

Please mark the correct boxes that apply to the resident



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) lb. estimated measured *If postsurgery, please use postoperative weight*

Height ft. in. 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 Hearth failure (NYHA IV) AIDS

GLASCOW Coma Scale (admission day)

| EYES | VERBAL | MOTOR |
|---|--|---|
| <input type="radio"/> 1 = No eye opening | <input type="radio"/> 1 = None | <input type="radio"/> 1 = No motor response |
| <input type="radio"/> 2 = Eye opening to pain | <input type="radio"/> 2 = No words, only sounds | <input type="radio"/> 2 = Extention to pain |
| <input type="radio"/> 3 = Eye opening to speech | <input type="radio"/> 3 = Words, but not coherent | <input type="radio"/> 3 = Flexion to pain |
| <input type="radio"/> 4 = Eye opening spontaneously | <input type="radio"/> 4 = Disoriented conversation | <input type="radio"/> 4 = Withdraws from pain |
| | <input type="radio"/> 5 = Normal conversation | <input type="radio"/> 5 = Localizes to pain |
| | | <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!