

Medical Admissions into Adult General Intensive Care Units

Notes on completion of the questionnaire including definitions

General

THE QUESTIONNAIRE WILL BE ELECTRONICALLY SCANNED. USE BLACK OR BLUE PEN – DO NOT USE A RED PEN. PLEASE COMPLETE QUESTIONS WITH EITHER BLOCK CAPITALS OR A BOLD CROSS. IF YOU MAKE A MISTAKE, PLEASE 'BLACK OUT' THE WHOLE BOX AND MARK THE CORRECT ONE.

Please complete a questionnaire for every adult, Level 3 **medical** admission to the Intensive Care Unit (ICU) from 1st June – 30th June 2003. The completion of the questionnaire may be delegated to an appropriate person (e.g. SpR), however NCEPOD would value a consultant response in those sections that request an opinion (questions 7, 16, 21, 22, 24).

The questionnaire(s) should be returned to the NCEPOD Local Reporter/Named Contact for this study as shown on the front of the questionnaire.

Please check the patient identifier in the top left corner on the front of the questionnaire to ensure that the correct patient information is completed. All the data will remain confidential at the NCEPOD office and will be destroyed once the report has been published (2005).

Please enclose copies of the following for each patient who dies on the ICU:

- Copies of the medical admission notes and medical notes for 3 days before ICU admission
- Copies of the nursing notes for 3 days before ICU admission
- Copies of the patient monitoring charts for 3 days before ICU admission
- Drug prescription chart for 3 days before ICU admission
- Inpatient (i.e. "discharge") summary as sent to the General Practitioner
- Autopsy report, if available.

Patients included in the study

All adult, medical patients classified as Level 3:

- Adults are defined as 16 years of age and older
- Medical patients are defined as those patients who have been referred to the ICU by a physician and if they survive will be discharged from the unit to the care of a physician
- Level 3 patients are those requiring advanced respiratory support alone or basic respiratory support together with support of at least two organ systems. This level includes all complex patients requiring support for multi-organ failure.

Patients excluded from the study

- Patients classified as Level 3 but not admitted to ICU due to bed shortage or care being given elsewhere etc.
- All pre and post-operative surgical patients, including those that develop a medical complication which is unrelated to the surgical procedure
- All Level 3 patients admitted to specialist ICU's e.g. neurosurgical unit.

Definitions

Intensive Care Unit (ICU):

A dedicated specialist unit within the hospital which provides care for patients classified as Level 3. ICUs may provide a mixture of Level 3 and Level 2 care. May still be referred to as Intensive Therapy Unit (ITU).

High Dependency Unit (HDU):

A unit that provides intermediate care for patients classified as Level 2 who do not require intensive care but who are not well enough to return to an ordinary ward.

A **general ICU/HDU** will be equipped to provide care to patients with a broad range of medical and surgical morbidities. Specialist units, e.g. coronary units, which are equipped to provide specialist Level 3 care will be excluded from this study.

Patient Classification#:

- Level 0** Patients whose needs can be met through normal ward care in an acute hospital
- Level 1** Patients at risk of their condition deteriorating, or those recently relocated from higher levels of care, whose needs can be met on an acute ward with additional advice and support from the critical care team
- Level 2** Patients requiring more detailed observation or intervention including support for a single failing organ system or post-operative care and those "stepping down" from higher levels of care
- Level 3** Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organ systems. This level includes all complex patients requiring support for multi-organ failure

Outreach service:

Multidisciplinary team whose role it is to avert admissions by identifying patients who are deteriorating and either helping to prevent admission or ensuring that admission to a critical care bed happens in a timely manner to ensure best outcome.

Notes for completion of questionnaire:

Note 1:

- Elective:** Admission at a time agreed between the patient and the hospital
- Emergency:** Admission immediately following referral/consultation; when admission is unpredictable and at short notice because of clinical need

Note 2:

The Barthel index is routinely collected by nurses and therefore may be more readily available from the nursing notes.

Note 3:

Date and Time of Referral Time of first contact with the ICU team when referral was first discussed.

Department of Health, *Comprehensive Critical Care, A Review of Adult Critical Care Services*, Department of Health, London, 2000.