

FENICE II FAQs

GENERAL RULES	2
<i>Complete/Incomplete/Unverified button</i>	2
<i>“must provide a value” data</i>	2
SCREENING	3
<i>How to perform the screening during the study period?</i>	3
<i>What does the question “At what time is the daily fluid balance recorded in your ICU?” refer to?</i>	3
ICU CHARACTERISTICS	4
<i>CLINICAL FRAILITY SCALE assessment:</i>	4
<i>Comorbidities:</i>	4
<i>Main reason for ICU admission:</i>	4
ICU LABS	5
ICU FLUIDS	6
OUTCOME – DISCHARGE	7
FLUID BOLUS	8

GENERAL RULES

Complete/Incomplete/Unverified button

- **"Complete" Button – Green Light:**
When you click the "Complete" button, a green light will appear, once the page has been saved. This indicates that **all required data has been provided** and everything is in order. No further action is needed.
- **"Incomplete" Button – Red Light:**
Clicking the "Incomplete" button will result in a red light, once the page has been saved. This means that **some required or not required data is missing**.
- **"Unverified" Button – Yellow Light:**
If the "Unverified" button is selected, a yellow light will appear. This means that the data may be **inconsistent or needs further verification**. You should review the information to ensure its accuracy and resolve any discrepancies.

Please note that:

All data entered will be saved regardless of the light color displayed at the end. This means that even if you insert data but the light remains red, all the entered information will still be saved. Similarly, if you have entered all the necessary data but are unable to click on the "Complete" button, the light will remain red. Therefore, the color of the light should be viewed as a **reminder** for the users, indicating the following:

1. **I have all the requested data while completing the form** → "Complete" button → **Green**
(All required data is present, and everything is in order.)
2. **I have no data for a specific section (e.g., blood tests)** → "Incomplete" button → **Red**
(You need to insert the missing data later.)
3. **I have some data, or some data needs to be verified later** → "Unverified" button → **Yellow**
(You need to check or complete the data later.)

"must provide a value" data

Data marked as "must provide a value" are those that are required to always be included. If these fields are left empty and you try to save the page, an **alert** will appear, notifying you that these essential fields are missing. However, it's important to note that the **absence of these "must provide a value" fields will not block you from entering or saving other data**. The system allows you to continue adding and saving additional information, but you will be prompted to complete the missing required fields before final submission.

SCREENING

How to perform the screening during the study period?

To perform the screening, follow these steps:

1. **Fill Out Demographic Forms:** Complete all required sections of the demographic forms, including patient details and relevant dates related to hospital and ICU admission.
2. **Assess Inclusion and Exclusion Criteria:** Review the patient's information regarding the inclusion and exclusion criteria for the study or procedure.
 - If the patient does **not** meet the inclusion criterion or meets **at least one** exclusion criterion, indicate this in the system.
3. **Save and Exit:** After documenting the findings, press the "save and exit" button to finalize the screening process.

This will complete your screening procedure efficiently.

What does the question “At what time is the daily fluid balance recorded in your ICU?” refer to?

The question regarding the timing of the daily fluid balance recording in your ICU refers to the specific time adopted for this practice, typically aligned with the end of the ICU day

ICU Characteristics

CLINICAL FRAILITY SCALE assessment:

Please refer to the information present on the webpage or to the following picture:

Clinical Frailty Scale*



1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



2 Well – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.



3 Managing Well – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.



4 Vulnerable – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being “slowed up”, and/or being tired during the day.



5 Mildly Frail – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



6 Moderately Frail – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.



7 Severely Frail – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



9. Terminally Ill - Approaching the end of life. This category applies to people with **a life expectancy <6 months**, who are **not otherwise evidently frail**.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008.
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

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Comorbidities:

More than one can be inserted

Main reason for ICU admission:

Please specify the reason related to major organ instability that necessitated the patient's transfer to the ICU. Only one choice is possible.

ICU Labs

In this section, if there is a lab value that is unavailable, please leave it blank or mark it as N/A.

ICU FLUIDS

This section is the most important part of the entire dataset, and it is expected to be filled out accurately and promptly. To make the process easier for users, all the fields are initially set to "zero." The user only needs to modify the values for the relevant fields that apply to the specific case. This ensures consistency and reduces the chances of missing or incorrect data.

If the value 0 is removed and not replaced with another numerical value, the automatic calculation will not be performed. Therefore, please leave 0 in every field that is not replaced with a different numerical value.

Outcome – Discharge

Rules for indicating mortality based on the patient's length of stay and survival within the 30-day period:

ICU and Hospital Mortality are considered within **30 days** of patient enrollment. This means:

- If a patient stays in the ICU for more than 30 days **without dying**, you should select "**The patient is still alive in ICU 30 days after admission**".
- If the patient is discharged from the ICU but is still alive **30 days after admission**, you should select "**No**" only in the **Hospital mortality** box.

FLUID BOLUS

As stated in the previous section **“Fluid bolus is considered any amount of fluid given within 30 minutes or using the maximum speed available by pumps”**.

This section follows the data collection methodology used in the **FENICE I**. The primary requirement is to enter the data for the **first fluid bolus administered to the patient**. Once the data for the first bolus is entered, a **(+) button** will appear, allowing you to add data for up to **two additional fluid boluses** per patient, per day.