



ICMPDS Version 4.0

Core Dataset Flow Diagram

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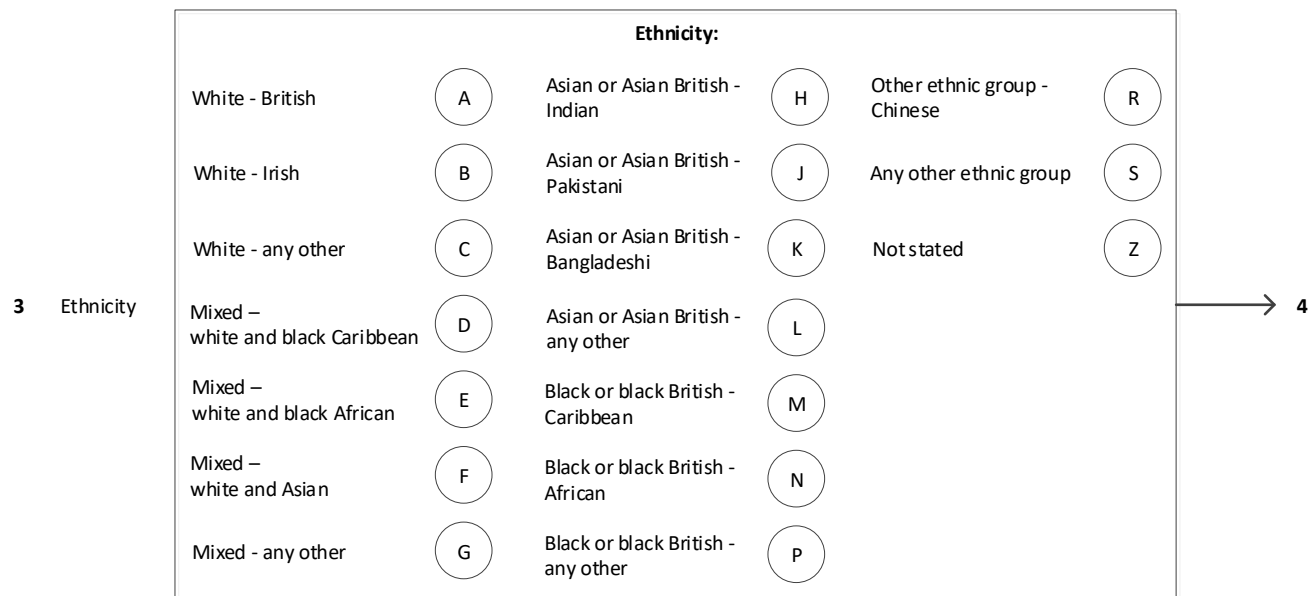
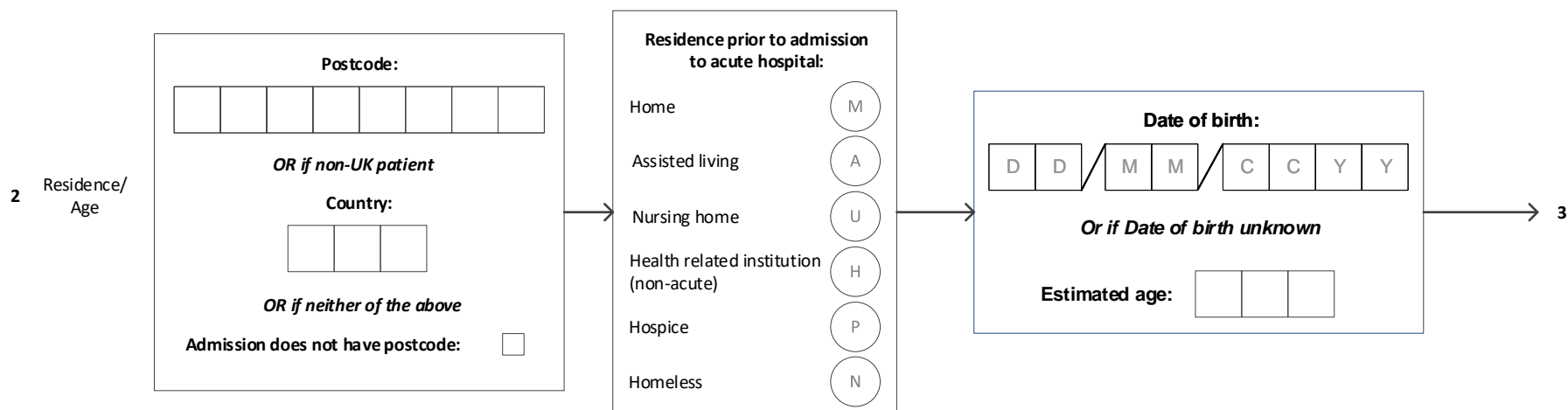
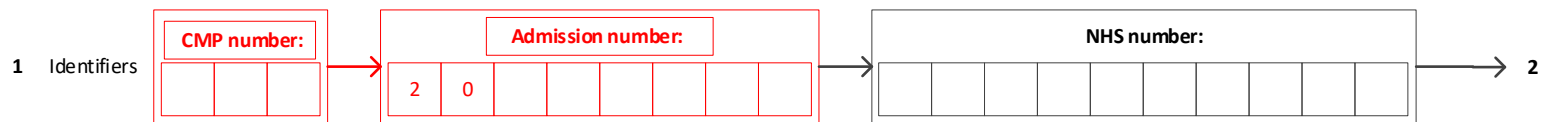
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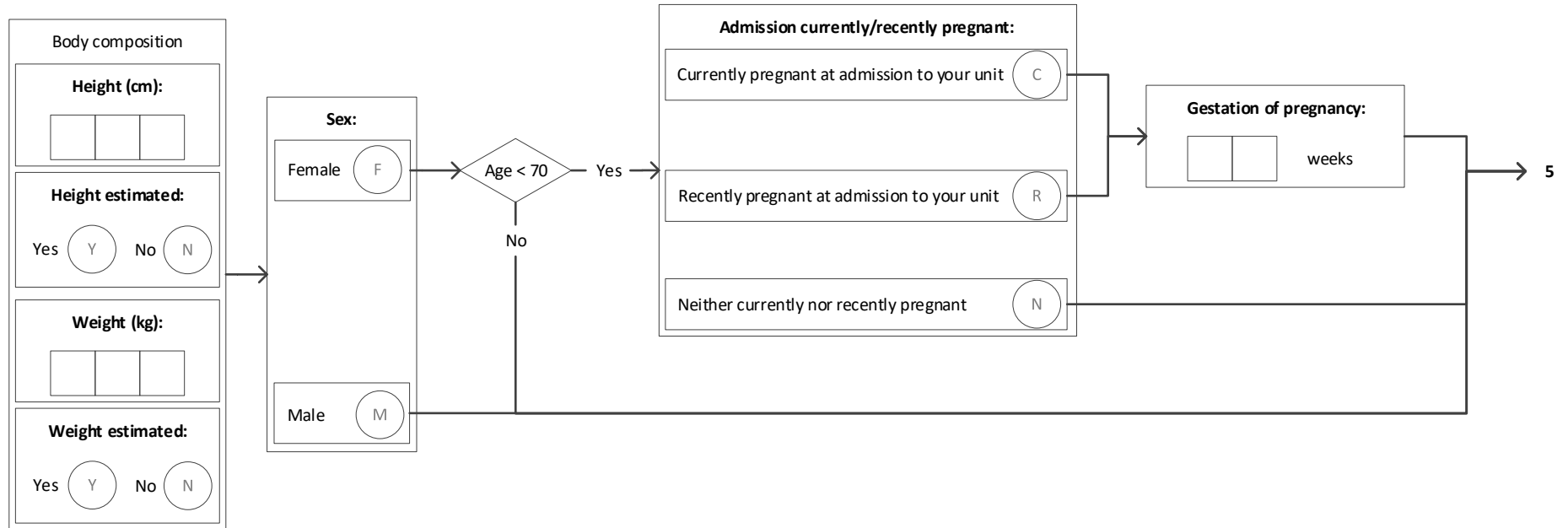
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Patient identifiers/Demographics



Patient identifiers/Demographics continued

4 Body composition/
Obstetric data



Medical history

5 Medical history

Evidence available to assess medical history:

Yes Y

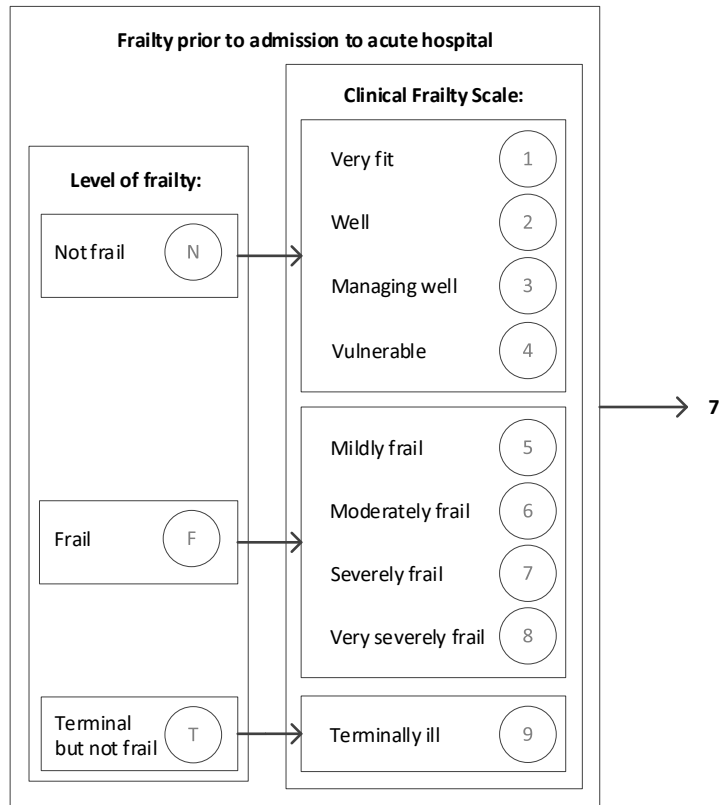
No N

<p>Diabetes mellitus:</p> <p>No <input type="radio"/> N</p> <p>Not insulin treated <input type="radio"/> O</p> <p>Insulin treated <input type="radio"/> I</p>	<p>Chronic respiratory disease:</p> <p>No <input type="radio"/> N</p> <p>Yes - no functional limitations <input type="radio"/> O</p> <p>Yes - SOB with moderate activity <input type="radio"/> M</p> <p>Yes - severe – SOB with light activity <input type="radio"/> S</p> <p>Yes - very severe – SOB at rest and/or on home ventilation <input type="radio"/> V</p>	<p>Portal hypertension:</p> <p>No <input type="radio"/> N</p> <p>Yes – no variceal bleed <input type="radio"/> O</p> <p>Yes – with variceal bleed <input type="radio"/> V</p>	<p>Daily steroid treatment:</p> <p>No <input type="radio"/> N</p> <p>Low dose (< 0.1 mg kg⁻¹ per day) <input type="radio"/> L</p> <p>Moderate dose (≥ 0.1 to <0.3 mg kg⁻¹ per day) <input type="radio"/> M</p> <p>High dose (≥ 0.3 mg kg⁻¹ per day) <input type="radio"/> H</p>
<p>HIV/AIDS:</p> <p>No <input type="radio"/> N</p> <p>HIV <input type="radio"/> H</p> <p>AIDS <input type="radio"/> A</p>	<p>Chronic cardiovascular disease:</p> <p>No <input type="radio"/> N</p> <p>Yes – no functional limitations <input type="radio"/> O</p> <p>Yes – symptoms with moderate activity <input type="radio"/> M</p> <p>Yes - severe – symptoms with light activity <input type="radio"/> S</p> <p>Yes - very severe – symptoms at rest <input type="radio"/> V</p>	<p>Cirrhosis:</p> <p><input type="radio"/> N <input type="radio"/> Y</p>	<p>Chemotherapy:</p> <p><input type="radio"/> N <input type="radio"/> Y</p>
<p>Congenital immunohumoral or cellular immune deficiency state:</p> <p><input type="radio"/> N <input type="radio"/> Y</p>	<p>Chronic Kidney disease:</p> <p>No <input type="radio"/> N</p> <p>Yes – not dialysis dependent <input type="radio"/> O</p> <p>Yes - dialysis dependent (end stage) <input type="radio"/> E</p>	<p>Hepatic encephalopathy:</p> <p><input type="radio"/> N <input type="radio"/> Y</p>	<p>Radiotherapy:</p> <p><input type="radio"/> N <input type="radio"/> Y</p>
<p>Connective tissue disease: E.g. rheumatoid arthritis, systemic lupus erythematosus (SLE), sarcoidosis</p> <p><input type="radio"/> N <input type="radio"/> Y</p>	<p>Cerebrovascular disease/stroke</p> <p>No <input type="radio"/> N</p> <p>Yes – no functional limitations <input type="radio"/> O</p> <p>Yes – with functional limitations <input type="radio"/> S</p>	<p>Dementia:</p> <p><input type="radio"/> N <input type="radio"/> Y</p>	<p>Solid tumour:</p> <p>No <input type="radio"/> N</p> <p>Yes – non-metastatic <input type="radio"/> O</p> <p>Yes - metastatic <input type="radio"/> M</p>
<p>Chronic alcohol dependence:</p> <p><input type="radio"/> N <input type="radio"/> Y</p>	<p>Previous transplant:</p> <p><input type="radio"/> N <input type="radio"/> Y</p>	<p>Myelogenous/lymphocytic leukaemia or multiple myeloma:</p> <p><input type="radio"/> N <input type="radio"/> Y</p>	<p>Lymphoma:</p> <p><input type="radio"/> N <input type="radio"/> Y</p>

7

6

Medical history continued – Clinical Frailty Scale



Hospital admission

7

Date/Time of admission to your hospital/unit

Date/Time of admission to your hospital

Date: / /

Time: :

Date/Time of admission to your unit

Date: / /

Time: :

8

8

Admission via ED

Admitted to your hospital via your ED:

Yes

No

Admitted to your unit within 48 hours of hospital admission?

Yes

No

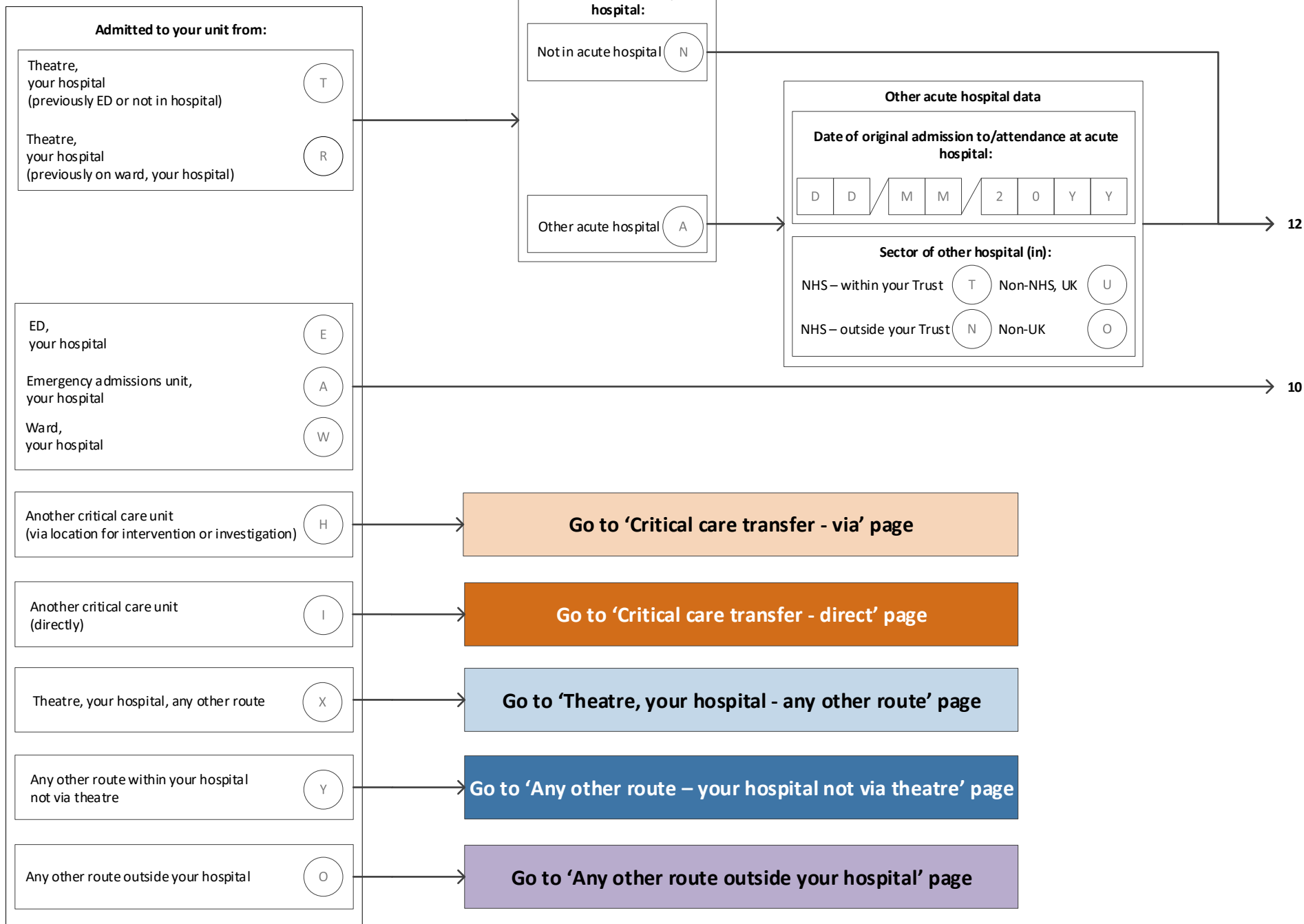
Date/Time of registration at your ED

Date: / /

Time: :

9

Hospital/unit admission: common routes page



Hospital/unit admission: 'Critical care transfer - via' page

From
'Hospital/unit admission:
common routes'
page

Admitted to your unit from
'Another critical care unit
(via location for intervention or
investigation)'

Transferred to your unit via:

Theatre,
your hospital (T)

Temporary critical care location,
your hospital (R)

Imaging,
your hospital (G)

Specialist treatment area,
your hospital (S)

ED,
your hospital (E)

Theatre,
other acute hospital (H)

Temporary critical care location,
other acute hospital (Y)

Imaging,
other acute hospital (I)

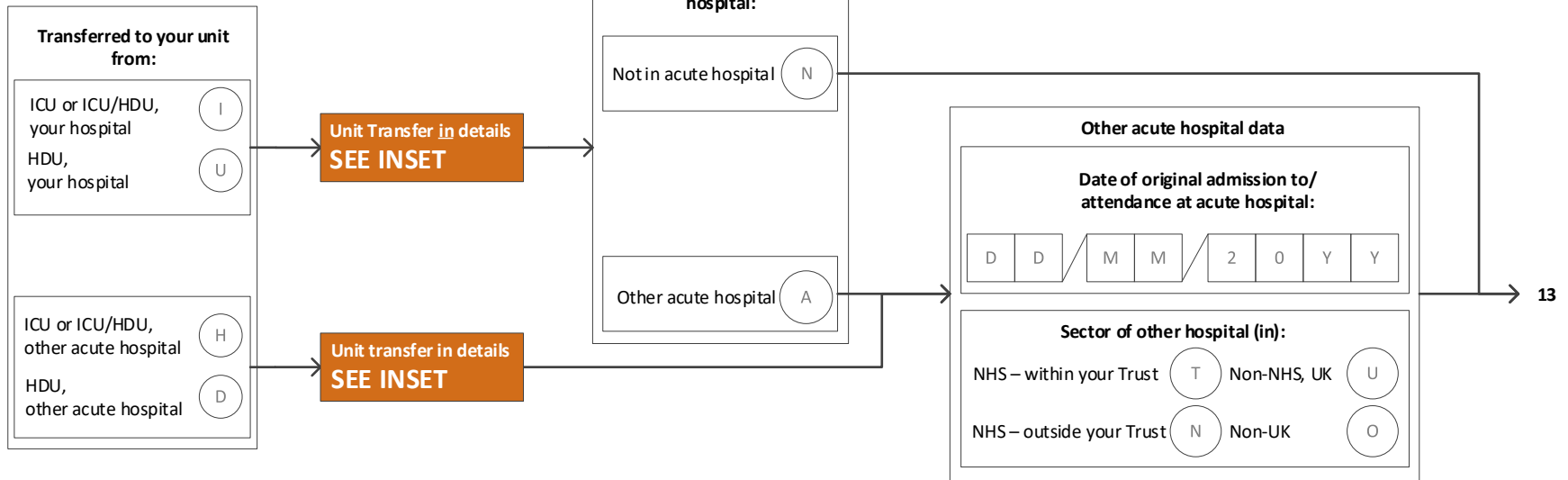
Specialist treatment area,
other acute hospital (P)

ED,
Other acute hospital (F)

Go to 'Critical care transfer - direct' page

Hospital/unit admission: 'Critical care transfer - direct' page

From either:
 'Hospital/unit admission: common routes' page
 Admitted to your unit from 'Another critical care unit (directly)'
 Or:
 Transferred to your unit via page



Unit transfer in details: COMPLETE FOR ALL TRANSFERS

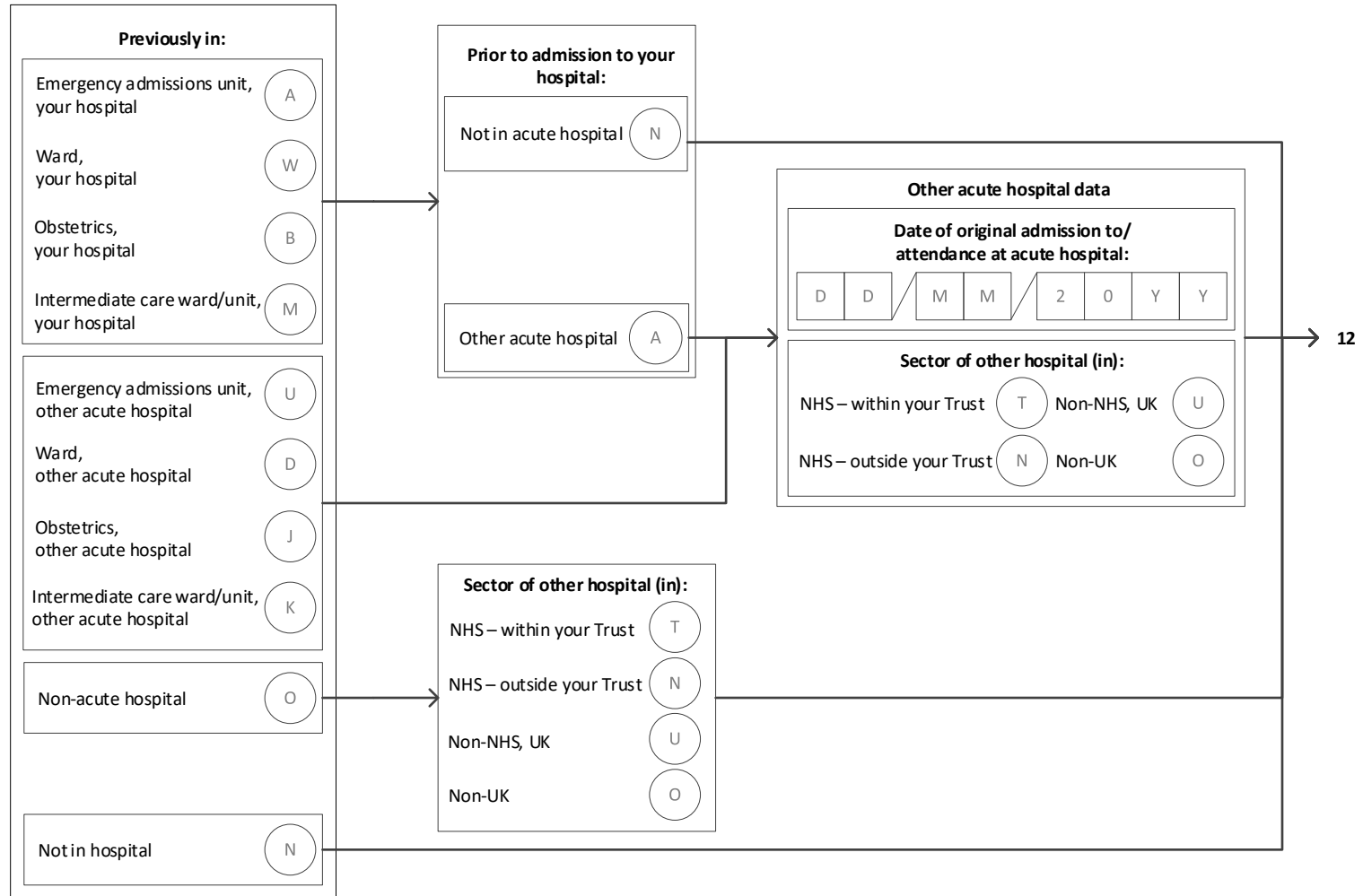
Type of critical care unit (in):			
General <input type="radio"/> G	Spinal injury <input type="radio"/> S	Neurosciences <input type="radio"/> N	
Cardiac <input type="radio"/> C	Obstetric <input type="radio"/> O	Medical <input type="radio"/> M	
Thoracic <input type="radio"/> T	Burns & plastic <input type="radio"/> B	Surgical <input type="radio"/> U	
Liver <input type="radio"/> L	Renal <input type="radio"/> R	Paediatric/neonatal <input type="radio"/> P	

Reason for transfer to your unit:			
More specialised care <input type="radio"/> M	Comparable care <input type="radio"/> C	Step-up care <input type="radio"/> U	Step-down care <input type="radio"/> D
Repatriation <input type="radio"/> R			

Date of original admission to ICU/HDU:									
D	D	/	M	M	/	2	0	Y	Y

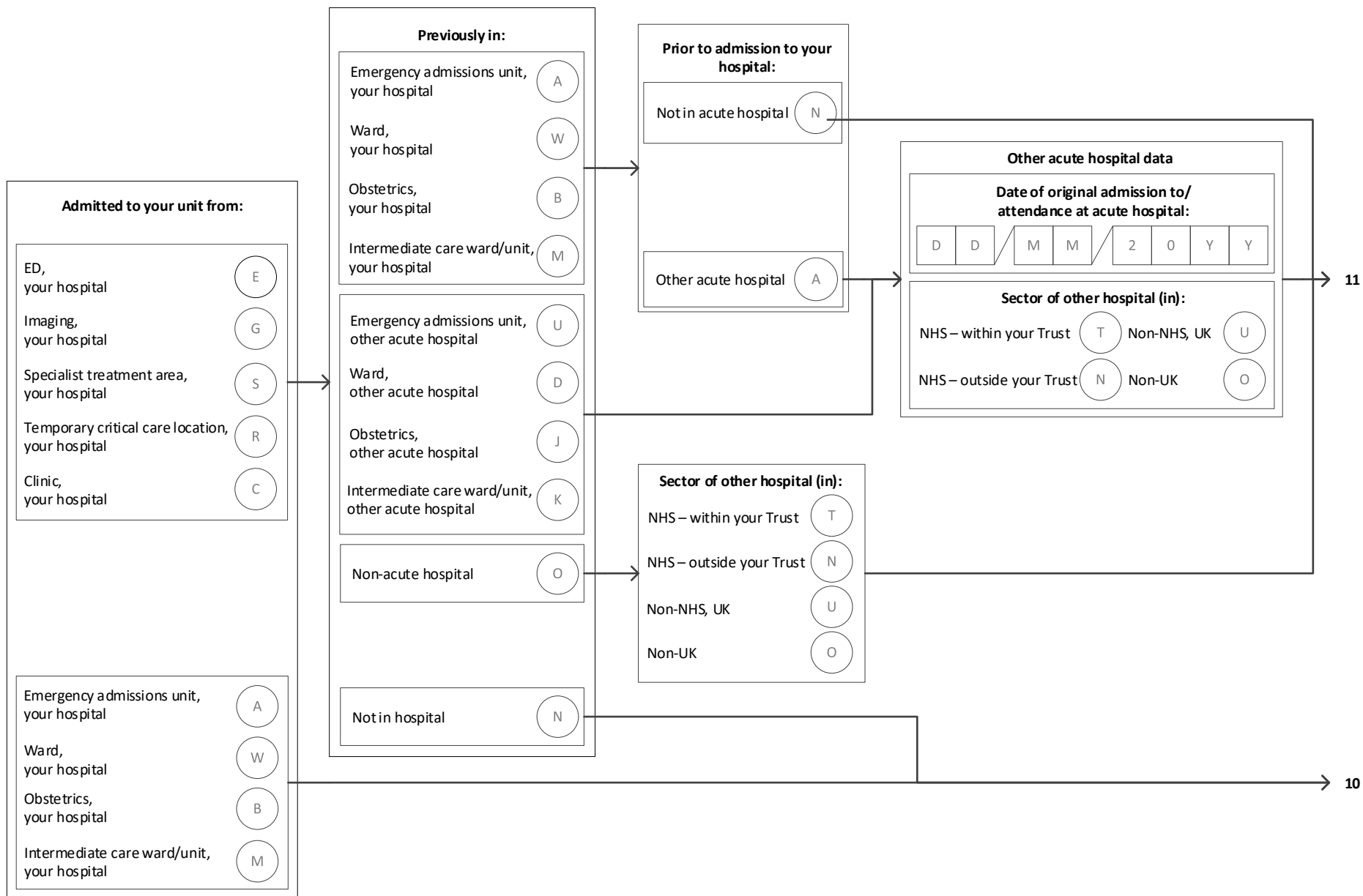
Hospital/unit admission: 'Theatre, your hospital - any other route' page

From
'Hospital/unit admission:
common routes'
page
Admitted to your unit from
'Theatre, your hospital,
any other route'



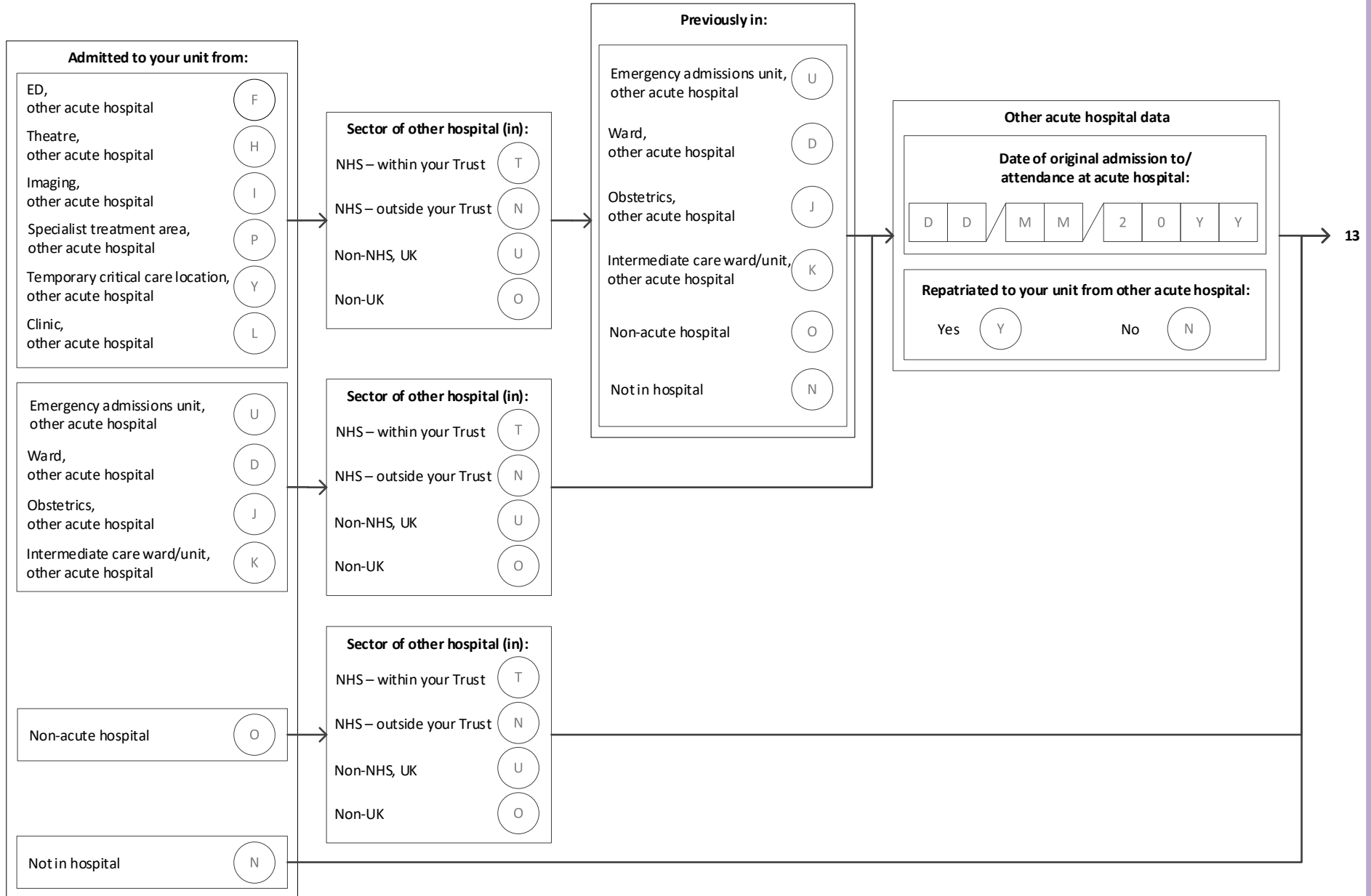
Hospital/unit admission: 'Any other route – your hospital not via theatre' page

From 'Hospital/unit admission: common routes' page
Admitted to your unit from 'Any other route within your hospital not via theatre'



Hospital/unit admission: 'Any other route outside your hospital' page

From 'Hospital/unit admission: common routes' page
Admitted to your unit from 'Any other route outside your hospital'



Hospital/unit admission continued

10

Prior to admission to your hospital details

Prior to admission to your hospital:

Not in acute hospital N

Other acute hospital A

Other acute hospital data

Date of original admission to/attendance at acute hospital:

D D / M M / 2 0 Y Y

Sector of other hospital (in):

NHS – within your Trust T Non-NHS, UK U

NHS – outside your Trust N Non-UK O

11

11

Date/Time of decision to admit/Last in-hospital observations

Date/Time of decision to admit to your unit

Date: D D / M M / 2 0 Y Y

Time: H H : M M

OR

Date/Time of decision to admit to your unit missing:

In-hospital set of observations recorded within 24 hours prior to referral for critical care expertise:

Yes Y

No N

12

Primary specialty

Primary specialty treated under prior to admission to your unit:

Last in-hospital set of observations prior to referral for critical care expertise

Date/Time set of observations taken

Date: D D / M M / 2 0 Y Y

Time: H H : M M

Temperature (°C): .

Systolic BP (mmHg):

Heart rate (beats min⁻¹):

Respiratory rate (breaths min⁻¹):

SpO₂ (%):

On respiratory support

No N

Oxygen O

High flow nasal cannula H

CPAP C

Non-invasive support V

ACVPU Scale:

Alert A Painful P

Confusion C Unresponsive U

Voice V

12

13

Reason for admission

13
CPR/
Planned admission/
Treatment goals

Cardiopulmonary resuscitation (CPR) within 24 hours prior to admission to your unit:

In-hospital CPR H

Community CPR C

No CPR N

Planned admission to your unit:

Yes Y

No N

Treatment goals at admission to your unit:

Pre-surgical preparation P

Active treatment A

Observation/stabilisation – active treatment not thought to be appropriate O

Consideration for organ donation D

End-of-life care E

14

14
Treatment
limitations at
admission

Any limitations on treatment at admission to your unit:

Yes Y

No N

Limitations on treatment at admission

Not for invasive ventilation:

Yes Y

No N

Not for renal replacement:

Yes Y

No N

Not for CPR:

Yes Y

No N

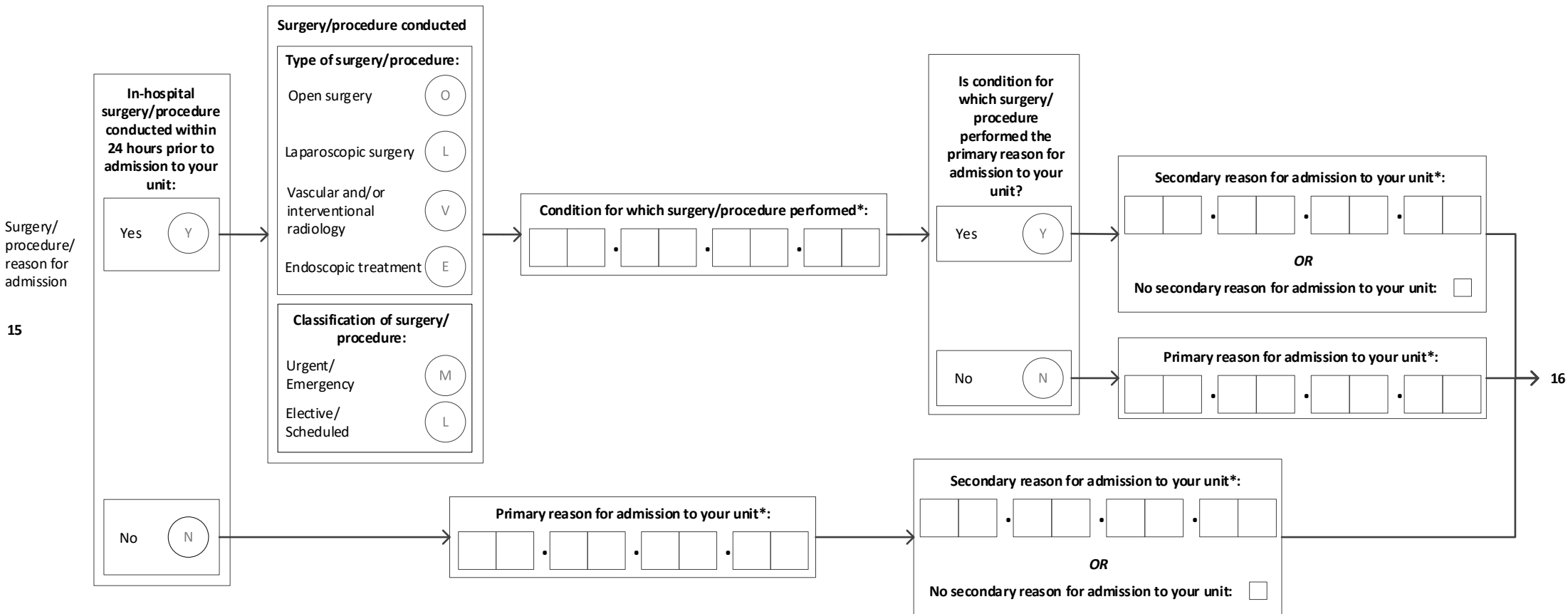
Any other limitation:

Yes Y

No N

15

Reason for admission



*Incomplete code textbox: If a full condition cannot be found in ICM, code as far as possible and use dedicated text box to record condition

Primary:

Secondary:

Surgery/procedure condition:

Physiology - lowest/highest - during the first 24 hours in your unit

16 Physiology

Evidence available to abstract physiology data:

Yes Y → 17

No N → 42

17 Temperature

Lowest **Highest**

Central temperature (°C): . → .

Non-central temperature (°C): . → .

→ 18

18 Systolic blood pressure

Systolic BP/paired diastolic BP (mmHg): / → /

→ 19

19 Heart rate

Heart rate (beats min⁻¹): →

→ 20

20 Respiratory rate

Non-ventilated respiratory rate (breaths min⁻¹): →

Ventilated respiratory rate (breaths min⁻¹): →

→ 21

21 Vasoactive agent(s)

Vasoactive agent(s) administered during first 24 hours in your unit:

Yes Y →

No N →

Maximum infusion rate

Dopamine: . $\mu\text{g kg}^{-1} \text{min}^{-1}$

Dobutamine: . $\mu\text{g kg}^{-1} \text{min}^{-1}$

Adrenaline (epinephrine): . $\mu\text{g kg}^{-1} \text{min}^{-1}$

Noradrenaline (norepinephrine): . $\mu\text{g kg}^{-1} \text{min}^{-1}$

Vasopressin: . U min^{-1}

Phenylephrine: . $\mu\text{g kg}^{-1} \text{min}^{-1}$

Metaraminol: . mg hour^{-1}

Terlipressin: . mg hour^{-1}

Total bolus

Metaraminol: . mg

Terlipressin: . mg

→ 22

Physiology continued - lowest/highest during the first 24 hours in your unit

22 Arterial blood gases

- with <u>lowest</u> PaO₂	PaO ₂ (kPa):	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
	Associated FIO ₂ :	<input type="text"/> . <input type="text"/> <input type="text"/>
	Associated PaCO ₂ (kPa):	<input type="text"/> <input type="text"/> . <input type="text"/>
	Associated pH:	<input type="text"/> . <input type="text"/> <input type="text"/>
	Associated intubation status:	Yes <input type="radio"/> Y No <input type="radio"/> N

- with <u>lowest</u> pH	pH:	<input type="text"/> . <input type="text"/> <input type="text"/>
	Associated PaCO ₂ (kPa):	<input type="text"/> <input type="text"/> . <input type="text"/>

→ OR →

Arterial blood gases missing:

→ 23

Physiology continued - lowest/highest during the first 24 hours in your unit

	Lowest	Highest	Missing	(tick box)
23	Serum bicarbonate (mmol l ⁻¹)	<input type="text"/> <input type="text"/> <input type="text"/> · <input type="text"/>	→ OR → <input type="text"/>	→ 24
24	Serum sodium (mmol l ⁻¹)	<input type="text"/> <input type="text"/> <input type="text"/>	→ OR → <input type="text"/>	→ 25
25	Serum potassium (mmol l ⁻¹)	<input type="text"/> <input type="text"/> <input type="text"/> · <input type="text"/>	→ OR → <input type="text"/>	→ 26
26	Serum glucose (mmol l ⁻¹)	<input type="text"/> <input type="text"/> <input type="text"/> · <input type="text"/>	→ OR → <input type="text"/>	→ 27
27	Blood lactate (mmol l ⁻¹)	<input type="text"/> <input type="text"/> <input type="text"/> · <input type="text"/>	→ OR → <input type="text"/>	→ 28
28	Serum urea (mmol l ⁻¹)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> · <input type="text"/>	→ OR → <input type="text"/>	→ 29
29	Serum creatinine (µmol l ⁻¹)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	→ OR → <input type="text"/>	→ 30
30	Total serum bilirubin (µmol l ⁻¹)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> · <input type="text"/>	→ OR → <input type="text"/>	→ 31
31	Serum albumin (g l ⁻¹)	<input type="text"/> <input type="text"/> <input type="text"/> · <input type="text"/>	→ OR → <input type="text"/>	→ 32
32	Urine output (ml)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Total for first 24 hours or, if stay less than 24 hours, total while in unit</small>	→ OR → <input type="text"/>	→ 33
33	Haemoglobin (g l ⁻¹)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	→ OR → <input type="text"/>	→ 34
34	Platelet count (x10 ⁹ l ⁻¹)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	→ OR → <input type="text"/>	→ 35
35	White blood cell count (x10 ⁹ l ⁻¹)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> · <input type="text"/>	→ OR → <input type="text"/>	→ 36
36	Absolute neutrophil count (x10 ⁹ l ⁻¹)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> · <input type="text"/>	→ OR → <input type="text"/>	→ 37
37	Lymphocyte count (x10 ⁹ l ⁻¹)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> · <input type="text"/>	→ OR → <input type="text"/>	→ 38

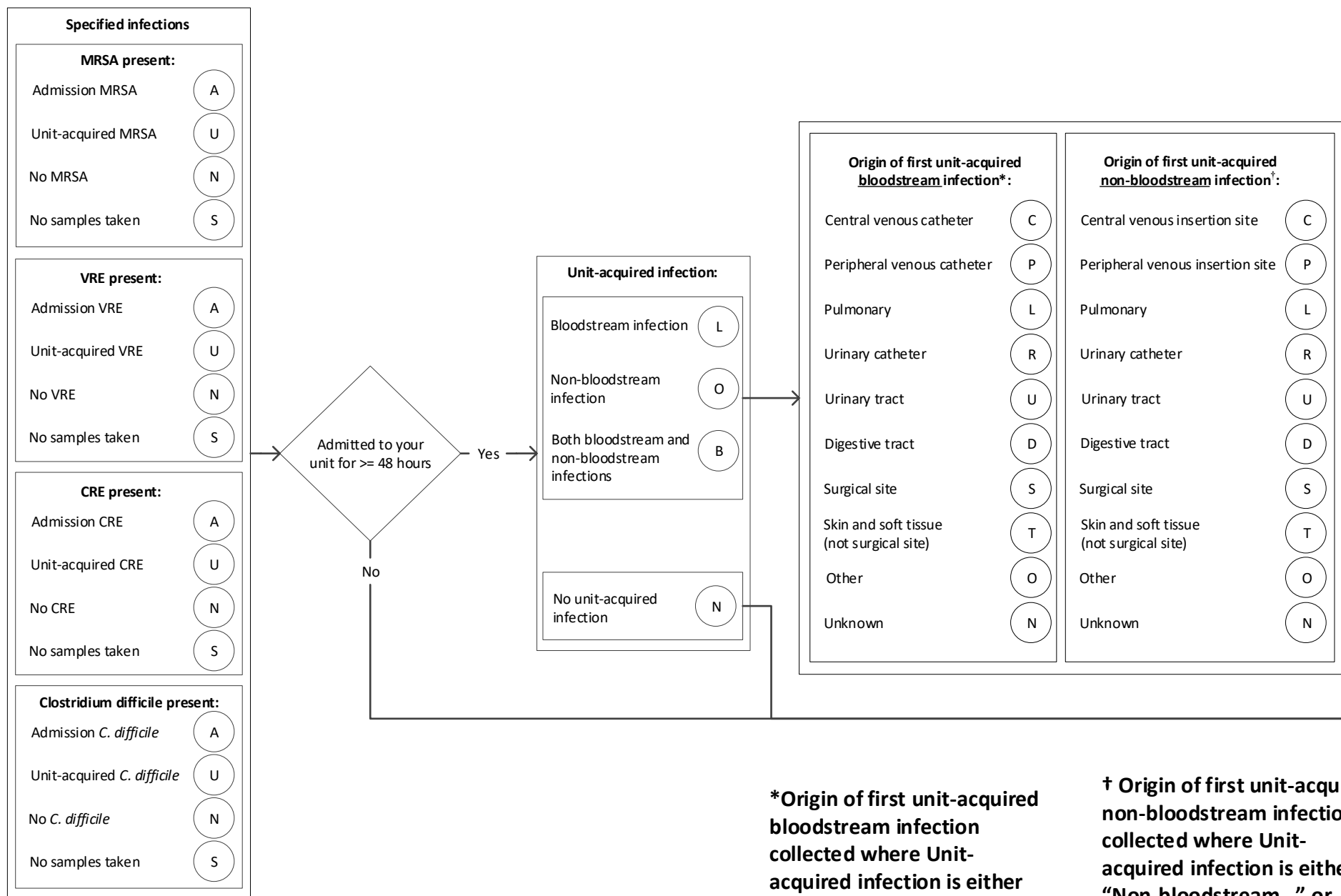
Physiology continued – lowest/highest during the first 24 hours in your unit

	Highest	Missing	(tick box)
38	C-reactive protein (mg l ⁻¹)	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <input style="width: 20px; height: 20px; border: none;" type="text"/> <input style="width: 20px; height: 20px; border: none;" type="text"/> <input style="width: 20px; height: 20px; border: none;" type="text"/> <input style="width: 20px; height: 20px; border: none;" type="text"/> </div>	<div style="display: flex; align-items: center; gap: 10px;"> • <input style="width: 20px; height: 20px; border: none;" type="text"/> → OR → <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <input style="width: 20px; height: 20px; border: none;" type="text"/> </div> → 39 </div>
39	Procalcitonin (µg l ⁻¹)	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <input style="width: 20px; height: 20px; border: none;" type="text"/> <input style="width: 20px; height: 20px; border: none;" type="text"/> <input style="width: 20px; height: 20px; border: none;" type="text"/> <input style="width: 20px; height: 20px; border: none;" type="text"/> </div>	<div style="display: flex; align-items: center; gap: 10px;"> • <input style="width: 20px; height: 20px; border: none;" type="text"/> → OR → <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <input style="width: 20px; height: 20px; border: none;" type="text"/> </div> → 40 </div>

40	Pupil reactivity	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; border-right: 1px solid black; padding-right: 5px;"> <p>Pupil reactivity (left eye):</p> <p>Reactive <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> R</p> <p>Unreactive <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> U</p> <p>Unable to assess <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> N</p> </td> <td style="width: 50%; padding-left: 5px;"> <p>Pupil reactivity (right eye):</p> <p>Reactive <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> R</p> <p>Unreactive <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> U</p> <p>Unable to assess <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> N</p> </td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 10px 0;">OR</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 10px 0;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> Pupil reactivity missing: <input style="width: 30px; height: 20px; border: none;" type="text"/> </div> </td> </tr> </table>	<p>Pupil reactivity (left eye):</p> <p>Reactive <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> R</p> <p>Unreactive <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> U</p> <p>Unable to assess <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> N</p>	<p>Pupil reactivity (right eye):</p> <p>Reactive <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> R</p> <p>Unreactive <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> U</p> <p>Unable to assess <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> N</p>	OR		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Pupil reactivity missing: <input style="width: 30px; height: 20px; border: none;" type="text"/> </div>		→ 41
<p>Pupil reactivity (left eye):</p> <p>Reactive <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> R</p> <p>Unreactive <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> U</p> <p>Unable to assess <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> N</p>	<p>Pupil reactivity (right eye):</p> <p>Reactive <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> R</p> <p>Unreactive <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> U</p> <p>Unable to assess <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> N</p>								
OR									
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Pupil reactivity missing: <input style="width: 30px; height: 20px; border: none;" type="text"/> </div>									

41	Sedated/paralysed	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; border-right: 1px solid black; padding-right: 5px;"> <p>Sedated or paralysed and sedated for whole of first 24 hours in your unit:</p> <p>Sedated for whole of first 24 hours* <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> S</p> <p>Paralysed and sedated for whole of first 24 hours* <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> P</p> </td> <td style="width: 50%; padding-left: 5px;"> <p>→ 42</p> </td> </tr> <tr> <td style="border-right: 1px solid black; padding-right: 5px;"> <p>Sedated for some of first 24 hours* <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> D</p> <p>Paralysed and sedated for some of first 24 hours* <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> R</p> <p>Never sedated or paralysed at any time in first 24 hours* <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> V</p> </td> <td style="padding-left: 5px;"> <p>→</p> </td> </tr> </table> <p style="font-size: small; margin-top: 5px;">* Or, if patient stays less than 24 hours, for period while in your unit</p>	<p>Sedated or paralysed and sedated for whole of first 24 hours in your unit:</p> <p>Sedated for whole of first 24 hours* <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> S</p> <p>Paralysed and sedated for whole of first 24 hours* <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> P</p>	<p>→ 42</p>	<p>Sedated for some of first 24 hours* <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> D</p> <p>Paralysed and sedated for some of first 24 hours* <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> R</p> <p>Never sedated or paralysed at any time in first 24 hours* <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> V</p>	<p>→</p>	→ 42
<p>Sedated or paralysed and sedated for whole of first 24 hours in your unit:</p> <p>Sedated for whole of first 24 hours* <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> S</p> <p>Paralysed and sedated for whole of first 24 hours* <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> P</p>	<p>→ 42</p>						
<p>Sedated for some of first 24 hours* <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> D</p> <p>Paralysed and sedated for some of first 24 hours* <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> R</p> <p>Never sedated or paralysed at any time in first 24 hours* <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> V</p>	<p>→</p>						
		<p>Neurological status:</p> <p>Assessed <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> A</p> <p>Not assessed <input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 50%; text-align: center; margin-left: 10px;" type="radio"/> N</p>	→ 42				
		<p>Lowest total Glasgow Coma Score: <input style="width: 20px; height: 20px; border: none;" type="text"/> <input style="width: 20px; height: 20px; border: none;" type="text"/></p> <p>Eye component: <input style="width: 20px; height: 20px; border: none;" type="text"/></p> <p>Motor component: <input style="width: 20px; height: 20px; border: none;" type="text"/></p> <p>Verbal component: <input style="width: 20px; height: 20px; border: none;" type="text"/></p>	→ 42				

Infection



43 Infection

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*Origin of first unit-acquired bloodstream infection collected where Unit-acquired infection is either "Bloodstream..." or "Both..."

† Origin of first unit-acquired non-bloodstream infection collected where Unit-acquired infection is either "Non-bloodstream..." or "Both..."

Daily Organ Support Module

Admission and day*

*Fields should be automatically created/populated within your local software

CMP number: [][][]	Admission number: 2 0 [][][][][][][]	Day number: [][][]	Day date: [D][D]/[M][M]/[C][C][Y][Y]
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Daily data

Organ support and level of care	
Respiratory support: Advanced (A) <input type="radio"/> Basic (B) <input type="radio"/> No (N) <input type="radio"/>	Gastrointestinal support: Yes (Y) <input type="radio"/> No (N) <input type="radio"/>
Cardiovascular support: Advanced (A) <input type="radio"/> Basic (B) <input type="radio"/> No (N) <input type="radio"/>	Dermatological support: Yes (Y) <input type="radio"/> No (N) <input type="radio"/>
Renal support: Yes (Y) <input type="radio"/> No (N) <input type="radio"/>	Liver support: Yes (Y) <input type="radio"/> No (N) <input type="radio"/>
Neurological support: Yes (Y) <input type="radio"/> No (N) <input type="radio"/>	Highest level of care received: Level 3 care (3) <input type="radio"/> Level 2 care (2) <input type="radio"/> Level 1 care (1) <input type="radio"/> Level 0 care (0) <input type="radio"/>

Interventions	
Respiratory V-V ECMO: <input type="checkbox"/> V-A ECMO: <input type="checkbox"/> ECCO ₂ R: <input type="checkbox"/> Invasive ventilation: <input type="checkbox"/> Non-invasive ventilation: <input type="checkbox"/> Prone position: <input type="checkbox"/>	Intubation Translaryngeal intubation: (Y) <input type="radio"/> (N) <input type="radio"/> Tracheostomy: (Y) <input type="radio"/> (N) <input type="radio"/> Cardiovascular Central venous catheter: (Y) <input type="radio"/> (N) <input type="radio"/> Genito-urinary Urinary catheter: (Y) <input type="radio"/> (N) <input type="radio"/> Gastrointestinal Parenteral feeding: (Y) <input type="radio"/> (N) <input type="radio"/> Enteral tube feeding: (Y) <input type="radio"/> (N) <input type="radio"/>

Repeat for each calendar day on unit

Organ support, Level of care and Interventions

Please note: these fields will be calculated from the Daily Organ Support Module

44

Organ support,
Level of care and
Interventions

Calendar days of organ support while in your unit	
Number of Basic respiratory support days:	<input type="text"/> <input type="text"/> <input type="text"/>
Number of Advanced respiratory support days:	<input type="text"/> <input type="text"/> <input type="text"/>
Number of Basic cardiovascular support days:	<input type="text"/> <input type="text"/> <input type="text"/>
Number of Advanced cardiovascular support days:	<input type="text"/> <input type="text"/> <input type="text"/>
Number of Renal support days:	<input type="text"/> <input type="text"/> <input type="text"/>
Number of Neurological support days:	<input type="text"/> <input type="text"/> <input type="text"/>
Number of Gastrointestinal support days:	<input type="text"/> <input type="text"/> <input type="text"/>
Number of Dermatological support days:	<input type="text"/> <input type="text"/> <input type="text"/>
Number of Liver support days:	<input type="text"/> <input type="text"/> <input type="text"/>

Calendar days of Level of care while in your unit	
Number of Level 3 days:	<input type="text"/> <input type="text"/> <input type="text"/>
Number of Level 2 days:	<input type="text"/> <input type="text"/> <input type="text"/>
Number of Level 1 days:	<input type="text"/> <input type="text"/> <input type="text"/>
Number of Level 0 days:	<input type="text"/> <input type="text"/> <input type="text"/>

Interventions	
Respiratory	
V-V ECMO at any time during unit stay:	<input type="radio"/> Y <input type="radio"/> N
V-A ECMO at any time during unit stay:	<input type="radio"/> Y <input type="radio"/> N
ECCO ₂ R at any time during unit stay:	<input type="radio"/> Y <input type="radio"/> N
Invasive ventilation at any time during unit stay:	<input type="radio"/> Y <input type="radio"/> N
Non-invasive ventilation at any time during unit stay:	<input type="radio"/> Y <input type="radio"/> N
Prone position at any time during unit stay:	<input type="radio"/> Y <input type="radio"/> N
Intubation	
Translaryngeal intubation at any time during unit stay:	<input type="radio"/> Y <input type="radio"/> N
Tracheostomy at any time during unit stay:	<input type="radio"/> Y <input type="radio"/> N
Cardiovascular	
Central venous catheter days:	<input type="text"/> <input type="text"/> <input type="text"/>
Genito-urinary	
Urinary catheter days:	<input type="text"/> <input type="text"/> <input type="text"/>
Gastrointestinal	
Parenteral feeding at any time during unit stay:	<input type="radio"/> Y <input type="radio"/> N
Enteral tube feeding at any time during unit stay:	<input type="radio"/> Y <input type="radio"/> N

45

Outcome – treatment limitations

45 Ultimate primary reason for admission

Ultimate primary reason for admission to your unit*:

<input type="text"/>	<input type="text"/>	•	<input type="text"/>	<input type="text"/>	•	<input type="text"/>	<input type="text"/>	•	<input type="text"/>	<input type="text"/>
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→ 46

***Incomplete code textbox: if a full condition cannot be found in ICM, code as far as possible and use dedicated text box to record condition**

Ultimate primary:

46 Treatment limitations

Any limitations on treatment in place at discharge from your unit/death:

Yes Y

No N

Limitations on treatment in place at discharge from your unit/death

Not for invasive ventilation:

Yes Y

No N

Not for renal replacement:

Yes Y

No N

Not for CPR:

Yes Y

No N

Any other limitation:

Yes Y

No N

Treatment withdrawn:

Yes Y

No N

Date/Time treatment first withdrawn

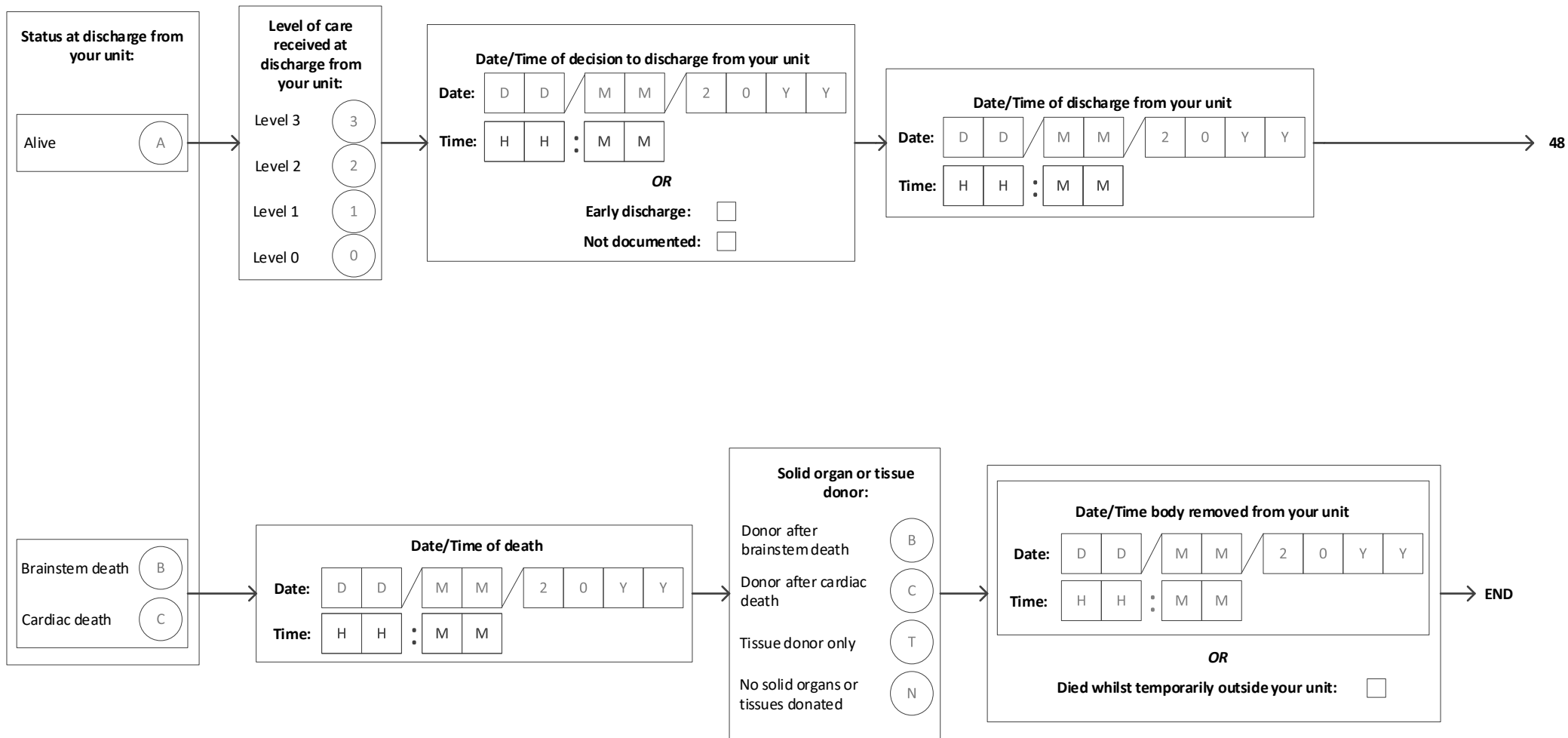
Date: D D / M M / 2 0 Y Y

Time: H H : M M

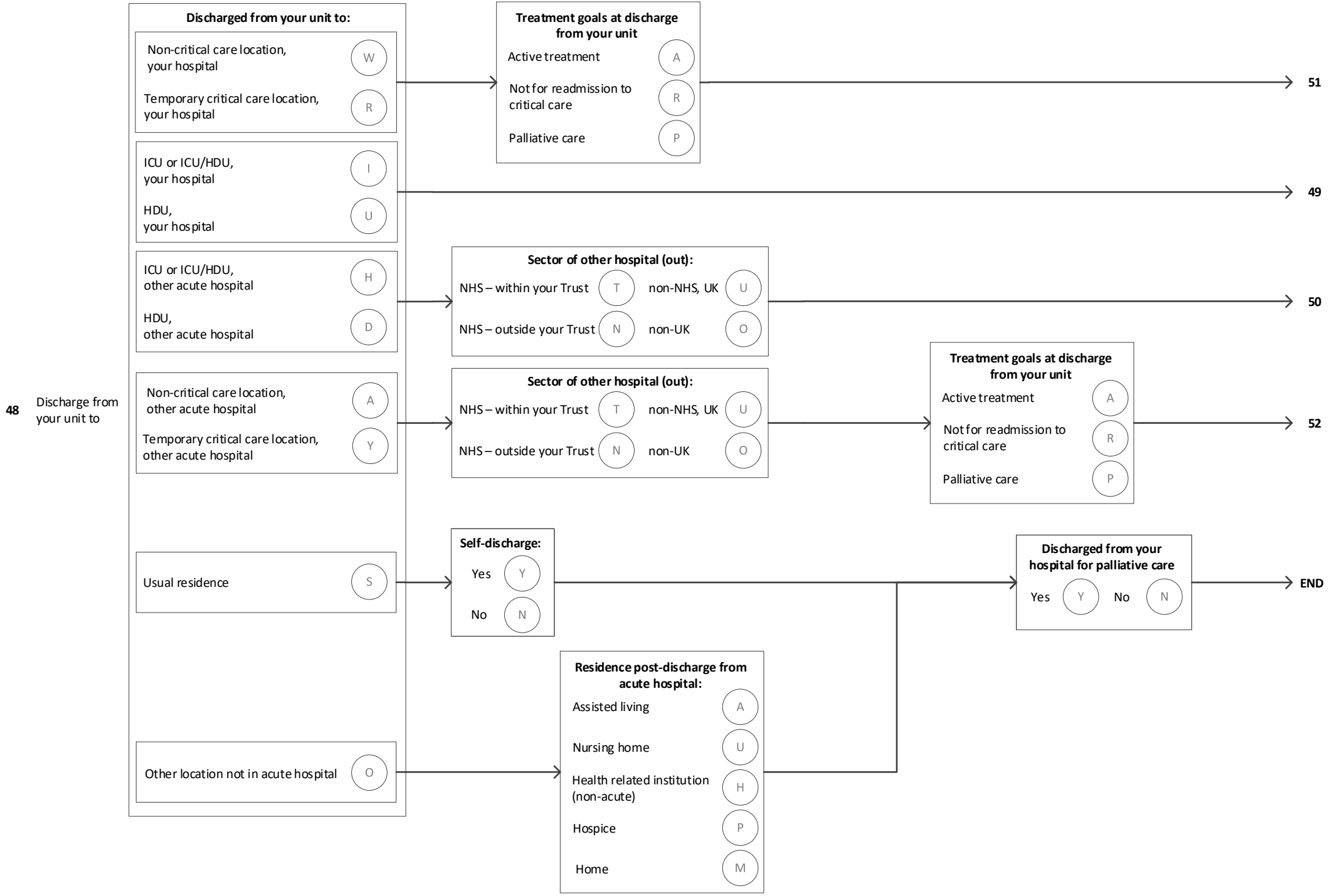
→ 47

Outcome – your unit discharge

47 Your unit outcome



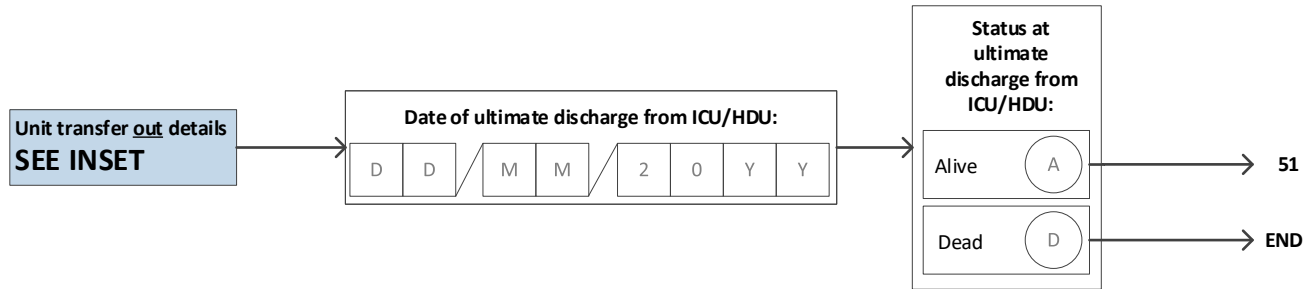
Outcome – discharged from your unit to



Outcome – Unit transfer

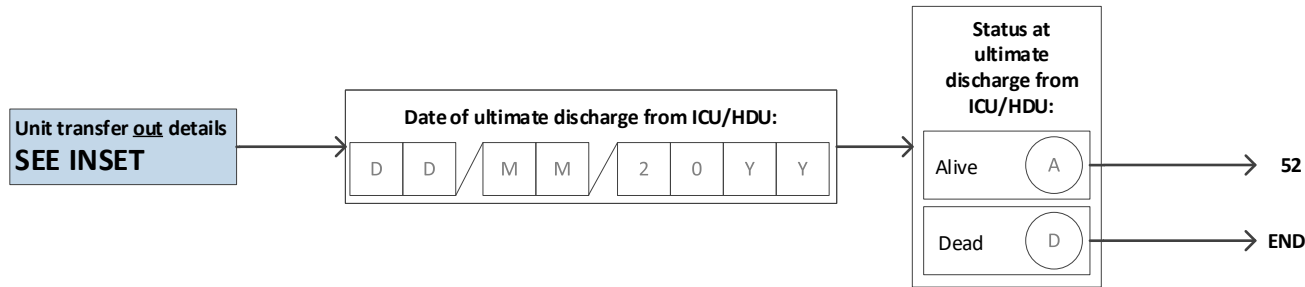
49

Unit transfer,
your hospital



50

Unit transfer,
other acute hospital

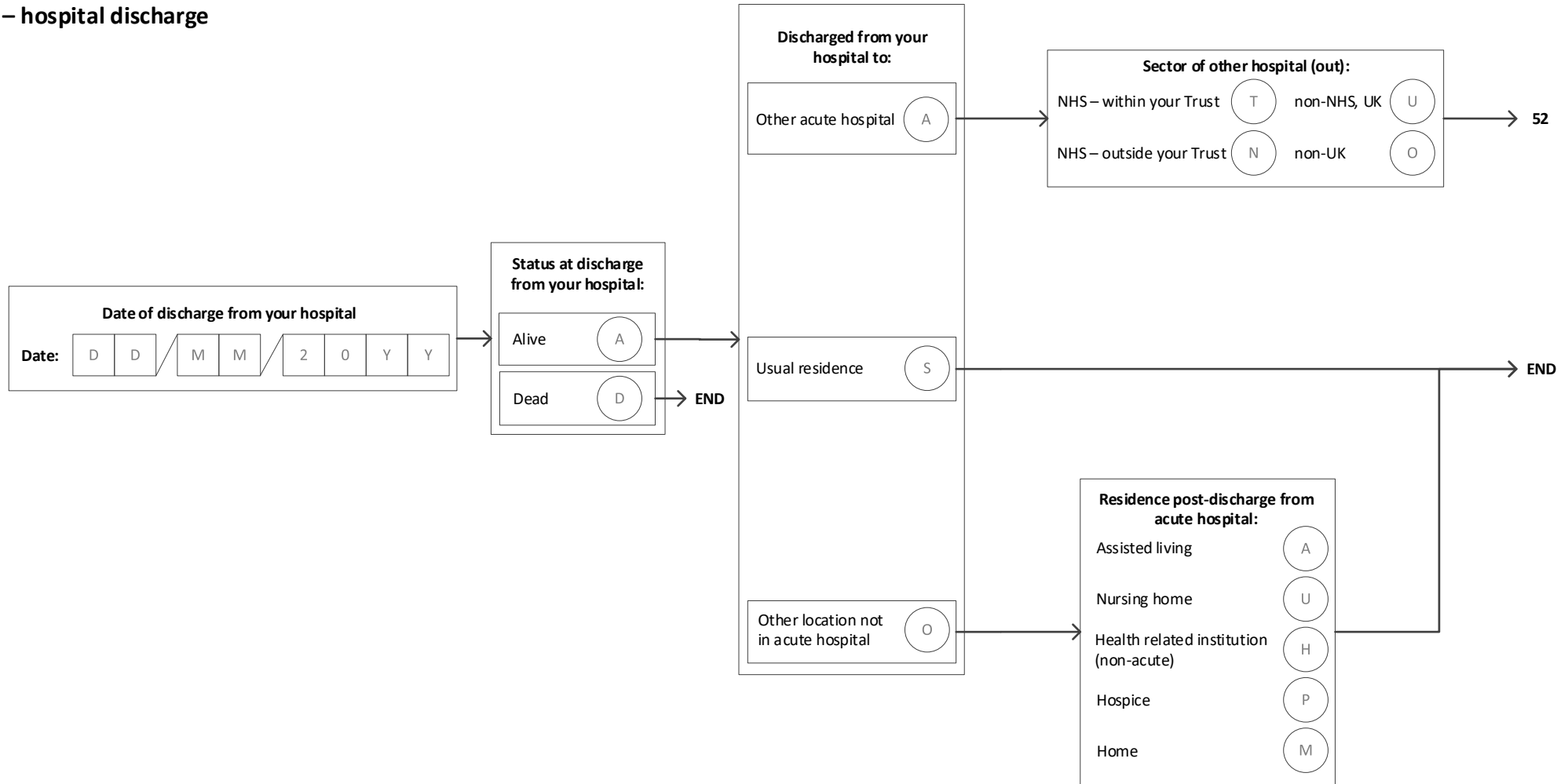


Unit transfer out details: COMPLETE FOR ALL TRANSFERS					
Type of critical care unit (out):			Reason for transfer from your unit:		
General (G)	Spinal injury (S)	Neurosciences (N)	More specialised care (M)		
Cardiac (C)	Obstetric (O)	Medical (M)	Comparable care (C)	Step-up care (U)	Step-down care (D)
Thoracic (T)	Burns & plastic (B)	Surgical (U)	Repatriation (R)		
Liver (L)	Renal (R)	Paediatric/neonatal (P)			

Outcome – hospital discharge

51

Your hospital outcome



52

Ultimate hospital discharge

