

Please mark the correct boxes that apply to the patient



# INTENSIVE CARE UNITS SHEET 3

Date

Center-Code

Unit-Code

Patient number

Patient Initials

### TREATMENT (Actual day)

sedated  No  Intermittent  Continuous

paralyzed  No  Intermittent  Continuous

### GLASGOW Coma Scale

(Total score as if the patient would not be sedated)

Sedation with propofol  No  Yes  ml/d

Ventilated (more than 8 hours)  No  Intubated  Face mask  Helmet  Other

Head position:  0  30  45  Other

Pain control  Opioids  Epidural  Other analgetics  Other sedatives  None

Limitation of care  No  Terminal Care  Limited Care  DNR

Vasoactive support (>1 hour/day)  No  Vasopressor  Inotropics  Vasodilator

Vasopressor dose  Low Noradrenaline < 0.1 µg/kg/h  High Noradrenaline > 0.1 µg/kg/h

Insulin therapy  No  Intermittent  Continuous  Pen

Antibiotic treatment  Yes  No

Diuretics  No  Intermittent  Continuous

Renal replacement therapy  No  Hemofiltration  Hemodialysis  Hemodiafiltration

### LABORATORY (within 24 hours)

Parameter	UNIT	min	max
mean blood pressure	mmHg	<input type="text"/>	<input type="text"/>
PaO <sub>2</sub> /FiO <sub>2</sub>	mmHg	<input type="text"/>	<input type="text"/>
Urine output	ml (24h)	<input type="text"/>	<input type="text"/>
Creatinine	<input type="radio"/> mg/dl	<input type="text"/>	<input type="text"/>
	<input type="radio"/> µmol/l	<input type="text"/>	<input type="text"/>
Glucose	<input type="radio"/> mg/dl	<input type="text"/>	<input type="text"/>
	<input type="radio"/> mmol/L	<input type="text"/>	<input type="text"/>
Bilirubin	<input type="radio"/> mg/dl	<input type="text"/>	<input type="text"/>
	<input type="radio"/> µmol/l	<input type="text"/>	<input type="text"/>
Lactat	<input type="radio"/> mg/dl	<input type="text"/>	<input type="text"/>
	<input type="radio"/> mmol/L	<input type="text"/>	<input type="text"/>
Platelets	G/l	<input type="text"/>	<input type="text"/>

### RAMSAY score (Actual day)

- Anxious, agitated, restless
- Cooperative, orientated, tranquil
- Respond to commands only
- Light glabellar tap => brisk response
- Light glabellar tap => sluggish response
- No response

### NEMS (Actual Day)

- 1  Basic monitoring
- 2  Intravenous medication
- 3  Mechanical ventilatory support
- 4  Supplementary ventilatory care
- 5  Single vasoactive medication
- 6  Multiple vasoactive medication
- 7  Dialysis / Hemofiltration
- 8  Specific interventions in the ICU
- 9  Specific interventions outside the ICU

Please mark either 3 or 4, 5 or 6

Please refer to the explanation sheet for more information

### INFECTIONS (within last 10 days)

Pneumonia  Yes  No  Not available

Urinary tract  Yes  No  Not available

Catheter  Yes  No  Not available

Wound  Yes  No  Not available

**THANK YOU!**