

1. Data collection sheet



Survey of visual and hearing impairment in ICU patients

Survey number:

Patient ID:

Patient Date of birth:

Date survey done:

Visual Impairment:

Does the patient usually use contact lenses to aid his/her daily activities ? (Y/N/ not known)	
Was the patient questioned about contact lenses on admission to ICU? (Y/N/ patient not able to communicate)	
If not able to communicate, were the patient's NoK asked about contact lenses? (Y/N/NA)	
If the patient was known to wear contact lenses and was not able to communicate, were they examined for contact lenses? (Y/N/NA)	
If it was not known whether the patient was known to wear contact lenses, was the patient examined for contact lenses?	
Are the patient's glasses or contact lenses available to them if extubated? (Y/N/NA)	
Does the patient usually use glasses to aid his/her daily activities? (Y/N/ Not known)	
Was the patient or their NoK questioned about glasses on admission to ICU? (Y/N/ information not available from patient or NoK)	
Was the patient given their glasses if extubated? (Y/N/NA)	
If they do not have their visual aids, why is this-not needed(reading only)/not wanted/not assessed/ family not bring in/ no NOK to bring in/others ?	

Hearing impairment:

Does the patient usually use a hearing aid to support his/her communications? (Y/N/ not known)	
Was the patient asked whether they use a hearing aid on admission to ICU? (Y/N/ patient not able to communicate)	
If not able to communicate, were the patient's NoK asked whether the patient used a hearing aid? (Y/N/NA)	
Was the patient given their hearing aid when they were extubated?	
If they do not have their hearing aids, why is this-not needed (in sleep)/not wanted/not assessed/ family not bring in/ no NOK to bring in/others?	

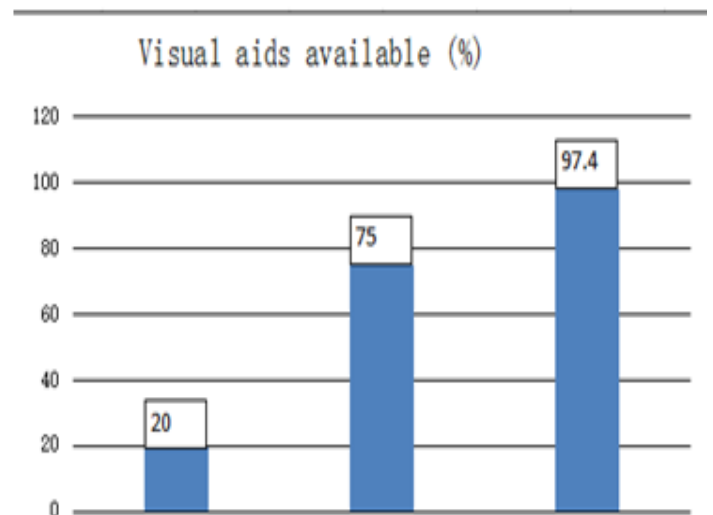
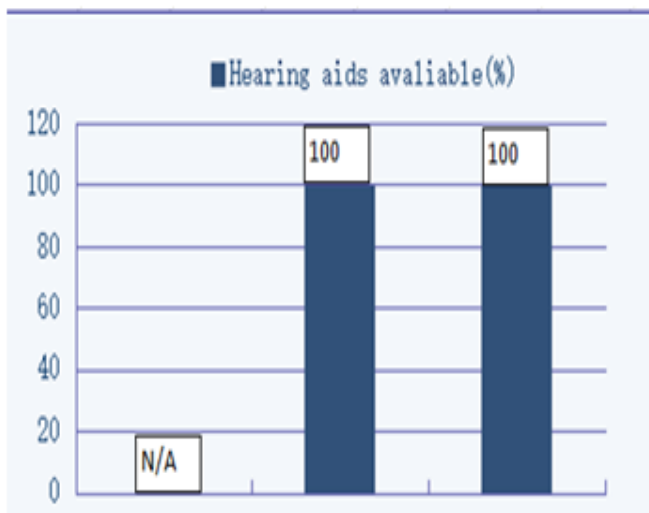
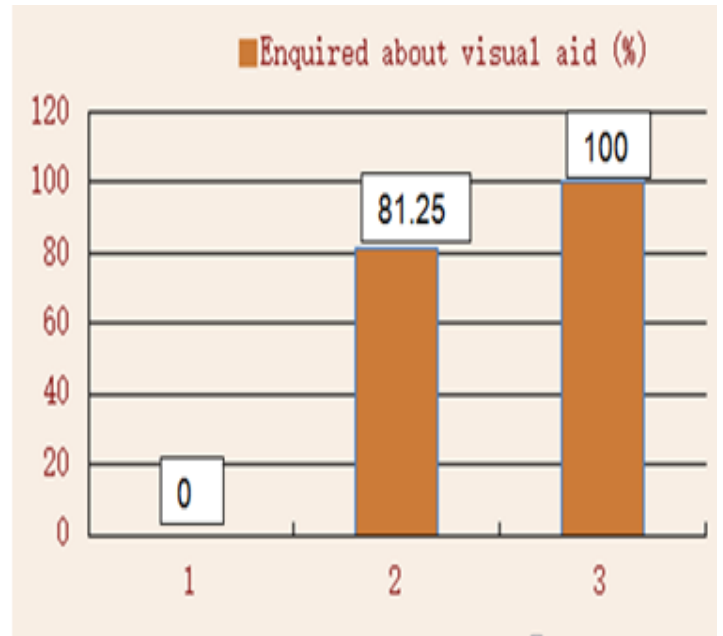
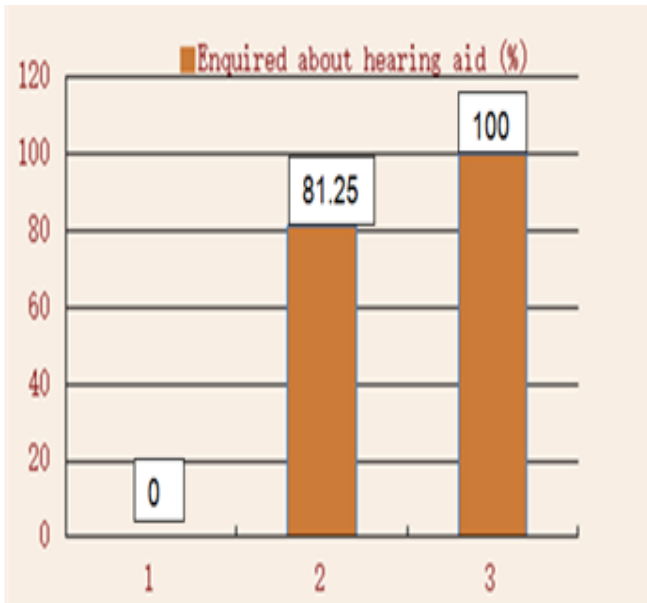
Name of person doing survey:

Date:

2. Table summary of raw data

Baseline Data	Original Audit	Re-audit cycle 1	Re-audit cycle 2
Average age (years)	58.38	59.90	64.45
Glasses wearers (%)	83.33	83.72	78.30
Average age of glasses wears (years)	60.78	64.31	66.05
Average age of contact Lens wearers	60.78	87.00	50.00
Contact lens wearers (%)	6.25	2.08	2.08
Hearing aids wearers (%)	0.00	6.37	12.50
Sample size (n)	48.00	48.00	48.00
Enquired about visual impairment (%)	0.00	81.25	100.00
Enquired about hearing Impairment (%)	0.00	81.25	100.00
Visual aids available (%)	20.00	75.00	97.42
Reasons for not available	Not assessed	Not assessed	No NOK to bring in
Hearing aids available (%)	N/A	100.00	100.00

3. Graphic display of results



4. Changes made to INNOVIAN after the first audit

03-Nov-2014	06:00	19:00	04-Nov 06:00	18:00	05-Nov 06:00:00
12.Psychosocial (Evaluation)					
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Method of Communication:	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Patient Communication		with	with		
Next Of Kin Contact:		Doctor,	Doctor,		
'Next of Kin Communication' Note created?		with	with		
Patient's Mood:		Nurse/...	Nurse/...		
Sleep Behaviour:	No Visitors	Visited Patient	No Visitors	Visited Patient, Updated...	No Visitors
Daily Activities:	N/A	N/A	N/A	Yes	N/A
Audio/Visual Aids used?	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Patient uses:	Applicable	Applicable	Applicable	Applicable	Applicable
- Glasses					
- Hearing Aids	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
- Other (please state)	N/A	N/A	N/A	N/A	N/A
Does the Patient meet the Criteria for Starting a 'Patient Diary'?					
- Yes - Likely to be Sedated/Ventilated for >3 days	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Yes - Has been Ventilated/Sedated for >3days	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- And Patient's Next of Kin has agreed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Diary already in progress					
- No - Criteria not met	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Patient Declined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Next of Kin Declined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Patient Diary Updated:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Variance/Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Changes made to INNOVIAN after the second audit

History of Falls	
Falls/Dizziness in Past 6 months	<input type="radio"/> No history of falls
	<input type="radio"/> Dizziness in the last 6 months
	<input type="radio"/> Has fallen one or two times before prior to last 48hrs
	<input type="radio"/> Has fallen more than twice prior to the last 48 hrs
	<input type="radio"/> Has fallen in the last 48 hrs
Hearing Deficit	
Hearing Deficit	<input type="radio"/> None
	<input type="radio"/> Present
Visual Impairment	
Visual Impairment	<input type="radio"/> None
	<input type="radio"/> Present
Mental State	
Mental State	<input type="radio"/> Orientated at all times
	<input type="radio"/> Confused at all times
	<input type="radio"/> Intermittently confused
Relevant Medication	
Medication	<input type="radio"/> No Medication given
	<input type="radio"/> One Medication
	<input type="radio"/> Two or more medications
Elimination	
Elimination	<input type="radio"/> Independent and continen
	<input type="radio"/> Catheter or Stoma