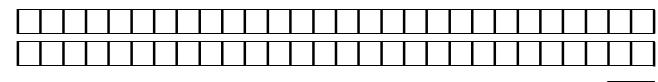


## **REFERRING PHYSICIAN'S QUESTIONNAIRE**

Pat	ient identifier Local reporter/ n	named contact			
Nar	ne of hospital				
	Age 2. Se	x Male Female			
A	Imission to the hospital				
3. 5.	Date of admission $d$ $d$ $m$ $m$ $y$ $y$ Type of admission (see note 1)Elective	4. Time of admission (use 24 hour clock) h h m m Emergency			
5.					
6.	Please complete the following Barthel Index of Activities for admitted to the hospital ( <i>see note 2</i> ):	Daily Living <sup>1</sup> for the patient when they were <b>first</b>			
	Bowels:	<b>Transfer</b> (bed to chair and back):			
	2 continent (for preceding week)	3 needs no help			
	1 occasional accident (once a week or less)	2 needs minor help, verbal or physical: can transfer with one person easily, or needs supervision			
	0 any worse grade of incontinence (or needs enemas for continence)	1 needs major help: two people or one strong/trained person, but can sit unaided			
		0 cannot sit: needs skilled lift by two people (or hoist)			
	Bladder:	Toilet use:			
	2 continent (for preceding week), or able to manage any device (e.g. catheter and bag) without help	2 able to get on or off toilet or commode, undress & dress sufficiently, & wipe self without physical or verbal help			
	1 occasional accident (once a day or less), or catheterised and needs help with device	1 needs some help, can wipe self and do some of the rest with minimal help only			
	0 any worse grade of incontinence	0 needs more help than this			
	Feeding (food placed within reach by others):	Mobility (around house or ward, indoors):			
	2 able to cut up food, spread butter etc. without help	3 may use aid (stick or frame etc. but not wheelchair)			
	1 needs some help cutting or spreading	2 needs help of one person, verbal or physical, including help standing up			
	0 needs to be fed	1 independent in wheelchair, incl. able to negotiate doors & corners unaided			
		0 needs more help than this			
	Grooming:	Stairs:			
	1       independent washing face, combing hair, shaving & cleaning teeth (when implements are provided)	2 independent up and down, and can carry any necessary walking aid			
	0 needs help	1 needs help, verbal or physical or help carrying aid			
		0 unable			
Dressing: Bathing:					
	2 independent putting on all clothes, incl. fastening buttons, zips etc. (clothes may be adapted)	able to get in and out of bath or shower, wash self without help (may use aids)			
	1 needs some help, but can do at least half	0 unable			
	0 needs more help than this				

7.	What was the anticipated risk of death during this admission at the time that the patient was admitted to the hospital?
	A Not expected C Definite risk E Unable to define
	B Small but significant risk D Expected
Car	e before admission to the ICU
8.	What was the medical subspecialty of the consultant in charge of the patient's care immediately prior to ICU admission? ( <i>answers may be multiple</i> )
	A Accident and Emergency F Gastroenterology/Hepatobiliary K Respiratory
	B Acute general medicine G Haematology L Rheumatology
	C Care of the elderly H Neurology M Other ( <i>please specify</i> )
	D Cardiology I Oncology
	E Endocrinology J Renal
	Other (M):
9.	What level was the patient classified as prior to ICU admission as a Level 3 patient?
	A Level 0/1 (e.g. ward)
	B   Level 2 (e.g. HDU)       D   Other (please specify)
	Other (D):
Ref	erral to ICU
10.	Date of referral to the ICU ( <i>see note 3</i> )
11.	Time of referral to the ICU (use 24 hour clock) $ \begin{array}{c} d & d & m & m & y & y \\ \hline \\ h & h & m & m \end{array} $
12.	Who was the health professional that <b>referred</b> the patient to the ICU? ( <i>please tick one</i> )
	A Consultant Physician D SpR Year 1/2 G Other (please specify)
	BRegistered NurseESpR $\geq$ year 3
	C SHO F Staff / Associate specialist
	Other (G):
13.	If the consultant physician did not refer the patient, was he/she notified <b>before</b> referral of the patient to the ICU?
14.	Did an outreach service review the patient on the ward before referral to the ICU? ( <i>see definition</i> ) Yes No Unknown
15a.	Did a member of the intensive care team review the patient on the <b>ward</b> before accepting them to the ICU?
15b.	If yes: Date of review $\boxed{\begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\$
16a.	$\begin{array}{ccccccc} d & d & m & m & y & y & (use 24 hour clock) & h & h & m & m \\ \end{array}$ Was there a delay between <b>referral to</b> the ICU team and <b>review by</b> the ICU team? $\begin{array}{cccccccccccccccccccccccccccccccccccc$

16b. If yes, what was the cause of this delay?



- 17a. If the hospital uses **The Modified Early Warning Score** (**MEWS**)<sup>2</sup>, what was the patient's worst score recorded within the 24 hours prior to admission to the ICU?
- 17b. If the MEWS score is unavailable, please complete the following physiological data for the patient recorded immediately prior to admission to the ICU:

The Modified Early	Warning Scor	e					
	3	2	1	0	1	2	3
Systolic Heart Rate (bpm)		<40	40-50	51-100	101-110	111-129	≥130
Blood Pressure (mmHg)	<70	71 - 80	81 - 100	101 - 199		≥200	
Respiratory Rate (bpm)		<9		9-14	15-20	21-29	≥30
Temperature (°C)		<35.0		35.0-38.4		≥38.5	
AVPU Score				Alert	Responds to Voice	Responds to Pain	Unresponsive

18. What was the primary reason<sup>3</sup> for referral to the ICU? (*please tick one*)

Respiratory failure or insufficiency from:	Cardiovascular failure or insufficiency from:	Other:		
A1 Asthma / allergy	C1 Hypertension	E1 Drug overdose		
A2 COPD	C2 Rhythm disturbance	E2 Diabetic ketoacidosis		
A3 Pulmonary oedema (noncardiogenic)	C3 Congestive heart failure	E3 GI bleeding		
A4 Post respiratory arrest	C4 Haemorrhagic shock/ hypovolaemia			
A5 Aspiration / poisoning / toxic	C5 Coronary artery disease	If not one of the above, which organ system was the principle reason for		
A6 Pulmonary embolus	C6 Sepsis	admission:		
A7 Infection	C7 Post cardiac arrest	F1 Cardiovascular		
A8 Neoplasm	C8 Cardiogenic shock	F2 Intestinal		
Trauma:	C9 Dissecting thoracic/ abdominal aneurysm	F3 Liver		
B1 Multiple trauma	Neurological:	F4 Metabolic / renal		
B2 Head injury	D1 Seizure disorder	F5 Neurological		
	D2 Intra cranial/ sub-dural/ sub-arachnoid bleed	F6 Respiratory		

## Admission to the ICU

19.	Date of admission to the ICU $d d = m m - y y$	20. Time of admission to the ICU (use 24 hour clock) $h$ $h$ $m$ $m$
21a.	Was there a delay between the decision that the patient be <b>accepted for</b> the ICU and <b>admission to</b> the ICU?	Yes No Unknown
21b.	If yes, did this delay adversely affect outcome?	Yes No Unknown
21c.	If yes, what was the delay due to?	
22.	What was the anticipated risk of death for the patient when they le	t the ward for admission to the ICU?
	A Not expected C Definite risk	
	B Small but significant risk D Expected	
23.	What was the patient's outcome? (please tick one)	
	A Discharged from the ICU Date of discharge	□ - □ - □
	B Died on the ICU Date of death	
	C Alive 30 days after ICU admission and still on the ICU	d d m m y y
	D Unknown	
	If the patient died, please enclose copies of the documents listed	on page one of the notes.
24.	If the patient died, please give your retrospective views on the pa	tient's management?
25a.	Was the referring physician <b>informed</b> of a Morbidity/Mortality	Yes No Unknown

meeting that reviewed the patient's management following death or discharge from the ICU?

Yes	No	Unknown	

25b.	Was the referring physician <b>present</b> at a Morbidity/Mortality
	meeting that reviewed the patient's management following death
	or discharge from the ICU?

References: 1. Mahoney F, Barthel D. Functional Evaluation: The Barthel index. Md Med J 1965; 14:61-65

 Subbe CP, Kruger M, Rutherford P, Gemmel L. Validation of a modified Early Warning Score in medical admission. QJM 2001; 94(10): 507 – 510

3. Principle diagnostic categories leading to ICU admission from: Knaus WA, Draper EA, Wagner DP, Zimmerman JE. APACHE II: A severity of disease classification system. *Crit Care Med* 1985; (13) 818 - 827