

Please mark the correct boxes that apply to your unit



**INTENSIVE CARE UNIT
SHEET 1**

Date

Center-Code

Unit-Code

Actual Number of ICU beds

Maximum number of ICU beds

Type of ICU (please tick):
 Medical ICU surgical ICU interdisciplinary ICU HDU other

People working in your unit on nutritionDay:	Number	
	morning shift	night shift
intensivist (> 75% on ICU)		
anesthesiologist		
internist		
pediatrician		
others		
nurses		
nursing aides		
Dieticians/ dietetic assistants		
physiotherapists		

Is there a person on your unit dedicated to nutritional care? YES No

Is there a nutrition team in your hospital? YES No

Do you have written procedures for nutritional care? YES No

If YES, which one ...

ICU nutrition protocol YES No

national/international guidelines YES No

individual patient care plans YES No

How do you assess the nutritional status of a patient?

clinical global assessment YES No

weight / height YES No

by checking laboratory parameters YES No

By using a score / questionnaire YES No

Where do you prepare parenteral nutrition?

ICU YES No

pharmacy YES No

other YES No

Comment:

THANK YOU!