



## 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

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**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

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**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	/	M	M	/	2	0	Y	Y
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Time

H	H	:	M	M
---	---	---	---	---

(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	/	M	M	/	2	0	Y	Y
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# Baseline – Contact details

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## 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   /   /

NHS number

Hospital number

House name/number

Address 1

Address 2

City

County

Postcode

Country

**If address not known**

Residence/status

Abroad  Military

Homeless  No fixed abode

Telephone number

Mobile number

Other number

Email address

## Primary care details

GP Initials

Surname

Practice name

House name/number

Address 1

Address 2

City

County

Postcode

Country

Telephone number

## Comments

Completed by

Signature

Date completed   /   / 2 0 Y Y

# Baseline - Physiology

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## 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).

**SpO<sub>2</sub>** – Peripheral capillary oxygen saturation.

**FiO<sub>2</sub>** – 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

SpO<sub>2</sub>  %

SBP  mmHg

FiO<sub>2</sub>  ·

Pulse rate  beats min<sup>-1</sup>

AVPU Scale

Alert  A

Voice  V

Painful  P

Unresponsive  U

Respiratory rate  breaths min<sup>-1</sup>

Completed by

Signature

Date completed  /  /

# Baseline – Quality of life

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## 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

Trial number:

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## At time of consent

### Quality of life – Health thermometer

Health thermometer score

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### Quality of life – Emotional response

<i>Right now, at this moment:</i>		<i>(Circle patient's response)</i>			
<b>1</b>	<b>I feel calm</b>	Not at all	Somewhat	Moderately	Very much
<b>2</b>	<b>I am tense</b>	Not at all	Somewhat	Moderately	Very much
<b>3</b>	<b>I feel upset</b>	Not at all	Somewhat	Moderately	Very much
<b>4</b>	<b>I am relaxed</b>	Not at all	Somewhat	Moderately	Very much
<b>5</b>	<b>I feel content</b>	Not at all	Somewhat	Moderately	Very much
<b>6</b>	<b>I am worried</b>	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

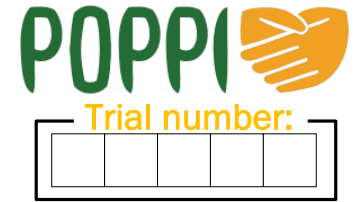
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**Assessed for delirium using CAM-ICU** - Indicate if patient was assessed for delirium using CAM-ICU during days 1 to 21 in critical care days by ticking 'yes' or 'no' (day 1 is the date of admission to POPPI unit).

## **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
<i>Initial when completed for each day</i>																						

Completed by  Signature  Date completed  D  D /  M  M /  2  0  Y  Y

# Critical care days 1-21:

## Sedatives/anxiolytics/anaesthetics

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**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:

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Received sedatives/anti-anxiety/anaesthetics?

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
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	<input style="width: 90%;" type="text"/>	Signature	<input style="width: 90%;" type="text"/>	Date completed	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px;">D</td> <td style="width: 20px;">D</td> <td style="width: 20px;">/</td> <td style="width: 20px;">M</td> <td style="width: 20px;">M</td> </tr> </table>	D	D	/	M	M	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px;">2</td> <td style="width: 20px;">0</td> <td style="width: 20px;">Y</td> <td style="width: 20px;">Y</td> </tr> </table>	2	0	Y	Y
D	D	/	M	M											
2	0	Y	Y												

# Critical care days 1-21: Sleep medications

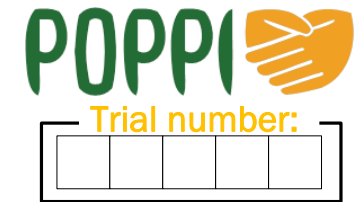
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**Received sleep medications** - Indicate if the patient received any sleep medications during days 1 to 21 in critical care stay by ticking yes or no (day 1 is the date of admission to POPPI unit).

**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
<i>Initial when completed for each day</i>																						

Completed by  Signature  Date completed  DD /  MM / 20YY

# Critical care days 1-21: Antipsychotics

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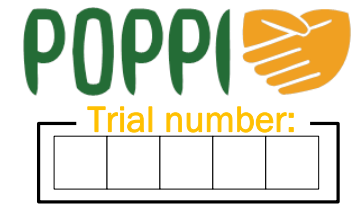
**Received antipsychotics** - Indicate if the patient received any antipsychotics during days 1 to 21 in critical care stay by ticking yes or no (day 1 is the date of admission to POPPI unit).

**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
<i>Initial when completed for each day</i>																						

Completed by  Signature  Date completed  DD /  MM / 20YY

# Critical care days 1-21: Analgesics

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**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  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 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
Co-codamol	<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
Codeine	<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
Co-dydramol	<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
Diamorphine	<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
Dihydrocodeine	<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
Fentanyl	<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
Morphine	<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
Oxycodone	<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
Paracetamol	<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
Remifentanil	<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
Tramadol	<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
<i>Initial when completed for each day</i>																						

Completed by	<input style="width: 90%;" type="text"/>	Signature	<input style="width: 90%;" type="text"/>	Date completed	<input type="text" value="D"/> <input type="text" value="D"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/>	<input type="text" value="2"/> <input type="text" value="0"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/>
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# Critical care days 1-21: Antidepressants

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**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  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
Amitriptyline	<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
Citalopram	<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
Fluoxetine	<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
Mirtazapine	<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
Paroxetine	<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
Reboxetine	<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
Sertraline	<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
Venlafaxine	<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
<i>Initial when completed for each day</i>																						

Completed by  Signature  Date completed   /   / 2 0 Y Y

# Critical care days 1-21: Vasoactive agents

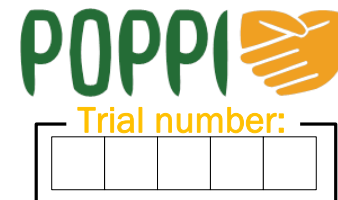
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**Received vasoactive agents** - Indicate if the patient received any vasoactive agents during days 1 to 21 in critical care stay by ticking yes or no (day 1 is the date of admission to POPPI unit).

**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
<i>Initial when completed for each day</i>																						

Completed by  Signature  Date completed   /   / 2 0 Y Y

# Discharge

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**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

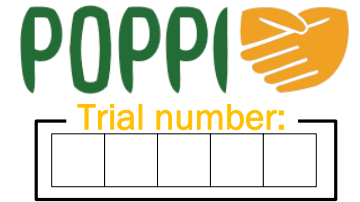
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**Received mechanical ventilation** - Indicate if the patient received any mechanical ventilation during days 1 to 21 in critical care stay by ticking yes or no (day 1 is the date of admission to POPPI unit).

## 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	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	
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
<i>Initial when completed for each day</i>																						

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

## Discharge

Status at <b>critical care</b> discharge	Alive <input type="radio"/> A    Dead <input type="radio"/> D	
<b>If alive</b> Date of critical care discharge		
<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		
Status at <b>hospital</b> discharge	Alive <input type="radio"/> A    Dead <input type="radio"/> D	<b>If dead</b>
<b>If alive</b> Date of hospital discharge		
<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Date of death	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Time of death		<input type="text" value="H"/> <input type="text" value="H"/> : <input type="text" value="M"/> <input type="text" value="M"/>

## Comments

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