

Please mark the correct boxes that apply to the resident



INTENSIVE CARE UNITS SHEET 3

Date

Center-Code

Unit-Code

Patient number

Patient Initials

TREATMENT (Actual day)

Sedated No Intermittent Continuous

Paralysed No Intermittent Continuous

Glasgow Coma Score (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 < 0.045 µg/lb/h High Noradrenaline > 0.045 µg/lb/h

Insuline therapy No Intermittent Continuous Pen

Antibiotic treatment Yes No

Diuretics No Intermittent Continuous

Renal replacement therapy No Hemofiltration Hemodialysis Hemodiafiltration

LABORATORY (within last 24 hours)

Parameter	UNIT	MIN	MAX
Mean blood pressure	mmHg	<input type="text"/>	<input type="text"/>
PaO2/FIO2	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, oriented, tranquil
- Respond to commands only
- Light glabellar top -> brisk response
- Light glabellar top -> stuggish response
- No response

NEMS (Actual day)

- 1 Standard 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 infomations

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!