



Date [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Center-Code [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Unit-Code [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Patient number [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Date of ICU admission [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Date of admission in hospital [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Age (years) [ ] [ ] [ ] [ ] [ ] [ ]

Sex  Female  Male  Others

Height [ ] [ ] [ ] [ ] cm  estimated  measured

Weight [ ] [ ] [ ] [ ] kg  estimated  measured (if postsurgery, please use preoperative weight)

PATIENT INFO BEFORE ICU ADMISSION:

1. Admitted to the ICU from

- Operating room
 Emergency room
 Other ICU
 Normal ward
 Other institutions
 Home
 Other
 I don't know

2. Mobility

- Independently mobile  Bedridden
 Mobile with help  NA

3. Did the patient have surgery?

- Scheduled surgery  No surgery
 Emergency surgery  I don't know
[ ] [ ] [ ] [ ] days since surgery

AT ICU ADMISSION: (mark all that apply)

ICD-10 DIAGNOSIS (4) (5) and SPECIFIC COMORBIDITIES (6) section with human silhouette diagram and checkboxes for various medical conditions.

Please continue with sheet 2b



Date

Center-Code

Unit-Code

Patient number

7. Main reasons for ICU dependency at ICU admission

- Abdominal                       Cardiac                               Pulmonary                               Trauma
- Burns                               Neurological                               Sepsis                                       Other
- Renal                                 Metabolic                               Transplantation

8. GLASGOW COMA SCALE (estimated score as if the patient would not be sedated)

Eyes

- 1=Does not open eyes
- 2=Opens eyes to pain
- 3=Opens eyes to speech
- 4=Opens eyes spontaneously

Verbal

- 1=Makes no sounds
- 2=Incomprehensible sounds
- 3=Utters incoherent words
- 4=Confused, disoriented
- 5=Oriented, speaks normally

Motor

- 1=Makes no movements
- 2=Extension to painful stimuli
- 3=Abnormal flexion to painful stimuli
- 4=Flexion or withdrawal to painful stimuli
- 5=Localizes painful stimuli
- 6=Obeys commands

or provide total score of Glasgow Coma Scale

9. LABORATORY VALUES ON THE DAY OF ICU ADMISSION

Value	Unit	MIN	MAX	Value	Unit	MIN	MAX
pH				WBC	<input type="radio"/> 10 <sup>3</sup> /μL <input type="radio"/> G/L		
pCO2	mmHg			Platelets	<input type="radio"/> 10 <sup>3</sup> /μL <input type="radio"/> G/L		
PaO2	mmHg			Creatinine	<input type="radio"/> mg/dL <input type="radio"/> μmol/L		
FiO2				Serum UREA OR BUN	<input type="radio"/> mg/dL <input type="radio"/> μmol/L		
Lactate	<input type="radio"/> mg/dL <input type="radio"/> μmol/L			Sodium	<input type="radio"/> mg/dL <input type="radio"/> μmol/L		
Glucose	<input type="radio"/> mg/dL <input type="radio"/> μmol/L			Potassium	<input type="radio"/> mg/dL <input type="radio"/> μmol/L		
Heart rate	bpm			Phosphate	<input type="radio"/> mg/dL		
Syst. blood pressure	mmHg			Bilirubin (total)	<input type="radio"/> mg/dL <input type="radio"/> μmol/L		
Temperature	<input type="radio"/> °C <input type="radio"/> °F						
Urine Output	ml/24h						

10. INFECTIONS within last 10 days:

Pneumonia	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
Urinary tract	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
Vascular catheter	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
Wound	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
Blood cultures positive	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA