

Actual number of ICU beds <sup>4</sup>	<input type="text"/>	<input type="text"/>	<input type="text"/>	beds
Maximum number of ICU beds <sup>5</sup>	<input type="text"/>	<input type="text"/>	<input type="text"/>	beds

Type of ICU (please tick):<sup>6</sup>

medical ICU     
  surgical ICU     
  interdisciplinary ICU     
  HDU     
  other

People working in your unit on 123 ICU nutritionDay:<sup>7</sup>

	number			number				
intensivist (> 75% on ICU)	morning shift:	<input type="text"/>	<input type="text"/>	<input type="text"/>	night shift:	<input type="text"/>	<input type="text"/>	<input type="text"/>
anesthesiologist		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
internist		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
pediatrician		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
others		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
nurses		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
nursing aides		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
dieticians/ dietetic assistants		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
physiotherapists		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

Is there a person on your unit dedicated to nutritional care?<sup>8</sup>

Y = YES, N = NO

Is there a nutrition team in your hospital?<sup>8</sup>

Y = YES, N = NO

Do you have written procedures for nutritional care?<sup>8</sup>

Y = YES, N = NO

If YES, which one ...<sup>8</sup>

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?<sup>8</sup>

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?<sup>8</sup>

ICU	Y = YES, N = NO
Pharmacy	Y = YES, N = NO
Other	Y = YES, N = NO

COMMENTS:<sup>9</sup>