Additional File 2: *Copy of the TISS-28-scoring tool*

TISS-28 (Therapeutic Intervention Scoring System-28)

Basic Activities	Points		Ventilatory Support	Points	
Standard monitoring. Hourly vital signs, regular registration and calculation of fluid balance.	5	○ yes ○ no	Mechanical ventilation. Any form of mechanical or assisted ventilation with or without PEEP; with or without muscle relaxants; spontaneous breathing with PEEP).	5	○ yes ○ no
Laboratory. Biochemical and microbiological investigations.	1	○ yes ○ no	Supplementary ventilatory support. Breathing spontaneously through endotracheal tube without PEEP; supplementary oxygen by any method except if mechanical ventilation parameters apply.	2	○ yes
Single medication, any route (IV, PO, IM, etc.).	2	○ yes	Care of artificial airways. Endotracheal tube or tracheostoma.	1	○ yes ○ no
Multiple intravenous medications (more than 1 drug, single shots, or continuously)	3	○ yes ○ no	Treatment for improving lung function. Thorax physiotherapy, incentive spirometry, inhalation therapy, intratracheal suctioning.	1	○ yes ○ no
Routine dressing changes. Care and prevention of decubitus and daily dressing change.	1	○ yes ○ no	**Renal Support**		
Frequent dressing changes (at least one time per each nursing shift) and/or extensive wound care	1	○ yes ○ no	Hemofiltration techniques. Dialytic techniques.	3	○ yes ○ no
Care of drains. All (except gastric tube).	3	○ yes ○ no	Quantitative urine output measurement.	2	○ yes ○ no
Cardiovascular Support			Active diuresis (e.g. furosemid > 0.5 mg/kg/day for overload).	3	○ yes ○ no
Single vasoactive medication. Any vasoactive drug.	3	○ yes	**Neurologic Support**		
Multiple vasoactive medications. More than1 vasoactive drug, disregard type and dose.	4	○ yes ○ no	Measurement of intracranial pressure.	4	○ yes ○ no
Intravenous replacement of large fluid losses. Fluid replacement > 3 liters per square meter per day, disregard type of fluid administered.	4	○ yes ○ no	**Metabolic Support**		
Peripheral arterial catheter.	5	○ yes ○ no	Treatment of complicated metabolic acidosis/alkalosis.	4	○ yes ○ no
Left atrium monitoring. Pulmonary artery flotation catheter with or without cardiac output measurement.	8	○ yes ○ no	Intravenous hyperalimentation	3	○ yes ○ no
Central venous line.	2	○ yes ○ no	Enteral feeding. Through gastric tube or other GI route (e.g. jejunostomy).	2	○ yes ○ no
Cardiopulmonary resuscitation after arrest in the past 24 hours (single precordial percussion not included)	3	○ yes ○ no			
Specific Interventions					
Single specific interventions in the ICU. Naso or orotracheal intubation, introduction of a pacemaker, cardioversion, endoscopies, emergency surgery in the past 24 hours, gastric lavage. Routine interventions without consequences to the clinical condition of the patient, such as radiographs, echography, EKG, dressings or introduction of venous or arterial catheters, are not included.	3	○ yes ○ no	**TISS-28** = 0 TISS-28 = SUM (points for activities performed) Compute Clear **Time of nurse's care** = 0 (One TISS-28 point equals 10.6 minutes of each 8 h nurse's shift) **TISS-76 correlation** = 0 (Correlation beetwen TISS-28 and TISS-76: r = 0.93, r^2 = 0.86) (TISS-28) = 3.33 + 0.97* (TISS-76)		
Multiple specific interventions in the ICU. More than one, as described above.	5	○ yes			
Specific interventions outside of ICU. Surgery or diagnostic procedures.	5	○ yes ○ no			

Criteria of exclusion are applied in four conditions :

- "Multiple intravenous medications" excludes "Single medication";
- "Mechanical ventilation" excludes " Supplementary ventilatory support";
- "Multiple vasoactive medications" excludes "Single vasoactive medication";
- "Multiple specific interventions in the ICU" excludes "Single specific interventions in the ICU "

References

- Miranda DR et al. Simplified Therapeutic Intervention Scoring System : the TISS-28 items. Results from a multicenter study. *Crit Care Med.* 1996;24:64-73.
- Moreno R, Morais P. Validation of the simplified therapeutic intervention scoring system on an independent database. *Intensive Care Med.* 1997;23:640-644.