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)
   - (PAT_ADMISSION_AGE_INT)

2. **Sex** (262)
   - Male
   - Female
   - Non-binary
   - Unknown/Not available
   (PAT_SEX_RAD)

3. **Weight** (kg). If this information is not available input 999 (264)
   - (PAT_WEIGHT_INT)

4. **Date of ICU admission.**
   (Input format : DD/MM/YYYY)
   If this information is not available input 01/01/2001 (266)
   - (PAT_ADMISSION_DATE)

5. **Priority of ICU admission** (268)
   - Elective/Planned
   - Emergency/Unplanned
   - Not Available/Unknown
   (PAT_ADMISSION_PRIORITY_RAD)

6. **Type of ICU admission** (select one only) (270)
   - Surgical
   - Medical
   - Trauma
   - Obstetric
   - Suspected/confirmed COVID-19 pneumonia/respiratory failure
   (PAT_ADMISSION_TYPE_RAD)
   - Other

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

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

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

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

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

3. Has the patient had a tracheostomy inserted during this ICU stay?  
   (PAT_TRACHEO_YN)
   (PAT_TRACHEO_DATE)
   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?  
   (PAT_RENAL_REPLACE_THERAPY_YN)
C. DISCHARGE

1. Indicate the date of discharge from ICU. (Input format: DD/MM/YYYY) 

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

2. Indicate the status on discharge from ICU: ☐ Alive ☐ Died ☐ Unknown/Not available (PAT_DISCHARGE_STATUS_RAD)

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

2.2. If discharged from ICU Alive enter the date of discharge from hospital. (Input format: DD/MM/YYYY)

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

2.3. If discharged from ICU Alive indicate the status on discharge from hospital: ☐ Alive ☐ Deceased ☐ Unknown/Not available (PAT_HOSP_DISCHARGE_STATUS)
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 PaO2 (See Manual of Operations page 11). (342)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypotension</td>
<td></td>
</tr>
<tr>
<td>Unknown/Not available</td>
<td></td>
</tr>
<tr>
<td>No hypotension (MAP ≥70 mmHg)</td>
<td></td>
</tr>
<tr>
<td>MAP &lt;70 mmHg</td>
<td></td>
</tr>
<tr>
<td>Dopamine ≤5 mcg/kg/min or Dobutamine (any dose)</td>
<td></td>
</tr>
<tr>
<td>Dopamine &gt;5 mcg/kg/min or Epinephrine ≤0.1 mcg/kg/min or Norepinephrine ≤0.1 mcg/kg/min or Vasopressin alone (any dose)</td>
<td></td>
</tr>
<tr>
<td>Dopamine &gt;15 mcg/kg/min or Epinephrine &gt;0.1 mcg/kg/min or Norepinephrine &gt;0.1 mcg/kg/min or Vasopressin in combination with any other drug</td>
<td></td>
</tr>
<tr>
<td>(DAY1_SOFA_HYPOTENSION_RAD)</td>
<td></td>
</tr>
<tr>
<td>Respiration</td>
<td></td>
</tr>
<tr>
<td>PaO2/FiO2 ()</td>
<td></td>
</tr>
<tr>
<td>Unknown/Not available</td>
<td></td>
</tr>
<tr>
<td>≥ 400</td>
<td></td>
</tr>
<tr>
<td>&lt; 400</td>
<td></td>
</tr>
<tr>
<td>&lt; 300</td>
<td></td>
</tr>
<tr>
<td>&lt; 200 and mechanically ventilated</td>
<td></td>
</tr>
<tr>
<td>&lt; 100 and mechanically ventilated</td>
<td></td>
</tr>
<tr>
<td>(DAY1_SOFA_RESPIRATION_RAD)</td>
<td></td>
</tr>
<tr>
<td>GCS (best score) ()</td>
<td></td>
</tr>
<tr>
<td>Unknown/Not available</td>
<td></td>
</tr>
<tr>
<td>15</td>
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<td>13-14</td>
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<td>10-12</td>
<td></td>
</tr>
<tr>
<td>6-9</td>
<td></td>
</tr>
<tr>
<td>&lt; 6</td>
<td></td>
</tr>
<tr>
<td>(DAY1_SOFA_GCS_RAD)</td>
<td></td>
</tr>
<tr>
<td>Platelets (10^9/L) ()</td>
<td></td>
</tr>
<tr>
<td>Unknown/Not available</td>
<td></td>
</tr>
<tr>
<td>≥ 150</td>
<td></td>
</tr>
<tr>
<td>&lt; 150</td>
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<td>&lt; 100</td>
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<tr>
<td>&lt; 50</td>
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</tr>
<tr>
<td>&lt; 20</td>
<td></td>
</tr>
<tr>
<td>(DAY1_SOFA_PLATELETS_RAD)</td>
<td></td>
</tr>
<tr>
<td>Creatinine μmol/L (mg/dL) ()</td>
<td></td>
</tr>
<tr>
<td>Unknown/Not available</td>
<td></td>
</tr>
<tr>
<td>&lt; 110 (&lt;1.2)</td>
<td></td>
</tr>
<tr>
<td>110-170 (1.2-1.9)</td>
<td></td>
</tr>
<tr>
<td>171-299 (2.0-3.4)</td>
<td></td>
</tr>
<tr>
<td>300-440 (3.5-4.9) or Urine output &lt; 500ml/day</td>
<td></td>
</tr>
<tr>
<td>≥ 440 (≥5.0) or Urine output &lt; 200ml/day</td>
<td></td>
</tr>
<tr>
<td>(DAY1_SOFA_CREAT_RAD)</td>
<td></td>
</tr>
<tr>
<td>Bilirubin total μmol/L (mg/dL) ()</td>
<td></td>
</tr>
<tr>
<td>Unknown/Not available</td>
<td></td>
</tr>
<tr>
<td>&lt; 20 (&lt;1.2)</td>
<td></td>
</tr>
<tr>
<td>20-32 (1.2-1.9)</td>
<td></td>
</tr>
<tr>
<td>33-101 (2.0-5.9)</td>
<td></td>
</tr>
<tr>
<td>102-204 (6.0-11.9)</td>
<td></td>
</tr>
<tr>
<td>&gt; 204 (&gt;12)</td>
<td></td>
</tr>
<tr>
<td>(DAY1_SOFA_BILIRUBIN_RAD)</td>
<td></td>
</tr>
<tr>
<td>TOTAL SOFA SCORE : ()</td>
<td></td>
</tr>
</tbody>
</table>

2. What was the predominant mode of respiratory support today?

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

- 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)
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 today (intravenous infusion, boluses, or enteral)? (346)
   - No ☐ Yes ☐ Unknown/Not available (DAY1_SEDATIVE_TODAY_YN)

1.1. If the patient received a sedative today, what was/were the indication(s) for sedation? (Select all that apply)
   - Agitation (DAY1_SEDATIVE_INDICATION_1_CB)
   - Anxiety (DAY1_SEDATIVE_INDICATION_2_CB)
   - 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 today, was the sedative titrated according to a scale? (DAY1_SEDATIVE_TITRATED_YN)
   - No ☐ Yes ☐ Unknown/Not available

1.2.1. If sedation was titrated according to a scale, please specify the scale(s) used (select all that apply)
   - GCS – Glasgow Coma Score (DAY1_SEDATIVE_SCALE_1_CB)
   - MAAS – Motor Activity Assessment Scale (DAY1_SEDATIVE_SCALE_2_CB)
   - 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 formal written protocol? (DAY1_SEDATIVE_TITR_PROTO_YN)
   - No ☐ Yes ☐ Unknown/Not available

1.2.3. Was sedation titrated according to neuromonitoring? (DAY1_SEDATIVE_NEUROMON_YN)
   - ElectroEncephaloGram (EEG) or EEG-derived measures (BIS, Entropy, etc.) (DAY1_SEDATIVE_NEUROMON_1_CB)
   - 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 (opioid or non-opioid) today? (DAY1_ANALGESIA_TODAY_YN)
   - No ☐ Yes ☐ Unknown/Not available

2.1. If the patient received analgesia today, was (were) analgesic(s) titrated according to a pain scale? (DAY1_ANALGESIA_TITR_PROTO_YN)
   - No ☐ Yes ☐ Unknown/Not available

2.2. Was a target pain score set for today? (DAY1_TARGET_PAIN_SCORE_YN)
   - No ☐ Yes ☐ Unknown/Not available

2.3. Was analgesia titrated according to a formal written protocol? (DAY1_ANALGESIA_TITR_PROTO_YN)
   - No ☐ Yes ☐ Unknown/Not available

3. Did the patient receive a continuous infusion of analgesic(s)? (DAY1_ANALG_SEDAT_INFUSION_YN)
3.1. If the patient received continuous SEDATIVE infusions, were the infusions interrupted intentionally TODAY?

- [ ] No
- [ ] Yes
- [ ] Unknown/Not available

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

- [ ] No
- [ ] Yes
- [ ] Unknown/Not available

3.1.1.1. At what rate/dose was the sedative infusion restarted today after interruption?

- [ ] At previous rate/dose
- [ ] LESS than the previous rate/dose
- [ ] HIGHER than the previous rate/dose
- [ ] Unknown/Not available

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

- [ ] No
- [ ] Yes
- [ ] Unknown/Not available

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

- [ ] No
- [ ] Yes
- [ ] Unknown/Not available

3.2.1.1. At what rate/dose was the analgesic infusion restarted today after interruption?

- [ ] At previous rate/dose
- [ ] LESS than the previous rate/dose
- [ ] HIGHER than the previous rate/dose
- [ ] Unknown/Not available

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

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Total dose for the day (mg/24h)</th>
<th>Number of hours of infusion over 24h (e.g. patient had an infusion running for 11 of 24h today)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(DAY1_INFUSIONS_DRUG_NAME1_TXT)</td>
<td>(DAY1_INFUSIONS_DAILY_DOSE1_DEC)</td>
<td>(DAY1_INFUSIONS_HOURS_24H_1_INT)</td>
</tr>
<tr>
<td>(DAY1_INFUSIONS_DRUG_NAME2_TXT)</td>
<td>(DAY1_INFUSIONS_DAILY_DOSE2_DEC)</td>
<td>(DAY1_INFUSIONS_HOURS_24H_2_INT)</td>
</tr>
<tr>
<td>(DAY1_INFUSIONS_DRUG_NAME3_TXT)</td>
<td>(DAY1_INFUSIONS_DAILY_DOSE3_DEC)</td>
<td>(DAY1_INFUSIONS_HOURS_24H_3_INT)</td>
</tr>
<tr>
<td>(DAY1_INFUSIONS_DRUG_NAME4_TXT)</td>
<td>(DAY1_INFUSIONS_DAILY_DOSE4_DEC)</td>
<td>(DAY1_INFUSIONS_HOURS_24H_4_INT)</td>
</tr>
<tr>
<td>(DAY1_INFUSIONS_DRUG_NAME5_TXT)</td>
<td>(DAY1_INFUSIONS_DAILY_DOSE5_DEC)</td>
<td>(DAY1_INFUSIONS_HOURS_24H_5_INT)</td>
</tr>
<tr>
<td>(DAY1_INFUSIONS_DRUG_NAME6_TXT)</td>
<td>(DAY1_INFUSIONS_DAILY_DOSE6_DEC)</td>
<td>(DAY1_INFUSIONS_HOURS_24H_6_INT)</td>
</tr>
<tr>
<td>(DAY1_INFUSIONS_DRUG_NAME7_TXT)</td>
<td>(DAY1_INFUSIONS_DAILY_DOSE7_DEC)</td>
<td>(DAY1_INFUSIONS_HOURS_24H_7_INT)</td>
</tr>
<tr>
<td>(DAY1_INFUSIONS_DRUG_NAME8_TXT)</td>
<td>(DAY1_INFUSIONS_DAILY_DOSE8_DEC)</td>
<td>(DAY1_INFUSIONS_HOURS_24H_8_INT)</td>
</tr>
</tbody>
</table>

3.4. Was the infusion rate of sedative different during day-time (08:00-20:00) compared to night-time (20:00-08:00)?

- [ ] HIGHER during NIGHT-TIME
- [ ] HIGHER during DAY-TIME
- [ ] No difference
- [ ] Unknown/Not available

3.5. Was the infusion rate of analgesic different during day-time (08:00-20:00) compared to night-time (20:00-08:00)?

- [ ] HIGHER during NIGHT-TIME
- [ ] HIGHER during DAY-TIME
- [ ] No difference
- [ ] Unknown/Not available

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

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Number of doses given over 24h</th>
<th>Total amount given over 24h (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(DAY1_ALLENTER_DRUG_NAME1_TXT)</td>
<td>(DAY1_ALLENTER_DOSE_NB1_INT)</td>
</tr>
<tr>
<td></td>
<td>(DAY1_ALLENTER_DRUG_NAME2_TXT)</td>
<td>(DAY1_ALLENTER_DOSE_NB2_INT)</td>
</tr>
<tr>
<td></td>
<td>(DAY1_ALLENTER_DRUG_NAME3_TXT)</td>
<td>(DAY1_ALLENTER_DOSE_NB3_INT)</td>
</tr>
<tr>
<td></td>
<td>(DAY1_ALLENTER_DRUG_NAME4_TXT)</td>
<td>(DAY1_ALLENTER_DOSE_NB4_INT)</td>
</tr>
<tr>
<td></td>
<td>(DAY1_ALLENTER_DRUG_NAME5_TXT)</td>
<td>(DAY1_ALLENTER_DOSE_NB5_INT)</td>
</tr>
<tr>
<td></td>
<td>(DAY1_ALLENTER_DRUG_NAME6_TXT)</td>
<td>(DAY1_ALLENTER_DOSE_NB6_INT)</td>
</tr>
<tr>
<td></td>
<td>(DAY1_ALLENTER_DOSE_NB1_INT)</td>
<td>(DAY1_ALLENTER_TOTAL_AMOUNT1_DE)</td>
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<tr>
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<td>(DAY1_ALLENTER_DOSE_NB2_INT)</td>
<td>(DAY1_ALLENTER_TOTAL_AMOUNT2_DE)</td>
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<tr>
<td></td>
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<td>(DAY1_ALLENTER_TOTAL_AMOUNT3_DE)</td>
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<tr>
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<td>(DAY1_ALLENTER_DOSE_NB4_INT)</td>
<td>(DAY1_ALLENTER_TOTAL_AMOUNT4_DE)</td>
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<td>(DAY1_ALLENTER_DOSE_NB5_INT)</td>
<td>(DAY1_ALLENTER_TOTAL_AMOUNT5_DE)</td>
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<tr>
<td></td>
<td>(DAY1_ALLENTER_DOSE_NB6_INT)</td>
<td>(DAY1_ALLENTER_TOTAL_AMOUNT6_DE)</td>
</tr>
</tbody>
</table>
### C. AGITATION AND ANTIPSYCHOTICS

1. Were physical restraints (any of: wrist, ankle or trunk) applied TODAY?  
   - No  
   - Yes  
   - Unknown/Not available (DAY1_PHYS_RERAINT_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_RERAINT_TYPE1_CB)  
   - Mittens (DAY1_PHYS_RERAINT_TYPE2_CB)  
   - Torso (DAY1_PHYS_RERAINT_TYPE3_CB)  
   - Wrist (DAY1_PHYS_RERAINT_TYPE4_CB)  
   - Other (DAY1_PHYS_RERAINT_TYPE5_CB)  
   - Unknown/Not available (DAY1_PHYS_RERAINT_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)

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Route of administration (IM, SC, PO, IV-C, IV-B, T, etc.)</th>
<th>Number of doses given over 24h</th>
<th>Total amount given over 24h (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(DAY1_ANTIPSYCHO_NAME1_TXT)</td>
<td>(DAY1_ANTIPSYCHO_ROUTE1_TX)</td>
<td>(DAY1_ANTIPSYCHO_DOSE_NB1_INT)</td>
<td>(DAY1_ANTIPSYCHO_TOTAL_AMOUNT1_)</td>
</tr>
<tr>
<td>(DAY1_ANTIPSYCHO_NAME2_TXT)</td>
<td>(DAY1_ANTIPSYCHO_ROUTE2_TX)</td>
<td>(DAY1_ANTIPSYCHO_DOSE_NB2_INT)</td>
<td>(DAY1_ANTIPSYCHO_TOTAL_AMOUNT2_)</td>
</tr>
<tr>
<td>(DAY1_ANTIPSYCHO_NAME3_TXT)</td>
<td>(DAY1_ANTIPSYCHO_ROUTE3_TX)</td>
<td>(DAY1_ANTIPSYCHO_DOSE_NB3_INT)</td>
<td>(DAY1_ANTIPSYCHO_TOTAL_AMOUNT3_)</td>
</tr>
<tr>
<td>(DAY1_ANTIPSYCHO_NAME4_TXT)</td>
<td>(DAY1_ANTIPSYCHO_ROUTE4_TX)</td>
<td>(DAY1_ANTIPSYCHO_DOSE_NB4_INT)</td>
<td>(DAY1_ANTIPSYCHO_TOTAL_AMOUNT4_)</td>
</tr>
<tr>
<td>(DAY1_ANTIPSYCHO_NAME5_TXT)</td>
<td>(DAY1_ANTIPSYCHO_ROUTE5_TX)</td>
<td>(DAY1_ANTIPSYCHO_DOSE_NB5_INT)</td>
<td>(DAY1_ANTIPSYCHO_TOTAL_AMOUNT5_)</td>
</tr>
<tr>
<td>(DAY1_ANTIPSYCHO_NAME6_TXT)</td>
<td>(DAY1_ANTIPSYCHO_ROUTE6_TX)</td>
<td>(DAY1_ANTIPSYCHO_DOSE_NB6_INT)</td>
<td>(DAY1_ANTIPSYCHO_TOTAL_AMOUNT6_)</td>
</tr>
</tbody>
</table>

4. Was delirium formally assessed today?  
   - No  
   - Yes  
   - Unknown/Not available (DAY1_DELIRIUM_ASSESS_YN) (601)

4.1. If ‘Yes’ to Q 4 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)
### 4.2. Was the patient diagnosed with delirium today?

- [ ] No
- [ ] Yes
- [ ] Unknown/Not available

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

- [ ] Hyperactive
- [ ] Hypoactive
- [ ] Mixed (Hyper- & Hypo-active)
- [ ] Unknown/Not available

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

- [ ] Agitation
- [ ] Delusions
- [ ] Disorganised thinking
- [ ] Disorientation in place/time/person
- [ ] Inattention
- [ ] Perceptual disturbances and hallucinations
- [ ] Reduced level of consciousness
- [ ] Short-term memory impairment
- [ ] Sleep-wake cycle disturbances
- [ ] Other
- [ ] Unknown/Not available
D. NEUROMUSCULAR BLOCKERS

1. Did this patient receive a neuromuscular blocker/paralytic agent TODAY? (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/ElectroMiography (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:

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Route</th>
<th>Total dose over 24 hours (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(DAY1_NM_BLOCK_NAME1_TXT)</td>
<td>□ Bolus □ Continuous infusion (DAY1_NM_BLOCK_ROUTE1_RAD)</td>
<td>(DAY1_NM_BLOCK_DOSE1_DEC)</td>
</tr>
<tr>
<td>(DAY1_NM_BLOCK_NAME2_TXT)</td>
<td>□ Bolus □ Continuous infusion (DAY1_NM_BLOCK_ROUTE2_RAD)</td>
<td>(DAY1_NM_BLOCK_DOSE2_DEC)</td>
</tr>
<tr>
<td>(DAY1_NM_BLOCK_NAME3_TXT)</td>
<td>□ Bolus □ Continuous infusion (DAY1_NM_BLOCK_ROUTE3_RAD)</td>
<td>(DAY1_NM_BLOCK_DOSE3_DEC)</td>
</tr>
<tr>
<td>(DAY1_NM_BLOCK_NAME4_TXT)</td>
<td>□ Bolus □ Continuous infusion (DAY1_NM_BLOCK_ROUTE4_RAD)</td>
<td>(DAY1_NM_BLOCK_DOSE4_DEC)</td>
</tr>
<tr>
<td>(DAY1_NM_BLOCK_NAME5_TXT)</td>
<td>□ Bolus □ Continuous infusion (DAY1_NM_BLOCK_ROUTE5_RAD)</td>
<td>(DAY1_NM_BLOCK_DOSE5_DEC)</td>
</tr>
<tr>
<td>(DAY1_NM_BLOCK_NAME6_TXT)</td>
<td>□ Bolus □ Continuous infusion (DAY1_NM_BLOCK_ROUTE6_RAD)</td>
<td>(DAY1_NM_BLOCK_DOSE6_DEC)</td>
</tr>
</tbody>
</table>
E. MOBILITY

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

- 0 = Nothing
- 1 = Transfer from bed to chair without standing
- 2 = Sitting in bed/exercises in bed
- 3 = Sitting at edge of bed
- 4 = Standing
- 5 = Transfer from bed to chair with standing
- 6 = Marching in place
- 7 = Walking
- 8 = Unknown

For more detailed information about mobility levels description, please click here →
## 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 PaO2 (See Manual of Operations page 11). (342)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypotension (321)</td>
<td>(DAY2_SOFA_HYPO_SCORE_AUTO)</td>
</tr>
<tr>
<td>No hypotension (MAP ≥70 mmHg)</td>
<td></td>
</tr>
<tr>
<td>MAP &lt;70 mmHg</td>
<td></td>
</tr>
<tr>
<td>Dopamine ≤5 mcg/kg/min or Dobutamine (any dose)</td>
<td></td>
</tr>
<tr>
<td>Dopamine &gt;5 mcg/kg/min or Epinephrine ≤0.1 mcg/kg/min or Norepinephrine ≤0.1 mcg/kg/min or Vasopressin alone (any dose)</td>
<td></td>
</tr>
<tr>
<td>Dopamine &gt;15 mcg/kg/min or Epinephrine &gt;0.1 mcg/kg/min or Norepinephrine &gt;0.1 mcg/kg/min or Vasopressin in combination with any other drug (DAY2_SOFA_HYPOTENSION_RAD)</td>
<td></td>
</tr>
<tr>
<td>Respiration PaO2/FiO2 (778)</td>
<td>(DAY2_SOFA_RESPI_SCORE_AUTO)</td>
</tr>
<tr>
<td>≥ 400</td>
<td></td>
</tr>
<tr>
<td>&lt; 400</td>
<td></td>
</tr>
<tr>
<td>&lt; 300</td>
<td></td>
</tr>
<tr>
<td>&lt; 200 and mechanically ventilated</td>
<td></td>
</tr>
<tr>
<td>&lt; 100 and mechanically ventilated</td>
<td></td>
</tr>
<tr>
<td>GCS (best score) (781)</td>
<td>(DAY2_SOFA_GCS_SCORE_AUTO)</td>
</tr>
<tr>
<td>≥ 15</td>
<td></td>
</tr>
<tr>
<td>13-14</td>
<td></td>
</tr>
<tr>
<td>10-12</td>
<td></td>
</tr>
<tr>
<td>6-9</td>
<td></td>
</tr>
<tr>
<td>&lt; 6</td>
<td></td>
</tr>
<tr>
<td>Platelets (10^9/L) (784)</td>
<td>(DAY2_SOFA_PLATELETS_SCORE_AUTO)</td>
</tr>
<tr>
<td>≥ 150</td>
<td></td>
</tr>
<tr>
<td>&lt; 150</td>
<td></td>
</tr>
<tr>
<td>&lt; 100</td>
<td></td>
</tr>
<tr>
<td>&lt; 50</td>
<td></td>
</tr>
<tr>
<td>&lt; 20</td>
<td></td>
</tr>
<tr>
<td>Creatinine ?mol/L (mg/dL) (787)</td>
<td>(DAY2_SOFA_CREAT_SCORE_AUTO)</td>
</tr>
<tr>
<td>≥ 110 (&lt; 1.2)</td>
<td></td>
</tr>
<tr>
<td>110-170 (1.2-1.9)</td>
<td></td>
</tr>
<tr>
<td>171-299 (2.0-3.4)</td>
<td></td>
</tr>
<tr>
<td>300-440 (3.5-4.9) or Urine output &lt; 500ml/day</td>
<td></td>
</tr>
<tr>
<td>≥ 440 (≥ 5.0) or Urine output &lt; 200ml/day</td>
<td></td>
</tr>
<tr>
<td>Bilirubin total ?mol/L (mg/dL) (790)</td>
<td>(DAY2_SOFA_BILIRUBIN_SCORE_AUTO)</td>
</tr>
<tr>
<td>≥ 20 (&lt; 1.2)</td>
<td></td>
</tr>
<tr>
<td>20-32 (1.2-1.9)</td>
<td></td>
</tr>
<tr>
<td>33-101 (2.0-5.9)</td>
<td></td>
</tr>
<tr>
<td>102-204 (6.0-11.9)</td>
<td></td>
</tr>
<tr>
<td>&gt; 204 (&gt; 12)</td>
<td></td>
</tr>
<tr>
<td>TOTAL SOFA SCORE : (793)</td>
<td>(DAY2_SOFA_TOTAL_SCORE_AUTO)</td>
</tr>
</tbody>
</table>

### 2. What was the predominant mode of respiratory support?

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) Other (343)

- Patient was breathing spontaneously with nasal cannula, facemask, or high flow nasal cannula
- Non-invasive ventilation: Continuous Positive Airway Pressure (CPAP), or Non-invasive pressure support (e.g. BiPAP)
- Invasive mechanical ventilation today?
- Extra-corporeal respiratory applied for the majority of the day support
- Data/Information not available

### 3. Did the patient require proning for hypoxaemia today?

No Yes Unknown/Not available

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3.1. How long was the patient in prone position today? (hours) () *(DAY2_PRONING_DURATION)*
### B. SEDATION AND ANALGESIA

1. Did the patient receive ANY sedative today (intravenous infusion, boluses, or enteral)? (346)
   - No (DAY2_SEDATIVE_TODAY_YN)
   - Yes (DAY2_SEDATIVE_TODAY_YN)
   - Unknown/Not available (DAY2_SEDATIVE_TODAY_YN)

1.1. If the patient received a sedative today, what was/were the indication(s) for sedation? (Select all that apply)
   - Agitation (DAY2_SEDATIVE_INDICATION_1_CB)
   - Anxiety (DAY2_SEDATIVE_INDICATION_2_CB)
   - 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 today, was the sedative titrated according to a scale?
   - No (DAY2_SEDATIVE_TITRATED_YN)
   - Yes (DAY2_SEDATIVE_TITRATED_YN)
   - Unknown/Not available (DAY2_SEDATIVE_TITRATED_YN)

1.2.1. If sedation was titrated according to a scale, please specify the scale(s) used (select all that apply):
   - Glasgow Coma Score (DAY2_SEDATIVE_SCALE_1_CB)
   - Motor Activity Assessment Scale (DAY2_SEDATIVE_SCALE_2_CB)
   - Ramsay scale (DAY2_SEDATIVE_SCALE_3_CB)
   - Richmond Agitation and Sedation Scale (DAY2_SEDATIVE_SCALE_4_CB)
   - 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 formal written protocol?
   - No (DAY2_SEDATIVE_TITR_PROTO_YN)
   - Yes (DAY2_SEDATIVE_TITR_PROTO_YN)
   - Unknown/Not available (DAY2_SEDATIVE_TITR_PROTO_YN)

1.2.3. Was sedation titrated according to neuromonitoring?
   - ElectroEncephaloGram (EEG) or EEG-derived measures (BIS, Entropy, etc.) (DAY2_SEDATIVE_NEUROMON_1_CB)
   - 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 (opioid or non-opioid) today? (869)
   - No (DAY2_ANALGESIA_TODAY_YN)
   - Yes (DAY2_ANALGESIA_TODAY_YN)
   - Unknown/Not available (DAY2_ANALGESIA_TODAY_YN)

2.1. If the patient received analgesia today, was (were) analgesic(s) titrated according to a pain scale?
   - No (DAY2_ANALGESIA_SCALE_YN)
   - Yes (DAY2_ANALGESIA_SCALE_YN)
   - Unknown/Not available (DAY2_ANALGESIA_SCALE_YN)

2.1.1. If yes, please specify the scale(s) used:
   - Behavioral Pain Scale (BPS) (DAY2_ANALGESIA_SCALE_1_CB)
   - 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 (DAY2_TARGET_PAIN_SCORE_YN)
   - Yes (DAY2_TARGET_PAIN_SCORE_YN)
   - Unknown/Not available (DAY2_TARGET_PAIN_SCORE_YN)

2.3. Was analgesia titrated according to a formal written protocol?
   - No (DAY2_ANALGESIA_TITR_PROTO_YN)
   - Yes (DAY2_ANALGESIA_TITR_PROTO_YN)
   - Unknown/Not available (DAY2_ANALGESIA_TITR_PROTO_YN)

3. Did the patient receive a continuous infusion of SEDATIVE or ANALGESIC
3.1. If the patient received continuous sedative infusions, were the infusions interrupted intentionally today?

### DAY2_SEDAT_INFUSION_INTERRUPT
- No
- Yes
- Unknown/Not available

3.1.1. If any sedative infusion was interrupted, was it restarted today?

### DAY2_SEDAT_INFUSION_RESTART
- No
- Yes
- Unknown/Not available

#### DAY2_SEDAT_INFUSION_RESTART_DO
- At previous rate/dose
- LESS than the previous rate/dose
- HIGHER than the previous rate/dose
- Unknown/Not available

3.2. If the patient received continuous analgesic infusions, were the infusions interrupted intentionally today?

### DAY2_ANALG_INFUSION_INTERRUPT
- No
- Yes
- Unknown/Not available

3.2.1. If any analgesic infusion was interrupted, was it restarted today?

### DAY2_ANALG_INFUSION_RESTART
- No
- Yes
- Unknown/Not available

#### DAY2_ANALG_INFUSION_RESTART_DO
- At previous rate/dose
- LESS than the previous rate/dose
- HIGHER than the previous rate/dose
- Unknown/Not available

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

![Drug Name Table]

3.4. Was the infusion rate of sedative different during day-time (08:00-20:00) compared to night-time (20:00-08:00)?

### DAY2_SEDAT_RATE_DAY_NIGHT_RAD
- HIGHER during NIGHT-TIME
- HIGHER during DAY-TIME
- No difference
- Unknown/Not available

3.5. Was the infusion rate of analgesic different during day-time (08:00-20:00) compared to night-time (20:00-08:00)?

### DAY2_ANALG_RATE_DAY_NIGHT_RAD
- HIGHER during NIGHT-TIME
- HIGHER during DAY-TIME
- No difference
- Unknown/Not available

4. Enter all sedative and analgesic intermittent intravenous doses administered today. Do NOT enter antipsychotics here.

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Number of doses given over 24h</th>
<th>Total amount given over 24h (mg)</th>
</tr>
</thead>
</table>
5. Enter ALL ENTERAL sedatives and analgesics administered today. Do NOT enter antipsychotics here. (491)

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Number of doses given over 24h</th>
<th>Total amount given over 24h (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(DAY2_ALLENTER_DRUG_NAME1_TXT)</td>
<td>(DAY2_ALLENTER_DOSE_NB1_INT)</td>
<td>(DAY2_ALLENTER_TOTAL_AMOUNT1_DE)</td>
</tr>
<tr>
<td>(DAY2_ALLENTER_DRUG_NAME2_TXT)</td>
<td>(DAY2_ALLENTER_DOSE_NB2_INT)</td>
<td>(DAY2_ALLENTER_TOTAL_AMOUNT2_DE)</td>
</tr>
<tr>
<td>(DAY2_ALLENTER_DRUG_NAME3_TXT)</td>
<td>(DAY2_ALLENTER_DOSE_NB3_INT)</td>
<td>(DAY2_ALLENTER_TOTAL_AMOUNT3_DE)</td>
</tr>
<tr>
<td>(DAY2_ALLENTER_DRUG_NAME4_TXT)</td>
<td>(DAY2_ALLENTER_DOSE_NB4_INT)</td>
<td>(DAY2_ALLENTER_TOTAL_AMOUNT4_DE)</td>
</tr>
<tr>
<td>(DAY2_ALLENTER_DRUG_NAME5_TXT)</td>
<td>(DAY2_ALLENTER_DOSE_NB5_INT)</td>
<td>(DAY2_ALLENTER_TOTAL_AMOUNT5_DE)</td>
</tr>
<tr>
<td>(DAY2_ALLENTER_DRUG_NAME6_TXT)</td>
<td>(DAY2_ALLENTER_DOSE_NB6_INT)</td>
<td>(DAY2_ALLENTER_TOTAL_AMOUNT6_DE)</td>
</tr>
</tbody>
</table>
C. AGITATION AND ANTIPSYCHOTICS

1. Were physical restraints (any of: wrist, ankle or trunk) applied TODAY?  
   No ☐  Yes ☐  Unknown/Not available (DAY2_PHYS_RERAINT_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_RERAINT_TYPE1_CB)
      ☐ Mittens (DAY2_PHYS_RERAINT_TYPE2_CB)
      ☐ Torso (DAY2_PHYS_RERAINT_TYPE3_CB)
      ☐ Wrist (DAY2_PHYS_RERAINT_TYPE4_CB)
      ☐ Other (DAY2_PHYS_RERAINT_TYPE5_CB)
      ☐ Unknown/Not available (DAY2_PHYS_RERAINT_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)

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Route of administration (IM, SC, PO, IV-C, IV-B, T, etc.)</th>
<th>Number of doses given over 24h</th>
<th>Total amount given over 24h (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(DAY2_ANTIPSYCHO_NAME1_TXT)</td>
<td>(DAY2_ANTIPSYCHO_ROUTE1_TX)</td>
<td>(DAY2_ANTIPSYCHO_DOSE_NB1_INT)</td>
<td>(DAY2_ANTIPSYCHO_TOTAL_AMOUNT1_)</td>
</tr>
<tr>
<td>(DAY2_ANTIPSYCHO_NAME2_TXT)</td>
<td>(DAY2_ANTIPSYCHO_ROUTE2_TX)</td>
<td>(DAY2_ANTIPSYCHO_DOSE_NB2_INT)</td>
<td>(DAY2_ANTIPSYCHO_TOTAL_AMOUNT2_)</td>
</tr>
<tr>
<td>(DAY2_ANTIPSYCHO_NAME3_TXT)</td>
<td>(DAY2_ANTIPSYCHO_ROUTE3_TX)</td>
<td>(DAY2_ANTIPSYCHO_DOSE_NB3_INT)</td>
<td>(DAY2_ANTIPSYCHO_TOTAL_AMOUNT3_)</td>
</tr>
<tr>
<td>(DAY2_ANTIPSYCHO_NAME4_TXT)</td>
<td>(DAY2_ANTIPSYCHO_ROUTE4_TX)</td>
<td>(DAY2_ANTIPSYCHO_DOSE_NB4_INT)</td>
<td>(DAY2_ANTIPSYCHO_TOTAL_AMOUNT4_)</td>
</tr>
<tr>
<td>(DAY2_ANTIPSYCHO_NAME5_TXT)</td>
<td>(DAY2_ANTIPSYCHO_ROUTE5_TX)</td>
<td>(DAY2_ANTIPSYCHO_DOSE_NB5_INT)</td>
<td>(DAY2_ANTIPSYCHO_TOTAL_AMOUNT5_)</td>
</tr>
<tr>
<td>(DAY2_ANTIPSYCHO_NAME6_TXT)</td>
<td>(DAY2_ANTIPSYCHO_ROUTE6_TX)</td>
<td>(DAY2_ANTIPSYCHO_DOSE_NB6_INT)</td>
<td>(DAY2_ANTIPSYCHO_TOTAL_AMOUNT6_)</td>
</tr>
</tbody>
</table>

4. Was delirium formally assessed today?  
   No ☐  Yes ☐  Unknown/Not available (DAY2_DELIRIUM_ASSESS_YN) (601)

4.1. If Yes? to Q 4C 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)
4.2. Was the patient diagnosed with delirium today?

- [ ] No
- [x] Yes
- [ ] Unknown/Not available

4.2.1. If ‘Yes’ to Q 4.2. indicate what motor subtype of delirium was the most prevalent today? (select only one response)

- [ ] Hyperactive
- [ ] Hypoactive
- [ ] Mixed (Hyper- & Hypo-active)
- [ ] Unknown/Not available

4.2.2. If ‘Yes’ to Q 4.2. indicate what type of symptoms were present today? (Select all that apply)

- [ ] Agitation
- [ ] Delusions
- [ ] Disorganised thinking
- [ ] Disorientation in place/time/person
- [ ] Inattention
- [ ] Perceptual disturbances and hallucinations
- [ ] Reduced level of consciousness
- [ ] Short-term memory impairment
- [ ] Sleep-wake cycle disturbances
- [ ] Other
- [ ] Unknown/Not available
D. NEUROMUSCULAR BLOCKERS

1. Did this patient receive a neuromuscular blocker/paralytic agent TODAY? (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? (DAY2_PARALYTIC_AGENT_YN)
   - No ☐ Yes ☐ Unknown/Not available

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

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Route</th>
<th>Total dose over 24 hours (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(DAY2_NM_BLOCK_NAME1_TXT)</td>
<td>☐ Bolus ☐ Continuous infusion (DAY2_NM_BLOCKROUTE1_RAD)</td>
<td>(DAY2_NM_BLOCKDOSE1_DEC)</td>
</tr>
<tr>
<td>(DAY2_NM_BLOCK_NAME2_TXT)</td>
<td>☐ Bolus ☐ Continuous infusion (DAY2_NM_BLOCKROUTE2_RAD)</td>
<td>(DAY2_NM_BLOCKDOSE2_DEC)</td>
</tr>
<tr>
<td>(DAY2_NM_BLOCK_NAME3_TXT)</td>
<td>☐ Bolus ☐ Continuous infusion (DAY2_NM_BLOCKROUTE3_RAD)</td>
<td>(DAY2_NM_BLOCKDOSE3_DEC)</td>
</tr>
<tr>
<td>(DAY2_NM_BLOCK_NAME4_TXT)</td>
<td>☐ Bolus ☐ Continuous infusion (DAY2_NM_BLOCKROUTE4_RAD)</td>
<td>(DAY2_NM_BLOCKDOSE4_DEC)</td>
</tr>
<tr>
<td>(DAY2_NM_BLOCK_NAME5_TXT)</td>
<td>☐ Bolus ☐ Continuous infusion (DAY2_NM_BLOCKROUTE5_RAD)</td>
<td>(DAY2_NM_BLOCKDOSE5_DEC)</td>
</tr>
<tr>
<td>(DAY2_NM_BLOCK_NAME6_TXT)</td>
<td>☐ Bolus ☐ Continuous infusion (DAY2_NM_BLOCKROUTE6_RAD)</td>
<td>(DAY2_NM_BLOCKDOSE6_DEC)</td>
</tr>
</tbody>
</table>
E. MOBILITY

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

0 = Nothing
1 = Transfer from bed to chair without standing
2 = Sitting in bed/exercises in bed
3 = Sitting at edge of bed
4 = Standing
5 = Transfer from bed to chair with standing
6 = Marching in place
7 = Walking
8 = Unknown

For more detailed information about mobility levels description, please click here —> (DAY2_MOBILITY_LEVEL_DDL) (726)
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 PaO2 (See *Manual of Operations* page 11). (342)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hypotension (321)</strong></td>
<td>Unknown/Not available</td>
</tr>
<tr>
<td>No hypotension (MAP ≥70 mmHg)</td>
<td></td>
</tr>
<tr>
<td>MAP &lt;70 mmHg</td>
<td></td>
</tr>
<tr>
<td>Dobamine ≤5 mcg/kg/min or Dobutamine (any dose)</td>
<td></td>
</tr>
<tr>
<td>Dopamine &gt;5 mcg/kg/min or Epinephrine ≤0.1 mcg/kg/min or Norepinephrine ≤0.1 mcg/kg/min or Vasopressin alone (any dose)</td>
<td></td>
</tr>
<tr>
<td>Dopamine &gt;15 mcg/kg/min or Epinephrine &gt;0.1 mcg/kg/min or Norepinephrine &gt;0.1 mcg/kg/min or Vasopressin in combination with any other drug</td>
<td></td>
</tr>
<tr>
<td><strong>Respiration PaO2/FiO2 (1182)</strong></td>
<td>Unknown/Not available</td>
</tr>
<tr>
<td>≥ 400</td>
<td></td>
</tr>
<tr>
<td>&lt; 400</td>
<td></td>
</tr>
<tr>
<td>&lt; 300</td>
<td></td>
</tr>
<tr>
<td>&lt; 200 and mechanically ventilated</td>
<td></td>
</tr>
<tr>
<td>&lt; 100 and mechanically ventilated</td>
<td></td>
</tr>
<tr>
<td><strong>GCS (best score) (1185)</strong></td>
<td>Unknown/Not available</td>
</tr>
<tr>
<td>15</td>
<td></td>
</tr>
<tr>
<td>13-14</td>
<td></td>
</tr>
<tr>
<td>10-12</td>
<td></td>
</tr>
<tr>
<td>6-9</td>
<td></td>
</tr>
<tr>
<td>&lt; 6</td>
<td></td>
</tr>
<tr>
<td><strong>Platelets (10^9/L) (1188)</strong></td>
<td>Unknown/Not available</td>
</tr>
<tr>
<td>≥ 150</td>
<td></td>
</tr>
<tr>
<td>&lt; 150</td>
<td></td>
</tr>
<tr>
<td>&lt; 100</td>
<td></td>
</tr>
<tr>
<td>&lt; 50</td>
<td></td>
</tr>
<tr>
<td>&lt; 20</td>
<td></td>
</tr>
<tr>
<td><strong>Creatinine ?mol/L (mg/dL) (1191)</strong></td>
<td>Unknown/Not available</td>
</tr>
<tr>
<td>&lt; 110 (&lt; 1.2)</td>
<td></td>
</tr>
<tr>
<td>110-170 (1.2-1.9)</td>
<td></td>
</tr>
<tr>
<td>171-290 (2.0-3.4)</td>
<td></td>
</tr>
<tr>
<td>300-440 (3.5-4.9) or Urine output &lt; 500ml/day</td>
<td></td>
</tr>
<tr>
<td>≥ 440 (≥ 5.0) or Urine output &lt; 200ml/day</td>
<td></td>
</tr>
<tr>
<td><strong>Bilirubin total ?mol/L (mg/dL) (1194)</strong></td>
<td>Unknown/Not available</td>
</tr>
<tr>
<td>&lt; 20 (&lt; 1.2)</td>
<td></td>
</tr>
<tr>
<td>20-32 (1.2-1.9)</td>
<td></td>
</tr>
<tr>
<td>33-101 (2.0-5.9)</td>
<td></td>
</tr>
<tr>
<td>102-204 (6.0-11.9)</td>
<td></td>
</tr>
<tr>
<td>&gt; 204 (&gt; 12)</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL SOFA SCORE : (1197)</strong></td>
<td></td>
</tr>
</tbody>
</table>

2. **What was the predominant mode of respiratory support**? Select only one response, with endotracheal tube (Assisted breathing, e.g. Pressure support) or Invasive mechanical ventilation with endotracheal tube (Controlled breathing, Pressure or Volume control, and patient not making respiratory efforts). (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)
B. SEDATION AND ANALGESIA

1. Did the patient receive ANY sedative today (intravenous infusion, boluses, or enteral)? (346)
   No ☐ Yes ☐ Unknown/Not available (DAY3_SEDATIVE_TODAY_YN)

1.1. If the patient received a sedative today, what was/were the indication(s) for sedation? (Select all that apply)
   Agitation (DAY3_SEDATIVE_INDICATION_1_CB)
   Anxiety (DAY3_SEDATIVE_INDICATION_2_CB)
   Cardiac ischemia or arrhythmia (DAY3_SEDATIVE_INDICATION_3_CB)
   Decrease intracranial pressure (DAY3_SEDATIVE_INDICATION_4_CB)
   Decrease oxygen consumption (e.g. sepsis) (DAY3_SEDATIVE_INDICATION_5_CB)
   Extra-corporeal support (DAY3_SEDATIVE_INDICATION_6_CB)
   Facilitate sleep (DAY3_SEDATIVE_INDICATION_7_CB)
   Facilitate targeted temperature management (DAY3_SEDATIVE_INDICATION_8_CB)
   Hypoxemia/ARDS (DAY3_SEDATIVE_INDICATION_9_CB)
   Lung protective ventilation (DAY3_SEDATIVE_INDICATION_10_CB)
   Postoperative (DAY3_SEDATIVE_INDICATION_11_CB)
   Prevent tube/device removal (DAY3_SEDATIVE_INDICATION_12_CB)
   Prone position (DAY3_SEDATIVE_INDICATION_13_CB)
   Required pharmacological muscle paralysis (DAY3_SEDATIVE_INDICATION_14_CB)
   Seizure control (DAY3_SEDATIVE_INDICATION_15_CB)
   Shock / hemodynamic instability (DAY3_SEDATIVE_INDICATION_16_CB)
   Ventilator asynchrony (DAY3_SEDATIVE_INDICATION_17_CB)
   Other (DAY3_SEDATIVE_INDICATION_18_CB)
   Unknown/Not available (DAY3_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 (DAY3_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 (DAY3_SEDATIVE_SCALE_1_CB)
   MAAS ? Motor Activity Assessment Scale (DAY3_SEDATIVE_SCALE_2_CB)
   Ramsay scale (DAY3_SEDATIVE_SCALE_3_CB)
   RASS ? Richmond Agitation and Sedation Scale (DAY3_SEDATIVE_SCALE_4_CB)
   SAS ? Sedation Agitation Scale (DAY3_SEDATIVE_SCALE_5_CB)
   Other (DAY3_SEDATIVE_SCALE_6_CB)
   Unknown/Not available (DAY3_SEDATIVE_SCALE_7_CB)

1.2.2. Was sedation titrated according to a formal written protocol?
   No ☐ Yes ☐ Unknown/Not available (DAY3_SEDATIVE_TITR_PROTO_YN)

1.2.3. Was sedation titrated according to neuromonitoring?
   ElectroEncephaloGram (EEG) or EEG-derived measures (BIS, Entropy, etc.) (DAY3_SEDATIVE_NEUROMON_1_CB)
   IntraCranial Pressure (ICP) (DAY3_SEDATIVE_NEUROMON_2_CB)
   Near-InfraRed Spectroscopy (NIRS) (DAY3_SEDATIVE_NEUROMON_3_CB)
   No neuromonitoring used (DAY3_SEDATIVE_NEUROMON_4_CB)
   Other (DAY3_SEDATIVE_NEUROMON_5_CB)
   Unknown/Not available (DAY3_SEDATIVE_NEUROMON_6_CB)

2. Did the patient receive any analgesia (opioid or non-opioid) today? (1273)
   No ☐ Yes ☐ Unknown/Not available (DAY3_ANALGESIA_TODAY_YN)

2.1. If the patient received analgesia today, was there analgesic(s) titrated according to a pain scale?
   No ☐ Yes ☐ Unknown/Not available (DAY3_ANALGESIA_TITR_PROTO_YN)

2.1.1. If yes, please specify the scale(s) used:
   Behavioral Pain Scale (BPS) (DAY3_ANALGESIA_SCALE_1_CB)
   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 formal written protocol?
   No ☐ Yes ☐ Unknown/Not available (DAY3_ANALGESIA_TITR_PROTO_YN)

3. Did the patient receive a continuous infusion of SEDATIVE or ANALGESIC
   No ☐ Yes ☐ Unknown/Not available (DAY3_ANALG_SEDAT_INFUSION_YN)
today? (L299)

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

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

3.1.1.1. At what rate/dose was the sedative infusion restarted today after interruption?

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

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

3.2.1.1. At what rate/dose was the analgesic infusion restarted today after interruption?

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

3.4. Was the infusion rate of sedative different during day-time (08:00-20:00) compared to night-time (20:00-08:00)?

3.5. Was the infusion rate of analgesic different during day-time (08:00-20:00) compared to night-time (20:00-08:00)?

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

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Number of doses given over 24h</th>
<th>Total amount given over 24h (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAY3_ALLENDER_DRUG_NAME1_TXT</td>
<td>(DAY3_ALLENDER_DOSE_NB1_INT)</td>
<td>(DAY3_ALLENDER_TOTAL_AMOUNT1_DEC)</td>
</tr>
<tr>
<td>DAY3_ALLENDER_DRUG_NAME2_TXT</td>
<td>(DAY3_ALLENDER_DOSE_NB2_INT)</td>
<td>(DAY3_ALLENDER_TOTAL_AMOUNT2_DEC)</td>
</tr>
<tr>
<td>DAY3_ALLENDER_DRUG_NAME3_TXT</td>
<td>(DAY3_ALLENDER_DOSE_NB3_INT)</td>
<td>(DAY3_ALLENDER_TOTAL_AMOUNT3_DEC)</td>
</tr>
<tr>
<td>DAY3_ALLENDER_DRUG_NAME4_TXT</td>
<td>(DAY3_ALLENDER_DOSE_NB4_INT)</td>
<td>(DAY3_ALLENDER_TOTAL_AMOUNT4_DEC)</td>
</tr>
<tr>
<td>DAY3_ALLENDER_DRUG_NAME5_TXT</td>
<td>(DAY3_ALLENDER_DOSE_NB5_INT)</td>
<td>(DAY3_ALLENDER_TOTAL_AMOUNT5_DEC)</td>
</tr>
<tr>
<td>DAY3_ALLENDER_DRUG_NAME6_TXT</td>
<td>(DAY3_ALLENDER_DOSE_NB6_INT)</td>
<td>(DAY3_ALLENDER_TOTAL_AMOUNT6_DEC)</td>
</tr>
</tbody>
</table>
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)

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Route of administration (IM, SC, PO, IV-C, IV-B, T, etc.)</th>
<th>Number of doses given over 24h</th>
<th>Total amount given over 24h (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(DAY3_ANTIPSYCHO_NAME1_TXT)</td>
<td>(DAY3_ANTIPSYCHO_ROUTE1_TX)</td>
<td>(DAY3_ANTIPSYCHO_DOSE_NB1_INT)</td>
<td>(DAY3_ANTIPSYCHO_TOTAL_AMOUNT1_)</td>
</tr>
<tr>
<td>(DAY3_ANTIPSYCHO_NAME2_TXT)</td>
<td>(DAY3_ANTIPSYCHO_ROUTE2_TX)</td>
<td>(DAY3_ANTIPSYCHO_DOSE_NB2_INT)</td>
<td>(DAY3_ANTIPSYCHO_TOTAL_AMOUNT2_)</td>
</tr>
<tr>
<td>(DAY3_ANTIPSYCHO_NAME3_TXT)</td>
<td>(DAY3_ANTIPSYCHO_ROUTE3_TX)</td>
<td>(DAY3_ANTIPSYCHO_DOSE_NB3_INT)</td>
<td>(DAY3_ANTIPSYCHO_TOTAL_AMOUNT3_)</td>
</tr>
<tr>
<td>(DAY3_ANTIPSYCHO_NAME4_TXT)</td>
<td>(DAY3_ANTIPSYCHO_ROUTE4_TX)</td>
<td>(DAY3_ANTIPSYCHO_DOSE_NB4_INT)</td>
<td>(DAY3_ANTIPSYCHO_TOTAL_AMOUNT4_)</td>
</tr>
<tr>
<td>(DAY3_ANTIPSYCHO_NAME5_TXT)</td>
<td>(DAY3_ANTIPSYCHO_ROUTE5_TX)</td>
<td>(DAY3_ANTIPSYCHO_DOSE_NB5_INT)</td>
<td>(DAY3_ANTIPSYCHO_TOTAL_AMOUNT5_)</td>
</tr>
<tr>
<td>(DAY3_ANTIPSYCHO_NAME6_TXT)</td>
<td>(DAY3_ANTIPSYCHO_ROUTE6_TX)</td>
<td>(DAY3_ANTIPSYCHO_DOSE_NB6_INT)</td>
<td>(DAY3_ANTIPSYCHO_TOTAL_AMOUNT6_)</td>
</tr>
</tbody>
</table>

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)
### 4.2. Was the patient diagnosed with delirium today?

- [ ] No
- [ ] Yes
- [ ] Unknown/Not available

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

- [ ] Hyperactive
- [ ] Hypoactive
- [ ] Mixed (Hyper & Hypo-active)
- [ ] Unknown/Not available

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

- [ ] Agitation
- [ ] Delusions
- [ ] Disorganised thinking
- [ ] Disorientation in place/time/person
- [ ] Inattention
- [ ] Perceptual disturbances and hallucinations
- [ ] Reduced level of consciousness
- [ ] Short-term memory impairment
- [ ] Sleep-wake cycle disturbances
- [ ] Other
- [ ] Unknown/Not available

---

**Note:**
- 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)
D. NEUROMUSCULAR BLOCKERS

1. Did this patient receive a neuromuscular blocker/paralytic agent TODAY? (656)
   - No
   - Yes
   - Unknown/Not available

1.1. If ?Yes? to Q D1 indicate what is/are the reasons for neuromuscular paralysis? (Select all that apply)
   - Hypoxemia/ARDS
   - Agitation
   - Asthma
   - Hypercapnia
   - Shock/hemodynamic instability
   - Induction for intubation
   - Concern about accidental tube/device removal
   - For an ICU procedure
   - Brain injury/Increased Intracranial pressure
   - Seizures
   - Transfer (imaging, ambulance, other)
   - Major procedure (surgery, other)
   - Therapeutic hypothermia
   - Unstable arrhythmia
   - Other
   - Unknown/Not available

1.2. If ?Yes? to Q D1 indicate how was the muscle paralysis administered?
   - One or multiple intravenous boluses
   - Continuous infusion
   - Unknown/Not available

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

1.3. If ?Yes? to Q D1 indicate how was the neuromuscular block/paralysis drug monitored today? (Select all that apply)
   - Absence of respiratory effort
   - Absence of patient movement
   - ElectroEncephalography/ElectroMiography (EEG, BIS, Entropy, etc.)
   - Train of four (TOF) monitoring
   - Other
   - Unknown/Not available

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

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Route</th>
<th>Total dose over 24 hours (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(DAY3_NM_BLOCK_NAME1_TXT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(DAY3_NM_BLOCK_NAME2_TXT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(DAY3_NM_BLOCK_NAME3_TXT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(DAY3_NM_BLOCK_NAME4_TXT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(DAY3_NM_BLOCK_NAME5_TXT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(DAY3_NM_BLOCK_NAME6_TXT)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
E. MOBILITY

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

0 = Nothing
1 = Transfer from bed to chair without standing
2 = Sitting in bed/exercises in bed
3 = Sitting at edge of bed
4 = Standing
5 = Transfer from bed to chair with standing
6 = Marching in place
7 = Walking

For more detailed information about mobility levels description, please click here ➔.
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 PaO₂ (See Manual of Operations page 11). (342)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypotension (321)</td>
<td>Unknown/Not available</td>
</tr>
<tr>
<td>MAP ≥70 mmHg</td>
<td></td>
</tr>
<tr>
<td>MAP &lt;70 mmHg</td>
<td></td>
</tr>
<tr>
<td>Dopamine ≤5 mcg/kg/min or Dobutamine (any dose)</td>
<td></td>
</tr>
<tr>
<td>Dopamine &gt;5 mcg/kg/min or Epinephrine ≤0.1 mcg/kg/min or Norepinephrine ≤0.1 mcg/kg/min or Vasopressin alone (any dose)</td>
<td></td>
</tr>
<tr>
<td>Dopamine &gt;15 mcg/kg/min or Epinephrine &gt;0.1 mcg/kg/min or Norepinephrine &gt;0.1 mcg/kg/min or Vasopressin in combination with any other drug</td>
<td></td>
</tr>
<tr>
<td>Respiration PaO₂/FiO₂ (1586)</td>
<td>Unknown/Not available</td>
</tr>
<tr>
<td>≥ 400</td>
<td></td>
</tr>
<tr>
<td>&lt; 400</td>
<td></td>
</tr>
<tr>
<td>&lt; 300</td>
<td></td>
</tr>
<tr>
<td>&lt; 200 and mechanically ventilated</td>
<td></td>
</tr>
<tr>
<td>&lt; 100 and mechanically ventilated</td>
<td></td>
</tr>
<tr>
<td>GCS (best score) (1589)</td>
<td>Unknown/Not available</td>
</tr>
<tr>
<td>15</td>
<td></td>
</tr>
<tr>
<td>13-14</td>
<td></td>
</tr>
<tr>
<td>10-12</td>
<td></td>
</tr>
<tr>
<td>6-9</td>
<td></td>
</tr>
<tr>
<td>&lt; 6</td>
<td></td>
</tr>
<tr>
<td>Platelets (10⁹/L) (1592)</td>
<td>Unknown/Not available</td>
</tr>
<tr>
<td>≥ 150</td>
<td></td>
</tr>
<tr>
<td>&lt; 150</td>
<td></td>
</tr>
<tr>
<td>&lt; 100</td>
<td></td>
</tr>
<tr>
<td>&lt; 50</td>
<td></td>
</tr>
<tr>
<td>&lt; 20</td>
<td></td>
</tr>
<tr>
<td>Creatinine ?mol/L (mg/dL) (1595)</td>
<td>Unknown/Not available</td>
</tr>
<tr>
<td>&lt; 110 (&lt; 1.2)</td>
<td></td>
</tr>
<tr>
<td>110-170 (1.2-1.9)</td>
<td></td>
</tr>
<tr>
<td>171-299 (2.0-3.4)</td>
<td></td>
</tr>
<tr>
<td>300-440 (3.5-4.9) or Urine output &lt; 500ml/day</td>
<td></td>
</tr>
<tr>
<td>≥ 440 (≥ 5.0) or Urine output &lt; 200ml/day</td>
<td></td>
</tr>
<tr>
<td>Bilirubin total ?mol/L (mg/dL) (1598)</td>
<td>Unknown/Not available</td>
</tr>
<tr>
<td>&lt; 20 (&lt; 1.2)</td>
<td></td>
</tr>
<tr>
<td>20-32 (1.2-1.9)</td>
<td></td>
</tr>
<tr>
<td>33-101 (2.0-5.9)</td>
<td></td>
</tr>
<tr>
<td>102-204 (6.0-11.9)</td>
<td></td>
</tr>
<tr>
<td>&gt; 204 (&gt; 12)</td>
<td></td>
</tr>
<tr>
<td>TOTAL SOFA SCORE : (1601)</td>
<td></td>
</tr>
</tbody>
</table>

2. What was the predominant mode of respiratory support today? Select only one response, with endotracheal tube (Assisted breathing, e.g. Pressure support) or invasive mechanical ventilation with endotracheal tube representing the support mode (Controlled breathing, Pressure or Volume control, and patient not making respiratory efforts) or 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_DURATIION)
B. SEDATION AND ANALGESIA

1. Did the patient receive ANY sedative today (intravenous infusion, boluses, or enteral)? (346)  
   - No  
   - Yes  
   - Unknown/Not available (DAY4_SEDATIVE_TODAY_YN)

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)

1.1.1. If sedation was titrated according to a scale?  
   - No  
   - Yes  
   - Unknown/Not available (DAY4_SEDATIVE_TITRATED_YN)

1.1.2. If sedation was titrated according to a scale, please specify the scale(s) used (select all that apply):
   - Glasgow Coma Score (DAY4_SEDATIVE_SCALE_1_CB)
   - Motor Activity Assessment Scale (DAY4_SEDATIVE_SCALE_2_CB)
   - Ramsay scale (DAY4_SEDATIVE_SCALE_3_CB)
   - Richmond Agitation and Sedation Scale (DAY4_SEDATIVE_SCALE_4_CB)
   - Sedation Agitation Scale (DAY4_SEDATIVE_SCALE_5_CB)
   - Other (DAY4_SEDATIVE_SCALE_6_CB)
   - Unknown/Not available (DAY4_SEDATIVE_SCALE_7_CB)

1.2. If the patient received a sedative today, was the sedative titrated according to a formal written protocol?  
   - No  
   - Yes  
   - Unknown/Not available (DAY4_SEDATIVE_TITR_PROTO_YN)

1.2.1. Was sedation titrated according to neuromonitoring?  
   - Electroencephalogram (EEG) or EEG-derived measures (BIIS, 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 (opioid or non-opioid) today? (1677)  
   - No  
   - Yes  
   - Unknown/Not available (DAY4_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 (DAY4_ANALGESIASCALE_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)
   - Non-Verbal Pain Scale (NVPS) (DAY4_ANALGESIA_SCALE_4_CB)
   - Numeric Rating Scale (NRS) (DAY4_ANALGESIA_SCALE_5_CB)
   - Visual Analogue Scale (VAS) (DAY4_ANALGESIA_SCALE_6_CB)
   - Other (DAY4_ANALGESIA_SCALE_7_CB)
   - Unknown/Not available (DAY4_ANALGESIA_SCALE_8_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
today? (L703)

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

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

3.1.1.1. At what rate/dose was the sedative infusion restarted today after interruption?

<table>
<thead>
<tr>
<th>At previous rate/dose</th>
<th>LESS than the previous rate/dose</th>
<th>HIGHER than the previous rate/dose</th>
<th>Unknown/Not available</th>
</tr>
</thead>
<tbody>
<tr>
<td>(DAY4_SEDAT_INFUSION_RESTART_)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

3.2.1.1. At what rate/dose was the analgesic infusion restarted today after interruption?

<table>
<thead>
<tr>
<th>At previous rate/dose</th>
<th>LESS than the previous rate/dose</th>
<th>HIGHER than the previous rate/dose</th>
<th>Unknown/Not available</th>
</tr>
</thead>
<tbody>
<tr>
<td>(DAY4_ANALG_INFUSION_RESTART_)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Total dose for the day (mg/24h)</th>
<th>Number of hours of infusion over 24h</th>
</tr>
</thead>
<tbody>
<tr>
<td>(DAY4_INFUSIONS_DRUG_NAME1_TXT)</td>
<td>(DAY4_INFUSIONS_DAILY_DOSE1_DEC)</td>
<td>(DAY4_INFUSIONS_HOURS_24H_1_INT)</td>
</tr>
<tr>
<td>(DAY4_INFUSIONS_DRUG_NAME2_TXT)</td>
<td>(DAY4_INFUSIONS_DAILY_DOSE2_DEC)</td>
<td>(DAY4_INFUSIONS_HOURS_24H_2_INT)</td>
</tr>
<tr>
<td>(DAY4_INFUSIONS_DRUG_NAME3_TXT)</td>
<td>(DAY4_INFUSIONS_DAILY_DOSE3_DEC)</td>
<td>(DAY4_INFUSIONS_HOURS_24H_3_INT)</td>
</tr>
<tr>
<td>(DAY4_INFUSIONS_DRUG_NAME4_TXT)</td>
<td>(DAY4_INFUSIONS_DAILY_DOSE4_DEC)</td>
<td>(DAY4_INFUSIONS_HOURS_24H_4_INT)</td>
</tr>
<tr>
<td>(DAY4_INFUSIONS_DRUG_NAME5_TXT)</td>
<td>(DAY4_INFUSIONS_DAILY_DOSE5_DEC)</td>
<td>(DAY4_INFUSIONS_HOURS_24H_5_INT)</td>
</tr>
<tr>
<td>(DAY4_INFUSIONS_DRUG_NAME6_TXT)</td>
<td>(DAY4_INFUSIONS_DAILY_DOSE6_DEC)</td>
<td>(DAY4_INFUSIONS_HOURS_24H_6_INT)</td>
</tr>
<tr>
<td>(DAY4_INFUSIONS_DRUG_NAME7_TXT)</td>
<td>(DAY4_INFUSIONS_DAILY_DOSE7_DEC)</td>
<td>(DAY4_INFUSIONS_HOURS_24H_7_INT)</td>
</tr>
<tr>
<td>(DAY4_INFUSIONS_DRUG_NAME8_TXT)</td>
<td>(DAY4_INFUSIONS_DAILY_DOSE8_DEC)</td>
<td>(DAY4_INFUSIONS_HOURS_24H_8_INT)</td>
</tr>
</tbody>
</table>

3.4. Was the infusion rate of sedative different during day-time (08:00-20:00) compared to night-time (20:00-08:00)?

<table>
<thead>
<tr>
<th>HIGHER during NIGHT-TIME</th>
<th>HIGHER during DAY-TIME</th>
<th>No difference</th>
<th>Unknown/Not available</th>
</tr>
</thead>
<tbody>
<tr>
<td>(DAY4_SEDAT_RATE_DAY_NIGHT_RAD)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3.5. Was the infusion rate of analgesic different during day-time (08:00-20:00) compared to night-time (20:00-08:00)?

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

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Number of doses given over 24h</th>
<th>Total amount given over 24h (mg)</th>
</tr>
</thead>
</table>
5. Enter ALL ENTERAL sedatives and analgesics administered today. Do NOT enter antipsychotics here. (491)

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Number of doses given over 24h</th>
<th>Total amount given over 24h (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAY4_ALLENTER_DRUG_NAME1_TXT</td>
<td>DAY4_ALLENTER_DOSE_NB1_INT</td>
<td>DAY4_ALLENTER_TOTAL_AMOUNT1_DEC</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>DAY4_ALLENTER_DRUG_NAME2_TXT</td>
<td>DAY4_ALLENTER_DOSE_NB2_INT</td>
<td>DAY4_ALLENTER_TOTAL_AMOUNT2_DEC</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>DAY4_ALLENTER_DRUG_NAME3_TXT</td>
<td>DAY4_ALLENTER_DOSE_NB3_INT</td>
<td>DAY4_ALLENTER_TOTAL_AMOUNT3_DEC</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>DAY4_ALLENTER_DRUG_NAME4_TXT</td>
<td>DAY4_ALLENTER_DOSE_NB4_INT</td>
<td>DAY4_ALLENTER_TOTAL_AMOUNT4_DEC</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>DAY4_ALLENTER_DRUG_NAME5_TXT</td>
<td>DAY4_ALLENTER_DOSE_NB5_INT</td>
<td>DAY4_ALLENTER_TOTAL_AMOUNT5_DEC</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>DAY4_ALLENTER_DRUG_NAME6_TXT</td>
<td>DAY4_ALLENTER_DOSE_NB6_INT</td>
<td>DAY4_ALLENTER_TOTAL_AMOUNT6_DEC</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>
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? ☐ No ☑ Yes ☐ Unknown/Not available (DAY4_ACCID_REMOVAL_YN) (1799)

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)

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Route of administration (IM, SC, PO, IV-C, IV-B, T, etc.)</th>
<th>Number of doses given over 24h</th>
<th>Total amount given over 24h (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(DAY4_ANTIPSYCHO_NAME1_TX)</td>
<td>(DAY4_ANTIPSYCHO_ROUTE1_TX)</td>
<td>(DAY4_ANTIPSYCHO_DOSE_NB1_INT)</td>
<td>(DAY4_ANTIPSYCHO_TOTAL_AMOUNT1_)</td>
</tr>
<tr>
<td>(DAY4_ANTIPSYCHO_NAME2_TX)</td>
<td>(DAY4_ANTIPSYCHO_ROUTE2_TX)</td>
<td>(DAY4_ANTIPSYCHO_DOSE_NB2_INT)</td>
<td>(DAY4_ANTIPSYCHO_TOTAL_AMOUNT2_)</td>
</tr>
<tr>
<td>(DAY4_ANTIPSYCHO_NAME3_TX)</td>
<td>(DAY4_ANTIPSYCHO_ROUTE3_TX)</td>
<td>(DAY4_ANTIPSYCHO_DOSE_NB3_INT)</td>
<td>(DAY4_ANTIPSYCHO_TOTAL_AMOUNT3_)</td>
</tr>
<tr>
<td>(DAY4_ANTIPSYCHO_NAME4_TX)</td>
<td>(DAY4_ANTIPSYCHO_ROUTE4_TX)</td>
<td>(DAY4_ANTIPSYCHO_DOSE_NB4_INT)</td>
<td>(DAY4_ANTIPSYCHO_TOTAL_AMOUNT4_)</td>
</tr>
<tr>
<td>(DAY4_ANTIPSYCHO_NAME5_TX)</td>
<td>(DAY4_ANTIPSYCHO_ROUTE5_TX)</td>
<td>(DAY4_ANTIPSYCHO_DOSE_NB5_INT)</td>
<td>(DAY4_ANTIPSYCHO_TOTAL_AMOUNT5_)</td>
</tr>
<tr>
<td>(DAY4_ANTIPSYCHO_NAME6_TX)</td>
<td>(DAY4_ANTIPSYCHO_ROUTE6_TX)</td>
<td>(DAY4_ANTIPSYCHO_DOSE_NB6_INT)</td>
<td>(DAY4_ANTIPSYCHO_TOTAL_AMOUNT6_)</td>
</tr>
</tbody>
</table>

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)
4.2. Was the patient diagnosed with delirium today?

- No
- Yes
- Unknown/Not available

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

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

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

- Agitation
- Delusions
- Disorganised thinking
- Disorientation in place/time/person
- Inattention
- Perceptual disturbances and hallucinations
- Reduced level of consciousness
- Short-term memory impairment
- Sleep-wake cycle disturbances
- Other
- Unknown/Not available
D. NEUROMUSCULAR BLOCKERS

1. Did this patient receive a neuromuscular blocker/paralytic agent TODAY? (656)
   - No
   - Yes
   - Unknown/Not available

1.1. If "Yes" to Q D1 indicate what is/are the reasons for neuromuscular paralysis? (Select all that apply)
   - Hypoxemia/ARDS
   - Agitation
   - Asthma
   - Hypercapnia
   - Shock/hemodynamic instability
   - Induction for intubation
   - Concern about accidental tube/device removal
   - For an ICU procedure
   - Brain injury/Increased Intracranial pressure
   - Seizures
   - Transfer (imaging, ambulance, other)
   - Major procedure (surgery, other)
   - Therapeutic hypothermia
   - Unstable arrhythmia
   - Other
   - Unknown/Not available

1.2. If "Yes" to Q D1 indicate how was the muscle paralysis administered?
   - One or multiple intravenous boluses
   - Continuous infusion
   - Unknown/Not available

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

1.3. If "Yes" to Q D1 indicate how was the neuromuscular block/paralysis drug monitored today? (Select all that apply)
   - Absence of respiratory effort
   - Absence of patient movement
   - ElectroEncephalography/ElectroMiography
   - Train of four (TOF) monitoring
   - Other
   - Unknown/Not available

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

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Route</th>
<th>Total dose over 24 hours (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(DAY4_NM_BLOCK_NAME1_TXT)</td>
<td>Bolus</td>
<td>(DAY4_NM_BLOCK_ROUT1_RAD)</td>
</tr>
<tr>
<td>(DAY4_NM_BLOCK_NAME2_TXT)</td>
<td>Bolus</td>
<td>(DAY4_NM_BLOCK_ROUT2_RAD)</td>
</tr>
<tr>
<td>(DAY4_NM_BLOCK_NAME3_TXT)</td>
<td>Bolus</td>
<td>(DAY4_NM_BLOCK_ROUT3_RAD)</td>
</tr>
<tr>
<td>(DAY4_NM_BLOCK_NAME4_TXT)</td>
<td>Bolus</td>
<td>(DAY4_NM_BLOCK_ROUT4_RAD)</td>
</tr>
<tr>
<td>(DAY4_NM_BLOCK_NAME5_TXT)</td>
<td>Bolus</td>
<td>(DAY4_NM_BLOCK_ROUT5_RAD)</td>
</tr>
<tr>
<td>(DAY4_NM_BLOCK_NAME6_TXT)</td>
<td>Bolus</td>
<td>(DAY4_NM_BLOCK_ROUT6_RAD)</td>
</tr>
</tbody>
</table>
E. MOBILITY

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

- 0 = Nothing
- 1 = Transfer from bed to chair without standing
- 2 = Sitting in bed/exercises in bed
- 3 = Sitting at edge of bed
- 4 = Standing
- 5 = Transfer from bed to chair with standing
- 6 = Marching in place
- 7 = Walking
- 8 = Unknown

For more detailed information about mobility levels description, please click here. (DAY4_MOBILITY_LEVELDDL)
Day 5

Visit date (DD/MM/YYYY): (3197) (DAYS_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 PaO2 (See Manual of Operations page 11). (342)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypotension (MAP ≥70 mmHg)</td>
<td>(DAY5_SOFA_HYPO_SCORE_AUTO)</td>
</tr>
<tr>
<td>MAP &lt;70 mmHg</td>
<td>(DAY5_SOFA_HYPO_SCORE_AUTO)</td>
</tr>
<tr>
<td>Dopamine ≤5 mcg/kg/min or Dobutamine (any dose)</td>
<td>(DAY5_SOFA_HYPO_SCORE_AUTO)</td>
</tr>
<tr>
<td>Dopamine &gt;5 mcg/kg/min or Epinephrine ≤0.1 mcg/kg/min or Norepinephrine ≤0.1 mcg/kg/min or Vasopressin alone (any dose)</td>
<td>(DAY5_SOFA_HYPO_SCORE_AUTO)</td>
</tr>
<tr>
<td>Dopamine &gt;15 mcg/kg/min or Epinephrine &gt;0.1 mcg/kg/min or Norepinephrine &gt;0.1 mcg/kg/min or Vasopressin in combination with any other drug</td>
<td>(DAY5_SOFA_HYPO_SCORE_AUTO)</td>
</tr>
<tr>
<td>Respiration</td>
<td>(DAY5_SOFA_RESPI_SCORE_AUTO)</td>
</tr>
<tr>
<td>PaO2/FiO2 (1990)</td>
<td>(DAY5_SOFA_RESPI_SCORE_AUTO)</td>
</tr>
<tr>
<td>GCS (best score)</td>
<td>(DAY5_SOFA_GCS_SCORE_AUTO)</td>
</tr>
<tr>
<td>Platelets (10⁹/L)</td>
<td>(DAY5_SOFA_PLATELETS_SCORE_AUTO)</td>
</tr>
<tr>
<td>Creatinine (mg/dL)</td>
<td>(DAY5_SOFA_CREAT_SCORE_AUTO)</td>
</tr>
<tr>
<td>Bilirubin total (mg/dL)</td>
<td>(DAY5_SOFA_BILIRUBIN_SCORE_AUTO)</td>
</tr>
</tbody>
</table>

TOTAL SOFA SCORE: (2005) (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) Invasive mechanical ventilation with endotracheal tube representing the support mode (Controlled breathing, Pressure or Volume control, and patient not making respiratory efforts) Extra-corpooreal 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) (DAY5_PRONING_YN)
3.1. How long was the patient in prone position today? (hours) () □ (DAY5_PRONING_DURATON)
### B. SEDATION AND ANALGESIA

1. Did the patient receive ANY sedative today (intravenous infusion, boluses, or enteral)? *(346)*
   - No
   - Yes
   - Unknown/Not available

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

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

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

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

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

2. Did the patient receive any analgesia (opiod or non-opioid) today? *(2081)*
   - No
   - Yes
   - Unknown/Not available

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

2.1.1. If yes, please specify the scale(s) used:
   - Behavioral Pain Scale
   - Critical Care Pain Observation Tool
   - Faces Pain Scale
   - Nociception Coma Scale
   - Non-Verbal Pain Scale
   - Numeric Rating Scale
   - Visual Analogue Scale
   - Other
   - Unknown/Not available

2.2. Was a target pain score set for today?
   - No
   - Yes
   - Unknown/Not available

2.3. Was analgesia titrated according to a formal written protocol?
   - No
   - Yes
   - Unknown/Not available

3. Did the patient receive a continuous infusion of SEDATIVE or ANALGESIC
3.1. If the patient received continuous sedative infusions, were the infusions interrupted intentionally today?

- No
- Yes
- Unknown/Not available

3.1.1. If any sedative infusion was interrupted, was it restarted today?

- No
- Yes
- Unknown/Not available

3.1.1.1. At what rate/dose was the sedative infusion restarted today after interruption?

- At previous rate/dose
- LESS than the previous rate/dose
- HIGHER than the previous rate/dose
- Unknown/Not available

3.2. If the patient received continuous analgesic infusions, were the infusions interrupted intentionally today?

- No
- Yes
- Unknown/Not available

3.2.1. If any analgesic infusion was interrupted, was it restarted today?

- No
- Yes
- Unknown/Not available

3.2.1.1. At what rate/dose was the analgesic infusion restarted today after interruption?

- At previous rate/dose
- LESS than the previous rate/dose
- HIGHER than the previous rate/dose
- Unknown/Not available

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

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Total dose for the day (mg/24h)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(DAY5_INFUSIONS_DRUG_NAME1_TXT)</td>
<td>(DAY5_INFUSIONS_DAILY_DOSE1_DEC)</td>
</tr>
<tr>
<td>(DAY5_INFUSIONS_DRUG_NAME2_TXT)</td>
<td>(DAY5_INFUSIONS_DAILY_DOSE2_DEC)</td>
</tr>
<tr>
<td>(DAY5_INFUSIONS_DRUG_NAME3_TXT)</td>
<td>(DAY5_INFUSIONS_DAILY_DOSE3_DEC)</td>
</tr>
<tr>
<td>(DAY5_INFUSIONS_DRUG_NAME4_TXT)</td>
<td>(DAY5_INFUSIONS_DAILY_DOSE4_DEC)</td>
</tr>
<tr>
<td>(DAY5_INFUSIONS_DRUG_NAME5_TXT)</td>
<td>(DAY5_INFUSIONS_DAILY_DOSE5_DEC)</td>
</tr>
<tr>
<td>(DAY5_INFUSIONS_DRUG_NAME6_TXT)</td>
<td>(DAY5_INFUSIONS_DAILY_DOSE6_DEC)</td>
</tr>
<tr>
<td>(DAY5_INFUSIONS_DRUG_NAME7_TXT)</td>
<td>(DAY5_INFUSIONS_DAILY_DOSE7_DEC)</td>
</tr>
<tr>
<td>(DAY5_INFUSIONS_DRUG_NAME8_TXT)</td>
<td>(DAY5_INFUSIONS_DAILY_DOSE8_DEC)</td>
</tr>
</tbody>
</table>

3.4. Was the infusion rate of sedative different during day-time (08:00-20:00) compared to night-time (20:00-08:00)?

- HIGHER during NIGHT-TIME
- HIGHER during DAY-TIME
- No difference
- Unknown/Not available

3.5. Was the infusion rate of analgesic different during day-time (08:00-20:00) compared to night-time (20:00-08:00)?

- HIGHER during NIGHT-TIME
- HIGHER during DAY-TIME
- No difference
- Unknown/Not available

4. Enter all sedative and analgesic intermittent intravenous doses administered today. Do NOT enter antipsychotics here.

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Number of doses given over 24h</th>
<th>Total amount given over 24h (mg)</th>
</tr>
</thead>
</table>
5. Enter ALL ENTERAL sedatives and analgesics administered today. Do NOT enter antipsychotics here. (491)

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Number of doses given over 24h</th>
<th>Total amount given over 24h (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(DAY5_ALLENTER_DRUG_NAME1_TXT)</td>
<td>(DAY5_ALLENTER_DOSE_NB1_INT)</td>
<td>(DAY5_ALLENTER_TOTAL_AMOUNT1_DE)</td>
</tr>
<tr>
<td>(DAY5_ALLENTER_DRUG_NAME2_TXT)</td>
<td>(DAY5_ALLENTER_DOSE_NB2_INT)</td>
<td>(DAY5_ALLENTER_TOTAL_AMOUNT2_DE)</td>
</tr>
<tr>
<td>(DAY5_ALLENTER_DRUG_NAME3_TXT)</td>
<td>(DAY5_ALLENTER_DOSE_NB3_INT)</td>
<td>(DAY5_ALLENTER_TOTAL_AMOUNT3_DE)</td>
</tr>
<tr>
<td>(DAY5_ALLENTER_DRUG_NAME4_TXT)</td>
<td>(DAY5_ALLENTER_DOSE_NB4_INT)</td>
<td>(DAY5_ALLENTER_TOTAL_AMOUNT4_DE)</td>
</tr>
<tr>
<td>(DAY5_ALLENTER_DRUG_NAME5_TXT)</td>
<td>(DAY5_ALLENTER_DOSE_NB5_INT)</td>
<td>(DAY5_ALLENTER_TOTAL_AMOUNT5_DE)</td>
</tr>
<tr>
<td>(DAY5_ALLENTER_DRUG_NAME6_TXT)</td>
<td>(DAY5_ALLENTER_DOSE_NB6_INT)</td>
<td>(DAY5_ALLENTER_TOTAL_AMOUNT6_DE)</td>
</tr>
</tbody>
</table>
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) (S30)

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) (S76)

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Route of administration (IM, SC, PO, IV-C, IV-B, T, etc.)</th>
<th>Number of doses given over 24h</th>
<th>Total amount given over 24h (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAY5_ANTIPSYCHO_NAME1_TXT</td>
<td>DAY5_ANTIPSYCHO_ROUTE1_TX</td>
<td>DAY5_ANTIPSYCHO_DOSE_NB1_INT</td>
<td>DAY5_ANTIPSYCHO_TOTAL_AMOUNT1_</td>
</tr>
<tr>
<td>DAY5_ANTIPSYCHO_NAME2_TXT</td>
<td>DAY5_ANTIPSYCHO_ROUTE2_TX</td>
<td>DAY5_ANTIPSYCHO_DOSE_NB2_INT</td>
<td>DAY5_ANTIPSYCHO_TOTAL_AMOUNT2_</td>
</tr>
<tr>
<td>DAY5_ANTIPSYCHO_NAME3_TXT</td>
<td>DAY5_ANTIPSYCHO_ROUTE3_TX</td>
<td>DAY5_ANTIPSYCHO_DOSE_NB3_INT</td>
<td>DAY5_ANTIPSYCHO_TOTAL_AMOUNT3_</td>
</tr>
<tr>
<td>DAY5_ANTIPSYCHO_NAME4_TXT</td>
<td>DAY5_ANTIPSYCHO_ROUTE4_TX</td>
<td>DAY5_ANTIPSYCHO_DOSE_NB4_INT</td>
<td>DAY5_ANTIPSYCHO_TOTAL_AMOUNT4_</td>
</tr>
<tr>
<td>DAY5_ANTIPSYCHO_NAME5_TXT</td>
<td>DAY5_ANTIPSYCHO_ROUTE5_TX</td>
<td>DAY5_ANTIPSYCHO_DOSE_NB5_INT</td>
<td>DAY5_ANTIPSYCHO_TOTAL_AMOUNT5_</td>
</tr>
<tr>
<td>DAY5_ANTIPSYCHO_NAME6_TXT</td>
<td>DAY5_ANTIPSYCHO_ROUTE6_TX</td>
<td>DAY5_ANTIPSYCHO_DOSE_NB6_INT</td>
<td>DAY5_ANTIPSYCHO_TOTAL_AMOUNT6_</td>
</tr>
</tbody>
</table>

4. Was delirium formally assessed today?  
   - No  
   - Yes  
   - Unknown/Not available (DAY5_DELIRIUM_ASSESS_YN) (S601)

4.1. If Yes? to Q 4 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)
4.2. Was the patient diagnosed with delirium today?

- No
- Yes
- Unknown/Not available

4.2.1. If Yes to Q 4.2. indicate what motor subtype of delirium was the most prevalent today? (select only one response)

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

4.2.2. If Yes to Q 4.2. indicate what type of symptoms were present today? (Select all that apply)

- Agitation
- Delusions
- Disorganised thinking
- Disorientation in place/time/person
- Inattention
- Perceptual disturbances and hallucinations
- Reduced level of consciousness
- Short-term memory impairment
- Sleep-wake cycle disturbances
- Other
- Unknown/Not available
D. NEUROMUSCULAR BLOCKERS

1. Did this patient receive a neuromuscular blockade/paralytic agent TODAY? (656)
   - No
   - Yes
   - Unknown/Not available

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

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

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.

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Route</th>
<th>Total dose over 24 hours (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(DAY5_NM_BLOCK_NAME1_TXT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(DAY5_NM_BLOCK_NAME2_TXT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(DAY5_NM_BLOCK_NAME3_TXT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(DAY5_NM_BLOCK_NAME4_TXT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(DAY5_NM_BLOCK_NAME5_TXT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(DAY5_NM_BLOCK_NAME6_TXT)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. What was the patient’s highest level of mobility today? If this information is unknown, select response 8. (726)
For more detailed information about mobility levels description, please click here ➔, (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 PaO2 (See Manual of Operations page 11). (342)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypotension (321)</td>
<td>○ Unknown/Not available ○ No hypotension (MAP ≥70 mmHg) ○ MAP &lt;70 mmHg ○ Dopamine ≥5 mcg/kg/min or Dobutamine (any dose) ○ Dopamine &gt;5 mcg/kg/min or Epinephrine ≥0.1 mcg/kg/min or Norepinephrine ≥0.1 mcg/kg/min or Vasopressin alone (any dose) ○ Dopamine &gt;15 mcg/kg/min or Epinephrine &gt;0.1 mcg/kg/min or Norepinephrine &gt;0.1 mcg/kg/min or Vasopressin in combination with any other drug (DAY6_SOFA_HYPO_SCORE_AUTO)</td>
</tr>
<tr>
<td>Respiration PaO2/FiO2 (2394)</td>
<td>○ Unknown/Not available ○ ≥400 ○ &lt; 400 ○ &lt; 300 ○ &lt; 200 and mechanically ventilated ○ &lt; 100 and mechanically ventilated (DAY6_SOFA_RESPIRATION_RAD)</td>
</tr>
<tr>
<td>GCS (best score) (2397)</td>
<td>○ Unknown/Not available ○ 15 ○ 13-14 ○ 10-12 ○ 6-9 ○ &lt; 6 (DAY6_SOFA_GCS_RAD)</td>
</tr>
<tr>
<td>Platelets (10^9/L) (2400)</td>
<td>○ Unknown/Not available ○ ≥ 150 ○ &lt; 150 ○ &lt; 100 ○ &lt; 50 ○ &lt; 20 (DAY6_SOFA_PLATELETS_RAD)</td>
</tr>
<tr>
<td>Creatinine ?mol/L (mg/dL) (2403)</td>
<td>○ Unknown/Not available ○ &lt; 110 (&lt; 1.2) ○ 110-170 (1.2-1.9) ○ 171-299 (2.0-3.4) ○ 300-440 (3.5-4.9) or Urine output &lt; 500ml/day ○ ≥ 440 (≥ 5.0) or Urine output &lt; 200ml/day (DAY6_SOFA_CREAT_RAD)</td>
</tr>
<tr>
<td>Bilirubin total ?mol/L (mg/dL) (2406)</td>
<td>○ Unknown/Not available ○ &lt; 20 (&lt; 1.2) ○ 20-32 (1.2-1.9) ○ 33-101 (2.0-5.9) ○ 102-204 (6.0-11.9) ○ &gt; 204 (&gt; 12) (DAY6_SOFA_BILIRUBIN_RAD)</td>
</tr>
<tr>
<td>TOTAL SOFA SCORE : (2409)</td>
<td>○ Unknown/Not available (DAY6_SOFA_TOTAL_SCORE_AUTO)</td>
</tr>
</tbody>
</table>

2. What was the predominant mode of respiratory support today? Select only one response, with endotracheal tube (Assisted breathing, e.g. Pressure support) (343)

- Patient was breathing spontaneously with naso cannula, facemask, or high flow nasal cannula (343)
- Non-invasive ventilation: Continuous Positive Airway Pressure (CPAP), or Non-invasive pressure support (e.g. BiPAP) (343)
- Invasive mechanical ventilation with endotracheal tube representing the support mode (Controlled breathing, Pressure or Volume control, and patient not making respiratory efforts) (343)
- Extra-corporeal respiratory support applied for the majority of the day support (343)
- 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_DUR) |
B. SEDATION AND ANALGESIA

1. Did the patient receive ANY sedative today (intravenous infusion, boluses, or enteral)? (346)
   - No
   - Yes
   - Unknown/Not available (DAY6_SEDATIVE_TODAY_YN)

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_TITR_PROTO_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)
   - Noceception 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
today? (2511)

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

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

3.1.1.1. At what rate/dose was the
sedative infusion restarted today after
interruption?

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

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

3.2.1.1. At what rate/dose was the
analgesic infusion restarted today after
interruption?

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

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Total dose for the day (mg/24h)</th>
<th>Number of hours of infusion over 24h (e.g. patient had an infusion running for 11 of 24h today)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(DAY6_INFUSIONS_DRUG_NAME1_TXT)</td>
<td>(DAY6_INFUSIONS_DAILY_DOSE1_DEC)</td>
<td>(DAY6_INFUSIONS_HOURS_24H_1_INT)</td>
</tr>
<tr>
<td>(DAY6_INFUSIONS_DRUG_NAME2_TXT)</td>
<td>(DAY6_INFUSIONS_DAILY_DOSE2_DEC)</td>
<td>(DAY6_INFUSIONS_HOURS_24H_2_INT)</td>
</tr>
<tr>
<td>(DAY6_INFUSIONS_DRUG_NAME3_TXT)</td>
<td>(DAY6_INFUSIONS_DAILY_DOSE3_DEC)</td>
<td>(DAY6_INFUSIONS_HOURS_24H_3_INT)</td>
</tr>
<tr>
<td>(DAY6_INFUSIONS_DRUG_NAME4_TXT)</td>
<td>(DAY6_INFUSIONS_DAILY_DOSE4_DEC)</td>
<td>(DAY6_INFUSIONS_HOURS_24H_4_INT)</td>
</tr>
<tr>
<td>(DAY6_INFUSIONS_DRUG_NAME5_TXT)</td>
<td>(DAY6_INFUSIONS_DAILY_DOSE5_DEC)</td>
<td>(DAY6_INFUSIONS_HOURS_24H_5_INT)</td>
</tr>
<tr>
<td>(DAY6_INFUSIONS_DRUG_NAME6_TXT)</td>
<td>(DAY6_INFUSIONS_DAILY_DOSE6_DEC)</td>
<td>(DAY6_INFUSIONS_HOURS_24H_6_INT)</td>
</tr>
<tr>
<td>(DAY6_INFUSIONS_DRUG_NAME7_TXT)</td>
<td>(DAY6_INFUSIONS_DAILY_DOSE7_DEC)</td>
<td>(DAY6_INFUSIONS_HOURS_24H_7_INT)</td>
</tr>
<tr>
<td>(DAY6_INFUSIONS_DRUG_NAME8_TXT)</td>
<td>(DAY6_INFUSIONS_DAILY_DOSE8_DEC)</td>
<td>(DAY6_INFUSIONS_HOURS_24H_8_INT)</td>
</tr>
</tbody>
</table>

3.4. Was the infusion rate of sedative different during day-time (08:00-20:00) compared to night-time (20:00-08:00)?

3.5. Was the infusion rate of analgesic different during day-time (08:00-20:00) compared to night-time (20:00-08:00)?

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

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Number of doses given over 24h</th>
<th>Total amount given over 24h (mg)</th>
</tr>
</thead>
</table>
5. Enter ALL ENTERAL sedatives and analgesics administered today. Do NOT enter antipsychotics here. (491)

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Number of doses given over 24h</th>
<th>Total amount given over 24h (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(DAY6_ALLENTER_DRUG_NAME1_TXT)</td>
<td>(DAY6_ALLENTER_DOSE_NB1_INT)</td>
<td>(DAY6_ALLENTER_TOTAL_AMOUNT1_DE)</td>
</tr>
<tr>
<td>(DAY6_ALLENTER_DRUG_NAME2_TXT)</td>
<td>(DAY6_ALLENTER_DOSE_NB2_INT)</td>
<td>(DAY6_ALLENTER_TOTAL_AMOUNT2_DE)</td>
</tr>
<tr>
<td>(DAY6_ALLENTER_DRUG_NAME3_TXT)</td>
<td>(DAY6_ALLENTER_DOSE_NB3_INT)</td>
<td>(DAY6_ALLENTER_TOTAL_AMOUNT3_DE)</td>
</tr>
<tr>
<td>(DAY6_ALLENTER_DRUG_NAME4_TXT)</td>
<td>(DAY6_ALLENTER_DOSE_NB4_INT)</td>
<td>(DAY6_ALLENTER_TOTAL_AMOUNT4_DE)</td>
</tr>
<tr>
<td>(DAY6_ALLENTER_DRUG_NAME5_TXT)</td>
<td>(DAY6_ALLENTER_DOSE_NB5_INT)</td>
<td>(DAY6_ALLENTER_TOTAL_AMOUNT5_DE)</td>
</tr>
<tr>
<td>(DAY6_ALLENTER_DRUG_NAME6_TXT)</td>
<td>(DAY6_ALLENTER_DOSE_NB6_INT)</td>
<td>(DAY6_ALLENTER_TOTAL_AMOUNT6_DE)</td>
</tr>
</tbody>
</table>
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)  

   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?  
   ○ 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)

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Route of administration (IM, SC, PO, IV-C, IV-B, T, etc.)</th>
<th>Number of doses given over 24h</th>
<th>Total amount given over 24h (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(DAY6_ANTIPSYCHO_NAME1_TXT)</td>
<td>(DAY6_ANTIPSYCHO_ROUTE1_TX)</td>
<td>(DAY6_ANTIPSYCHO_DOSE_NB1_INT)</td>
<td>(DAY6_ANTIPSYCHO_TOTAL_AMOUNT1_)</td>
</tr>
<tr>
<td>(DAY6_ANTIPSYCHO_NAME2_TXT)</td>
<td>(DAY6_ANTIPSYCHO_ROUTE2_TX)</td>
<td>(DAY6_ANTIPSYCHO_DOSE_NB2_INT)</td>
<td>(DAY6_ANTIPSYCHO_TOTAL_AMOUNT2_)</td>
</tr>
<tr>
<td>(DAY6_ANTIPSYCHO_NAME3_TXT)</td>
<td>(DAY6_ANTIPSYCHO_ROUTE3_TX)</td>
<td>(DAY6_ANTIPSYCHO_DOSE_NB3_INT)</td>
<td>(DAY6_ANTIPSYCHO_TOTAL_AMOUNT3_)</td>
</tr>
<tr>
<td>(DAY6_ANTIPSYCHO_NAME4_TXT)</td>
<td>(DAY6_ANTIPSYCHO_ROUTE4_TX)</td>
<td>(DAY6_ANTIPSYCHO_DOSE_NB4_INT)</td>
<td>(DAY6_ANTIPSYCHO_TOTAL_AMOUNT4_)</td>
</tr>
<tr>
<td>(DAY6_ANTIPSYCHO_NAME5_TXT)</td>
<td>(DAY6_ANTIPSYCHO_ROUTE5_TX)</td>
<td>(DAY6_ANTIPSYCHO_DOSE_NB5_INT)</td>
<td>(DAY6_ANTIPSYCHO_TOTAL_AMOUNT5_)</td>
</tr>
<tr>
<td>(DAY6_ANTIPSYCHO_NAME6_TXT)</td>
<td>(DAY6_ANTIPSYCHO_ROUTE6_TX)</td>
<td>(DAY6_ANTIPSYCHO_DOSE_NB6_INT)</td>
<td>(DAY6_ANTIPSYCHO_TOTAL_AMOUNT6_)</td>
</tr>
</tbody>
</table>

4. Was delirium formally assessed today?  
   ○ No  ○ Yes  ○ Unknown/Not available (DAY6_DELIRIUM_ASSESS_YN)

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)
4.2. Was the patient diagnosed with delirium today?

- No
- Yes
- Unknown/Not available

4.2.1. If Yes to Q 4.2. indicate what motor subtype of delirium was the most prevalent today? (select only one response)

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

4.2.2. If Yes to Q 4.2. indicate what type of symptoms were present today? (Select all that apply)

- Agitation
- Delusions
- Disorganised thinking
- Disorientation in place/time/person
- Inattention
- Perceptual disturbances and hallucinations
- Reduced level of consciousness
- Short-term memory impairment
- Sleep-wake cycle disturbances
- Other
- Unknown/Not available
D. NEUROMUSCULAR BLOCKERS

1. Did this patient receive a neuromuscular blocker/paralytic agent TODAY? (656)
   - No
   - Yes
   - Unknown/Not available

1.1. If ?Yes? to Q D1 indicate what is/are the reasons for neuromuscular paralysis? (Select all that apply)
   - Hypoxemia/ARDS
   - Agitation
   - Asthma
   - Hypercapnia
   - Shock/haemodynamic instability
   - Induction for intubation
   - Concern about accidental tube/device removal
   - For an ICU procedure
   - Brain injury/Increased Intracranial pressure
   - Seizures
   - Transfer (imaging, ambulance, other)
   - Major procedure (surgery, other)
   - Therapeutic hypothermia
   - Unstable arrhythmia
   - Other
   - Unknown/Not available

1.2. If ?Yes? to Q D1 indicate how was the muscle paralysis administered?
   - One or multiple intravenous boluses
   - Continuous infusion
   - Unknown/Not available

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

1.3. If ?Yes? to Q D1 indicate how was the neuromuscular block/paralysis drug monitored today? (Select all that apply)
   - Absence of respiratory effort
   - Absence of patient movement
   - ElectroEncephalography/ElectroMiography (EEG, BIS, Entropy, etc.)
   - Train of four (TOF) monitoring
   - Other
   - Unknown/Not available

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

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Route</th>
<th>Total dose over 24 hours (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(DAY6_NM_BLOCK_NAME1_TXT)</td>
<td>Bolus</td>
<td>(DAY6_NM_BLOCK_ROUTE1_RAD)</td>
</tr>
<tr>
<td>(DAY6_NM_BLOCK_NAME2_TEXTURED)</td>
<td>Bolus</td>
<td>(DAY6_NM_BLOCK_ROUTE2_RAD)</td>
</tr>
<tr>
<td>(DAY6_NM_BLOCK_NAME3_TEXTURED)</td>
<td>Bolus</td>
<td>(DAY6_NM_BLOCK_ROUTE3_RAD)</td>
</tr>
<tr>
<td>(DAY6_NM_BLOCK_NAME4_TEXTURED)</td>
<td>Bolus</td>
<td>(DAY6_NM_BLOCK_ROUTE4_RAD)</td>
</tr>
<tr>
<td>(DAY6_NM_BLOCK_NAME5_TEXTURED)</td>
<td>Bolus</td>
<td>(DAY6_NM_BLOCK_ROUTE5_RAD)</td>
</tr>
<tr>
<td>(DAY6_NM_BLOCK_NAME6_TEXTURED)</td>
<td>Bolus</td>
<td>(DAY6_NM_BLOCK_ROUTE6_RAD)</td>
</tr>
</tbody>
</table>
E. MOBILITY

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 edge of bed
   - 4 = Standing
   - 5 = Transfer from bed to chair with standing
   - 6 = Marching in place
   - 7 = Walking
   - 8 = Unknown

   For more detailed information about mobility levels description, please click here. (DAY6_MOBILITY_LEVELDDL)
Day 7

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

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 PaO2 (See Manual of Operations page 11). (342)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypotension (321)</td>
<td></td>
</tr>
</tbody>
</table>
  - Unknown/Not available  
  - No hypotension (MAP ≥70 mmHg)  
  - MAP <70 mmHg  
  - Dopamine ≥5 mcg/kg/min or Dobutamine (any dose)  
  - Dopamine >5 mcg/kg/min or Epinephrine ≥0.1 mcg/kg/min or Norepinephrine ≥0.1 mcg/kg/min or Vasopressin alone (any dose)  
  - Dopamine >15 mcg/kg/min or Epinephrine >0.1 mcg/kg/min or Norepinephrine >0.1 mcg/kg/min or Vasopressin in combination with any other drug |
| Respiration PaO2/FiO2 (2798) |  
  - Unknown/Not available  
  - ≥ 400  
  - < 400  
  - < 300  
  - < 200 and mechanically ventilated  
  - < 100 and mechanically ventilated |
| GCS (best score) (2801) |  
  - Unknown/Not available  
  - 15  
  - 13-14  
  - 10-12  
  - 6-9  
  - < 6 |
| Platelets (10^9/L) (2804) |  
  - Unknown/Not available  
  - ≥ 150  
  - < 150  
  - < 100  
  - < 50  
  - < 20 |
| Creatinine ?mol/L (mg/dL) (2807) |  
  - Unknown/Not available  
  - < 110 (< 1.2)  
  - 110-170 (1.2-1.9)  
  - 171-299 (2.0-3.4)  
  - 300-440 (3.5-4.9) or Urine output < 500ml/day  
  - ≥ 440 (≥ 5.0) or Urine output < 200ml/day |
| Bilirubin total ?mol/L (mg/dL) (2810) |  
  - Unknown/Not available  
  - < 20 (< 1.2)  
  - 20-32 (1.2-1.9)  
  - 33-101 (2.0-5.9)  
  - 102-204 (6.0-11.9)  
  - > 204 (> 12) |

TOTAL SOFA SCORE : (2813)

2. What was the predominant mode of respiratory support today? Select only one response, with endotracheal tube (Assisted breathing, e.g. Pressure support) or Invasive mechanical ventilation with endotracheal tube representing the support mode (Controlled breathing, Pressure or Volume control, and patient not making respiratory efforts) or Extra-corporeal respiratory applied for the majority of the day support. (343)

- Patient was breathing spontaneously with nasal cannula, facemask, or high flow nasal cannula  
- Non-invasive ventilation: Continuous Positive Airway Pressure (CPAP), or Non-invasive pressure support (e.g. BiPAP)  
- Invasive mechanical ventilation today?  
- Other Data/Information not available (DAY7_RESPI_SUPPORT_MODE_DDL)

3. Did the patient require proning for hypoxaemia today?  
   - No  
   - Yes  
   - Unknown/Not available (DAY7_PRONING_YN)
3.1. How long was the patient in prone position today? (hours) ()  

(DAY7_PRONING_DURATION)
**B. SEDATION AND ANALGESIA**

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

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

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

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

1.2.2. Was sedation titrated according to a formal written protocol?
   - [ ] No
   - [ ] Yes
   - [ ] Unknown/Not available

1.2.3. Was sedation titrated according to neuromonitoring?
   - [ ] Electroencephalogram (EEG) or EEG-derived measures
   - [ ] IntraCranial Pressure
   - [ ] Near-InfraRed Spectroscopy (NIRS)
   - [ ] No neuromonitoring used
   - [ ] Other
   - [ ] Unknown/Not available

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

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

2.1.1. If yes, please specify the scale(s) used:
   - [ ] Behavioral Pain Scale
   - [ ] Critical Care Pain Observation Tool
   - [ ] Faces Pain Scale
   - [ ] Nociception Coma Scale
   - [ ] Non-Verbal Pain Scale (NVPS)
   - [ ] Numeric Rating Scale (NRS)
   - [ ] Visual Analogue Scale (VAS)
   - [ ] Other
   - [ ] Unknown/Not available

2.2. Was a target pain score set for today?
   - [ ] No
   - [ ] Yes
   - [ ] Unknown/Not available

2.3. Was analgesia titrated according to a formal written protocol?
   - [ ] No
   - [ ] Yes
   - [ ] Unknown/Not available

3. Did the patient receive a continuous infusion of SEDATIVE or ANALGESIC?
3.1. If the patient received continuous SEDATIVE infusions, were the infusions interrupted intentionally TODAY?

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

3.1.1.1. At what rate/dose was the sedative infusion restarted today after interruption?

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

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

3.2.1.1. At what rate/dose was the analgesic infusion restarted today after interruption?

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

3.4. Was the infusion rate of sedative different during day-time (08:00-20:00) compared to night-time (20:00-08:00)?

3.5. Was the infusion rate of analgesic different during day-time (08:00-20:00) compared to night-time (20:00-08:00)?

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

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Number of doses given over 24h</th>
<th>Total amount given over 24h (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAY7_ALLENTER_DRUG_NAME1_TXT</td>
<td>DAY7_ALLENTER_DOSE_NB1_INT</td>
<td>DAY7_ALLENTER_TOTAL_AMOUNT1_DEC</td>
</tr>
<tr>
<td>DAY7_ALLENTER_DRUG_NAME2_TXT</td>
<td>DAY7_ALLENTER_DOSE_NB2_INT</td>
<td>DAY7_ALLENTER_TOTAL_AMOUNT2_DEC</td>
</tr>
<tr>
<td>DAY7_ALLENTER_DRUG_NAME3_TXT</td>
<td>DAY7_ALLENTER_DOSE_NB3_INT</td>
<td>DAY7_ALLENTER_TOTAL_AMOUNT3_DEC</td>
</tr>
<tr>
<td>DAY7_ALLENTER_DRUG_NAME4_TXT</td>
<td>DAY7_ALLENTER_DOSE_NB4_INT</td>
<td>DAY7_ALLENTER_TOTAL_AMOUNT4_DEC</td>
</tr>
<tr>
<td>DAY7_ALLENTER_DRUG_NAME5_TXT</td>
<td>DAY7_ALLENTER_DOSE_NB5_INT</td>
<td>DAY7_ALLENTER_TOTAL_AMOUNT5_DEC</td>
</tr>
<tr>
<td>DAY7_ALLENTER_DRUG_NAME6_TXT</td>
<td>DAY7_ALLENTER_DOSE_NB6_INT</td>
<td>DAY7_ALLENTER_TOTAL_AMOUNT6_DEC</td>
</tr>
</tbody>
</table>
C. AGITATION AND ANTIPSYCHOTICS

1. Were physical restraints (any of: wrist, ankle or trunk) applied TODAY? ☐ No ☐ Yes ☐ Unknown/Not available (DAY7_PHYS_RERAINT_YN) (S30)

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_RERAINT_TYPE1_CB)
☐ Mittens (DAY7_PHYS_RERAINT_TYPE2_CB)
☐ Torso (DAY7_PHYS_RERAINT_TYPE3_CB)
☐ Wrist (DAY7_PHYS_RERAINT_TYPE4_CB)
☐ Other (DAY7_PHYS_RERAINT_TYPE5_CB)
☐ Unknown/Not available (DAY7_PHYS_RERAINT_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)

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Route of administration (IM, SC, PO, IV-C, IV-B, T, etc.)</th>
<th>Number of doses given over 24h</th>
<th>Total amount given over 24h (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(DAY7_ANTIPSYCHO_NAME1_TXT)</td>
<td>(DAY7_ANTIPSYCHO_ROUTE1_TX)</td>
<td>(DAY7_ANTIPSYCHO_DOSE_NB1_INT)</td>
<td>(DAY7_ANTIPSYCHO_TOTAL_AMOUNT1_)</td>
</tr>
<tr>
<td>(DAY7_ANTIPSYCHO_NAME2_TXT)</td>
<td>(DAY7_ANTIPSYCHO_ROUTE2_TX)</td>
<td>(DAY7_ANTIPSYCHO_DOSE_NB2_INT)</td>
<td>(DAY7_ANTIPSYCHO_TOTAL_AMOUNT2_)</td>
</tr>
<tr>
<td>(DAY7_ANTIPSYCHO_NAME3_TXT)</td>
<td>(DAY7_ANTIPSYCHO_ROUTE3_TX)</td>
<td>(DAY7_ANTIPSYCHO_DOSE_NB3_INT)</td>
<td>(DAY7_ANTIPSYCHO_TOTAL_AMOUNT3_)</td>
</tr>
<tr>
<td>(DAY7_ANTIPSYCHO_NAME4_TXT)</td>
<td>(DAY7_ANTIPSYCHO_ROUTE4_TX)</td>
<td>(DAY7_ANTIPSYCHO_DOSE_NB4_INT)</td>
<td>(DAY7_ANTIPSYCHO_TOTAL_AMOUNT4_)</td>
</tr>
<tr>
<td>(DAY7_ANTIPSYCHO_NAME5_TXT)</td>
<td>(DAY7_ANTIPSYCHO_ROUTE5_TX)</td>
<td>(DAY7_ANTIPSYCHO_DOSE_NB5_INT)</td>
<td>(DAY7_ANTIPSYCHO_TOTAL_AMOUNT5_)</td>
</tr>
<tr>
<td>(DAY7_ANTIPSYCHO_NAME6_TXT)</td>
<td>(DAY7_ANTIPSYCHO_ROUTE6_TX)</td>
<td>(DAY7_ANTIPSYCHO_DOSE_NB6_INT)</td>
<td>(DAY7_ANTIPSYCHO_TOTAL_AMOUNT6_)</td>
</tr>
</tbody>
</table>

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)
### 4.2. Was the patient diagnosed with delirium today?

- **No**
- **Yes**
- **Unknown/Not available**

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

- **Hyperactive**
- **Hypoactive**
- **Mixed (Hyper- & Hypo-active)**
- **Unknown/Not available**

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

- **Agitation**
- **Delusions**
- **Disorganised thinking**
- **Disorientation in place/time/person**
- **Inattention**
- **Perceptual disturbances and hallucinations**
- **Reduced level of consciousness**
- **Short-term memory impairment**
- **Sleep-wake cycle disturbances**
- **Other**
- **Unknown/Not available**
D. NEUROMUSCULAR BLOCKERS

1. Did this patient receive a neuromuscular blocker/paralytic agent TODAY? (656)
   - No
   - Yes
   - Unknown/Not available

   1.1. If Yes to Q D1 indicate what is/are the reasons for neuromuscular paralysis? (Select all that apply)
   - Hypoxemia/ARDS
   - Agitation
   - Asthma
   - Hypercapnia
   - Shock/hemodynamic instability
   - Induction for intubation
   - Concern about accidental tube/device removal
   - For an ICU procedure
   - Brain injury/Increased Intracranial pressure
   - Seizures
   - Transfer (imaging, ambulance, other)
   - Major procedure (surgery, other)
   - Therapeutic hypothermia
   - Unstable arrhythmia
   - Other
   - Unknown/Not available

1.2. If Yes to Q D1 indicate how was the muscle paralysis administered?
   - One or multiple intravenous boluses
   - Continuous infusion
   - Unknown/Not available

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

1.3. If Yes to Q D1 indicate how was the neuromuscular block/paralysis drug monitored today? (Select all that apply)
   - Absence of respiratory effort
   - Absence of patient movement
   - EEG, BIS, Entropy, etc.
   - Train of four
   - Other
   - Unknown/Not available

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

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Route</th>
<th>Total dose over 24 hours (mg)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
E. MOBILITY

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

0 = Nothing
1 = Transfer from bed to chair without standing
2 = Sitting in bed/exercises in bed
3 = Sitting at edge of bed
4 = Standing
5 = Transfer from bed to chair with standing
6 = Marching in place
7 = Walking
8 = Unknown

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

(726) (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}