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)

#### Consent type
- Stress support sessions & follow-up questionnaire
- Follow-up questionnaire only

#### Date and time of first IPAT assessment
- Date: 
- Time: 
- 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: 
- Time: 
- Total IPAT score (from page 3): 
  - If ≥ 7, go to Checklist
  - If < 7, END

#### Checklist for intervention: If IPAT score ≥7, have you completed?
- 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
<table>
<thead>
<tr>
<th>Since patient admitted to the intensive care unit:</th>
<th>Score: No (0), Yes, a bit (1), Yes a lot (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have they found it hard to communicate?</td>
<td></td>
</tr>
<tr>
<td>Have they found it difficult to sleep?</td>
<td></td>
</tr>
<tr>
<td>Have they been feeling tense?</td>
<td></td>
</tr>
<tr>
<td>Have they been feeling sad?</td>
<td></td>
</tr>
<tr>
<td>Have they been feeling panicky?</td>
<td></td>
</tr>
<tr>
<td>Have they been feeling hopeless?</td>
<td></td>
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<tr>
<td>Have they felt disorientated (not quite sure where they are)?</td>
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<tr>
<td>Have they had hallucinations (seen or heard things they suspect were not really there)?</td>
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</tr>
<tr>
<td>Have they felt that people were <em>deliberately</em> trying to harm or hurt them?</td>
<td></td>
</tr>
<tr>
<td>Do upsetting memories of intensive care keep coming into their mind?</td>
<td></td>
</tr>
</tbody>
</table>

Total (sum) 

**Comments**

Completed by: ____________________________

Signature: ____________________________ Date completed: __________/________/20____
Last IPAT Assessment score

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Total (sum)  

Comments

Last IPAT score

Completed by:  
Signature:  
Date completed: D D M M 2 0 Y Y
Stress support sessions (SSS)

SSS one
- Date: DD/MM/YYYY
- Location: Critical care C Ward W Other 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: DD/MM/YYYY
- Location: Critical care C Ward W Other 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: DD/MM/YYYY
- Location: Critical care C Ward W Other 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: DD/MM/YYYY

Trial number: ___________________________
Quality of life

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

<table>
<thead>
<tr>
<th>Right now, at this moment:</th>
<th>Date completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 I feel calm</td>
<td>Not at all</td>
</tr>
<tr>
<td>2 I am tense</td>
<td>Not at all</td>
</tr>
<tr>
<td>3 I feel upset</td>
<td>Not at all</td>
</tr>
<tr>
<td>4 I am relaxed</td>
<td>Not at all</td>
</tr>
<tr>
<td>5 I feel content</td>
<td>Not at all</td>
</tr>
<tr>
<td>6 I am worried</td>
<td>Not at all</td>
</tr>
</tbody>
</table>

Trial number: [ ] [ ] [ ] [ ]

Completed by: ________________________
Signature: ________________________
Date completed: [ ] [ ] [ ] [ ] [ ] [ ]