Admission to the ICU

19. Date of admission to the ICU

20. Time of admission to the ICU (24 hour clock)

21a. Was there a delay between the decision that the patient be accepted for the ICU and admission to the ICU?

21b. If yes, did this delay adversely affect outcome?

21c. If yes, what was the delay due to?

22. What was the anticipated risk of death for the patient when they left the ward for admission to the ICU?

23. What was the patient’s outcome? (please tick one)

24. If the patient died, please give your retrospective views on the patient’s management?

25a. Was the referring physician informed of a Morbidity/Mortality meeting that reviewed the patient’s management following death or discharge from the ICU?

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

References:
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
   - B Small but significant risk
   - C Definite risk
   - D Expected
   - E Unable to define

Care 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? (answers may be multiple)
   - A Accident and Emergency
   - B Acute general medicine
   - C Care of the elderly
   - D Cardiology
   - E Endocrinology
   - F Gastroenterology/Hepatobiliary
   - G Haematology
   - H Neurology
   - I Oncology
   - J Renal
   - K Respiratory
   - M Other (please specify)
   - 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)
   - C Level 3 (e.g. Specialist ICU)
   - D Other (please specify)
   - Other (D):

Referral to ICU

10. Date of referral to the ICU (see note 3)
    - y y y

11. Time of referral to the ICU (use 24 hour clock)
    - h m

12. Who was the health professional that referred the patient to the ICU? (please tick one)

   - A Consultant Physician
   - B Registered Nurse
   - C SHO
   - D SpR Year 1/2
   - E SpR ≥ year 3
   - F Staff / Associate specialist
   - G Other (please specify)
   - Other (G):

13. If the consultant physician did not refer the patient, was he/she notified before referral of the patient to the ICU?
    - Yes
    - No
    - Unknown

14. Did an outreach service review the patient on the ward before referral to the ICU? (see definition)
    - Yes
    - No
    - Unknown

15a. Did a member of the intensive care team review the patient on the ward before accepting them to the ICU?
    - Yes
    - No
    - Unknown

15b. If yes: Date of review
    - y y
    - Time of review (use 24 hour clock)
    - h m

16a. Was there a delay between referral to the ICU team and review by the ICU team?
    - Yes
    - No
    - Unknown

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

17a. If the hospital uses The Modified Early Warning Score (MEWS), 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:

<table>
<thead>
<tr>
<th></th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systolic Heart Rate (bpm)</td>
<td></td>
<td></td>
<td></td>
<td>40-50</td>
<td>51-100</td>
<td>101-110</td>
<td>111-129</td>
</tr>
<tr>
<td>Blood Pressure (mmHg)</td>
<td></td>
<td></td>
<td></td>
<td>&lt;70</td>
<td>71-80</td>
<td>81-100</td>
<td>101-109</td>
</tr>
<tr>
<td>Respiratory Rate (bpm)</td>
<td></td>
<td></td>
<td></td>
<td>&lt;9</td>
<td>9-14</td>
<td>15-20</td>
<td>21-29</td>
</tr>
<tr>
<td>Temperature (°C)</td>
<td></td>
<td></td>
<td></td>
<td>&lt;35.0</td>
<td>35.0-38.4</td>
<td>≥38.5</td>
<td></td>
</tr>
<tr>
<td>AVPU Score</td>
<td></td>
<td></td>
<td></td>
<td>Alert</td>
<td>Responds to Voice</td>
<td>Responds to Pain</td>
<td>Unresponsive</td>
</tr>
</tbody>
</table>

18. What was the primary reason for referral to the ICU? (please tick one)

Respiratory failure or insufficiency from:
   - A1 Asthma / allergy
   - A2 COPD
   - A3 Pulmonary oedema (noncardiogenic)
   - A4 Post respiratory arrest hypovolaemia
   - A5 Aspiration / poisoning / toxic
   - A6 Pulmonary embolus
   - A7 Infection
   - A8 Neoplasm
   - A9 Trauma:
     - A10 Multiple trauma
     - A11 Head injury
   - Other: Other (please tick one)

Cardiovascular failure or insufficiency from:
   - C1 Hypertension
   - C2 Rhythm disturbance
   - C3 Congestive heart failure
   - C4 Haemorrhagic shock/ hypovolaemia
   - C5 Coronary artery disease
   - C6 Sepsis
   - C7 Post cardiac arrest
   - C8 Cardiogenic shock
   - C9 Dissecting thoracic/ abdominal aneurysm
   - Other: Other (please tick one)

If not one of the above, which organ system was the principle reason for admission:

Other:
   - E1 Drug overdose
   - E2 Diabetic ketoacidosis
   - E3 GI bleeding

Neurological:
   - F1 Cardiovascular
   - F2 Intestinal
   - F3 Liver
   - F4 Metabolic / renal
   - F5 Neurological
   - F6 Respiratory
   - Other: Other (please tick one)
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
- B Small but significant risk
- C Definite risk
- D Expected
- E Unable to define

8. What was the medical subspecialty of the consultant in charge of the patient’s care immediately prior to ICU admission?

- A Accident and Emergency
- B Acute general medicine
- C Care of the elderly
- D Cardiology
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- K Respiratory
- L Rheumatology
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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)
- C Level 3 (e.g. Specialist ICU)
- D Other (please specify)
- Other (D):

---

10. Date of referral to the ICU (see note 3)

- m m y

11. Time of referral to the ICU (use 24 hour clock)

- h h

12. Who was the health professional that referred the patient to the ICU? (please tick one)

- A Consultant Physician
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- C SHO
- D SpR Year 1/2
- E SpR ≥ year 3
- F Staff / Associate specialist
- G Other (please specify)
- Other (G):

13. If the consultant physician did not refer the patient, was he/she notified before referral of the patient to the ICU?

- Yes
- No
- Unknown

14. Did an outreach service review the patient on the ward before referral to the ICU? (see definition)

- Yes
- No
- Unknown

15a. Did a member of the intensive care team review the patient on the ward before accepting them to the ICU?

- Yes
- No
- Unknown

15b. Date of review

- m m y

Time of review (use 24 hour clock)

- h h

16a. Was there a delay between referral to the ICU team and review by the ICU team?

- Yes
- No
- Unknown

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

---

17a. If the hospital uses The Modified Early Warning Score (MEWS), 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 Score**

<table>
<thead>
<tr>
<th>Parameter</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
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<td>51-100</td>
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</tr>
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<td>Blood Pressure (mmHg)</td>
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<td>71-80</td>
<td>81-100</td>
<td>101-199</td>
<td>≥200</td>
<td></td>
</tr>
<tr>
<td>Respiratory Rate</td>
<td>&lt;9</td>
<td>9-14</td>
<td>15-20</td>
<td>21-29</td>
<td>≥30</td>
<td></td>
</tr>
<tr>
<td>Blood Urea Nitrogen</td>
<td>&lt;35.0</td>
<td>35.0-38.4</td>
<td>≥38.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AVPU Score</td>
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</tbody>
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18. What was the primary reason for referral to the ICU? (please tick one)

- Respiratory failure or insufficiency from:
  - A1 Asthma / allergy
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  - A6 Pulmonary embolus
  - A7 Infection
  - A8 Neoplasm
  - A9 Trauma:
    - B1 Multiple trauma
    - B2 Head injury
  - Cardiovascular failure or insufficiency from:
    - C1 Hypertension
    - C2 Rhythm disturbance
    - C3 Congestive heart failure
    - C4 Haemorrhagic shock/ hypovolaemia
    - C5 Coronary artery disease
    - C6 Sepsis
    - C7 Post cardiac arrest
    - C8 Cardiogenic shock
    - C9 Dissecting thoracic/ abdominal aneurysm
  - Other:
    - D1 Seizure disorder
    - D2 Intra cranial/ sub-dural/ sub-arachnoid bleed
    - D3 Sepsis
    - D4 Metabolic / renal
    - D5 Neurological
    - D6 Respiratory

---

If not one of the above, which organ system was the principle reason for admission:
Admission to the ICU

19. Date of admission to the ICU: ___/___/___

20. Time of admission to the ICU (use 24 hour clock): ___:___

21a. Was there a delay between the decision that the patient be accepted for the ICU and admission to 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 left 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 ☐
   B Died on the ICU ☐
   C Alive 30 days after ICU admission and still on the ICU ☐
   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 patient’s management?
   ________________________________

25a. Was the referring physician informed of a Morbidity/Mortality meeting that reviewed the patient’s management following death or discharge from the ICU? 
   Yes ☐ No ☐ Unknown ☐

25b. Was the referring physician present at a Morbidity/Mortality meeting that reviewed the patient’s management following death or discharge from the ICU? 
   Yes ☐ No ☐ Unknown ☐

References: 