

**A gap existed between physicians' perceptions and performance of pain,  
agitation-sedation and delirium assessments in Chinese intensive care units**

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**Additional file 2:**

**Predefined survey questionnaire for on-site survey**

**Questionnaire for analgesia and sedation practice**

Hospital name:

\_\_\_\_\_

ICU name:

\_\_\_\_\_

Type of ICU (please tick one box):

General ; Surgical ; Medical  Neuro ; other  please indicate \_\_\_\_\_

Name (person completing questionnaire)

\_\_\_\_\_

Job title (please tick one box)

Senior

    Lead/Director

    Attending physician

Junior

    Resident

    Research fellow

    Trainee

Other (please indicate)

\_\_\_\_\_

## Questionnaire survey

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1. Do you have a written analgesia and sedation protocol? (please tick one box)

Yes  No

2. Do you routinely use a scale/score for **PAIN** assessment? (please tick one box)

Yes  No

If Yes, which pain scale/score is routinely used? (please tick one box)

Visual Analogue Scale (VAS)

Numerical Rating Scale (NRS)

Verbal Rating Scale (VDS)

Faces Pain Scale (FPS)

Behavioral Pain Scale

Critical-care Pain Observation Tool (CPOT)

Others  please indicate \_\_\_\_\_

3. Do you routinely use a scale/score for **AGITATION/SEDATION** assessment? (please tick one box)

Yes  No

If Yes, which agitation/sedation scale/score is routinely used? (please tick one box)

Richmond Agitation-Sedation Scale (RASS)

Sedation Agitation Scale (SAS)

Rampy scale

Motor Activity Assessment Scale (MAAS)

Others  please indicate \_\_\_\_\_

4. Do you use daily sedation interruption for sedated patients? (please tick one box)

Never  Rarely  Occasionally  Frequently  Very frequently

5. Do you screen patients daily for delirium? (please tick one box)

Yes  No

If Yes, which tool is routinely used? (please tick one box)

Confusion Assessment Method for the ICU (CAM-ICU)

Intensive Care Delirium Screening Checklist (ICDSC)

Others  please indicate \_\_\_\_\_

6. Please indicate the three most frequently used opioids (please mark 1, 2, 3)

Morphine:

Fentanyl:

Sufentanil:

Remifentanyl:

Dezocine:

Butorphanol:

Others please indicate: \_\_\_\_\_

## Questionnaire survey

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7. Please indicate the three most frequently used opioids (please mark 1, 2, 3)

Propofol:

Midazolam:

Diazepam:

Lorazepam:

Dexmedetomidine:

Others please indicate: \_\_\_\_\_

8. Do you use combined analgesia and sedation for your patients? (please tick one box)

Never  Rarely  Occasionally  Frequently  Very frequently

9. Do you use continuous infusion of neuromuscular blocking agent for sedated and ventilated patients? (please tick one box)

Never  Rarely  Occasionally  Frequently  Very frequently

**THANK YOU FOR YOUR TIME**