

VIP2/POETICS2 study patient data form

Use this form to record patient data offline for each patient. Upon completion follow the data entry links you've receive per email and enter patient data. You may also enter data directly online if preferred.



For use only at investigators site:

Patient name: _____ Patient ID: _____

Admitted to ICU date: _____

Date of death (If dead): _____

Patient no. 1,2,3 etc.: _____ (to match this paper record with the online record)

Write or circle correct answers below and enter online.

Demographics

Patient number (1-20)		
Date of consent (required for UK sites, optional for others)		
Reason for ICU-admission (mark answer)	<div>Respiratory failure</div> <div>Circulatory failure</div> <div>Combined respiratory/circulatory failure</div> <div>Severe sepsis (according to Sepsis 3)</div> <div>Multitrauma without head injury</div> <div>Multitrauma with head injury</div> <div>Isolated head injury</div> <div>Intoxication</div> <div>Non-traumatic cerebral pathology</div> <div>Emergency surgery</div> <div>Other causes</div>	
Age at admission (must be 80 or above)		
Gender (M/F) (mark answer)	Male	Female
Habitat before admission (mark answer)	<div>Own home (including if with spouse)</div> <div>Other home with family or caregivers</div> <div>Nursing home</div> <div>Hospital ward</div> <div>Other</div>	

Unknown

SOFA score (at or close to time of admission)

Organ system	Grading	Score (0-4)
Respiratory system: PaO₂/FiO₂	0 pts: >400 mmHg (≥ 53 kPa) 1 pt: <400 mmHg (< 53 kPa) 2 pts: <300 mmHg (< 40 kPa) 3 pts: < 200 mmHg (< 27 kPa) AND mechanically ventilated 4 pts: < 100 mmHg (< 13 kPa) AND mechanically ventilated	
Nervous system: Glasgow coma scale score	0 pts: GCS 15 1 pt: GCS 13-14 2 pts: 10-12 3 pts: 6-9 4 pts: <6	
Cardiovascular system: Mean arterial pressure OR administration of vasopressors required	0 pts: MAP ≥ 70 mmHg 1 pt: MAP < 70 mmHg 2 pts: Dopamine ≤ 5 $\mu\text{g/kg/min}$ or dobutamine (any dose) 3 pts: Dopamine > 5 $\mu\text{g/kg/min}$ OR epinephrine ≤ 0.1 $\mu\text{g/kg/min}$ OR norepinephrine ≤ 0.1 $\mu\text{g/kg/min}$ 4 pts: Dopamine > 15 $\mu\text{g/kg/min}$ OR epinephrine > 0.1 $\mu\text{g/kg/min}$ OR norepinephrine > 0.1 $\mu\text{g/kg/min}$	
Liver: Bilirubin	0 pts: < 20 $\mu\text{mol/L}$ (< 1.2 mg/dL) 1 pt: 20-32 $\mu\text{mol/L}$ (1.2-1.9 mg/dL) 2 pts: 33-101 $\mu\text{mol/L}$ (2.0-5.9 mg/dL) 3 pts: 102-204 $\mu\text{mol/L}$ (6.0-11.9 mg/dL) 4 pts: > 204 $\mu\text{mol/L}$ (>12.0 mg/dL)	
Coagulation: Platelets ($10^3/\mu\text{L}$ or $10^9/\text{L}$)	0 pts: $\geq 150 \cdot 10^3/\mu\text{L}$ 1 pt: < 150 $10^3/\mu\text{L}$ 2 pts: < 100 $10^3/\mu\text{L}$ 3 pts: < 50 $10^3/\mu\text{L}$ 4 pts: < 20 $10^3/\mu\text{L}$	
Kidneys: Creatinine ($\mu\text{mol/L}$)	0 pts: < 110 (< 1.2 mg/dL) 1 pt: 110-170 (1.2-1.9 mg/dL) 2 pts: 171-299 (2.0-3.4 mg/dL) 3 pts: 300-440 (3.5-4.9 mg/dL) (or < 500 ml/day) 4 pts: > 440 (> 5.0 mg/dL) (or < 200 ml/day)	
SOFA score total (sum of organ system scores) (automatically calculated online)		

Clinical Frailty Scale

Frailty score (1-9) (see scale at end of document)	1 = Very fit 2 = Well 3 = Managing well 4 = Vulnerable 5 = Mildly frail 6 = Moderately frail 7 = Severely frail 8 = Very severely frail 9 = Terminally ill
Assessors profession (mark answer)	ICU nurse ICU physician Dedicated research staff Other
Information obtained from (mark answer)	Patient Family/caregivers Hospital records Other

If your site is participating in CFS interrater test supply the following from the secondary assessor/rater:

Frailty score (1-9) (assessor no. 2)	1 = Very fit 2 = Well 3 = Managing well 4 = Vulnerable 5 = Mildly frail 6 = Moderately frail 7 = Severely frail 8 = Very severely frail 9 = Terminally ill
Assessors profession (assessor no. 2)	ICU nurse ICU physician Dedicated research staff Other
Information obtained from (assessor no. 2)	Patient Family/caregivers Hospital records Other

IQCODE - Informant Questionnaire on Cognitive Decline in the Elderly

This questionnaire must be completed in a conversation with a person that knows the patients for a significant time period, as all questions relate to the patients' performance 10 years ago.

Each question is rated from 1-5 where 3 is unchanged, and higher score illustrates declining performance.

The questionnaire is self-evident, it is permissible to skip questions if the person being questioned does not know.

In the end the score is simply the mean of the questions answered.

There are 16 questions, and if 13 is answered we will calculate the mean. The number of questions answered is recorded and the sum of scores calculated.

IQCODE scoring... (mark answer)	Was performed Was NOT possible (missing next of kin / caregiver) Was possible (next of kin / caregiver available) BUT NOT performed				
(check answer)	Much improved	A bit improved	Not much change	A bit worse	Much worse
1. Remembering things about family and friends - eg, occupations, birthdays, addresses?					
2. Remembering things that have happened recently?					
3. Recalling conversations a few days later?					
4. Remembering his/her address and telephone number?					
5. Remembering what day and month it is?					
6. Remembering where things are usually kept?					
7. Remembering where to find things which have been put in a different place from usual?					
8. Knowing how to work familiar machines around the house?					
9. Learning to use a new gadget or machine around the house?					
10. Learning new things in general?					
11. Following a story in a book or on TV?					
12. Making decisions on everyday matters?					
13. Handling money for shopping?					
14. Handling financial matters - eg, the pension, dealing with the bank?					
15. Handling other everyday arithmetic problems - eg, knowing how much food to buy, knowing how long between visits from family or friends?					
16. Using his/her intelligence to understand what's going on and to reason things through?					
IQCODE score (calculated automatically online)					

KATZ - Katz Index of Independence in Activities of Daily Living

<p>This simple questionnaire assesses six usual activities: Bathing, dressing, toileting, transferring, continence and feeding. A short explanation is given to each score where 1 represents Independence and 0 Dependence. The higher the score (max 6) the better the function of ADL are. This information should be obtained during the initial conversation with the patient/next-of kin. Independence = 1 point, Dependence = 0 points.</p>		
Katz scoring... (mark answer)	Was performed Was NOT possible (missing next of kin / caregiver) Was possible (next of kin / caregiver available) BUT NOT performed	
		Points
Bathing 1 pt: Bathes self completely or needs help in bathing only a single part of the body such as back, genital area or disabled extremity. 0 pts: Need help with bathing more than one part of the body, getting in or out of the tub or shower. Requires total bathing.		
Dressing 1 pt: Get clothes from closets and drawers and puts on clothes and outer garments complete with fasteners. May have help tying shoes. 0 pts: Needs help with dressing self or needs to be completely dressed.		
Toileting 1 pt: Goes to toilet, gets on and off, arranges clothes, cleans genital area without help. 0 pts: Needs help transferring to the toilet, cleaning self or uses bedpan or commode.		
Transferring 1 pt: Moves in and out of bed or chair unassisted. Mechanical transfer aids are acceptable. 0 pts: Needs help in moving from bed to chair or requires a complete transfer.		
Continence 1 pt: Exercises complete self-control over urination and defecation. 0 pts: Is partially or totally incontinent of bowel or bladder.		
Feeding 1 pt: Gets food from the plate into mouth without any help. Preparation of food may be done by another person. 0 pts: Needs partial or total help with feeding or requires parental feeding.		
Total points (6 = high i.e. patient is independent, 0 = Low i.e. patient is dependent) (automatically calculated online).		

CPS - Co-morbidity and Polypharmacy score

<p>This is very simple method to measure comorbidity. All chronic co-morbid conditions are given 1 point, and each drug the patients is taking daily are given 1 point. The sum is the CPS score. Remember that cardiovascular dysfunction is counted per aspect (if relevant), e.g. a patient with hypertension, atrial fibrillation and congestive heart failure would be given 3 points, even if all are CV comorbidities. Since such information relates to before ICU and even hospital admission, this may be scored at a convenient time-point within the first 24 hours.</p>	
Number of chronic co-morbidities	
Number of drugs taken daily	
CPS score (sum) (automatically calculated online)	

ICU interventions

Intubation and mechanical ventilation?	Yes	No	Unknown
If Yes, start of intubation and mechanical ventilation (day number) (Day number. Whole number. The day the treatment was started. The day of admission is number 1)			
If Yes, duration of intubation and mechanical ventilation (Sum of hours, cumulated for ICU stay (whole number). If extubated and re-intubed, please supply the total (added) amount of hours intubated and on mechanical ventilation)			
Tracheostomy performed? (Tracheostomy performed with any technique (surgical, dilatational etc.) during ICU stay)	Yes	No	Unknown

Vasoactive drugs used? (Vasopressors, inopressors or inodilators (at any point during the ICU stay). Only if adrenergic agents were used. Pure vasodilators should be disregarded).	Yes	No	Unknown
If Yes, Start of treatment with vasoactive drugs (Day number. Whole number. The day the treatment was started. The day of admission is number 1)			
If Yes, Duration of treatment with vasoactive drugs Sum hours (whole number, cumulated hours during ICU stay).			
Renal Replacement Therapy used?	Yes	No	Unknown
If Yes, Start of Renal Replacement Therapy (RRT) (Day number. Whole number. The day the treatment was started. The day of admission is number 1)			
If Yes, Duration of Renal Replacement Therapy (RRT) Sum hours (whole number, cumulated hours during ICU stay).			
Non-invasive ventilation (NIV)?	Yes	No	Unknown
If Yes, Start of Non-invasive ventilation (NIV) (Day number. Whole number. The day the treatment was started. The day of admission is number 1)			
If Yes, Duration of Non-invasive ventilation (NIV) Sum hours (whole number, cumulated hours during ICU stay).			

Outcome

Life sustaining care withheld	Yes	No	Unknown
If Yes, when was decision made to withhold life sustaining care (Day number. Whole number. The day of admission is number 1)			
Life sustaining care withdrawn	Yes	No	Unknown
If Yes, when was decision made to withdraw life sustaining care (Day number. Whole number. The day of admission is number 1)			
Survived to ICU discharge	Yes	No	Unknown
ICU length of stay Sum of hours from admission until discharge (or death if patient died in the ICU).			
Vital status at 30 days? (from day of ICU admission)	Alive	Dead	Unknown
Vital status at 6 months? (from day of ICU admission) (if your ICU participates in 6 months follow-up)	Alive	Dead	Unknown
How was survival assessed? (mark answer)	Hospital files or patient record Direct contact (phone/email) to patient/relatives Direct contact (phone/email) to general practitioner National registry Municipal personal records database Other Unknown		

Clinical Frailty Scale



1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



2 Well – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.



3 Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.



4 Vulnerable – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being “slowed up”, and/or being tired during the day.



5 Mildly Frail – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



6 Moderately Frail – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.



7 Severely Frail – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



9 Terminally Ill – Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

Katz Index of Independence in Activities of Daily Living		
Activities Points (1 or 0)	Independence (1 Point)	Dependence (0 Points)
	NO supervision, direction or personal assistance.	WITH supervision, direction, personal assistance or total care.
BATHING Points: _____	(1 POINT) Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area or disabled extremity.	(0 POINTS) Need help with bathing more than one part of the body, getting in or out of the tub or shower. Requires total bathing
DRESSING Points: _____	(1 POINT) Get clothes from closets and drawers and puts on clothes and outer garments complete with fasteners. May have help tying shoes.	(0 POINTS) Needs help with dressing self or needs to be completely dressed.
TOILETING Points: _____	(1 POINT) Goes to toilet, gets on and off, arranges clothes, cleans genital area without help.	(0 POINTS) Needs help transferring to the toilet, cleaning self or uses bedpan or commode.
TRANSFERRING Points: _____	(1 POINT) Moves in and out of bed or chair unassisted. Mechanical transfer aids are acceptable	(0 POINTS) Needs help in moving from bed to chair or requires a complete transfer.
CONTINENCE Points: _____	(1 POINT) Exercises complete self control over urination and defecation.	(0 POINTS) Is partially or totally incontinent of bowel or bladder
FEEDING Points: _____	(1 POINT) Gets food from plate into mouth without help. Preparation of food may be done by another person.	(0 POINTS) Needs partial or total help with feeding or requires parenteral feeding.
TOTAL POINTS: _____ SCORING: 6 = High (<i>patient independent</i>) 0 = Low (<i>patient very dependent</i>)		

When entering data in the online form, the **ICU ID** and the **email address of the ICU primary contact** is needed.

Sincerely, the VIP2 steering committee
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