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

Consent/ Intensive care Psychological Assessment Tool (IPAT)

POPPI

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

First IPAT score

POPPI

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?	
Have they found it difficult to sleep?	
Have they been feeling tense?	
Have they been feeling sad?	
Have they been feeling panicky?	
Have they been feeling hopeless?	
Have they felt disorientated (not quite sure where they are)?	
Have they had hallucinations (seen or heard things they suspect were not really there)?	
Have they felt that people were *deliberately* trying to harm or hurt them?	
Do upsetting memories of intensive care keep coming into their mind?	
	Total (sum)

Comments

Completed by:

Signature:

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

Last IPAT score

POPPI

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?	
Have they found it difficult to sleep?	
Have they been feeling tense?	
Have they been feeling sad?	
Have they been feeling panicky?	
Have they been feeling hopeless?	
Have they felt disorientated (not quite sure where they are)?	
Have they had hallucinations (seen or heard things they suspect were not really there)?	
Have they felt that people were *deliberately* trying to harm or hurt them?	
Do upsetting memories of intensive care keep coming into their mind?	
	Total (sum)

Comments

Completed by:

Signature:

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

Stress support sessions (SSS)

POPPI nurse initials

POPPI

Trial number:

SSS one

Date D D / M M / 2 0 Y Y

Location

Critical care C Ward W

Other O Specify

Stress Thermometer score – at start of session

Stress Thermometer score – at end of session

Duration of session minutes

SSS one delivered Yes Y No N

SSS two

Date D D / M M / 2 0 Y Y

Location

Critical care C Ward W

Other O Specify

Stress Thermometer score – at start of session

Stress Thermometer score – at end of session

Duration of session minutes

SSS two delivered Yes Y No N

SSS three

Date D D / M M / 2 0 Y Y

Location

Critical care C Ward W

Other O Specify

Stress Thermometer score – at start of session

Stress Thermometer score – at end of session

Duration of session minutes

SSS three delivered Yes Y No N

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

Tablet computer given Yes Y No N — If not given, then why not?

Tablet computer used Yes Y No N — If not used, then why not?

Tablet computer returned Yes Y No N

Patient given *Getting well, Staying well* booklet Yes Y No N

Patient *Personal Action Plan* developed Yes Y No N

Patient given *Relax and Recover* DVD Yes Y No N

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

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

POPPI

Trial number:

Date D D / M M / 2 0 Y Y Time H H : M M IPAT number