

Psychological Outcomes following a nurse-led Preventative Psychological Intervention for critically ill patients

Case Report Form

Case Mix Programme Admission number

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POPPI Trial number

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Front page

Case Mix Programme Admission number – unique number assigned to each admission to your unit in the Case Mix Programme (CMP), automatically generated by local software. Your local CMP data collector/audit clerk will be able to provide this.

POPPI trial number – enter the unique number assigned to each POPPI patient generated via the POPPI secure web based data entry system.

Inclusion/Exclusion criteria

POPPI unit admission – record the date and time of admission to your POPPI participating critical care unit

Inclusion criteria – at point of consent – at the point of consent, all should be ticked 'Yes' to be eligible.

Exclusion – at time of consent – at the point of consent, should be ticked 'No' to be eligible.

Exclusion – pre-existing – at the point of consent, all should be ticked 'No' to be eligible.

Date and time of consent – record the date and time patient provided informed consent (dd/mm/yyyy).

Patient agrees for their information to be used for future research – indicate if patient gave permission for their information to be used for future research as indicated on the Consent Form

Inclusion/Exclusion criteria

Trial number:

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POPPI unit admission

Date

D	D
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M	M
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 /

2	0	Y	Y
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 Time

H	H
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 :

M	M
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 (24-hour clock)

Inclusion criteria – at point of consent

18 years or greater

Yes ☐

In POPPI unit more than 48 hours

Yes ☐

Received some Level 3 care in first 48 hours

Yes ☐

Glasgow Coma Scale score of 15

Yes ☐

RASS score between +1 and -1

Yes ☐

English-speaking

Yes ☐

Ability to communicate orally

Yes ☐

Exclusion criteria

Receiving end-of-life care

No ☐

Previously recruited to POPPI

No ☐

Exclusion criteria – pre-existing...

Chronic cognitive impairment,
e.g. dementia

No ☐

Psychotic illness,
e.g. schizophrenia

No ☐

Chronic PTSD

No ☐

Consent

Date

D	D
---	---

 /

M	M
---	---

 /

2	0	Y	Y
---	---	---	---

 Time

H	H
---	---

 :

M	M
---	---

 (24-hour clock)

Patient agrees for their information to be used for future research

Yes ☐ No ☐

Completed by

Signature

Date completed

D	D
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 /

M	M
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 /

2	0	Y	Y
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Baseline – Contact details

Patient details

To be used by ICNARC CTU to conduct patient follow-up at 6 months. Please enter data as they would appear in a letter.

First name – first letter in uppercase, rest in lowercase.

Surname – first letter in uppercase, rest in lowercase.

Gender – genotypical (sex patient were born as) sex.

Date of birth – date of birth (dd/mm/yyyy).

NHS number – the unique ten digit code assigned by NHS to each patient.

Hospital number – unique number assigned by hospital to each admission/patient.

House name/number, Address 1, Address 2, City, County, Country – first letter of each in uppercase, rest in lowercase.

Postcode – uppercase letters and formatted. Record outcode (first half of postcode) if full postcode unavailable or record UNKNOWN if all unavailable.

If address not known – tick one residence/status box.

Telephone/Mobile number – provide as many numbers as possible for patient to facilitate follow-up.

Other number – provide number (mobile/landline) for family/friend (indicate whom in **Comments** box).

Email address – provide patient's main email address.

Primary care details

To be used by sites to inform patient's GP about participation in POPPI and by ICNARC CTU if a referral is required. Please enter details as they would appear in a letter.

GP Initials – uppercase letters (not including surname).

Surname – first letter in uppercase, rest in lowercase.

Practice name, Address 1, Address 2, City, County, Country – first letter of each in uppercase, rest in lowercase.

Postcode – uppercase letters and formatted. Record outcode (first half of postcode) if full postcode unavailable or record UNKNOWN if all unavailable.

Telephone number – provide landline number of GP practice.

Comments – if patient is not registered with a GP, leave above fields blank and indicate in comments. Provide any other information deemed relevant to facilitate follow-up.

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Baseline - Contact details

Patient details

Title

First name

Surname

Gender Male ☐ Female ☐

Date of birth

D	D	/	M	M	/	Y	Y	Y	Y
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NHS number

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Hospital number

House name/number

Address 1

Address 2

City

County

Postcode

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Country

If address not known

Residence/status

Abroad	<input type="radio"/>	Military	<input type="radio"/>
Homeless	<input type="radio"/>	No fixed abode	<input type="radio"/>

Telephone number

Mobile number

Other number

Email address

Primary care details

GP Initials

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Surname

Practice name

House name/number

Address 1

Address 2

City

County

Postcode

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Country

Telephone number

Comments

Completed by

Signature

Date completed

D	D	/	M	M	/	2	0	Y	Y
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Baseline - Physiology

Pre-hospital admission

Documented pre-existing anxiety and/or depression – Select one option, defined as present if documented in patient's medical notes

Last result prior to consent

Temperature – core temperature (which includes tympanic membrane, nasopharyngeal, oesophageal, rectal, pulmonary artery and bladder).

SBP – systolic blood pressure.

Pulse rate – number of heart beats per minute.

Respiratory rate – number of breaths per minute; spontaneous rate or if mechanically ventilated, total rate (mandated + spontaneous breaths).

SpO₂ – Peripheral capillary oxygen saturation.

FiO₂ – Fraction of inspired oxygen.

Baseline - Physiology

Trial number:

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Pre-hospital admission

Documented pre-existing anxiety and/or depression

Anxiety

A

Depression

D

Both

B

None

N

Last result prior to consent

Temperature

--	--	--

 ·

--

 °C

SpO₂

--	--	--

 %

SBP

--	--	--

mmHg

FiO₂

--	--	--

Pulse rate

--	--	--

beats min⁻¹

Respiratory rate

--	--	--

breaths min⁻¹

AVPU Scale

Alert

A

Voice

V

Painful

P

Unresponsive

U

Completed by

--

Signature

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Date completed

D	D	/	M	M	/	2	0	Y	Y
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Baseline – Quality of life

At time of consent

Quality of life – Health thermometer score – The patient's current health score as indicated by the patient at the time of consent, using the quality of life thermometer, from 0 to 100. One hundred is 'the best health you can imagine' and zero is 'the worst health you can imagine' (see 'Health thermometer' provided).

Quality of life – Emotional response – six statements people use to describe themselves are presented. At the time of consent, read each to the patient and ask them to indicate the most appropriate response (Not at all, Somewhat, Moderately or Very much) to indicate how they feel 'Right now, at this moment'.

Explain to the patient that there are no right or wrong answers. Ask the patient not to spend too much time on any one statement but to give the answer which seems to describe their present feelings best.

Baseline – Quality of life

At time of consent

Quality of life – Health thermometer

Health thermometer score

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Quality of life – Emotional response

Right now, at this moment:

(Circle patient's response)

1	I feel calm	Not at all	Somewhat	Moderately	Very much
2	I am tense	Not at all	Somewhat	Moderately	Very much
3	I feel upset	Not at all	Somewhat	Moderately	Very much
4	I am relaxed	Not at all	Somewhat	Moderately	Very much
5	I feel content	Not at all	Somewhat	Moderately	Very much
6	I am worried	Not at all	Somewhat	Moderately	Very much

Completed by

Signature

Date completed

D	D	/	M	M	/	2	0	Y	Y
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Critical care days 1-21:

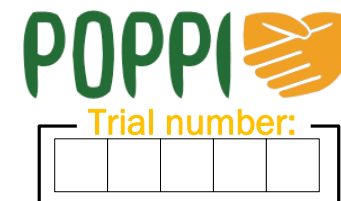
Delirium

Assessed for delirium using CAM-ICU - Indicate if patient was assessed for delirium using CAM-ICU during days 1 to 21 in critical care days by ticking 'yes' or 'no' (day 1 is the date of admission to POPPI unit).

If 'Yes':

- Complete day month (dd/mm) for each day the patient stayed in critical care.
- Tick each day that delirium was present.
- Indicate 'No CAM-ICU defined delirium (ND)' if delirium was not present during days 1 to 21.
- Initial each column to confirm each day has been checked and completed.
- Continue on Delirium (during critical care stay – days 22 to 42) page if patient's critical care stay was more than 21 days.
- Data collection should continue if discharged to other unit (e.g. HDU) within critical care.

Delirium (during critical care stay – days 1 to 21)



Assessed for delirium using CAM-ICU?

Yes ☐ Y No ☐ N

If yes, then complete below

No CAM-ICU defined delirium (tick ND)		Calendar day(s) in critical care (tick days on which patient had CAM-ICU defined delirium). Day 1 = date of admission to POPPI unit																				
		dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm
CAM-ICU defined delirium	<input type="radio"/> ND	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Initial when completed for each day																						

Completed by	<input type="text"/>	Signature	<input type="text"/>	Date completed	<input type="text"/> D <input type="text"/> D/ <input type="text"/> M <input type="text"/> M/ <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> Y <input type="text"/> Y
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Critical care days 1-21:

Sedatives/anxiolytics/anaesthetics

Received sedatives/anxiolytics/anaesthetics - Indicate if the patient received any sedatives/anxiolytics/anaesthetics during days 1 to 21 in critical care stay by ticking yes or no (day 1 is the date of admission to POPPI unit).

If 'Yes':

- Complete day month (dd/mm) for each day the patient stayed in critical care.
- Tick each day the drug(s) were given.
- Indicate 'drug not received' if the listed drugs were not given during days 1 to 21 in critical care stay.
- If a sedative/anxiolytic/anaesthetic not listed was given to the patient during critical care stay, complete the drug under 'Other.'
- Initial each column to confirm each day has been checked and completed.
- Continue on Drugs (during critical care stay – days 22 to 42) if patient's critical care stay was more than 21 days.
- Data collection should continue if discharged to other unit (e.g. HDU) within critical care.

Drugs (during critical care stay – days 1 to 21)



Trial number:

Received sedatives/anxiolytics/anaesthetics?

Yes

☐ Y

No

☐ N

If yes, then complete below

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Drugs	Drug not received (tick NR)	Calendar day(s) in critical care (tick days on which drug received). Day 1 = date of admission to POPPI unit																				
		dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm
Chlordiazepoxide	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Clobazam	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Clonidine	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Desflurane	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Dexmedetomidine	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Diazepam	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Etomidate	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Halothane	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Isoflurane	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Ketamine	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Lorazepam	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Midazolam	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Propofol	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Sevoflurane	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Thiopentone	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Other _____		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Initial when completed for each day																						

Completed by

Signature

Date completed

D	D	/	M	M	/	2	0	Y	Y
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Critical care days 1-21:

Sleep medications

Received sleep medications - Indicate if the patient received any sleep medications during days 1 to 21 in critical care stay by ticking yes or no (day 1 is the date of admission to POPPI unit).

If 'Yes':

- Complete the date/month for each day the patient was in critical care.
- Tick each day the drug(s) were given.
- Indicate 'drug not received' if the listed drugs were not given during days 1 to 21 in critical care stay.
- If a sleep medication not listed was given to the patient during critical care stay, complete the drug under 'Other.'
- Initial each column to confirm each day has been checked and completed.
- Continue on Drugs (during critical care stay – days 22 to 42) if patient's critical care stay was more than 21 days.
- Data collection should continue if discharged to other unit (e.g. HDU) within critical care.

Drugs (during critical care stay – days 1 to 21)

Received sleep medications?

Yes

☐ Y

No

☐ N

If yes, then complete below

Drugs	Drug not received (tick NR)	Calendar day(s) in critical care (tick days on which drug received). Day 1 = date of admission to POPPI unit																				
		dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm
Flurazepam	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Lormetazepam	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Nitrazepam	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Temazepam	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Zolpidem	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Zopiclone	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Other _____		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Initial when completed for each day																						

Completed by

Signature

Date completed

D	D	/	M	M	/	2	0	Y	Y
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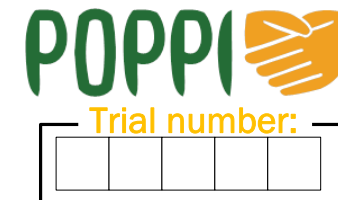
Critical care days 1-21: Antipsychotics

Received antipsychotics - Indicate if the patient received any antipsychotics during days 1 to 21 in critical care stay by ticking yes or no (day 1 is the date of admission to POPPI unit).

If 'Yes':

- Complete day month (dd/mm) for each day the patient stayed in critical care.
- Tick each day the drug(s) were given.
- Indicate 'drug not received' if the listed drugs were not given during days 1 to 21 in critical care stay.
- If an Antipsychotic not listed was given to the patient during critical care stay, complete the drug under 'Other.'
- Initial each column to confirm each day has been checked and completed.
- Continue on Drugs (during critical care stay – days 22 to 42) if patient's critical care stay was more than 21 days.
- Data collection should continue if discharged to other unit (e.g. HDU) within critical care.

Drugs (during critical care stay – days 1 to 21)



Received antipsychotics?

Yes

☐ Y

No

☐ N

If yes, then complete below

Drugs	Drug not received (tick NR)	Calendar day(s) in critical care (tick days on which drug received). Day 1 = date of admission to POPPI unit																				
		dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm
Chlorpromazine	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Clozapine	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Flupentixol	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Haloperidol	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Olanzapine	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Quetiapine	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Risperidone	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Other		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Initial when completed for each day																						

Completed by	<input type="text"/>	Signature	<input type="text"/>	Date completed	D	D	/	M	M	/	2	0	Y	Y
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Critical care days 1-21: Analgesics

Received analgesics - Indicate if the patient received any analgesics during days 1 to 21 in critical care stay by ticking yes or no (day 1 is the date of admission to POPPI unit).

If 'Yes':

- Complete the date/month for each day the patient was in critical care.
- Tick each day the drug(s) were given.
- Indicate 'drug not received' if the listed drugs were not given during days 1 to 21 in critical care stay.
- If an analgesic not listed was given to the patient during critical care stay, complete the drug under 'Other.'
- Initial each column to confirm each day has been checked and completed.
- Continue on Drugs (during critical care stay – days 22 to 42) if patient's critical care stay was more than 21 days.
- Data collection should continue if discharged to other unit (e.g. HDU) within critical care.

Drugs (during critical care stay – days 1 to 21)

Trial number:

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Received analgesics?

Yes ☒ No ☒

If yes, then complete below

Drugs	Drug not received (tick NR)	Calendar day(s) in critical care (tick days on which drug received). Day 1 = date of admission to POPPI unit																				
		dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm
Alfentanil	<input checked="" type="radio"/>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Co-codamol	<input checked="" type="radio"/>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Codeine	<input checked="" type="radio"/>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Co-dydramol	<input checked="" type="radio"/>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Diamorphine	<input checked="" type="radio"/>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Dihydrocodeine	<input checked="" type="radio"/>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Fentanyl	<input checked="" type="radio"/>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Morphine	<input checked="" type="radio"/>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Oxycodone	<input checked="" type="radio"/>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Paracetamol	<input checked="" type="radio"/>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Remifentanyl	<input checked="" type="radio"/>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Tramadol	<input checked="" type="radio"/>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Other _____		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Initial when completed for each day																						

Completed by

Signature

Date completed

D	D	/	M	M	/	2	0	Y	Y
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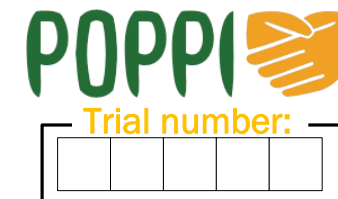
Critical care days 1-21: Antidepressants

Received antidepressants - Indicate if the patient received any antidepressants during days 1 to 21 in critical care stay by ticking yes or no (day 1 is the date of admission to POPPI unit).

If 'Yes':

- Complete the date/month for each day the patient was in critical care.
- Tick each day the drug(s) were given.
- Indicate 'drug not received' if the listed drugs were not given during days 1 to 21 in critical care stay.
- If an antidepressant not listed was given to the patient during critical care stay, complete the drug under 'Other.'
- Initial each column to confirm each day has been checked and completed.
- Continue on Drugs (during critical care stay – days 22 to 42) if patient's critical care stay was more than 21 days.
- Data collection should continue if discharged to other unit (e.g. HDU) within critical care.

Drugs (during critical care stay – days 1 to 21)



Received antidepressants?

Yes

☐ Y

No

☐ N

If yes, then complete below

Drugs	Drug not received (tick NR)	Calendar day(s) in critical care (tick days on which drug received). Day 1 = date of admission to POPPI unit																				
		dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm
Amitriptyline	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Citalopram	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Fluoxetine	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Mirtazapine	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Paroxetine	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Reboxetine	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Sertraline	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Venlafaxine	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Other		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Initial when completed for each day																						

Completed by

Signature

Date completed

D	D	/	M	M	/	2	0	Y	Y
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Critical care days 1-21:

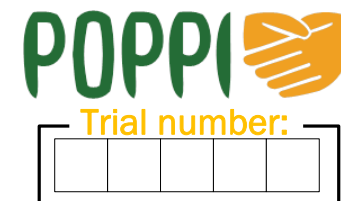
Vasoactive agents

Received vasoactive agents - Indicate if the patient received any vasoactive agents during days 1 to 21 in critical care stay by ticking yes or no (day 1 is the date of admission to POPPI unit).

If 'Yes':

- Complete the date/month for each day the patient was in critical care.
- Tick each day the drug(s) were given.
- Indicate 'drug not received' if the listed drugs were not given during days 1 to 21 in critical care stay.
- If a vasoactive agent not listed was given to the patient during critical care stay, complete the drug under 'Other.'
- Initial each column to confirm each day has been checked and completed.
- Continue on Drugs (during critical care stay – days 22 to 42) if patient's critical care stay was more than 21 days.
- Data collection should continue if discharged to other unit (e.g. HDU) within critical care.

Drugs (during critical care stay – days 1 to 21)



Received vasoactive agents?

Yes

☒ Y

No

☐ N

If yes, then complete below

Drugs	Drug not received (tick NR)	Calendar day(s) in critical care (tick days on which drug received). Day 1 = date of admission to POPPI unit																				
		dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm
Adrenaline	<input checked="" type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Dobutamine	<input checked="" type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Dopamine	<input checked="" type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Dopexamine	<input checked="" type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Metaraminol	<input checked="" type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Noradrenaline	<input checked="" type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Phenylephrine	<input checked="" type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Vasopressin	<input checked="" type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Other		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Initial when completed for each day																						

Completed by

Signature

Date completed

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Discharge

Status at critical care discharge - indicate if the patient was alive or dead at discharge from your hospital's critical care unit

If alive - enter date of discharge from critical care unit

Status at hospital discharge - Indicate if the patient was alive or dead at discharge from your hospital

If alive - enter date of discharge from hospital

If dead - enter date and time of death

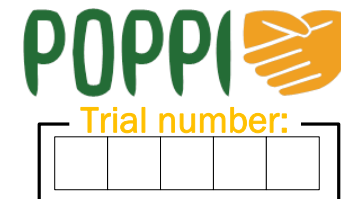
Critical care days 1-21: Mechanical ventilation

Received mechanical ventilation - Indicate if the patient received any mechanical ventilation during days 1 to 21 in critical care stay by ticking yes or no (day 1 is the date of admission to POPPI unit).

If 'Yes':

- Mechanical ventilation as defined as invasive positive pressure ventilation via an endotracheal or nasotracheal tube, or tracheostomy. It does not include non-invasive ventilation (e.g. mask/hood CPAP, mask/hood BiPAP).
- Complete the date/month for each day the patient was in critical care.
- Tick each day the patient was mechanically ventilated.
- Indicate 'Mechanical ventilation not received' if it was not given during days 1 to 21 in critical care stay.
- Initial each column to confirm each day has been checked and completed.
- Continue on Drugs (during critical care stay – days 22 to 42) if patient's critical care stay was more than 21 days.
- Data collection should continue if discharged to other unit (e.g. HDU) within critical care.

Mechanical ventilation (during critical care stay – days 1 to 21)



Received mechanical ventilation?

Yes

☐ Y

No

☐ N

If yes, then complete below

	Mechanical ventilation not received (tick NR)	Calendar day(s) in critical care (tick days on which patient was mechanically ventilated). Day 1 = date of admission to POPPI unit																				
		dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm
Mechanical ventilation	<input type="radio"/> NR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Initial when completed for each day																						

Completed by	<input type="text"/>	Signature	<input type="text"/>	Date completed	<input type="text"/> D <input type="text"/> D / <input type="text"/> M <input type="text"/> M / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> Y <input type="text"/> Y
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Discharge

Discharge

Status at **critical care** discharge

Alive

☒ A

Dead

☐ D

If alive

Date of critical care
discharge

D D

M M

2

0

Y

Y

Status at **hospital** discharge

Alive

☒ A

Dead

☐ D

If alive

Date of hospital
discharge

D D

M M

2

0

Y

Y

If dead

Date of death

D D

M M

2

0

Y

Y

Time of death

H H

:

M M

Comments

ICNARC © 2015

**Psychological Outcomes following a nurse-led Preventative
Psychological Intervention for critically ill patients**

Critical care stay continued -
days 22 to 42
Case Report Form

Case Mix Programme Admission number

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POPPI Trial number

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Critical care days 22-42: Delirium

Only complete this page if the patient stayed in critical care greater than 21 days

Delirium

Indicate if the patient was assessed for delirium using CAM-ICU during days 22 to 42 in critical care stay by ticking yes or no (day 1 is the date of admission to POPPI unit).

If 'Yes':

- Complete day month (dd/mm) for each day the patient stayed in critical care.
- Tick each day that delirium was present.
- Indicate 'No CAM-ICU defined delirium (ND)' if delirium was not present during days 22 to 42.
- Initial each column to confirm each day has been checked and completed.
- Data collection should continue if discharged to other unit (e.g. HDU) within critical care.

Delirium (during critical care stay – days 22 to 42)



Assessed for delirium using CAM-ICU?

Yes ☒ Y No ☐ N

If yes, then complete below

	No CAM-ICU defined delirium (tick ND)	Calendar day(s) in critical care (tick days on which patient had CAM-ICU defined delirium). Day 1 = date of admission to POPPI unit																				
		dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm
CAM-ICU defined delirium	<input checked="" type="radio"/> ND	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
Initial when completed for each day																						

Completed by Signature Date completed / /

Critical care days 22-42: Sedatives/anxiolytics/anaesthetics

Only complete this page if the patient stayed in critical care greater than 21 days

Sedatives/anxiolytics/anaesthetics

Indicate if the patient received any sedatives/anxiolytics/anaesthetics during days 22 to 42 in critical care stay by ticking yes or no (day 1 is the date of admission to POPPI unit).

If 'Yes':

- Complete the date/month for each day the patient was in critical care.
- Tick each day the drug(s) were given.
- Indicate 'drug not received' if the listed drugs were not given during days 22 to 42 in critical care stay.
- If a sedative/anxiolytic/anaesthetic not listed was given to the patient during critical care stay, complete the drug under 'Other.'
- Initial each column to confirm each day has been checked and completed.
- Data collection should continue if discharged to other unit (e.g. HDU) within critical care.

Drugs (during critical care stay – days 22 to 42)



Trial number:

Received sedatives/anxiolytics/anaesthetics?

Yes

☐ Y

No

☐ N

If yes, then complete below

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Drugs	Drug not received (tick NR)	Calendar day(s) in critical care (tick days on which drug received). Day 1 = date of admission to POPPI unit																					
		dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	
Chlordiazepoxide	<div>NR</div>	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Clobazam	<div>NR</div>	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Clonidine	<div>NR</div>	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Desflurane	<div>NR</div>	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Dexmedetomidine	<div>NR</div>	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Diazepam	<div>NR</div>	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Etomidate	<div>NR</div>	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Halothane	<div>NR</div>	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Isoflurane	<div>NR</div>	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Ketamine	<div>NR</div>	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Lorazepam	<div>NR</div>	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Midazolam	<div>NR</div>	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Propofol	<div>NR</div>	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Sevoflurane	<div>NR</div>	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Thiopentone	<div>NR</div>	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Other _____		22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Initial when completed for each day																							

Completed by

Signature

Date completed

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Critical care days 22-42: Sleep medications

Only complete this page if the patient stayed in critical care greater than 21 days

Indicate if the patient received any sleep medication during days 22 to 42 in critical care stay by ticking yes or no (day 1 is the date of admission to POPPI unit).

If 'Yes':

- Complete the date/month for each day the patient was in critical care.
- Tick each day the drug(s) were given.
- Indicate 'drug not received' if the listed drugs were not given during days 22 to 42 in critical care stay.
- If a sleep medication not listed was given to the patient during critical care stay, complete the drug under 'Other.'
- Initial each column to confirm each day has been checked and completed.
- Data collection should continue if discharged to other unit (e.g. HDU) within critical care.

Drugs (during critical care stay – days 22 to 42)

Received sleep medications?

Yes

☐ Y

No

☐ N

If yes, then complete below

Drugs	Drug not received (tick NR)	Calendar day(s) in critical care (tick days on which drug received). Day 1 = date of admission to POPPI unit																					
		dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm
Flurazepam	<div>NR</div>	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Lormetazepam	<div>NR</div>	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Nitrazepam	<div>NR</div>	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Temazepam	<div>NR</div>	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Zolpidem	<div>NR</div>	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Zopiclone	<div>NR</div>	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Other _____		22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Initial when completed for each day																							

Completed by

Signature

Date completed

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Critical care days 22-42: Antipsychotics

Only complete this page if the patient stayed in critical care greater than 21 days

Indicate if the patient received any antipsychotics during days 22 to 42 in critical care stay by ticking yes or no (day 1 is the date of admission to POPPI unit).

If 'Yes':

- Complete the date/month for each day the patient was in critical care.
- Tick each day the drug(s) were given.
- Indicate 'drug not received' if the listed drugs were not given during days 22 to 42 in critical care stay.
- If an antipsychotic not listed was given to the patient during critical care stay, complete the drug under 'Other.'
- Initial each column to confirm each day has been checked and completed.
- Data collection should continue if discharged to other unit (e.g. HDU) within critical care.

Drugs (during critical care stay – days 22 to 42)



Trial number:

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Received antipsychotics?

Yes

☐ Y

No

☐ N

If yes, then complete below

Drugs	Drug not received (tick NR)	Calendar day(s) in critical care (tick days on which drug received). Day 1 = date of admission to POPPI unit																					
		dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	
Chlorpromazine	<div>NR</div>	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Clozapine	<div>NR</div>	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Flupentixol	<div>NR</div>	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Haloperidol	<div>NR</div>	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Olanzapine	<div>NR</div>	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Quetiapine	<div>NR</div>	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Risperidone	<div>NR</div>	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Other _____		22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Initial when completed for each day																							

Completed by

Signature

Date completed

D	D	/	M	M	/	2	0	Y	Y
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Critical care days 22-42: Analgesics

Only complete this page if the patient stayed in critical care greater than 21 days

Indicate if the patient received any analgesics during days 22 to 42 in critical care stay by ticking yes or no (day 1 is the date of admission to POPPI unit).

If 'Yes':

- Complete the date/month for each day the patient was in critical care.
- Tick each day the drug(s) were given.
- Indicate 'drug not received' if the listed drugs were not given during days 22 to 42 in critical care stay.
- If an analgesic not listed was given to the patient during critical care stay, complete the drug under 'Other.'
- Initial each column to confirm each day has been checked and completed.
- Data collection should continue if discharged to other unit (e.g. HDU) within critical care.

Drugs (during critical care stay – days 22 to 42)

Received analgesics?

Yes

☐ Y

No

☐ N

If yes, then complete below

Drugs	Drug not received (tick NR)	Calendar day(s) in critical care (tick days on which drug received). Day 1 = date of admission to POPPI unit																					
		dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	
Alfentanil	<input type="radio"/> NR	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Co-codamol	<input type="radio"/> NR	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Codeine	<input type="radio"/> NR	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Co-dydramol	<input type="radio"/> NR	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Diamorphine	<input type="radio"/> NR	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Dihydrocodeine	<input type="radio"/> NR	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Fentanyl	<input type="radio"/> NR	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Morphine	<input type="radio"/> NR	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Oxycodone	<input type="radio"/> NR	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Paracetamol	<input type="radio"/> NR	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Remifentanyl	<input type="radio"/> NR	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Tramadol	<input type="radio"/> NR	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Other _____		22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Initial when completed for each day																							

Completed by

Signature

Date completed

D	D	/	M	M	/	2	0	Y	Y
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Critical care days 22-42: Antidepressants

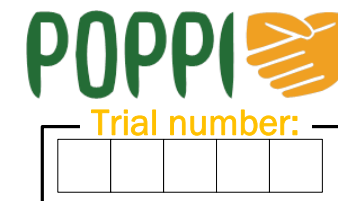
Only complete this page if the patient stayed in critical care greater than 21 days

Indicate if the patient received any antidepressants during days 22 to 42 in critical care stay by ticking yes or no (day 1 is the date of admission).

If 'Yes':

- Complete the date/month for each day the patient was in critical care.
- Tick each day the drug(s) were given.
- Indicate 'drug not received' if the listed drugs were not given during days 22 to 42 in critical care stay.
- If an antidepressant not listed was given to the patient during critical care stay, complete the drug under 'Other.'
- Initial each column to confirm each day has been checked and completed.
- Data collection should continue if discharged to other unit (e.g. HDU) within critical care.

Drugs (during critical care stay – days 22 to 42)



Received antidepressants?

Yes

☐ Y

No

☐ N

If yes, then complete below

Drugs	Drug not received (tick NR)	Calendar day(s) in critical care (tick days on which drug received). Day 1 = date of admission to POPPI unit																					
		dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	
Amitriptyline	<input type="radio"/> NR	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Citalopram	<input type="radio"/> NR	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Fluoxetine	<input type="radio"/> NR	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Mirtazapine	<input type="radio"/> NR	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Paroxetine	<input type="radio"/> NR	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Reboxetine	<input type="radio"/> NR	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Sertraline	<input type="radio"/> NR	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Venlafaxine	<input type="radio"/> NR	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Other _____		22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Initial when completed for each day																							

Completed by

Signature

Date completed

D	D	/	M	M	/	2	0	Y	Y
---	---	---	---	---	---	---	---	---	---

Critical care days 22-42: Vasoactive agents

Only complete this page if the patient stayed in critical care greater than 21 days

Indicate if the patient received any vasoactive agents during days 22 to 42 in critical care stay by ticking yes or no (day 1 is the date of admission).

If 'Yes':

- Complete the date/month for each day the patient was in critical care.
- Tick each day the drug(s) were given.
- Indicate 'drug not received' if the listed drugs were not given during days 22 to 42 in critical care stay.
- If a vasoactive agent not listed was given to the patient during critical care stay, complete the drug under 'Other.'
- Initial each column to confirm each day has been checked and completed.
- Data collection should continue if discharged to other unit (e.g. HDU) within critical care.

Drugs (during critical care stay – days 22 to 42)

Trial number:

--	--	--	--	--

Received vasoactive agents?

Yes

☐ Y

No

☐ N

If yes, then complete below

Drugs	Drug not received (tick NR)	Calendar day(s) in critical care (tick days on which drug received). Day 1 = date of admission to POPPI unit																				
		dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm
Adrenaline	<input type="radio"/> NR	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
Dobutamine	<input type="radio"/> NR	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
Dopamine	<input type="radio"/> NR	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
Dopexamine	<input type="radio"/> NR	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
Metaraminol	<input type="radio"/> NR	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
Noradrenaline	<input type="radio"/> NR	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
Phenylephrine	<input type="radio"/> NR	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
Vasopressin	<input type="radio"/> NR	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
Other		22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
Initial when completed for each day																						

Completed by

Signature

Date completed

D	D	/	M	M	/	2	0	Y	Y
---	---	---	---	---	---	---	---	---	---

Critical care days 22-42:

Mechanical ventilation


Only complete this page if the patient stayed in critical care greater than 21 days

Received mechanical ventilation - Indicate if the patient received any mechanical ventilation during days 22 to 42 in critical care stay by ticking yes or no (day 1 is the date of admission to POPPI unit).

If 'Yes':

- Mechanical ventilation as defined as invasive positive pressure ventilation via an endotracheal or nasotracheal tube, or tracheostomy. It does not include non-invasive ventilation (e.g. mask/hood CPAP, mask/hood BiPAP).
- Complete the date/month for each day the patient was in critical care.
- Tick each day the patient was mechanically ventilated.
- Indicate 'Mechanical ventilation not received' if it was not given during days 22 to 42 in critical care stay.
- Initial each column to confirm each day has been checked and completed.
- Data collection should continue if discharged to other unit (e.g. HDU) within critical care.

Mechanical ventilation (during critical care stay – days 22 to 42)

POPPI

Trial number:

Received mechanical ventilation?

Yes

Y

No

N

If yes, then complete below

	Mechanical ventilation not received (tick NR)	Calendar day(s) in critical care (tick days on which patient was mechanically ventilated). Day 1 = date of admission to POPPI unit																					
		dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	dd/mm	
Mechanical ventilation	<div>NR</div>	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Initial when completed for each day																							

Completed by

Signature

Date completed

D

D

/

M

M

/

2

0

Y

Y

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**Psychological Outcomes following a nurse-led
Preventative Psychological Intervention
for critically ill patients**

Case Report Form (Intervention)

Case Mix Programme Admission number

--	--	--	--	--	--	--	--

POPPI Trial number

--	--	--	--	--

Intervention – Consent/ Intensive care Psychological Assessment Tool (IPAT)

POPPI trial number – enter the unique number assigned to each POPPI patient generated via the POPPI secure web based data entry system.

Consent type – indicate if patient agreed to either both Stress support sessions and the follow-up questionnaire or the follow-up questionnaire only, at time of consent.

Date and time of first IPAT assessment – record the date and time of the first IPAT assessment that was conducted with the patient (dd/mm/yyyy and hh:mm format).

Total score from first IPAT assessment – the total of the scores for each question from the first IPAT assessment. If the score is 5 or 6, reassess patient daily with the IPAT (up to a maximum of three assessments).

Total number of IPAT assessments – record the total number of IPAT assessments that were conducted with the patient. A maximum of three IPAT assessments can be conducted.

Date and time of last IPAT assessment – record the date and time of the last IPAT assessment that was conducted with the patient (dd/mm/yyyy).

Total score from last IPAT assessment – the total of the scores for each question from the last IPAT assessment.

Checklist for intervention

Checklist

Please use this section to ensure that all relevant sections of the Case Report Form are completed. This should only be completed if any of the patient's IPAT scores are ≥ 7 .

Stress support session one – tick to confirm that Stress support session one details have been completed. These are found on page 8 of the Case Report Form.

Stress support session two – tick to confirm that Stress support session two details have been completed. These are found on page 8 of the Case Report Form.

Stress support session three – tick to confirm that Stress support session three details have been completed. These are found on page 8 of the Case Report Form.

Quality of life – Emotional response – tick to confirm that the Quality of life – Emotional response details have been completed. These are found on page 10 of the Case Report Form.

Consent/ Intensive care Psychological Assessment Tool (IPAT)

Trial number:

--	--	--	--	--

Consent type

Stress support sessions & follow-up questionnaire

☐ S

Follow-up questionnaire only

☐ Q

Date and time of first IPAT assessment

Date

D	D
---	---

 /

M	M
---	---

 /

2	0	Y	Y
---	---	---	---

Time

H	H
---	---

 :

M	M
---	---

 (24-hour clock)

Total IPAT score (from page 2)

--	--



If ≥ 7 , go to Checklist



If 5 or 6, continue below



If < 5 , **END**

Total number of IPAT assessments

Total IPAT assessments taken (maximum of 3)

--	--

Date and time of last IPAT assessment

Date

D	D
---	---

 /

M	M
---	---

 /

2	0	Y	Y
---	---	---	---

Time

H	H
---	---

 :

M	M
---	---

 (24-hour clock)

Total IPAT score (from page 3)

--	--



If ≥ 7 , go to Checklist



If < 7 , **END**

Checklist for intervention: If IPAT score ≥ 7 , have you completed?

Tick

Stress Support Session one

☐

Stress Support Session two

☐

Stress Support Session three

☐

Quality of life – Emotional response

☐

Go to page 8

Go to page 10

Completed by

Signature

Date completed

D	D	/	M	M	/	2	0	Y	Y
---	---	---	---	---	---	---	---	---	---

Intervention – First IPAT score

First IPAT score – The IPAT is formed of ten questions to detect acute psychological stress. The full assessment can be found in the separate ‘Intensive care Psychological Assessment Tool (IPAT)’ document, which should be used when carrying out the assessment with the patient.

Scoring guidance
<ul style="list-style-type: none">• Responses of ‘No’ = 0 points• Responses of ‘Yes, a bit’ = 1 point• Responses of ‘Yes, a lot’ = 2 points
Sum up the scores of each item for a total IPAT score out of 20 If a patient scores 7 or higher, this indicates that they are at higher-risk and should be offered stress support sessions. If the score is 5 or 6, reassess patient daily with the IPAT (up to a maximum of three assessments).

Comments – any comments made by the patient which are relevant to the assessment should be recorded here.

First IPAT score

Trial number:

--	--	--	--	--

First IPAT Assessment score

Since patient admitted to the intensive care unit:	Score: No (0), Yes, a bit (1), Yes a lot (2)
Have they found it hard to communicate?	<input type="checkbox"/>
Have they found it difficult to sleep?	<input type="checkbox"/>
Have they been feeling tense?	<input type="checkbox"/>
Have they been feeling sad?	<input type="checkbox"/>
Have they been feeling panicky?	<input type="checkbox"/>
Have they been feeling hopeless?	<input type="checkbox"/>
Have they felt disorientated (not quite sure where they are)?	<input type="checkbox"/>
Have they had hallucinations (seen or heard things they suspect were not really there)?	<input type="checkbox"/>
Have they felt that people were <i>deliberately</i> trying to harm or hurt them?	<input type="checkbox"/>
Do upsetting memories of intensive care keep coming into their mind?	<input type="checkbox"/>

Total (sum)

--	--

Comments

Completed by:

Signature:

Date completed:

D	D	/	M	M	/	2	0	Y	Y
---	---	---	---	---	---	---	---	---	---

Intervention – Last IPAT score

Last IPAT score – The IPAT is formed of ten questions to detect acute psychological stress. The full assessment can be found in the separate ‘Intensive care Psychological Assessment Tool (IPAT)’ document, which should be used when carrying out the assessment with the patient.

Scoring guidance
<ul style="list-style-type: none">• Responses of ‘No’ = 0 points• Responses of ‘Yes, a bit’ = 1 point• Responses of ‘Yes, a lot’ = 2 points
Sum up the scores of each item for a total IPAT score out of 20 If a patient scores 7 or higher, this indicates that they are at higher-risk and should be offered stress support sessions.

Comments – any comments made by the patient which are relevant to the assessment should be recorded here.

Last IPAT score



Trial number:

--	--	--	--	--

Last IPAT Assessment score

Since patient admitted to the intensive care unit:	Score: No (0), Yes, a bit (1), Yes a lot (2)
Have they found it hard to communicate?	<input type="checkbox"/>
Have they found it difficult to sleep?	<input type="checkbox"/>
Have they been feeling tense?	<input type="checkbox"/>
Have they been feeling sad?	<input type="checkbox"/>
Have they been feeling panicky?	<input type="checkbox"/>
Have they been feeling hopeless?	<input type="checkbox"/>
Have they felt disorientated (not quite sure where they are)?	<input type="checkbox"/>
Have they had hallucinations (seen or heard things they suspect were not really there)?	<input type="checkbox"/>
Have they felt that people were <i>deliberately</i> trying to harm or hurt them?	<input type="checkbox"/>
Do upsetting memories of intensive care keep coming into their mind?	<input type="checkbox"/>

Total (sum)

--	--

Comments

Completed by:

Signature:

Date completed:

D	D	/	M	M	/	2	0	Y	Y
---	---	---	---	---	---	---	---	---	---

Intervention – Stress support sessions (SSS)

POPPI nurse initials – initials of the POPPI nurse who carried out the Stress support sessions (up to three initials).

SSS one, two and three

Date – date on which the session was carried out (dd/mm/yyyy).

Location – select the location where the session took place. If option is 'Other', specify the location in text box provided.

Stress Thermometer score – at start of session – patient-reported stress score at beginning of session, using the Stress Thermometer. Scored from zero ('Very calm') to ten ('Very stressed').

Stress Thermometer score – at end of session – patient-reported stress score at end of session, using the Stress Thermometer. Scored from zero ('Very calm') to ten ('Very stressed').

Duration of session – how long the session lasted in minutes.

SSS delivered – indicate if session was delivered by ticking 'Yes' or 'No'. If session not delivered state reason in text box below.

SSS Summary

If session(s) not delivered as planned, then please state reason(s) why – if session not delivered, is partially delivered or not delivered as planned, please provide the reason here for each relevant session.

Tablet computer given – indicate if tablet computer was provided to patient by ticking 'Yes' or 'No'. If not given, state reason in the text box provided.

Tablet computer used – indicate if patient used relaxation and recovery programme on the tablet computer, by ticking 'Yes' or 'No'. If not used, state reason in text box provided, if available.

Tablet computer returned – indicate if patient returned tablet computer to POPPI team by ticking 'Yes' or 'No'.

Patient given *Getting well, Staying well* booklet – indicate if the patient provided with *Getting well, Staying well* self-help booklet by ticking 'Yes' or 'No'.

Patient *Personal action plan* developed – indicate if a Personal action plan was developed with the patient and recorded in the booklet by ticking 'Yes' or 'No'.

Patient given *Relax and Recover* DVD – indicate if the patient was given a copy of the Relax and Recover DVD, by ticking 'Yes' or 'No'.

Stress support sessions (SSS)

POPPI nurse initials



Trial number:

SSS one

Date / / 2 0 Y Y

Location
Critical care ☐ Ward ☐
Other ☐ Specify

Stress Thermometer score – at start of session

Stress Thermometer score – at end of session

Duration of session minutes

SSS one delivered Yes ☐ No ☐

SSS two

Date / / 2 0 Y Y

Location
Critical care ☐ Ward ☐
Other ☐ Specify

Stress Thermometer score – at start of session

Stress Thermometer score – at end of session

Duration of session minutes

SSS two delivered Yes ☐ No ☐

SSS three

Date / / 2 0 Y Y

Location
Critical care ☐ Ward ☐
Other ☐ Specify

Stress Thermometer score – at start of session

Stress Thermometer score – at end of session

Duration of session minutes

SSS three delivered Yes ☐ No ☐

If session(s) not delivered as planned, then please state reason(s) why

Tablet computer given

Yes ☐ No ☐

If not given, then why not?

Tablet computer used

Yes ☐ No ☐

If not used, then why not?

Tablet computer returned

Yes ☐ No ☐

Patient given *Getting well, Staying well* booklet

Yes ☐ No ☐

Patient *Personal Action Plan* developed

Yes ☐ No ☐

Patient given *Relax and Recover* DVD

Yes ☐ No ☐

Completed by

Signature

Date completed

Intervention – Quality of life

After Stress support session three

Date completed – date on which the Quality of life - Emotional response assessment is completed (dd/mm/yyyy).

Quality of life – Emotional response – six statements people use to describe themselves are presented. At the time of consent, read each to the patient and ask them to indicate the most appropriate response (Not at all, Somewhat, Moderately or Very much) to indicate how they feel 'Right now, at this moment'.

Explain to the patient that there are no right or wrong answers. Ask the patient not to spend too much time on any one statement but to give the answer which seems to describe their present feelings best.

Quality of life

Trial number:

--	--	--	--	--

Quality of life - Emotional response (after Stress support session three)

Right now, at this moment:		Date completed							
		D	D	M	M	2	0	Y	Y
1	I feel calm	Not at all	Somewhat	Moderately	Very much				
2	I am tense	Not at all	Somewhat	Moderately	Very much				
3	I feel upset	Not at all	Somewhat	Moderately	Very much				
4	I am relaxed	Not at all	Somewhat	Moderately	Very much				
5	I feel content	Not at all	Somewhat	Moderately	Very much				
6	I am worried	Not at all	Somewhat	Moderately	Very much				

Completed by:

Signature:

Date completed:

D	D	M	M	2	0	Y	Y

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