



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

**Case Report Form
(Intervention)**

Case Mix Programme Admission number

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POPPI Trial number

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Consent/ Intensive care Psychological Assessment Tool (IPAT)



Trial number:

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Consent type

Stress support sessions & follow-up questionnaire

 S

Follow-up questionnaire only

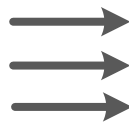
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Date and time of first IPAT assessment

Date / / 2 0 Y Y

Time : (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 / / 2 0 Y Y

Time : (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

 / / 2 0 Y Y

First IPAT score



Trial number:

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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)

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Comments

Completed by:

Signature:

Date completed:

D	D	/	M	M	/	2	0	Y	Y
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Last IPAT score



Trial number:

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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)

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Comments

Completed by:

Signature:

Date completed:

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

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

Quality of life



Trial number:

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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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Trial number:

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Date	<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	<input type="text" value="H"/>	<input type="text" value="H"/>	:	<input type="text" value="M"/>	<input type="text" value="M"/>	IPAT number	<input type="text"/>
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