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nutritionDay in Intensive Care Unit  
Questionnaire

SHEET 3a - TREATMENTS TODAY



Date

Center-Code

Unit-Code

Patient number

1. Limitation of care

☐ No ☐ DNR (Do Not Resuscitate) ☐ Limited care (Do Not Escalate) ☐ Comfort Terminal Care

2. Position

☐ Prone ☐ Supine

3. Sedation

☐ No ☐ Intermittent ☐ Continuous

4. Sedation with propofol

☐ No ☐ Yes  ml/day

5. Neuromuscular blocker

☐ None ☐ Intermittent ☐ Continuous

6. Pain control

☐ Opioids ☐ Regional pain block ☐ Other sedatives ☐ None  
☐ Epidural ☐ Alpha2-agonists ☐ Other analgetics

RESPIRATORY

7. Respiratory access

☐ Tracheostoma ☐ Oxygen mask  
☐ Endotracheal tube ☐ No  
☐ CPAP mask/helmet ☐ NA

8. Ventilation support (more than 8 hours)

☐ Invasive ☐ Oxygen insufflation  
☐ Non-invasive ☐ Room air  
☐ High-flow oxygen ☐ NA

9. Does the patient have spontaneous breathing activity?

☐ Yes ☐ No

10. Did you perform a ventilation weaning trial on the patient?

☐ Yes ☐ No

11. ECMO

☐ No ☐ Venovenous ☐ Venoarterial

CIRCULATION

12. Vasoactive support (>1 hour/day)

☐ Vasodilator ☐ Vasopressor ☐ Inotropes ☐ No

13. Vasopressor dose

☐ Low noradrenaline < 0.1 µg/kg/min ☐ High noradrenaline ≥ 0.1 µg/kg/min

14. Insulin therapy

IU/day ☐ Intermittent ☐ Continuous ☐ Pen ☐ None

RENAL

15. Diuretics

☐ None ☐ Intermittent ☐ Continuous

16. Renal replacement therapy

☐ Hemodiafiltration ☐ Hemodialysis ☐ No  
☐ Hemofiltration ☐ Peritoneal Dialysis

17. IV Fluids

☐ Crystalloid solution (NaCl, Ringers lactate, etc) ☐ Glucose solution

18. Antibiotic treatment

☐ Yes ☐ No ☐ I don't know

Please continue with sheet 3b

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Questionnaire

SHEET 3b - TREATMENTS TODAY



Date  Center-Code  Unit-Code

Patient number

### MOBILISATION TODAY

#### 19. Mobilisation level today

- |  |  |                                     |   |
|--|--|-------------------------------------|---|
| <input type="checkbox"/> Physiotherapy       | <input type="checkbox"/> In-bed cycling                | <input type="checkbox"/> Sitting    | <input type="checkbox"/> No (allowed)     |
| <input type="checkbox"/> Resistance exercise | <input type="checkbox"/> Electrical muscle stimulation | <input type="checkbox"/> Standing   | <input type="checkbox"/> No (not allowed) |
| <input type="checkbox"/> Respiratory therapy | <input type="checkbox"/> Passive range of motion       | <input type="checkbox"/> Ambulation |   |
| <input type="checkbox"/> Ergotherapy         | <input type="checkbox"/> Active moving in bed          |                                     |   |

20. Duration of mobilisation session  min ☐ I don't know ☐ NA

#### 21. Who helped during mobilisation?

- ☐ Nurse/Nursing aide ☐ Physiotherapist ☐ Relatives ☐ Other

#### 22. Patient's reaction to mobilisation session

- |  |  |                                      |                                |
|--|--|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Higher respiratory rate | <input type="checkbox"/> Sweating    | <input type="checkbox"/> Other |
| <input type="checkbox"/> Muscular fatigue    | <input type="checkbox"/> Higher heart rate       | <input type="checkbox"/> No reaction | <input type="checkbox"/> NA    |

#### 23. MRC muscle strength today: Flexion of forearm (mean of both sides)

- |   |  |
|---|--|
| <input type="radio"/> 0=no contraction                          | <input type="radio"/> 3=active movement against gravity                |
| <input type="radio"/> 1=trace of contraction but no movement    | <input type="radio"/> 4=active movement against gravity and resistance |
| <input type="radio"/> 2=active movement with gravity eliminated | <input type="radio"/> 5=normal strength                                |
|   | <input type="radio"/> It can not be evaluated                          |

### 24. LABORATORY VALUES TODAY

Value	Unit	MIN	MAX
pCO2	mmHg		
PaO2	mmHg		
FiO2			
ScvO2	%		
Lactate	<input type="radio"/> mg/dL <input type="radio"/> µmol/L		
Glucose	<input type="radio"/> mg/dL <input type="radio"/> µmol/L		
Urine Output	ml/24h		
WBC	<input type="radio"/> 10 <sup>3</sup> /µL <input type="radio"/> G/L		
Platelets	<input type="radio"/> 10 <sup>3</sup> /µL <input type="radio"/> G/L		
Creatinine	<input type="radio"/> mg/dL <input type="radio"/> µmol/L		
Serum UREA	<input type="radio"/> mg/dL <input type="radio"/> µmol/L		
OR BUN	<input type="radio"/> mg/dL <input type="radio"/> µmol/L		
Potassium	<input type="radio"/> mg/dL <input type="radio"/> µmol/L		
Phosphate	<input type="radio"/> mg/dL		
Bilirubin (total)	<input type="radio"/> mg/dL <input type="radio"/> µmol/L		

#### 25. Delirium

- ☐ No  
☐ CAM-ICU positive  
☐ Suspected Delirium (CAM-ICU not performed)

#### 26. RASS

- 4 ☐ Combative  
3 ☐ Very Agitated  
2 ☐ Agitated  
1 ☐ Restless  
0 ☐ Alert and calm  
-1 ☐ Drowsy  
-2 ☐ Light Sedation  
-3 ☐ Moderate Sedation  
-4 ☐ Deep Sedation  
-5 ☐ Unarousable

Please refer to the explanation sheet for more information

#### 27. NEMS

- 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 refer to the explanation sheet for more information

THANK YOU

for participating to nutritionDay in ICU.

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