

SHEET 1:

- Date:** Insert the nutritionDay date 23/02/2017 (dd/mm/yyyy).
- Center Code:** Please insert the anonymous Code (1 to 9999) that you received from the coordinating center. Codes from previous years remain valid.
- Unit Code:** Please insert the anonymous Code (1 to 9999) that you received from the coordinating center. Codes from previous years remain valid.
- Actual number of ICU beds:** Please fill in the number of beds that are currently staffed at the moment.
- Maximum number of ICU beds:** Please fill in the maximum number of beds in your unit.
- Type of ICU:** Check one option. If your unit type is not listed, check "other".
- Medical stuff working in your ICU on NutritionDay:** Insert the total number of people working in your unit (physicians, consultants, nurses etc.) on nutritionDay.

		ICU		1		Date		Centre Code		Unit Code	
Actual number of ICU beds						beds					
Maximum number of ICU beds						beds					
Type of ICU (please tick):											
<input type="radio"/> medical ICU		<input type="radio"/> surgical ICU		<input type="radio"/> interdisciplinary ICU		<input type="radio"/> HDU		<input type="radio"/> other			
People working in your unit on 123 ICU NutritionDay:											
				number				number			
				morning shift:				night shift:			
				intensivist (> 75% on ICU)				anesthetologist			
				internist				pediatrician			
				others				nurses			
				nursing aides				dieticians/ diabetic assistants			
				physiotherapists							
Is there a person on your unit dedicated to nutritional care?										Y = YES, N = NO	
Is there a nutrition team in your hospital?										Y = YES, N = NO	
Do you have written procedures for nutritional care?										Y = YES, N = NO	
If YES, which one ...											
				ICU nutrition protocol						Y = YES, N = NO	
				national/international guidelines						Y = YES, N = NO	
				individual patient care plans						Y = YES, N = NO	
How do you assess the nutritional status of a patient?											
				clinical global assessment						Y = YES, N = NO	
				weight/ height						Y = YES, N = NO	
				by checking laboratory parameters						Y = YES, N = NO	
				by using a score/questionnaire						Y = YES, N = NO	
Where do you prepare parenteral nutrition?											
				ICU						Y = YES, N = NO	
				Pharmacy						Y = YES, N = NO	
				Other						Y = YES, N = NO	
COMMENTS:											

General items:

- Please answer these questions with Y for yes and N for no.
- Comments: Please write any additional information for us or report any problems you had completing the questionnaires.

SHEET 2:

- Patient's initials:** Insert patient's initials by writing the two first letters of the first name and the two first letters of the last name into the boxes, e.g. Peter Smith => P E S M.
- Patient's number:** Please provide a unique number for all of the patient's on the unit. Assign these numbers consecutively to correlate with the numbers on the nutritionDay ICU Patient List.
- Gender:** Please complete "f" for female, "m" for male.
- Age:** Please insert the age in years.
- Weight (on day of ICU-admission):** Please insert weight in kg and "m" for actual or "e" if estimated.
- Height:** Please insert height in cm and "m" for actual or "e" if estimated.

		GENERAL		Patient's initials:		Pat. N°:		123		nutritionDay on worldwide ICU	
CENTER CODE:		UNIT CODE:		DATE:							
PATIENT'S STATUS											
gender (m/f)		m/f		m = male, f = female							
age		years		in years							
weight (on day of ICU-admission)		kg		m/e		if patients use pseudoweight use "m" if measured and "e" if estimated					
height		cm		m/e		please insert					
date of ICU admission		dd/mm/yy									
date of admission in hospital		dd/mm/yy									
Patient is:											
medical or surgical?		m/si		m = medical, si = surgical							
number of days since OP		d		= actual date, 0 = today							
elective or emergency?		i/e		i = elective, e = emergency							
main reasons for ICU dependency (at ICU admission)		<input type="checkbox"/> abdominal <input type="checkbox"/> burns <input type="checkbox"/> cardiac <input type="checkbox"/> neurological		<input type="checkbox"/> pulmonary <input type="checkbox"/> septic <input type="checkbox"/> trauma <input type="checkbox"/> others							
comorbidities		<input type="checkbox"/> cancer therapy <input type="checkbox"/> cancer, metastase <input type="checkbox"/> diabetes		<input type="checkbox"/> heart failure (NYHA I) <input type="checkbox"/> hematological cancer <input type="checkbox"/> AIDS							
GLASCOW Coma Scale (Admission Day)											
EYE		VERBAL		MOTOR							
<input type="checkbox"/> 1 = No eye opening <input type="checkbox"/> 2 = Eye opening to pain <input type="checkbox"/> 3 = Eye opening to speech <input type="checkbox"/> 4 = Eyes opening spontaneously		<input type="checkbox"/> 1 = None <input type="checkbox"/> 2 = No words...only sounds <input type="checkbox"/> 3 = Words, but not coherent <input type="checkbox"/> 4 = Disoriented conversation <input type="checkbox"/> 5 = Normal conversation		<input type="checkbox"/> 1 = No motor response <input type="checkbox"/> 2 = Extension to pain <input type="checkbox"/> 3 = Flexion to pain <input type="checkbox"/> 4 = Withdrawal from pain <input type="checkbox"/> 5 = Localizes to pain <input type="checkbox"/> 6 = Obeys commands							
LABORATORY (Admission Day)											
syst. blood pressure		mmHg		units		MIN		MAX			
heart rate		bpm									
temp.		<input type="checkbox"/> °C <input type="checkbox"/> °F									
PaO2/PO2		mmHg									
urine output		ml(n 24h)									
serum urea		O=nl <input type="checkbox"/> mmat									
BUN		mg/dl									
Potassium		mmol/l									
Sodium		mmol/l									
pH											
HCO3-		mEq/L									
Bilirubin		<input type="checkbox"/> mg/dl <input type="checkbox"/> mmat									
Creatinine		<input type="checkbox"/> mg/dl <input type="checkbox"/> mmat									
Glucose		<input type="checkbox"/> mg/dl <input type="checkbox"/> mmat									
lactat		<input type="checkbox"/> mg/dl <input type="checkbox"/> mmat									

Data from ICU Admission Day

16. **Date of ICU admission:** Please insert this ICU admission date as follow dd/mm/yy.
17. **Date of hospital admission:** Please insert this hospital admission date as follow dd/mm/yy.
18. **Patient is medical or surgical:** Please insert **ME** for medical patients, non post surgery ICU admission or **SU** for surgical patients, post surgery ICU admission.
19. **Number of days since OP:** Please calculate and insert the number of post op days, for major surgery only. This does not include any minor procedures such as tracheostomy, PEG, PEJ, etc. Day 1 post op is the first 24 hours after the surgery.
20. **Patient is elective or emergency:** Please choose one of the possible answers.
21. **Co-morbidities:** Please select all that apply to this patient.
22. **Please choose one of the possible answers.**
23. **Systolic blood pressure:** Please insert minimal and maximal values of the day. If you have only one measurement on that day please insert as maximal. Normal range 90-140 mmHg.
24. **Heart rate:** Please insert minimal and maximal values of the day. If you have only one measurement on that day please insert as maximal. Normal range 60-100 bpm.
25. **Temperature:** Please insert lowest (minimal) and highest (maximal) patient temperature in the first 24 hours. If the temperature was only taken once please insert this value as maximum. Please check "C" for centigrade or "F" for Fahrenheit.
26. **PaO₂/FiO₂:** Please calculate the ratio of partial pressure of arterial O₂ to the fraction of inspiratory O₂ and insert minimal and maximal values of the day. For the FiO₂ use the percent value in decimal form (for example 30% -> 0,3).
27. **Urine output:** Please insert value in ml (millilitres).
28. **Serum urea:** Please insert lowest (minimal) and highest (maximal) of serum urea in the first 24 hours. Please specify by checking g/L (grams/liter) or mmol/l.
29. **BUN:** Please insert the maximal value of the day (mg/dl or mmol/l). Normal range 7-20 mg/dl.
30. **White blood cells:** Please insert lowest (minimal) and highest (maximal) white blood cells in grams/liter (g/l) in the first 24 hours. If the white blood cell count was only taken once please insert this value as maximum.
31. **Potassium:** Please insert lowest (minimal) and highest (maximal) potassium in mmol/l in the first 24 hours. If the potassium was only taken once please insert this value as maximum.
32. **Sodium:** Please insert the lowest (minimal) and highest (maximal) Sodium (Na) in millimoles/liter (mmol/l) in the first 24 hours. If the Sodium was only taken once please insert this value as maximum.
33. **pH:** Please insert lowest (minimal) and highest (maximal) pH in mmol/liter (mmol/l) in the first 24 hours. If the white blood cell count was only taken once please insert this value as maximum.

- 34. **HCO3:** Please insert lowest (minimal) and highest (maximal) HCO3 in meq/liter in the first 24 hours. If the white blood cell count was only taken once please insert this value as maximum.
- 35. **Bilirubin:** Please insert the highest (maximal) bilirubin in mmol/l in the first 24 hours. Please check mg/dl or mmol/l.
- 36. **Creatinine:** Please insert the highest (maximal) creatinine in mmol/l in the first 24 hours. Please check mg/dl or µmol/l.
- 37. **Glucose:** Please insert lowest (minimal) and highest (maximal) glucose. Please check mg/dl (milligrams/decilitre) or mmoles/l (millimoles/liter) in the first 24 hours. If the white blood cell count was only taken once please insert this value as maximum.
- 38. **Lactate:** Please insert lowest (minimal) and highest (maximal) lactate. Please check mg/dl (milligrams/decilitre) or mmoles/l (millimoles/liter) in the first 24 hours. If the white blood cell count was only taken once please insert this value as maximum.

SHEET 3:

Date, Patient's number and initials, Center and Unit Code should be filled in by unit staff. Insert center and unit code before multiplying the sheets.

- 39. **Glasgow Coma Scale:** look at sheet number 2 and calculate and insert the GCS Score.
- 40. **Sedation with Propofol?:** Please circle "Y" for yes and "N" for no. If Y, enter the ml/d.
- 41. **PaO2/FiO2:** Please calculate the ratio of partial pressure of arterial O2 to the fraction of inspiratory O2 and insert minimal value of the day. For the FiO2 use the percent value in decimal form (for example 30% --> 0,3)
- 42. **mean blood pressure:** Enter the lowest Blood Pressure Value in the past hour.
- 43. **Urine volume:** Please enter the total ml of urine volume over the last 24h.
- 44. **Lactate:** Please insert the minimal and maximal values of the day and specify if mg/dl or mmol/l. Normal range: 4 - 20 mg/dl or 3,3 - 6 mmol/l.
- 45. **Platelets:** Please insert the minimal value in the past 24 hours.
- 46. **Please tick only for "Yes".**

TREATMENT/LABORATORY (Actual day)		NEMS (Actual day)	
sedated	Yes/No, Intermittent, Continuous	Basic monitoring	Hourly vitals, regular record and calculation of fluid balance
sedation	Yes/No, Intermittent, Continuous	Intravenous medication	Isol or continuous, NOT including vasopressor drugs
propofol: GCS score	if patient would not be sedated	Mechanical/ventilatory support	any form of mechanical/ventilatory, with or without PEEP (e.g., CPAP), with or without muscle relaxant
sedation with propofol?	Y/N (Y = Yes, N = No, never used)	Supplemental ventilatory care	low-flow, continuous-flow, non-invasive, or high-flow, supplemental O2 via method(s) used (fill in)
sedation more than 8 hours	Yes/No, Intermittent, Continuous	Single vasopressive medication	any vasopressive drug
FiO2/FiO2	lowest value in last 24 hours (range 0-1)	Multiple vasopressive medication	more than one vasopressive drug, regardless of type and dose
head position:	Y/N (Y = Yes, N = No, if none)	Dialysis & Hemofiltration	all dialysis/techniques
pain control	Yes/No, Intermittent, Continuous	Specific interventions in the ICU	e.g., endotracheal intubation, intubation of proximal airway, endoscopy, emergency operation in the past 24 h, gastroscopy, nuclear interventions (e.g., X-ray, echocardiography, electrocardiography, etc.), insertion of sensors or probes (e.g., ICD) included
intubation of oral?	Yes/No, Intermittent, Continuous, DNR	Specific interventions outside the ICU	e.g., surgical interventions or diagnostic procedures; the intervention/procedure is related to the severity of illness of the patient and makes an intervention/procedure obvious in the ICU
mean blood pressure	lowest value for minimum one hour		
respiratory support more than 1 hour (any)	Yes/No, Intermittent, Continuous		
respirator dose	Y/N (Y = Yes, N = No)		
main therapy	Yes/No, Intermittent, Continuous, PEP		
antibiotic treatment	Y/N (Y = Yes, N = No)		
sumical?	Yes/No, Intermittent, Continuous		
renal replacement therapy	Yes/No, Intermittent, Continuous		
urine volume	ml in the last 24h		
fracturine	O mg/dl O mmol/l		
glucose	O mg/dl O mmol/l		
platelet	O mg/dl O mmol/l		
albumin	O mg/dl O mmol/l		
creatinine	O mg/dl O mmol/l		
lactate	O mg/dl O mmol/l		
hemoglobin	O mg/dl O mmol/l		
hematocrit	O %		

SHEET 4:

47. Choose up to 4 of the choices, placing each designated number in a separate box.

48. **Number of days of parenteral feeding on ICU:** Please calculate and insert: actual date minus date first day of parenteral nutrition given.

49. **Number of days of enteral feeding on ICU:** Please calculate and insert: actual date minus date first day of enteral nutrition given.

50. **Duration of enteral nutrition (within the last 24h):** Please insert the duration of enteral nutrition. Then mark **B**=intermittent/bolus or **C**=continuous.

51. **Calories planned per kg (next 24 hours):** Please insert calculated kcal/kg required for the next 24 hours.

52. **Calories planned per day (next 24 hours):** Please insert calculated kcal/day required for the next 24 hours.

53. **Gastric reflux:** Please insert in ml.

54. **Is feeding orally possible?** : Please check "YES" or NO". Check **D** for drinking, **E** for eating, or both E and D for eating and drinking.

55. **This meal was:** Check lunch or dinner and then check how much was eaten for this meal.

56. **ENTERAL nutrition product and volume ml/d:** Please insert the enteral nutrition product code (http://149.148.226.52/nDaylist/c_tab.htm), name, kcal/ml and ml planned and given for the last 24 hours. If the formula provided is not listed, please write the name of the enteral formula provided and the kcal/ml.

57. **PARENTERAL nutrition product and volume ml/d:** Please insert the parenteral nutrition product code (http://149.148.226.52/nDaylist/c_tab.htm), name, kcal/ml and ml planned and given for the last 24 hours. If the formula provided is not listed, please write the name of the parenteral formula or "custom prepared" provided and the kcal/ml.

58. **Other nutrition product and volume ml/d:** Please insert the nutrition product code (http://149.148.226.52/nDaylist/c_tab.htm), name, kcal/ml and ml planned and given for the last 24 hours. If the formula provided is not listed, please write the name of the formula provided and the kcal/ml.

59. **If you use individually composed products, please fill in AMINOACIDS:** For custom prepared formulas, please insert the calculated amino acid grams required/24 hours and the amino acid grams provided in the past 24 hours.

60. **If you use individually composed products, please fill in CARBOHYDRATES:** For custom prepared formulas, please insert the calculated carbohydrate grams required/24 hours and the carbohydrate grams provided in the past 24 hours.

61. If you use individually composed products, please fill in LIPIDS: For custom prepared formulas, please insert the calculated lipid grams required/24 hours and the lipid grams provided in the past 24 hours.

OUTCOME (60 days outcome):

Outcome: To be completed for day 60 after nutritionDay. Insert the center and unit code used on the Sheet before copying.

62. **First and last name, date of birth or patient sticker:** If required to decode the patient ID, please enter your designated patient identification number. One patient per line. This patient identifier should correlate with the patient number used on Sheet 2. See number 11.


63. **Discharge Diagnosis (ICD-10):** Please insert the ICD-10 diagnostic code; see website.

64. **ICU discharge:** Please insert the date of ICU-discharge (DD/MM/YYYY).

65. **Date of hospital discharge:** Please insert the date of hospital-discharge (DD/MM/YYYY).

66. **Readmission ICU2=ICU, HO2=Hospital, date:** If patient was readmitted to the ICU, enter ICU2, if patient was readmitted to the hospital, enter HO2. Enter the readmission date.

67. **Outcome:** Please choose one of the possible outcomes from the Table on the Outcome-Sheet (A, B, C, D, F, G or H).

Patient list 1 (ND ICU)				Center Code □□□□			Unit Code □□□□		
Firstname Lastname date of birth or Patient sticker	Initials optional	Sheet 2/24 patient number	Nutrition Day date dd/mm/yy	discharge diagnosis (ICD-10) see website	ICU discharge dd/mm/yy	Date hospital discharge dd/mm/yy	Readmission ICU2=ICU HO2=Hospital date dd/mm/yy	Outcome (O) hospital discharge A,B,C, (see site code)	Comments
	Ma Mu	1	20.01.2009	O 91.3	19.02.2009	15.03.2009		B	
		1							
		2							
		3							