

Please mark the correct boxes that apply to the resident



# INTENSIVE CARE UNITS SHEET 2

Date

Center-Code

Unit-Code

Patient number    Patient Initials  Age   years

Sex  Female  Male

Weight (on day of ICU admission)    lb.  estimated  measured *If postsurgery, please use postoperative weight*

Height  ft.  in.  estimated  measured

Date of ICU admission       (dd.mm.yyyy)

Date of admission in hospital       (dd.mm.yyyy)

Patient is  Medical  Surgical

OP is  Elective  Emergency Number of days since OP    days

### Main reasons for ICU dependency (at ICU admission)

- Abdominal  Cardiac  Pulmonary  Trauma  
 Burns  Neurological  Septic  Others

### Co-morbidities

- Cancer therapy  Cirrhosis  Hematological cancer  
 Cancer,metastase  Hearth failure (NYHA IV)  AIDS

### GLASCOW Coma Scale (admission day)

EYES	VERBAL	MOTOR
<input type="radio"/> 1 = No eye opening	<input type="radio"/> 1 = None	<input type="radio"/> 1 = No motor response
<input type="radio"/> 2 = Eye opening to pain	<input type="radio"/> 2 = No words, only sounds	<input type="radio"/> 2 = Extention to pain
<input type="radio"/> 3 = Eye opening to speech	<input type="radio"/> 3 = Words, but not coherent	<input type="radio"/> 3 = Flexion to pain
<input type="radio"/> 4 = Eye opening spontaneously	<input type="radio"/> 4 = Disoriented conversation	<input type="radio"/> 4 = Withdraws from pain
	<input type="radio"/> 5 = Normal conversation	<input type="radio"/> 5 = Localizes to pain
		<input type="radio"/> 6 = Obeys commands

### LABORATORY (admission day)

Parameter	UNIT	MIN	MAX	Parameter	UNIT	MIN	MAX
Syst. Blood pressure	mmHg	<input type="text"/>	<input type="text"/>	Potassium	<input type="radio"/> mEq/L <input type="radio"/> mmol/L	<input type="text"/>	<input type="text"/>
Heart rate	bpm	<input type="text"/>	<input type="text"/>	Sodium	<input type="radio"/> mEq/L <input type="radio"/> mmol/L	<input type="text"/>	<input type="text"/>
Body temperature	<input type="radio"/> °C <input type="radio"/> °F	<input type="text"/>	<input type="text"/>	pH		<input type="text"/>	<input type="text"/>
PaO2/FIO2	mmHg	<input type="text"/>	<input type="text"/>	HCO3-	<input type="radio"/> mEq/L <input type="radio"/> mmol/L	<input type="text"/>	<input type="text"/>
Urine output	ml (in 24h)	<input type="text"/>	<input type="text"/>	Bilirubin	<input type="radio"/> mg/dl <input type="radio"/> µmol/L	<input type="text"/>	<input type="text"/>
Serum urea	<input type="radio"/> mg/dl <input type="radio"/> mmol/L	<input type="text"/>	<input type="text"/>	Creatinine	<input type="radio"/> mg/dl <input type="radio"/> µmol/L	<input type="text"/>	<input type="text"/>
BUN	<input type="radio"/> mg/dl <input type="radio"/> mmol/L	<input type="text"/>	<input type="text"/>	Glucose	<input type="radio"/> mg/dl <input type="radio"/> mmol/L	<input type="text"/>	<input type="text"/>
WBC	<input type="radio"/> 10 <sup>3</sup> /µL <input type="radio"/> 10 <sup>9</sup> /L	<input type="text"/>	<input type="text"/>	Lactat	<input type="radio"/> mg/dl <input type="radio"/> mmol/L	<input type="text"/>	<input type="text"/>

THANK YOU!