DRUG_NAME6_TXT)	(DAY5_ALLENTER_DOSE_NB6_INT)	(DAY5_ALLENTER_TOTAL_AMOUNT6_DE)

**C. AGITATION AND ANTIPSYCHOTICS**

1. Were physical restraints (any of: wrist, ankle or trunk) applied TODAY? ☐ No ☐ Yes ☐ Unknown/Not available (DAY5\_PHYS\_RESTRAINT\_YN) (530)

1.1. What type of physical restraint was used? (Select all that apply. [Manual of Operations](#) shows representative images on page 15)

☐ Ankle (DAY5\_PHYS\_RESTRAINT\_TYPE1\_CB)

☐ Mittens (DAY5\_PHYS\_RESTRAINT\_TYPE2\_CB)

☐ Torso (DAY5\_PHYS\_RESTRAINT\_TYPE3\_CB)

☐ Wrist (DAY5\_PHYS\_RESTRAINT\_TYPE4\_CB)

☐ Other (DAY5\_PHYS\_RESTRAINT\_TYPE5\_CB)

☐ Unknown/Not available (DAY5\_PHYS\_RESTRAINT\_TYPE6\_CB)

2. Did the patient experience accidental removal of any lines/catheters/tubes TODAY due to restlessness or agitation? (2203) ☐ No ☐ Yes ☐ Unknown/Not available (DAY5\_ACCID\_REMOVAL\_YN)

2.1. If ?Yes? indicate what lines/catheters/tubes were accidentally removed today? (Select all that apply)

☐ Abdominal drain (DAY5\_ACCID\_REMOVAL1\_CB)

☐ Arterial catheter (DAY5\_ACCID\_REMOVAL2\_CB)

☐ Bladder catheter (DAY5\_ACCID\_REMOVAL3\_CB)

☐ Central Venous Access line (DAY5\_ACCID\_REMOVAL4\_CB)

☐ Chest drain (DAY5\_ACCID\_REMOVAL5\_CB)

☐ Dialysis catheter (DAY5\_ACCID\_REMOVAL6\_CB)

☐ Endotracheal tube (DAY5\_ACCID\_REMOVAL7\_CB)

☐ Epidural/Paravertebral/Local anaesthetic catheter (DAY5\_ACCID\_REMOVAL8\_CB)

☐ Feeding tube (DAY5\_ACCID\_REMOVAL9\_CB)

☐ Intracranial or Lumbar drain/ICP probe (DAY5\_ACCID\_REMOVAL10\_CB)

☐ Other surgical drain (DAY5\_ACCID\_REMOVAL11\_CB)

☐ Peripheral Venous Access (DAY5\_ACCID\_REMOVAL12\_CB)

☐ Tracheostomy tube (DAY5\_ACCID\_REMOVAL13\_CB)

☐ Other (DAY5\_ACCID\_REMOVAL14\_CB)

☐ Unknown/Not available (DAY5\_ACCID\_REMOVAL15\_CB)

3. Enter ANY antipsychotic agents administered. List separately all regular AND as needed (PRN) orders. (Refer to Manual of Operations page 16 for a list of antipsychotic drugs) (576)

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)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY5_ANTIPSYCHO_NAME1_TXT)	(DAY5_ANTIPSYCHO_ROUTE1_TX)	(DAY5_ANTIPSYCHO_DOSE_NB1_INT)	(DAY5_ANTIPSYCHO_TOTAL_AMOUNT1_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY5_ANTIPSYCHO_NAME2_TXT)	(DAY5_ANTIPSYCHO_ROUTE2_TX)	(DAY5_ANTIPSYCHO_DOSE_NB2_INT)	(DAY5_ANTIPSYCHO_TOTAL_AMOUNT2_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY5_ANTIPSYCHO_NAME3_TXT)	(DAY5_ANTIPSYCHO_ROUTE3_TX)	(DAY5_ANTIPSYCHO_DOSE_NB3_INT)	(DAY5_ANTIPSYCHO_TOTAL_AMOUNT3_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY5_ANTIPSYCHO_NAME4_TXT)	(DAY5_ANTIPSYCHO_ROUTE4_TX)	(DAY5_ANTIPSYCHO_DOSE_NB4_INT)	(DAY5_ANTIPSYCHO_TOTAL_AMOUNT4_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY5_ANTIPSYCHO_NAME5_TXT)	(DAY5_ANTIPSYCHO_ROUTE5_TX)	(DAY5_ANTIPSYCHO_DOSE_NB5_INT)	(DAY5_ANTIPSYCHO_TOTAL_AMOUNT5_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY5_ANTIPSYCHO_NAME6_TXT)	(DAY5_ANTIPSYCHO_ROUTE6_TX)	(DAY5_ANTIPSYCHO_DOSE_NB6_INT)	(DAY5_ANTIPSYCHO_TOTAL_AMOUNT6_)

4. Was delirium formally assessed today? ☐ No ☐ Yes ☐ Unknown/Not available (DAY5\_DELIRIUM\_ASSESS\_YN) (601)

4.1. If ?Yes? to Q C4 indicate how delirium was assessed today? (select all that apply)

☐ 4AT Assessment test for delirium & cognitive impairment (DAY5\_DELIRIUM\_ASSESS1\_CB)

☐ Confusion Assessment Method ? ICU (CAM-ICU) (DAY5\_DELIRIUM\_ASSESS2\_CB)

☐ Delirium Motor Subtype Scale (DMSS) (DAY5\_DELIRIUM\_ASSESS3\_CB)

☐ Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM-V) criteria (DAY5\_DELIRIUM\_ASSESS4\_CB)

☐ Intensive Care Delirium Screening Checklist (ICDSC) (DAY5\_DELIRIUM\_ASSESS5\_CB)

☐ Memorial Delirium Assessment Scale (MDAS) (DAY5\_DELIRIUM\_ASSESS6\_CB)

☐ Mini Mental State Examination (MMSE) (DAY5\_DELIRIUM\_ASSESS7\_CB)

☐ NEElon and CHAMpagne Confusion Scale (NEECHAM) (DAY5\_DELIRIUM\_ASSESS8\_CB)

☐ Nurses? Delirium Screening Checklist (NuDeSC) (DAY5\_DELIRIUM\_ASSESS9\_CB)

☐ Single Question in Delirium (DAY5\_DELIRIUM\_ASSESS10\_CB)☐ Clinical assessment only (DAY5\_DELIRIUM\_ASSESS11\_CB)☐ Other (DAY5\_DELIRIUM\_ASSESS12\_CB)☐ Unknown/Not available (DAY5\_DELIRIUM\_ASSESS13\_CB)4.2. Was the patient diagnosed with delirium today? ☐ No ☐ Yes ☐ Unknown/Not available (DAY5\_DELIRIUM\_DIAGNOSIS\_YN)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  
(DAY5\_DELIRIUM\_MOTOR\_RAD)4.2.2. If ?Yes? to Q C4.2. indicate what type of symptoms were present today? (Select all that apply)  
☐ Agitation (DAY5\_DELIRIUM\_SYMPT1\_CB)  
☐ Delusions (DAY5\_DELIRIUM\_SYMPT2\_CB)  
☐ Disorganised thinking (DAY5\_DELIRIUM\_SYMPT3\_CB)  
☐ Disorientation in place/time/person (DAY5\_DELIRIUM\_SYMPT4\_CB)  
☐ Inattention (DAY5\_DELIRIUM\_SYMPT5\_CB)  
☐ Perceptual disturbances and hallucinations (DAY5\_DELIRIUM\_SYMPT6\_CB)  
☐ Reduced level of consciousness (DAY5\_DELIRIUM\_SYMPT7\_CB)  
☐ Short-term memory impairment (DAY5\_DELIRIUM\_SYMPT8\_CB)  
☐ Sleep-wake cycle disturbances (DAY5\_DELIRIUM\_SYMPT9\_CB)  
☐ Other (DAY5\_DELIRIUM\_SYMPT10\_CB)  
☐ Unknown/Not available (DAY5\_DELIRIUM\_SYMPT11\_CB)

**D. NEUROMUSCULAR BLOCKERS**

1. Did this patient receive a neuromuscular blocker/paralytic agent TODAY? (656) ☐ No ☐ Yes ☐ Unknown/Not available (DAY5\_NM\_BLOCK\_YN)

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

- ☐ Hypoxemia/ARDS (DAY5\_NM\_BLOCK\_REASON1\_CB)
- ☐ Agitation (DAY5\_NM\_BLOCK\_REASON2\_CB)
- ☐ Asthma (DAY5\_NM\_BLOCK\_REASON3\_CB)
- ☐ Hypercapnia (DAY5\_NM\_BLOCK\_REASON4\_CB)
- ☐ Shock/hemodynamic instability (DAY5\_NM\_BLOCK\_REASON5\_CB)
- ☐ Induction for intubation (DAY5\_NM\_BLOCK\_REASON6\_CB)
- ☐ Concern about accidental tube/device removal (DAY5\_NM\_BLOCK\_REASON7\_CB)
- ☐ For an ICU procedure (DAY5\_NM\_BLOCK\_REASON8\_CB)
- ☐ Brain injury/Increased Intracranial pressure (DAY5\_NM\_BLOCK\_REASON9\_CB)
- ☐ Seizures (DAY5\_NM\_BLOCK\_REASON10\_CB)
- ☐ Transfer (imaging, ambulance, other) (DAY5\_NM\_BLOCK\_REASON11\_CB)
- ☐ Major procedure (surgery, other) (DAY5\_NM\_BLOCK\_REASON12\_CB)
- ☐ Therapeutic hypothermia (DAY5\_NM\_BLOCK\_REASON13\_CB)
- ☐ Unstable arrhythmia (DAY5\_NM\_BLOCK\_REASON14\_CB)
- ☐ Other (DAY5\_NM\_BLOCK\_REASON15\_CB)
- ☐ Unknown/Not available (DAY5\_NM\_BLOCK\_REASON16\_CB)

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

- ☐ One or multiple intravenous boluses
- ☐ Continuous infusion
- ☐ Unknown/Not available (DAY5\_MUSCLE\_BLOCK\_TYPE\_RAD)

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? ☐ No ☐ Yes ☐ Unknown/Not available (DAY5\_PARALYTIC\_AGENT\_YN)

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 (DAY5\_NM\_BLOCK\_MONITO1\_CB)
- ☐ Absence of patient movement (DAY5\_NM\_BLOCK\_MONITO2\_CB)
- ☐ ElectroEncephalography/ElectroMiography (EEG, BIS, Entropy, etc.) (DAY5\_NM\_BLOCK\_MONITO3\_CB)
- ☐ Train of four (TOF) monitoring (DAY5\_NM\_BLOCK\_MONITO4\_CB)
- ☐ Other (DAY5\_NM\_BLOCK\_MONITO5\_CB)
- ☐ Unknown/Not available (DAY5\_NM\_BLOCK\_MONITO6\_CB)

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)
<input type="text"/> (DAY5_NM_BLOCK_NAME1_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY5_NM_BLOCK_ROUTE1_RAD)	<input type="text"/> (DAY5_NM_BLOCK_DOSE1_DEC)
<input type="text"/> (DAY5_NM_BLOCK_NAME2_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY5_NM_BLOCK_ROUTE2_RAD)	<input type="text"/> (DAY5_NM_BLOCK_DOSE2_DEC)
<input type="text"/> (DAY5_NM_BLOCK_NAME3_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY5_NM_BLOCK_ROUTE3_RAD)	<input type="text"/> (DAY5_NM_BLOCK_DOSE3_DEC)
<input type="text"/> (DAY5_NM_BLOCK_NAME4_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY5_NM_BLOCK_ROUTE4_RAD)	<input type="text"/> (DAY5_NM_BLOCK_DOSE4_DEC)
<input type="text"/> (DAY5_NM_BLOCK_NAME5_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY5_NM_BLOCK_ROUTE5_RAD)	<input type="text"/> (DAY5_NM_BLOCK_DOSE5_DEC)
<input type="text"/> (DAY5_NM_BLOCK_NAME6_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY5_NM_BLOCK_ROUTE6_RAD)	<input type="text"/> (DAY5_NM_BLOCK_DOSE6_DEC)



## E. MOBILITY

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1. What was the patient's highest level of ☐0 = Nothing ☐1 = Transfer from bed to chair without standing ☐2 = Sitting in bed/exercises in bed ☐3 = Sitting at mobility today? If this information is unknown, edge of bed ☐4 = Standing ☐5 = Transfer from bed to chair with standing ☐6 = Marching in place ☐7 = Walking select response ?8?. (726) ☐8 = Unknown (DAY5\_MOBILITY\_LEVEL\_DDL)

For more detailed information about mobility levels description, please click here &rarr, (2387)

## Day 6

Visit date (DD/MM/YYYY): (3197)

 (DAY6\_VISIT\_DATE)

## 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<sub>2</sub> (See [Manual of Operations](#) page 11). (342)

Variables		Score
Hypotension (321)	<input type="radio"/> Unknown/Not available <input type="radio"/> No hypotension (MAP ≥70 mmHg) <input type="radio"/> MAP <70 mmHg <input type="radio"/> Dopamine ≤5 mcg/kg/min or Dobutamine (any dose) <input type="radio"/> Dopamine >5 mcg/kg/min or Epinephrine ≤0.1 mcg/kg/min or Norepinephrine ≤0.1 mcg/kg/min or Vasopressin alone (any dose) <input type="radio"/> 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 (DAY6_SOFA_HYPOTENSION_RAD)	<input type="text"/> (DAY6_SOFA_HYO_SCORE_AUTO)
Respiration PaO <sub>2</sub> /FiO <sub>2</sub> (2394)	<input type="radio"/> Unknown/Not available <input type="radio"/> ≥ 400 <input type="radio"/> < 400 <input type="radio"/> < 300 <input type="radio"/> < 200 and mechanically ventilated <input type="radio"/> < 100 and mechanically ventilated (DAY6_SOFA_RESPIRATION_RAD)	<input type="text"/> (DAY6_SOFA_RESPI_SCORE_AUTO)
GCS (best score) (2397)	<input type="radio"/> Unknown/Not available <input type="radio"/> 15 <input type="radio"/> 13-14 <input type="radio"/> 10-12 <input type="radio"/> 6-9 <input type="radio"/> < 6 (DAY6_SOFA_GCS_RAD)	<input type="text"/> (DAY6_SOFA_GCS_SCORE_AUTO)
Platelets (10 <sup>9</sup> /L) (2400)	<input type="radio"/> Unknown/Not available <input type="radio"/> ≥ 150 <input type="radio"/> < 150 <input type="radio"/> < 100 <input type="radio"/> < 50 <input type="radio"/> < 20 (DAY6_SOFA_PLATELETS_RAD)	<input type="text"/> (DAY6_SOFA_PLATELETS_SCORE_AUTO)
Creatinine ?mol/L (mg/dL) (2403)	<input type="radio"/> Unknown/Not available <input type="radio"/> < 110 (< 1.2) <input type="radio"/> 110-170 (1.2-1.9) <input type="radio"/> 171-299 (2.0-3.4) <input type="radio"/> 300-440 (3.5-4.9) or Urine output < 500ml/day <input type="radio"/> ≥ 440 (≥ 5.0) or Urine output < 200ml/day (DAY6_SOFA_CREAT_RAD)	<input type="text"/> (DAY6_SOFA_CREAT_SCORE_AUTO)
Bilirubin total ?mol/L (mg/dL) (2406)	<input type="radio"/> Unknown/Not available <input type="radio"/> < 20 (< 1.2) <input type="radio"/> 20-32 (1.2-1.9) <input type="radio"/> 33-101 (2.0-5.9) <input type="radio"/> 102-204 (6.0-11.9) <input type="radio"/> > 204 (> 12) (DAY6_SOFA_BILIRUBIN_RAD)	<input type="text"/> (DAY6_SOFA_BILIRUBIN_SCORE_AUTO)
TOTAL SOFA SCORE : (2409)		<input type="text"/> (DAY6_SOFA_TOTAL_SCORE_AUTO)

**2. What was the predominant mode of respiratory support today?** Select only one response, with endotracheal tube (Assisted breathing, e.g. Pressure support) ☐ Non-invasive ventilation: Continuous Positive Airway Pressure (CPAP), or Non-invasive pressure support (e.g. BiPAP) ☐ Invasive mechanical ventilation representing the support mode (Controlled breathing, Pressure or Volume control, and patient not making respiratory efforts) ☐ Extra-corporeal respiratory applied for the majority of the day support ☐ Other ☐ Data/Information not available (DAY6\_RESPI\_SUPPORT\_MODE\_DDL) (343)

3. Did the patient require proning for hypoxaemia today? (3247)

☐ No ☐ Yes ☐ Unknown/Not available (DAY6\_PRONING\_YN)

**3.1. How long was the patient in prone position today? (hours) ()**

(DAY6\_PRONING\_DURATION)

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**B. SEDATION AND ANALGESIA**

1. Did the patient receive ANY sedative ☐ No ☐ Yes ☐ Unknown/Not available (DAY6\_SEDATIVE\_TODAY\_YN) today (intravenous infusion, boluses, or enteral)? (346)

1.1. If the patient received a sedative today, what was/were the indication(s) for sedation? (Select all that apply)

☐ Agitation (DAY6\_SEDATIVE\_INDICATION\_1\_CB)

☐ Anxiety (DAY6\_SEDATIVE\_INDICATION\_2\_CB)

☐ Cardiac ischemia or arrhythmia (DAY6\_SEDATIVE\_INDICATION\_3\_CB)

☐ Decrease intracranial pressure (DAY6\_SEDATIVE\_INDICATION\_4\_CB)

☐ Decrease oxygen consumption (e.g. sepsis) (DAY6\_SEDATIVE\_INDICATION\_5\_CB)

☐ Extra-corporeal support (DAY6\_SEDATIVE\_INDICATION\_6\_CB)

☐ Facilitate sleep (DAY6\_SEDATIVE\_INDICATION\_7\_CB)

☐ Facilitate targeted temperature management (DAY6\_SEDATIVE\_INDICATION\_8\_CB)

☐ Hypoxemia/ARDS (DAY6\_SEDATIVE\_INDICATION\_9\_CB)

☐ Lung protective ventilation (DAY6\_SEDATIVE\_INDICATION\_10\_CB)

☐ Postoperative (DAY6\_SEDATIVE\_INDICATION\_11\_CB)

☐ Prevent tube/device removal (DAY6\_SEDATIVE\_INDICATION\_12\_CB)

☐ Prone position (DAY6\_SEDATIVE\_INDICATION\_13\_CB)

☐ Required pharmacological muscle paralysis (DAY6\_SEDATIVE\_INDICATION\_14\_CB)

☐ Seizure control (DAY6\_SEDATIVE\_INDICATION\_15\_CB)

☐ Shock / hemodynamic instability (DAY6\_SEDATIVE\_INDICATION\_16\_CB)

☐ Ventilator asynchrony (DAY6\_SEDATIVE\_INDICATION\_17\_CB)

☐ Other (DAY6\_SEDATIVE\_INDICATION\_18\_CB)

☐ Unknown/Not available (DAY6\_SEDATIVE\_INDICATION\_19\_CB)

1.2. If the patient received a sedative today, was the sedative titrated according to a scale? ☐ No ☐ Yes ☐ Unknown/Not available (DAY6\_SEDATIVE\_TITRATED\_YN)

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 (DAY6\_SEDATIVE\_SCALE\_1\_CB)

☐ MAAS ? Motor Activity Assessment Scale (DAY6\_SEDATIVE\_SCALE\_2\_CB)

☐ Ramsay scale (DAY6\_SEDATIVE\_SCALE\_3\_CB)

☐ RASS ? Richmond Agitation and Sedation Scale (DAY6\_SEDATIVE\_SCALE\_4\_CB)

☐ SAS ? Sedation Agitation Scale (DAY6\_SEDATIVE\_SCALE\_5\_CB)

☐ Other (DAY6\_SEDATIVE\_SCALE\_6\_CB)

☐ Unknown/Not available (DAY6\_SEDATIVE\_SCALE\_7\_CB)

1.2.2. Was sedation titrated according to a formal written protocol? ☐ No ☐ Yes ☐ Unknown/Not available (DAY6\_SEDATIVE\_TITR\_PROTO\_YN)

1.2.3. Was sedation titrated according to neuromonitoring?

☐ ElectroEncephaloGram (EEG) or EEG-derived measures (BIS, Entropy, etc.) (DAY6\_SEDATIVE\_NEUROMON\_1\_CB)

☐ IntraCranial Pressure (ICP) (DAY6\_SEDATIVE\_NEUROMON\_2\_CB)

☐ Near-InfraRed Spectroscopy (NIRS) (DAY6\_SEDATIVE\_NEUROMON\_3\_CB)

☐ No neuromonitoring used (DAY6\_SEDATIVE\_NEUROMON\_4\_CB)

☐ Other (DAY6\_SEDATIVE\_NEUROMON\_5\_CB)

☐ Unknown/Not available (DAY6\_SEDATIVE\_NEUROMON\_6\_CB)

2. Did the patient receive any analgesia (opioid or non-opioid) today? (2485) ☐ No ☐ Yes ☐ Unknown/Not available (DAY6\_ANALGESIA\_TODAY\_YN)

2.1. If the patient received analgesia today, was (were) analgesic(s) titrated according to a pain scale? ☐ No ☐ Yes ☐ Unknown/Not available (DAY6\_ANALGESIA\_SCALE\_YN)

2.1.1. If yes, please specify the scale(s) used:

☐ Behavioral Pain Scale (BPS) (DAY6\_ANALGESIA\_SCALE\_1\_CB)

☐ Critical Care Pain Observation Tool (CPOT) (DAY6\_ANALGESIA\_SCALE\_2\_CB)

☐ Faces Pain Scale (DAY6\_ANALGESIA\_SCALE\_3\_CB)

☐ Nociception Coma Scale (DAY6\_ANALGESIA\_SCALE\_4\_CB)

☐ Non-Verbal Pain Scale (NVPS) (DAY6\_ANALGESIA\_SCALE\_5\_CB)

☐ Numeric Rating Scale (NRS) (DAY6\_ANALGESIA\_SCALE\_6\_CB)

☐ Visual Analogue Scale (VAS) (DAY6\_ANALGESIA\_SCALE\_7\_CB)

☐ Other (DAY6\_ANALGESIA\_SCALE\_8\_CB)

☐ Unknown/Not available (DAY6\_ANALGESIA\_SCALE\_9\_CB)

2.2. Was a target pain score set for today? ☐ No ☐ Yes ☐ Unknown/Not available (DAY6\_TARGET\_PAIN\_SCORE\_YN)

2.3. Was analgesia titrated according to a formal written protocol? ☐ No ☐ Yes ☐ Unknown/Not available (DAY6\_ANALGESIA\_TITR\_PROTO\_YN)

3. Did the patient receive a continuous infusion of SEDATIVE or ANALGESIC ☐ No ☐ Yes ☐ Unknown/Not available (DAY6\_ANALG\_SEDAT\_INFUSION\_YN)

today? (2511)

3.1. If the patient received continuous ☐ No ☐ Yes ☐ Unknown/Not available (DAY6\_SEDAT\_INFUSION\_INTERRUPT\_) SEDATIVE infusions, were the infusions interrupted intentionally TODAY?

3.1.1. If ANY SEDATIVE infusion was ☐ No ☐ Yes ☐ Unknown/Not available (DAY6\_SEDAT\_INFUSION\_RESTART\_) interrupted, was it restarted today?

3.1.1.1. At what rate/dose was the ☐ At previous rate/dose sedative infusion restarted today after ☐ LESS than the previous rate/dose interruption? ☐ HIGHER than the previous rate/dose ☐ Unknown/Not available (DAY6\_SEDAT\_INFUSION\_RESTART\_DO)

3.2. If the patient received continuous ☐ No ☐ Yes ☐ Unknown/Not available (DAY6\_ANALG\_INFUSION\_INTERRUPT\_) ANALGESIC infusions, were the infusions interrupted intentionally TODAY?

3.2.1. If ANY ANALGESIC infusion was ☐ No ☐ Yes ☐ Unknown/Not available (DAY6\_ANALG\_INFUSION\_RESTART\_) interrupted, was it restarted today?

3.2.1.1. At what rate/dose was the ☐ At previous rate/dose analgesic infusion restarted today after ☐ LESS than the previous rate/dose interruption? ☐ HIGHER than the previous rate/dose ☐ Unknown/Not available (DAY6\_ANALG\_INFUSION\_RESTART\_DO)

**3.3. Enter ALL sedative and analgesic INFUSIONS administered today.** [e.g. benzodiazepines (midazolam, lorazepam), opioids (morphine, fentanyl, remifentanyl, 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)
<input type="text"/> (DAY6_INFUSIONS_DRUG_NAME1_TXT)	<input type="text"/> (DAY6_INFUSIONS_DAILY_DOSE1_DEC)	<input type="text"/> (DAY6_INFUSIONS_HOURS_24H_1_INT)
<input type="text"/> (DAY6_INFUSIONS_DRUG_NAME2_TXT)	<input type="text"/> (DAY6_INFUSIONS_DAILY_DOSE2_DEC)	<input type="text"/> (DAY6_INFUSIONS_HOURS_24H_2_INT)
<input type="text"/> (DAY6_INFUSIONS_DRUG_NAME3_TXT)	<input type="text"/> (DAY6_INFUSIONS_DAILY_DOSE3_DEC)	<input type="text"/> (DAY6_INFUSIONS_HOURS_24H_3_INT)
<input type="text"/> (DAY6_INFUSIONS_DRUG_NAME4_TXT)	<input type="text"/> (DAY6_INFUSIONS_DAILY_DOSE4_DEC)	<input type="text"/> (DAY6_INFUSIONS_HOURS_24H_4_INT)
<input type="text"/> (DAY6_INFUSIONS_DRUG_NAME5_TXT)	<input type="text"/> (DAY6_INFUSIONS_DAILY_DOSE5_DEC)	<input type="text"/> (DAY6_INFUSIONS_HOURS_24H_5_INT)
<input type="text"/> (DAY6_INFUSIONS_DRUG_NAME6_TXT)	<input type="text"/> (DAY6_INFUSIONS_DAILY_DOSE6_DEC)	<input type="text"/> (DAY6_INFUSIONS_HOURS_24H_6_INT)
<input type="text"/> (DAY6_INFUSIONS_DRUG_NAME7_TXT)	<input type="text"/> (DAY6_INFUSIONS_DAILY_DOSE7_DEC)	<input type="text"/> (DAY6_INFUSIONS_HOURS_24H_7_INT)
<input type="text"/> (DAY6_INFUSIONS_DRUG_NAME8_TXT)	<input type="text"/> (DAY6_INFUSIONS_DAILY_DOSE8_DEC)	<input type="text"/> (DAY6_INFUSIONS_HOURS_24H_8_INT)

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  
(DAY6\_SEDAT\_RATE\_DAY\_NIGHT\_RAD)

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  
(DAY6\_ANALG\_RATE\_DAY\_NIGHT\_RAD)

**4. Enter ALL sedative and analgesic INTERMITTENT INTRAVENOUS DOSES administered today.** Do NOT enter antipsychotics here. (491)

Drug name	Number of doses given over 24h	Total amount given over 24h (mg)
<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>	(DAY6_IV_DRUG_NAME1_TXT)	<input type="text"/>	(DAY6_IV_DOSE_NB1_INT)	<input type="text"/>	(DAY6_IV_TOTAL_AMOUNT1_DEC)
<input type="text"/>	(DAY6_IV_DRUG_NAME2_TXT)	<input type="text"/>	(DAY6_IV_DOSE_NB2_INT)	<input type="text"/>	(DAY6_IV_TOTAL_AMOUNT2_DEC)
<input type="text"/>	(DAY6_IV_DRUG_NAME3_TXT)	<input type="text"/>	(DAY6_IV_DOSE_NB3_INT)	<input type="text"/>	(DAY6_IV_TOTAL_AMOUNT3_DEC)
<input type="text"/>	(DAY6_IV_DRUG_NAME4_TXT)	<input type="text"/>	(DAY6_IV_DOSE_NB4_INT)	<input type="text"/>	(DAY6_IV_TOTAL_AMOUNT4_DEC)
<input type="text"/>	(DAY6_IV_DRUG_NAME5_TXT)	<input type="text"/>	(DAY6_IV_DOSE_NB5_INT)	<input type="text"/>	(DAY6_IV_TOTAL_AMOUNT5_DEC)
<input type="text"/>	(DAY6_IV_DRUG_NAME6_TXT)	<input type="text"/>	(DAY6_IV_DOSE_NB6_INT)	<input type="text"/>	(DAY6_IV_TOTAL_AMOUNT6_DEC)

**5. Enter ALL ENTERAL sedatives and analgesics administered today. Do NOT enter antipsychotics here. (491)**

Drug name	Number of doses given over 24h	Total amount given over 24h (mg)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY6_ALLENTER_DRUG_NAME1_TXT)	(DAY6_ALLENTER_DOSE_NB1_INT)	(DAY6_ALLENTER_TOTAL_AMOUNT1_DE)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY6_ALLENTER_DRUG_NAME2_TXT)	(DAY6_ALLENTER_DOSE_NB2_INT)	(DAY6_ALLENTER_TOTAL_AMOUNT2_DE)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY6_ALLENTER_DRUG_NAME3_TXT)	(DAY6_ALLENTER_DOSE_NB3_INT)	(DAY6_ALLENTER_TOTAL_AMOUNT3_DE)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY6_ALLENTER_DRUG_NAME4_TXT)	(DAY6_ALLENTER_DOSE_NB4_INT)	(DAY6_ALLENTER_TOTAL_AMOUNT4_DE)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY6_ALLENTER_DRUG_NAME5_TXT)	(DAY6_ALLENTER_DOSE_NB5_INT)	(DAY6_ALLENTER_TOTAL_AMOUNT5_DE)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY6_ALLENTER_DRUG_NAME6_TXT)	(DAY6_ALLENTER_DOSE_NB6_INT)	(DAY6_ALLENTER_TOTAL_AMOUNT6_DE)

**C. AGITATION AND ANTIPSYCHOTICS**

1. Were physical restraints (any of: wrist, ankle or trunk) applied TODAY? ☐ No ☐ Yes ☐ Unknown/Not available (DAY6\_PHYS\_RESTRAINT\_YN) (530)

1.1. What type of physical restraint was used? (Select all that apply. [Manual of Operations](#) shows representative images on page 15)

☐ Ankle (DAY6\_PHYS\_RESTRAINT\_TYPE1\_CB)

☐ Mittens (DAY6\_PHYS\_RESTRAINT\_TYPE2\_CB)

☐ Torso (DAY6\_PHYS\_RESTRAINT\_TYPE3\_CB)

☐ Wrist (DAY6\_PHYS\_RESTRAINT\_TYPE4\_CB)

☐ Other (DAY6\_PHYS\_RESTRAINT\_TYPE5\_CB)

☐ Unknown/Not available (DAY6\_PHYS\_RESTRAINT\_TYPE6\_CB)

2. Did the patient experience accidental removal of any lines/catheters/tubes TODAY due to restlessness or agitation? (2607) ☐ No ☐ Yes ☐ Unknown/Not available (DAY6\_ACCID\_REMOVAL\_YN)

2.1. If ?Yes? indicate what lines/catheters/tubes were accidentally removed today? (Select all that apply)

☐ Abdominal drain (DAY6\_ACCID\_REMOVAL1\_CB)

☐ Arterial catheter (DAY6\_ACCID\_REMOVAL2\_CB)

☐ Bladder catheter (DAY6\_ACCID\_REMOVAL3\_CB)

☐ Central Venous Access line (DAY6\_ACCID\_REMOVAL4\_CB)

☐ Chest drain (DAY6\_ACCID\_REMOVAL5\_CB)

☐ Dialysis catheter (DAY6\_ACCID\_REMOVAL6\_CB)

☐ Endotracheal tube (DAY6\_ACCID\_REMOVAL7\_CB)

☐ Epidural/Paravertebral/Local anaesthetic catheter (DAY6\_ACCID\_REMOVAL8\_CB)

☐ Feeding tube (DAY6\_ACCID\_REMOVAL9\_CB)

☐ Intracranial or Lumbar drain/ICP probe (DAY6\_ACCID\_REMOVAL10\_CB)

☐ Other surgical drain (DAY6\_ACCID\_REMOVAL11\_CB)

☐ Peripheral Venous Access (DAY6\_ACCID\_REMOVAL12\_CB)

☐ Tracheostomy tube (DAY6\_ACCID\_REMOVAL13\_CB)

☐ Other (DAY6\_ACCID\_REMOVAL14\_CB)

☐ Unknown/Not available (DAY6\_ACCID\_REMOVAL15\_CB)

3. Enter ANY antipsychotic agents administered. List separately all regular AND as needed (PRN) orders. (Refer to Manual of Operations page 16 for a list of antipsychotic drugs) (576)

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)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY6_ANTIPSYCHO_NAME1_TXT)	(DAY6_ANTIPSYCHO_ROUTE1_TX)	(DAY6_ANTIPSYCHO_DOSE_NB1_INT)	(DAY6_ANTIPSYCHO_TOTAL_AMOUNT1_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY6_ANTIPSYCHO_NAME2_TXT)	(DAY6_ANTIPSYCHO_ROUTE2_TX)	(DAY6_ANTIPSYCHO_DOSE_NB2_INT)	(DAY6_ANTIPSYCHO_TOTAL_AMOUNT2_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY6_ANTIPSYCHO_NAME3_TXT)	(DAY6_ANTIPSYCHO_ROUTE3_TX)	(DAY6_ANTIPSYCHO_DOSE_NB3_INT)	(DAY6_ANTIPSYCHO_TOTAL_AMOUNT3_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY6_ANTIPSYCHO_NAME4_TXT)	(DAY6_ANTIPSYCHO_ROUTE4_TX)	(DAY6_ANTIPSYCHO_DOSE_NB4_INT)	(DAY6_ANTIPSYCHO_TOTAL_AMOUNT4_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY6_ANTIPSYCHO_NAME5_TXT)	(DAY6_ANTIPSYCHO_ROUTE5_TX)	(DAY6_ANTIPSYCHO_DOSE_NB5_INT)	(DAY6_ANTIPSYCHO_TOTAL_AMOUNT5_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY6_ANTIPSYCHO_NAME6_TXT)	(DAY6_ANTIPSYCHO_ROUTE6_TX)	(DAY6_ANTIPSYCHO_DOSE_NB6_INT)	(DAY6_ANTIPSYCHO_TOTAL_AMOUNT6_)

4. Was delirium formally assessed today? ☐ No ☐ Yes ☐ Unknown/Not available (DAY6\_DELIRIUM\_ASSESS\_YN) (601)

4.1. If ?Yes? to Q C4 indicate how delirium was assessed today? (select all that apply)

☐ 4AT Assessment test for delirium & cognitive impairment (DAY6\_DELIRIUM\_ASSESS1\_CB)

☐ Confusion Assessment Method ? ICU (CAM-ICU) (DAY6\_DELIRIUM\_ASSESS2\_CB)

☐ Delirium Motor Subtype Scale (DMSS) (DAY6\_DELIRIUM\_ASSESS3\_CB)

☐ Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM-V) criteria (DAY6\_DELIRIUM\_ASSESS4\_CB)

☐ Intensive Care Delirium Screening Checklist (ICDSC) (DAY6\_DELIRIUM\_ASSESS5\_CB)

☐ Memorial Delirium Assessment Scale (MDAS) (DAY6\_DELIRIUM\_ASSESS6\_CB)

☐ Mini Mental State Examination (MMSE) (DAY6\_DELIRIUM\_ASSESS7\_CB)

☐ NEElon and CHAMpagne Confusion Scale (NEECHAM) (DAY6\_DELIRIUM\_ASSESS8\_CB)

☐ Nurses? Delirium Screening Checklist (NuDeSC) (DAY6\_DELIRIUM\_ASSESS9\_CB)

☐ Single Question in Delirium (DAY6\_DELIRIUM\_ASSESS10\_CB)☐ Clinical assessment only (DAY6\_DELIRIUM\_ASSESS11\_CB)☐ Other (DAY6\_DELIRIUM\_ASSESS12\_CB)☐ Unknown/Not available (DAY6\_DELIRIUM\_ASSESS13\_CB)4.2. Was the patient diagnosed with delirium today? ☐ No ☐ Yes ☐ Unknown/Not available (DAY6\_DELIRIUM\_DIAGNOSIS\_YN)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  
(DAY6\_DELIRIUM\_MOTOR\_RAD)4.2.2. If ?Yes? to Q C4.2. indicate what type of symptoms were present today? (Select all that apply)  
☐ Agitation (DAY6\_DELIRIUM\_SYMPT1\_CB)  
☐ Delusions (DAY6\_DELIRIUM\_SYMPT2\_CB)  
☐ Disorganised thinking (DAY6\_DELIRIUM\_SYMPT3\_CB)  
☐ Disorientation in place/time/person (DAY6\_DELIRIUM\_SYMPT4\_CB)  
☐ Inattention (DAY6\_DELIRIUM\_SYMPT5\_CB)  
☐ Perceptual disturbances and hallucinations (DAY6\_DELIRIUM\_SYMPT6\_CB)  
☐ Reduced level of consciousness (DAY6\_DELIRIUM\_SYMPT7\_CB)  
☐ Short-term memory impairment (DAY6\_DELIRIUM\_SYMPT8\_CB)  
☐ Sleep-wake cycle disturbances (DAY6\_DELIRIUM\_SYMPT9\_CB)  
☐ Other (DAY6\_DELIRIUM\_SYMPT10\_CB)  
☐ Unknown/Not available (DAY6\_DELIRIUM\_SYMPT11\_CB)



**D. NEUROMUSCULAR BLOCKERS**

1. Did this patient receive a neuromuscular blocker/paralytic agent TODAY? (656) ☐ No ☐ Yes ☐ Unknown/Not available (DAY6\_NM\_BLOCK\_YN)

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

- ☐ Hypoxemia/ARDS (DAY6\_NM\_BLOCK\_REASON1\_CB)
- ☐ Agitation (DAY6\_NM\_BLOCK\_REASON2\_CB)
- ☐ Asthma (DAY6\_NM\_BLOCK\_REASON3\_CB)
- ☐ Hypercapnia (DAY6\_NM\_BLOCK\_REASON4\_CB)
- ☐ Shock/hemodynamic instability (DAY6\_NM\_BLOCK\_REASON5\_CB)
- ☐ Induction for intubation (DAY6\_NM\_BLOCK\_REASON6\_CB)
- ☐ Concern about accidental tube/device removal (DAY6\_NM\_BLOCK\_REASON7\_CB)
- ☐ For an ICU procedure (DAY6\_NM\_BLOCK\_REASON8\_CB)
- ☐ Brain injury/Increased Intracranial pressure (DAY6\_NM\_BLOCK\_REASON9\_CB)
- ☐ Seizures (DAY6\_NM\_BLOCK\_REASON10\_CB)
- ☐ Transfer (imaging, ambulance, other) (DAY6\_NM\_BLOCK\_REASON11\_CB)
- ☐ Major procedure (surgery, other) (DAY6\_NM\_BLOCK\_REASON12\_CB)
- ☐ Therapeutic hypothermia (DAY6\_NM\_BLOCK\_REASON13\_CB)
- ☐ Unstable arrhythmia (DAY6\_NM\_BLOCK\_REASON14\_CB)
- ☐ Other (DAY6\_NM\_BLOCK\_REASON15\_CB)
- ☐ Unknown/Not available (DAY6\_NM\_BLOCK\_REASON16\_CB)

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

- ☐ One or multiple intravenous boluses
- ☐ Continuous infusion
- ☐ Unknown/Not available (DAY6\_MUSCLE\_BLOCK\_TYPE\_RAD)

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? ☐ No ☐ Yes ☐ Unknown/Not available (DAY6\_PARALYTIC\_AGENT\_YN)

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 (DAY6\_NM\_BLOCK\_MONITO1\_CB)
- ☐ Absence of patient movement (DAY6\_NM\_BLOCK\_MONITO2\_CB)
- ☐ ElectroEncephalography/ElectroMiography (EEG, BIS, Entropy, etc.) (DAY6\_NM\_BLOCK\_MONITO3\_CB)
- ☐ Train of four (TOF) monitoring (DAY6\_NM\_BLOCK\_MONITO4\_CB)
- ☐ Other (DAY6\_NM\_BLOCK\_MONITO5\_CB)
- ☐ Unknown/Not available (DAY6\_NM\_BLOCK\_MONITO6\_CB)

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)
<input type="text"/> (DAY6_NM_BLOCK_NAME1_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY6_NM_BLOCK_ROUTE1_RAD)	<input type="text"/> (DAY6_NM_BLOCK_DOSE1_DEC)
<input type="text"/> (DAY6_NM_BLOCK_NAME2_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY6_NM_BLOCK_ROUTE2_RAD)	<input type="text"/> (DAY6_NM_BLOCK_DOSE2_DEC)
<input type="text"/> (DAY6_NM_BLOCK_NAME3_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY6_NM_BLOCK_ROUTE3_RAD)	<input type="text"/> (DAY6_NM_BLOCK_DOSE3_DEC)
<input type="text"/> (DAY6_NM_BLOCK_NAME4_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY6_NM_BLOCK_ROUTE4_RAD)	<input type="text"/> (DAY6_NM_BLOCK_DOSE4_DEC)
<input type="text"/> (DAY6_NM_BLOCK_NAME5_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY6_NM_BLOCK_ROUTE5_RAD)	<input type="text"/> (DAY6_NM_BLOCK_DOSE5_DEC)
<input type="text"/> (DAY6_NM_BLOCK_NAME6_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY6_NM_BLOCK_ROUTE6_RAD)	<input type="text"/> (DAY6_NM_BLOCK_DOSE6_DEC)

## E. MOBILITY

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1. What was the patient's highest level of ☐ 0 = Nothing ☐ 1 = Transfer from bed to chair without standing ☐ 2 = Sitting in bed/exercises in bed ☐ 3 = Sitting at mobility today? If this information is unknown, edge of bed ☐ 4 = Standing ☐ 5 = Transfer from bed to chair with standing ☐ 6 = Marching in place ☐ 7 = Walking select response ?8?. (726) ☐ 8 = Unknown (DAY6\_MOBILITY\_LEVEL\_DDL)

For more detailed information about mobility levels description, please click here &rarr, (2791)

## Day 7

Visit date (DD/MM/YYYY): (3197)

 (DAY7\_VISIT\_DATE)

## 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<sub>2</sub> (See [Manual of Operations](#) page 11). (342)

Variables		Score
Hypotension (321)	<input type="radio"/> Unknown/Not available <input type="radio"/> No hypotension (MAP ≥70 mmHg) <input type="radio"/> MAP <70 mmHg <input type="radio"/> Dopamine ≤5 mcg/kg/min or Dobutamine (any dose) <input type="radio"/> Dopamine >5 mcg/kg/min or Epinephrine ≤0.1 mcg/kg/min or Norepinephrine ≤0.1 mcg/kg/min or Vasopressin alone (any dose) <input type="radio"/> 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 (DAY7_SOFA_HYPOTENSION_RAD)	<input type="text"/> (DAY7_SOFA_HYPO_SCORE_AUTO)
Respiration PaO <sub>2</sub> /FiO <sub>2</sub> (2798)	<input type="radio"/> Unknown/Not available <input type="radio"/> ≥ 400 <input type="radio"/> < 400 <input type="radio"/> < 300 <input type="radio"/> < 200 and mechanically ventilated <input type="radio"/> < 100 and mechanically ventilated (DAY7_SOFA_RESPIRATION_RAD)	<input type="text"/> (DAY7_SOFA_RESPI_SCORE_AUTO)
GCS (best score) (2801)	<input type="radio"/> Unknown/Not available <input type="radio"/> 15 <input type="radio"/> 13-14 <input type="radio"/> 10-12 <input type="radio"/> 6-9 <input type="radio"/> < 6 (DAY7_SOFA_GCS_RAD)	<input type="text"/> (DAY7_SOFA_GCS_SCORE_AUTO)
Platelets (10 <sup>9</sup> /L) (2804)	<input type="radio"/> Unknown/Not available <input type="radio"/> ≥ 150 <input type="radio"/> < 150 <input type="radio"/> < 100 <input type="radio"/> < 50 <input type="radio"/> < 20 (DAY7_SOFA_PLATELETS_RAD)	<input type="text"/> (DAY7_SOFA_PLATELETS_SCORE_AUTO)
Creatinine ?mol/L (mg/dL) (2807)	<input type="radio"/> Unknown/Not available <input type="radio"/> < 110 (< 1.2) <input type="radio"/> 110-170 (1.2-1.9) <input type="radio"/> 171-299 (2.0-3.4) <input type="radio"/> 300-440 (3.5-4.9) or Urine output < 500ml/day <input type="radio"/> ≥ 440 (≥ 5.0) or Urine output < 200ml/day (DAY7_SOFA_CREAT_RAD)	<input type="text"/> (DAY7_SOFA_CREAT_SCORE_AUTO)
Bilirubin total ?mol/L (mg/dL) (2810)	<input type="radio"/> Unknown/Not available <input type="radio"/> < 20 (< 1.2) <input type="radio"/> 20-32 (1.2-1.9) <input type="radio"/> 33-101 (2.0-5.9) <input type="radio"/> 102-204 (6.0-11.9) <input type="radio"/> > 204 (> 12) (DAY7_SOFA_BILIRUBIN_RAD)	<input type="text"/> (DAY7_SOFA_BILIRUBIN_SCORE_AUTO)
TOTAL SOFA SCORE : (2813)		<input type="text"/> (DAY7_SOFA_TOTAL_SCORE_AUTO)

**2. What was the predominant mode of respiratory support today?** Select only one response, with endotracheal tube (Assisted breathing, e.g. Pressure support) ☐ Non-invasive ventilation: Continuous Positive Airway Pressure (CPAP), or Non-invasive pressure support (e.g. BiPAP) ☐ Invasive mechanical ventilation with endotracheal tube representing the support mode (Controlled breathing, Pressure or Volume control, and patient not making respiratory efforts) ☐ Extra-corporeal respiratory applied for the majority of the day support ☐ Other ☐ Data/Information not available (DAY7\_RESPI\_SUPPORT\_MODE\_DDL) (343)

3. Did the patient require proning for hypoxaemia today? (3247)

☐ No ☐ Yes ☐ Unknown/Not available (DAY7\_PRONING\_YN)

**3.1. How long was the patient in prone position today? (hours) ()**

(DAY7\_PRONING\_DURATION)

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**B. SEDATION AND ANALGESIA**

1. Did the patient receive ANY sedative today (intravenous infusion, boluses, or enteral)? (346) ☐ No ☐ Yes ☐ Unknown/Not available (DAY7\_SEDATIVES\_TODAY\_YN)

1.1. If the patient received a sedative today, what was/were the indication(s) for sedation? (Select all that apply)

- ☐ Agitation (DAY7\_SEDATIVES\_INDICATION\_1\_CB)
- ☐ Anxiety (DAY7\_SEDATIVES\_INDICATION\_2\_CB)
- ☐ Cardiac ischemia or arrhythmia (DAY7\_SEDATIVES\_INDICATION\_3\_CB)
- ☐ Decrease intracranial pressure (DAY7\_SEDATIVES\_INDICATION\_4\_CB)
- ☐ Decrease oxygen consumption (e.g. sepsis) (DAY7\_SEDATIVES\_INDICATION\_5\_CB)
- ☐ Extra-corporeal support (DAY7\_SEDATIVES\_INDICATION\_6\_CB)
- ☐ Facilitate sleep (DAY7\_SEDATIVES\_INDICATION\_7\_CB)
- ☐ Facilitate targeted temperature management (DAY7\_SEDATIVES\_INDICATION\_8\_CB)
- ☐ Hypoxemia/ARDS (DAY7\_SEDATIVES\_INDICATION\_9\_CB)
- ☐ Lung protective ventilation (DAY7\_SEDATIVES\_INDICATION\_10\_CB)
- ☐ Postoperative (DAY7\_SEDATIVES\_INDICATION\_11\_CB)
- ☐ Prevent tube/device removal (DAY7\_SEDATIVES\_INDICATION\_12\_CB)
- ☐ Prone position (DAY7\_SEDATIVES\_INDICATION\_13\_CB)
- ☐ Required pharmacological muscle paralysis (DAY7\_SEDATIVES\_INDICATION\_14\_CB)
- ☐ Seizure control (DAY7\_SEDATIVES\_INDICATION\_15\_CB)
- ☐ Shock / hemodynamic instability (DAY7\_SEDATIVES\_INDICATION\_16\_CB)
- ☐ Ventilator asynchrony (DAY7\_SEDATIVES\_INDICATION\_17\_CB)
- ☐ Other (DAY7\_SEDATIVES\_INDICATION\_18\_CB)
- ☐ Unknown/Not available (DAY7\_SEDATIVES\_INDICATION\_19\_CB)

1.2. If the patient received a sedative today, was the sedative titrated according to a scale? ☐ No ☐ Yes ☐ Unknown/Not available (DAY7\_SEDATIVES\_TITRATED\_YN)

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 (DAY7\_SEDATIVES\_SCALE\_1\_CB)
- ☐ MAAS ? Motor Activity Assessment Scale (DAY7\_SEDATIVES\_SCALE\_2\_CB)
- ☐ Ramsay scale (DAY7\_SEDATIVES\_SCALE\_3\_CB)
- ☐ RASS ? Richmond Agitation and Sedation Scale (DAY7\_SEDATIVES\_SCALE\_4\_CB)
- ☐ SAS ? Sedation Agitation Scale (DAY7\_SEDATIVES\_SCALE\_5\_CB)
- ☐ Other (DAY7\_SEDATIVES\_SCALE\_6\_CB)
- ☐ Unknown/Not available (DAY7\_SEDATIVES\_SCALE\_7\_CB)

1.2.2. Was sedation titrated according to a formal written protocol? ☐ No ☐ Yes ☐ Unknown/Not available (DAY7\_SEDATIVES\_TITR\_PROTO\_YN)

1.2.3. Was sedation titrated according to neuromonitoring?

- ☐ ElectroEncephaloGram (EEG) or EEG-derived measures (BIS, Entropy, etc.) (DAY7\_SEDATIVES\_NEUROMON\_1\_CB)
- ☐ IntraCranial Pressure (ICP) (DAY7\_SEDATIVES\_NEUROMON\_2\_CB)
- ☐ Near-InfraRed Spectroscopy (NIRS) (DAY7\_SEDATIVES\_NEUROMON\_3\_CB)
- ☐ No neuromonitoring used (DAY7\_SEDATIVES\_NEUROMON\_4\_CB)
- ☐ Other (DAY7\_SEDATIVES\_NEUROMON\_5\_CB)
- ☐ Unknown/Not available (DAY7\_SEDATIVES\_NEUROMON\_6\_CB)

2. Did the patient receive any analgesia (opioid or non-opioid) today? (2889) ☐ No ☐ Yes ☐ Unknown/Not available (DAY7\_ANALGESIA\_TODAY\_YN)

2.1. If the patient received analgesia today, was (were) analgesic(s) titrated according to a pain scale? ☐ No ☐ Yes ☐ Unknown/Not available (DAY7\_ANALGESIA\_SCALE\_YN)

2.1.1. If yes, please specify the scale(s) used:

- ☐ Behavioral Pain Scale (BPS) (DAY7\_ANALGESIA\_SCALE\_1\_CB)
- ☐ Critical Care Pain Observation Tool (CPOT) (DAY7\_ANALGESIA\_SCALE\_2\_CB)
- ☐ Faces Pain Scale (DAY7\_ANALGESIA\_SCALE\_3\_CB)
- ☐ Nociception Coma Scale (DAY7\_ANALGESIA\_SCALE\_4\_CB)
- ☐ Non-Verbal Pain Scale (NVPS) (DAY7\_ANALGESIA\_SCALE\_5\_CB)
- ☐ Numeric Rating Scale (NRS) (DAY7\_ANALGESIA\_SCALE\_6\_CB)
- ☐ Visual Analogue Scale (VAS) (DAY7\_ANALGESIA\_SCALE\_7\_CB)
- ☐ Other (DAY7\_ANALGESIA\_SCALE\_8\_CB)
- ☐ Unknown/Not available (DAY7\_ANALGESIA\_SCALE\_9\_CB)

2.2. Was a target pain score set for today? ☐ No ☐ Yes ☐ Unknown/Not available (DAY7\_TARGET\_PAIN\_SCORE\_YN)

2.3. Was analgesia titrated according to a formal written protocol? ☐ No ☐ Yes ☐ Unknown/Not available (DAY7\_ANALGESIA\_TITR\_PROTO\_YN)

3. Did the patient receive a continuous infusion of SEDATIVE or ANALGESIC ☐ No ☐ Yes ☐ Unknown/Not available (DAY7\_ANALG\_SEDAT\_INFUSION\_YN)

today? (2915)

3.1. If the patient received continuous ☐ No ☐ Yes ☐ Unknown/Not available (DAY7\_SEDAT\_INFUSION\_INTERRUPT\_) SEDATIVE infusions, were the infusions interrupted intentionally TODAY?

3.1.1. If ANY SEDATIVE infusion was ☐ No ☐ Yes ☐ Unknown/Not available (DAY7\_SEDAT\_INFUSION\_RESTART\_) interrupted, was it restarted today?

3.1.1.1. At what rate/dose was the ☐ At previous rate/dose sedative infusion restarted today after ☐ LESS than the previous rate/dose interruption? ☐ HIGHER than the previous rate/dose ☐ Unknown/Not available (DAY7\_SEDAT\_INFUSION\_RESTART\_DO)

3.2. If the patient received continuous ☐ No ☐ Yes ☐ Unknown/Not available (DAY7\_ANALG\_INFUSION\_INTERRUPT\_) ANALGESIC infusions, were the infusions interrupted intentionally TODAY?

3.2.1. If ANY ANALGESIC infusion was ☐ No ☐ Yes ☐ Unknown/Not available (DAY7\_ANALG\_INFUSION\_RESTART\_) interrupted, was it restarted today?

3.2.1.1. At what rate/dose was the ☐ At previous rate/dose analgesic infusion restarted today after ☐ LESS than the previous rate/dose interruption? ☐ HIGHER than the previous rate/dose ☐ Unknown/Not available (DAY7\_ANALG\_INFUSION\_RESTART\_DO)

**3.3. Enter ALL sedative and analgesic INFUSIONS administered today.** [e.g. benzodiazepines (midazolam, lorazepam), opioids (morphine, fentanyl, remifentanyl, 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)
<input type="text"/> (DAY7_INFUSIONS_DRUG_NAME1_TXT)	<input type="text"/> (DAY7_INFUSIONS_DAILY_DOSE1_DEC)	<input type="text"/> (DAY7_INFUSIONS_HOURS_24H_1_INT)
<input type="text"/> (DAY7_INFUSIONS_DRUG_NAME2_TXT)	<input type="text"/> (DAY7_INFUSIONS_DAILY_DOSE2_DEC)	<input type="text"/> (DAY7_INFUSIONS_HOURS_24H_2_INT)
<input type="text"/> (DAY7_INFUSIONS_DRUG_NAME3_TXT)	<input type="text"/> (DAY7_INFUSIONS_DAILY_DOSE3_DEC)	<input type="text"/> (DAY7_INFUSIONS_HOURS_24H_3_INT)
<input type="text"/> (DAY7_INFUSIONS_DRUG_NAME4_TXT)	<input type="text"/> (DAY7_INFUSIONS_DAILY_DOSE4_DEC)	<input type="text"/> (DAY7_INFUSIONS_HOURS_24H_4_INT)
<input type="text"/> (DAY7_INFUSIONS_DRUG_NAME5_TXT)	<input type="text"/> (DAY7_INFUSIONS_DAILY_DOSE5_DEC)	<input type="text"/> (DAY7_INFUSIONS_HOURS_24H_5_INT)
<input type="text"/> (DAY7_INFUSIONS_DRUG_NAME6_TXT)	<input type="text"/> (DAY7_INFUSIONS_DAILY_DOSE6_DEC)	<input type="text"/> (DAY7_INFUSIONS_HOURS_24H_6_INT)
<input type="text"/> (DAY7_INFUSIONS_DRUG_NAME7_TXT)	<input type="text"/> (DAY7_INFUSIONS_DAILY_DOSE7_DEC)	<input type="text"/> (DAY7_INFUSIONS_HOURS_24H_7_INT)
<input type="text"/> (DAY7_INFUSIONS_DRUG_NAME8_TXT)	<input type="text"/> (DAY7_INFUSIONS_DAILY_DOSE8_DEC)	<input type="text"/> (DAY7_INFUSIONS_HOURS_24H_8_INT)

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  
(DAY7\_SEDAT\_RATE\_DAY\_NIGHT\_RAD)

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  
(DAY7\_ANALG\_RATE\_DAY\_NIGHT\_RAD)

**4. Enter ALL sedative and analgesic INTERMITTENT INTRAVENOUS DOSES administered today.** Do NOT enter antipsychotics here. (491)

Drug name	Number of doses given over 24h	Total amount given over 24h (mg)
<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>	(DAY7_IV_DRUG_NAME1_TXT)	<input type="text"/>	(DAY7_IV_DOSE_NB1_INT)	<input type="text"/>	(DAY7_IV_TOTAL_AMOUNT1_DEC)
<input type="text"/>	(DAY7_IV_DRUG_NAME2_TXT)	<input type="text"/>	(DAY7_IV_DOSE_NB2_INT)	<input type="text"/>	(DAY7_IV_TOTAL_AMOUNT2_DEC)
<input type="text"/>	(DAY7_IV_DRUG_NAME3_TXT)	<input type="text"/>	(DAY7_IV_DOSE_NB3_INT)	<input type="text"/>	(DAY7_IV_TOTAL_AMOUNT3_DEC)
<input type="text"/>	(DAY7_IV_DRUG_NAME4_TXT)	<input type="text"/>	(DAY7_IV_DOSE_NB4_INT)	<input type="text"/>	(DAY7_IV_TOTAL_AMOUNT4_DEC)
<input type="text"/>	(DAY7_IV_DRUG_NAME5_TXT)	<input type="text"/>	(DAY7_IV_DOSE_NB5_INT)	<input type="text"/>	(DAY7_IV_TOTAL_AMOUNT5_DEC)
<input type="text"/>	(DAY7_IV_DRUG_NAME6_TXT)	<input type="text"/>	(DAY7_IV_DOSE_NB6_INT)	<input type="text"/>	(DAY7_IV_TOTAL_AMOUNT6_DEC)

**5. Enter ALL ENTERAL sedatives and analgesics administered today. Do NOT enter antipsychotics here. (491)**

Drug name	Number of doses given over 24h	Total amount given over 24h (mg)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY7_ALLENTER_DRUG_NAME1_TXT)	(DAY7_ALLENTER_DOSE_NB1_INT)	(DAY7_ALLENTER_TOTAL_AMOUNT1_DE)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY7_ALLENTER_DRUG_NAME2_TXT)	(DAY7_ALLENTER_DOSE_NB2_INT)	(DAY7_ALLENTER_TOTAL_AMOUNT2_DE)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY7_ALLENTER_DRUG_NAME3_TXT)	(DAY7_ALLENTER_DOSE_NB3_INT)	(DAY7_ALLENTER_TOTAL_AMOUNT3_DE)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY7_ALLENTER_DRUG_NAME4_TXT)	(DAY7_ALLENTER_DOSE_NB4_INT)	(DAY7_ALLENTER_TOTAL_AMOUNT4_DE)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY7_ALLENTER_DRUG_NAME5_TXT)	(DAY7_ALLENTER_DOSE_NB5_INT)	(DAY7_ALLENTER_TOTAL_AMOUNT5_DE)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY7_ALLENTER_DRUG_NAME6_TXT)	(DAY7_ALLENTER_DOSE_NB6_INT)	(DAY7_ALLENTER_TOTAL_AMOUNT6_DE)

**C. AGITATION AND ANTIPSYCHOTICS**

1. Were physical restraints (any of: wrist, ankle or trunk) applied TODAY? ☐ No ☐ Yes ☐ Unknown/Not available (DAY7\_PHYS\_RESTRAINT\_YN) (530)

1.1. What type of physical restraint was used? (Select all that apply.) [Manual of Operations](#) shows representative images on page 15)

☐ Ankle (DAY7\_PHYS\_RESTRAINT\_TYPE1\_CB)

☐ Mittens (DAY7\_PHYS\_RESTRAINT\_TYPE2\_CB)

☐ Torso (DAY7\_PHYS\_RESTRAINT\_TYPE3\_CB)

☐ Wrist (DAY7\_PHYS\_RESTRAINT\_TYPE4\_CB)

☐ Other (DAY7\_PHYS\_RESTRAINT\_TYPE5\_CB)

☐ Unknown/Not available (DAY7\_PHYS\_RESTRAINT\_TYPE6\_CB)

2. Did the patient experience accidental removal of any lines/catheters/tubes TODAY due to restlessness or agitation? (3011) ☐ No ☐ Yes ☐ Unknown/Not available (DAY7\_ACCID\_REMOVAL\_YN)

2.1. If ?Yes? indicate what lines/catheters/tubes were accidentally removed today? (Select all that apply)

☐ Abdominal drain (DAY7\_ACCID\_REMOVAL1\_CB)

☐ Arterial catheter (DAY7\_ACCID\_REMOVAL2\_CB)

☐ Bladder catheter (DAY7\_ACCID\_REMOVAL3\_CB)

☐ Central Venous Access line (DAY7\_ACCID\_REMOVAL4\_CB)

☐ Chest drain (DAY7\_ACCID\_REMOVAL5\_CB)

☐ Dialysis catheter (DAY7\_ACCID\_REMOVAL6\_CB)

☐ Endotracheal tube (DAY7\_ACCID\_REMOVAL7\_CB)

☐ Epidural/Paravertebral/Local anaesthetic catheter (DAY7\_ACCID\_REMOVAL8\_CB)

☐ Feeding tube (DAY7\_ACCID\_REMOVAL9\_CB)

☐ Intracranial or Lumbar drain/ICP probe (DAY7\_ACCID\_REMOVAL10\_CB)

☐ Other surgical drain (DAY7\_ACCID\_REMOVAL11\_CB)

☐ Peripheral Venous Access (DAY7\_ACCID\_REMOVAL12\_CB)

☐ Tracheostomy tube (DAY7\_ACCID\_REMOVAL13\_CB)

☐ Other (DAY7\_ACCID\_REMOVAL14\_CB)

☐ Unknown/Not available (DAY7\_ACCID\_REMOVAL15\_CB)

3. Enter ANY antipsychotic agents administered. List separately all regular AND as needed (PRN) orders. (Refer to Manual of Operations page 16 for a list of antipsychotic drugs) (576)

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)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY7_ANTIPSYCHO_NAME1_TXT)	(DAY7_ANTIPSYCHO_ROUTE1_TX)	(DAY7_ANTIPSYCHO_DOSE_NB1_INT)	(DAY7_ANTIPSYCHO_TOTAL_AMOUNT1_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY7_ANTIPSYCHO_NAME2_TXT)	(DAY7_ANTIPSYCHO_ROUTE2_TX)	(DAY7_ANTIPSYCHO_DOSE_NB2_INT)	(DAY7_ANTIPSYCHO_TOTAL_AMOUNT2_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY7_ANTIPSYCHO_NAME3_TXT)	(DAY7_ANTIPSYCHO_ROUTE3_TX)	(DAY7_ANTIPSYCHO_DOSE_NB3_INT)	(DAY7_ANTIPSYCHO_TOTAL_AMOUNT3_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY7_ANTIPSYCHO_NAME4_TXT)	(DAY7_ANTIPSYCHO_ROUTE4_TX)	(DAY7_ANTIPSYCHO_DOSE_NB4_INT)	(DAY7_ANTIPSYCHO_TOTAL_AMOUNT4_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY7_ANTIPSYCHO_NAME5_TXT)	(DAY7_ANTIPSYCHO_ROUTE5_TX)	(DAY7_ANTIPSYCHO_DOSE_NB5_INT)	(DAY7_ANTIPSYCHO_TOTAL_AMOUNT5_)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(DAY7_ANTIPSYCHO_NAME6_TXT)	(DAY7_ANTIPSYCHO_ROUTE6_TX)	(DAY7_ANTIPSYCHO_DOSE_NB6_INT)	(DAY7_ANTIPSYCHO_TOTAL_AMOUNT6_)

4. Was delirium formally assessed today? ☐ No ☐ Yes ☐ Unknown/Not available (DAY7\_DELIRIUM\_ASSESS\_YN) (601)

4.1. If ?Yes? to Q C4 indicate how delirium was assessed today? (select all that apply)

☐ 4AT Assessment test for delirium & cognitive impairment (DAY7\_DELIRIUM\_ASSESS1\_CB)

☐ Confusion Assessment Method ? ICU (CAM-ICU) (DAY7\_DELIRIUM\_ASSESS2\_CB)

☐ Delirium Motor Subtype Scale (DMSS) (DAY7\_DELIRIUM\_ASSESS3\_CB)

☐ Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM-V) criteria (DAY7\_DELIRIUM\_ASSESS4\_CB)

☐ Intensive Care Delirium Screening Checklist (ICDSC) (DAY7\_DELIRIUM\_ASSESS5\_CB)

☐ Memorial Delirium Assessment Scale (MDAS) (DAY7\_DELIRIUM\_ASSESS6\_CB)

☐ Mini Mental State Examination (MMSE) (DAY7\_DELIRIUM\_ASSESS7\_CB)

☐ NEElon and CHAMpagne Confusion Scale (NEECHAM) (DAY7\_DELIRIUM\_ASSESS8\_CB)

☐ Nurses? Delirium Screening Checklist (NuDeSC) (DAY7\_DELIRIUM\_ASSESS9\_CB)



☐ Single Question in Delirium (DAY7\_DELIRIUM\_ASSESS10\_CB)☐ Clinical assessment only (DAY7\_DELIRIUM\_ASSESS11\_CB)☐ Other (DAY7\_DELIRIUM\_ASSESS12\_CB)☐ Unknown/Not available (DAY7\_DELIRIUM\_ASSESS13\_CB)4.2. Was the patient diagnosed with delirium today? ☐ No ☐ Yes ☐ Unknown/Not available (DAY7\_DELIRIUM\_DIAGNOSIS\_YN)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  
(DAY7\_DELIRIUM\_MOTOR\_RAD)4.2.2. If ?Yes? to Q C4.2. indicate what type of symptoms were present today? (Select all that apply)  
☐ Agitation (DAY7\_DELIRIUM\_SYMPT1\_CB)  
☐ Delusions (DAY7\_DELIRIUM\_SYMPT2\_CB)  
☐ Disorganised thinking (DAY7\_DELIRIUM\_SYMPT3\_CB)  
☐ Disorientation in place/time/person (DAY7\_DELIRIUM\_SYMPT4\_CB)  
☐ Inattention (DAY7\_DELIRIUM\_SYMPT5\_CB)  
☐ Perceptual disturbances and hallucinations (DAY7\_DELIRIUM\_SYMPT6\_CB)  
☐ Reduced level of consciousness (DAY7\_DELIRIUM\_SYMPT7\_CB)  
☐ Short-term memory impairment (DAY7\_DELIRIUM\_SYMPT8\_CB)  
☐ Sleep-wake cycle disturbances (DAY7\_DELIRIUM\_SYMPT9\_CB)  
☐ Other (DAY7\_DELIRIUM\_SYMPT10\_CB)  
☐ Unknown/Not available (DAY7\_DELIRIUM\_SYMPT11\_CB)

**D. NEUROMUSCULAR BLOCKERS**

1. Did this patient receive a neuromuscular blocker/paralytic agent TODAY? (656) ☐ No ☐ Yes ☐ Unknown/Not available (DAY7\_NM\_BLOCK\_YN)

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

- ☐ Hypoxemia/ARDS (DAY7\_NM\_BLOCK\_REASON1\_CB)
- ☐ Agitation (DAY7\_NM\_BLOCK\_REASON2\_CB)
- ☐ Asthma (DAY7\_NM\_BLOCK\_REASON3\_CB)
- ☐ Hypercapnia (DAY7\_NM\_BLOCK\_REASON4\_CB)
- ☐ Shock/hemodynamic instability (DAY7\_NM\_BLOCK\_REASON5\_CB)
- ☐ Induction for intubation (DAY7\_NM\_BLOCK\_REASON6\_CB)
- ☐ Concern about accidental tube/device removal (DAY7\_NM\_BLOCK\_REASON7\_CB)
- ☐ For an ICU procedure (DAY7\_NM\_BLOCK\_REASON8\_CB)
- ☐ Brain injury/Increased Intracranial pressure (DAY7\_NM\_BLOCK\_REASON9\_CB)
- ☐ Seizures (DAY7\_NM\_BLOCK\_REASON10\_CB)
- ☐ Transfer (imaging, ambulance, other) (DAY7\_NM\_BLOCK\_REASON11\_CB)
- ☐ Major procedure (surgery, other) (DAY7\_NM\_BLOCK\_REASON12\_CB)
- ☐ Therapeutic hypothermia (DAY7\_NM\_BLOCK\_REASON13\_CB)
- ☐ Unstable arrhythmia (DAY7\_NM\_BLOCK\_REASON14\_CB)
- ☐ Other (DAY7\_NM\_BLOCK\_REASON15\_CB)
- ☐ Unknown/Not available (DAY7\_NM\_BLOCK\_REASON16\_CB)

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

- ☐ One or multiple intravenous boluses
- ☐ Continuous infusion
- ☐ Unknown/Not available (DAY7\_MUSCLE\_BLOCK\_TYPE\_RAD)

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? ☐ No ☐ Yes ☐ Unknown/Not available (DAY7\_PARALYTIC\_AGENT\_YN)

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 (DAY7\_NM\_BLOCK\_MONITO1\_CB)
- ☐ Absence of patient movement (DAY7\_NM\_BLOCK\_MONITO2\_CB)
- ☐ ElectroEncephalography/ElectroMiography (EEG, BIS, Entropy, etc.) (DAY7\_NM\_BLOCK\_MONITO3\_CB)
- ☐ Train of four (TOF) monitoring (DAY7\_NM\_BLOCK\_MONITO4\_CB)
- ☐ Other (DAY7\_NM\_BLOCK\_MONITO5\_CB)
- ☐ Unknown/Not available (DAY7\_NM\_BLOCK\_MONITO6\_CB)

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)
<input type="text"/> (DAY7_NM_BLOCK_NAME1_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY7_NM_BLOCK_ROUTE1_RAD)	<input type="text"/> (DAY7_NM_BLOCK_DOSE1_DEC)
<input type="text"/> (DAY7_NM_BLOCK_NAME2_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY7_NM_BLOCK_ROUTE2_RAD)	<input type="text"/> (DAY7_NM_BLOCK_DOSE2_DEC)
<input type="text"/> (DAY7_NM_BLOCK_NAME3_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY7_NM_BLOCK_ROUTE3_RAD)	<input type="text"/> (DAY7_NM_BLOCK_DOSE3_DEC)
<input type="text"/> (DAY7_NM_BLOCK_NAME4_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY7_NM_BLOCK_ROUTE4_RAD)	<input type="text"/> (DAY7_NM_BLOCK_DOSE4_DEC)
<input type="text"/> (DAY7_NM_BLOCK_NAME5_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY7_NM_BLOCK_ROUTE5_RAD)	<input type="text"/> (DAY7_NM_BLOCK_DOSE5_DEC)
<input type="text"/> (DAY7_NM_BLOCK_NAME6_TXT)	<input type="radio"/> Bolus <input type="radio"/> Continuous infusion (DAY7_NM_BLOCK_ROUTE6_RAD)	<input type="text"/> (DAY7_NM_BLOCK_DOSE6_DEC)

## E. MOBILITY

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1. What was the patient's highest level of ☐ 0 = Nothing ☐ 1 = Transfer from bed to chair without standing ☐ 2 = Sitting in bed/exercises in bed ☐ 3 = Sitting at mobility today? If this information is unknown, edge of bed ☐ 4 = Standing ☐ 5 = Transfer from bed to chair with standing ☐ 6 = Marching in place ☐ 7 = Walking select response ?8?. (726) ☐ 8 = Unknown (DAY7\_MOBILITY\_LEVEL\_DDL)

For more detailed information about mobility levels description, please click here &rarr, (3195)

## **Data validation**

**Validation by the investigator : I accept the responsibility and confirm that all the data entered in the present eCRF are exact, complete and are the actual replica of the patient's medical record on site.**

**Investigator's name : {name of investigator}**

**Validated on {date of validation}**