

Please mark the correct boxes that apply to the patient



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) kg estimated measured *If postsurgery, please use preoperative weight*
 height cm 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 heart failure (NYHA IV) AIDS

GLASGOW Coma Scale (admission Day)

Eyes	verbal	motor
<input type="radio"/> 1=Does not open eyes	<input type="radio"/> 1=Makes no sounds	<input type="radio"/> 1=Makes no movements
<input type="radio"/> 2=Opens eyes in response to painful stimuli	<input type="radio"/> 2=Incomprehensible sounds	<input type="radio"/> 2=Extension to painful stimuli (decrebrate response)
<input type="radio"/> 3=Opens eyes in response to voice	<input type="radio"/> 3=Utters incoherent words	<input type="radio"/> 3=Abnormal flexion to painful stimuli
<input type="radio"/> 4=Opens eyes spontaneously	<input type="radio"/> 4=Confused, disoriented	<input type="radio"/> 4=Flexion / Withdrawal to painful stimuli
	<input type="radio"/> 5=Oriented, converses normally	<input type="radio"/> 5=Localizes painful stimuli
		<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 ³ /µL <input type="radio"/> 10 ⁹ /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!