

Survey of daily ICU care

- **You need to complete one questionnaire (for ICU care) for each patient. For example, if you have three patients with COVID-19 in your ICU, you need to complete three questionnaires.**
- **When you want to go to a questionnaire for the next patient, you must complete the current questionnaire first, then click “Next daily ICU care” or re-open the URL to answer for the next patient.**
- **Your colleagues can help you to use the Facility Registration Number simultaneously to answer the survey about daily ICU care for other patients. For example, nurse A answers about ICU care for patient B while doctor C answers about ICU care for patient D at the same time with the same Facility Registration Number.**

For all questions, please select the one best answer unless otherwise indicated.

Facility Registration Number

1. Please write the **Facility Registration Number** you received after completing the hospital/ICU information questionnaire. If you forgot it, please complete the survey for basic information of hospital/ICU again and get a **new facility registration number**.

(survey of basic information is at URL: <https://forms.gle/DFEUBVje5YCCc9gkZ6>)

Inclusion/Exclusion Criteria

2. Are there any patients infected with COVID-19 **other than** patients for “comfort care-only” and/or "terminal care" in your ICU **on 3rd June**?
- Yes (Please continue with the survey about daily ICU care)
- No (I greatly appreciate your help. This questionnaire ends here.)

Daily ICU care provided to this patient

3. How many days has this patient been in the ICU? (days)

4. What is the age of this patient (x)?

$x < 20$ years old

$20 \leq x < 30$

$30 \leq x < 40$

$40 \leq x < 50$

$50 \leq x < 60$

$60 \leq x < 70$

$70 \leq x < 80$

$x \geq 80$

5. What is the patient's gender?

Male

Female

Other

6. What is the patient's race?

White

Black

Hispanic

Asian

No race data

Other

7. What is the estimated Body Mass Index of your patient (x).

$x < 18.5$

$18.5 \leq x < 25$

$25 \leq x < 30$

$30 \leq x < 35$

$x \geq 35$

8. Could the patient ambulate independently, even with an assist device, prior to ICU admission?

Yes

No

The questionnaire of daily ICU care starts here. Please answer this questionnaire based specifically on the daily ICU care you are providing, provided, or will provide for this patient today, 3rd June.

9. What kind of respiratory assistance did the patient receive today? (click all that apply)

No respiratory device

Oxygen, such as nasal cannula, face mask, reserved face mask, and others

Nasal high flow cannula

Non-invasive ventilation

Mechanical ventilation

Extracorporeal membrane oxygenation

10. Choose the treatment you are giving to the patient today (click all that apply)

Continuous/Intermittent renal replacement therapy

Continuous use of neuromuscular blockage

Continuous use of vasoactive drugs

Continuous use of analgesia agents

Continuous use of sedation agents

Nothing done (or will do)

11. What is the scheduled total number of hours of 'prone positioning' you will provide or are providing for this patient today.

0 hours (will not do)

$0 < x < 6$ hours

$6 \leq x < 12$

$12 \leq x < 18$

$18 \leq x < 24$

24 hours

12. What sedatives do you give continuously to this patient? (click all that apply)

No sedative agents used

Benzodiazepine

Propofol

Dexmedetomidine

Barbiturate

Other

13. What analgesics do you give continuously to this patient? (click all that apply)

No analgesics

Fentanyl

Remifentanyl

Morphine

Ketamine

other

Daily ICU care associated with the ABCDEF bundle and PADIS guideline

14. Who is primarily responsible for implementing the ABCDEF bundle in your ICU?
(Click all that apply)

Multidisciplinary rounds / conference / team

- Nurse (include nurse managers, directors, and critical care nurse specialists)
- Intensivist (Physician)
- Physician (other than an intensivist)
- Physiotherapist (dedicated in the ICU)
- Physiotherapist (not dedicated in the ICU)
- Respiratory therapist
- No one has responsibility for implementing the bundle
- The ABCDEF bundle is not implemented in the ICU

15. Did (or will) the patient receive regular standardized pain assessment 6 times or more per day? Please select the assessment tool/s being used if the patient receives pain assessment 6 times or more per a day. (click all that apply)

- No assessment or less than 6 times
- Numerical Rating Scale (NRS)
- Critical-care Pain Observation Tool (CPOT)
- Behavioral Pain Scale (BPS)
- Others (Please write the name _____)

15.2. If you checked “**Others**” in question “14”, please write the name of the pain assessment tool you used or will use

16. Do you have a target goal to control the patient’s pain?

- Yes
- No

17. Did (or will) the patient undergo regular Spontaneous Awakening Trial (SAT) assessment today? (SAT is cessation of sedatives and narcotics or similar protocol to evaluate consciousness)

- Yes
- No

18. If you did not (or will not) do SAT for the patient today, please select the main reason why SAT has not been (or will not be) done.

- Fear of self-extubation
- Agitation or delirium
- Respiratory instability
- Hemodynamic instability
- Neurological dysfunction including cerebrovascular disease, such as intracranial hemorrhage
- Multiple organ-system dysfunction
- Many procedures, examinations, and tests such as computed tomography scan or endoscopy
- No SAT protocol in place
- Other

19. Did (or will) the patient undergo a regular spontaneous breathing trial (SBT) assessment by local protocol today? (SBT is to turn the respiratory rate to zero with 8 or less of pressure support ventilation or similar local protocol to evaluate whether the patient meets the requirements for extubation)

- Yes
- No

20. Did (or will) the patient undergo a regular standardized sedation assessment 6 times or more per a day? Please select the assessment tool if the patient receives sedation assessment 6 times or more per a day. (click all that apply)

- No assessment or less than 6 times
- Richmond Agitation- Sedation Scale (RASS)
- Sedation-Agitation Scale (SAS)
- Others

20.2. If you checked “**Others**” in question “**18**”, please write the name of the sedation assessment tool you used or will use

21. Do you have a target goal to control the patient’s sedation level?

- Yes
- No

22. Did (or will) the patient undergo a regular standardized delirium assessment 2 times or more per day? Please select the assessment tool used if the patient receives delirium assessment 2 times or more per day. (click all that apply)

- No assessment or less than 2 times
- Confusion Assessment Method for ICU (CAM-ICU)
- Intensive Care Delirium Screening Checklist (ICDSC)
- Others

22.2. If you checked “**Others**” in question “**20**”, please write the name of the delirium assessment tool you used or will use

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23. Was the patient diagnosed with delirium by the assessment tool you answered above? (put yes if positive on either assessment that day)

- No tool used for delirium assessment
- Yes
- No

24. Do you (or will you) provide the patient with non-pharmacological interventions to control delirium today? (click all that apply)

- None
- Orientation
- Support for senses (hearing aids/glasses)
- Monitor taste/smell failure due to CoV predilection to olfactory nerves
- Changing the round environment
- Maximize sleep condition
- Strengthen mobilization/rehabilitation (duration, frequency, or intensity)
- Sunbathing
- Stop use of benzodiazepine
- Stop use of narcotics
- Other interventions (Please write _____)

25. Do you (or will you) provide the patient with pharmacological interventions to control delirium today? (Click all that apply)

- No

- Antipsychotic agent
- Others

26. Who delivered (or will deliver) rehabilitation to this patient today? (Click NONE if no rehabilitation provided today and otherwise click all that apply)

- None
- Intensivists
- Physicians other than intensivists
- Nurses
- Physiotherapists
- Occupational therapists
- Respiratory therapists
- Others

27. What was the highest mobility level of the patient today according to the Intensive Care Unit Mobility Scale? (See below- Intensive Care Unit Mobility Scale)

ICU Mobility Scale

Classification	Definition
0 Nothing (lying in bed)	Passively rolled or passively exercised by staff, but not actively moving.
1 Sitting in bed, exercises in bed	Any activity in bed, including rolling, bridging, active exercises, cycle ergometry and active assisted exercises; not moving out of bed or over the edge of the bed.
2 Passively moved to chair (no standing)	Hoist, passive lift or slide transfer to the chair, with no standing or sitting on the edge of the bed.
3 Sitting over edge of bed	May be assisted by staff, but involves actively sitting over the side of the bed with some trunk control
4 Standing	Weight bearing through the feet in the standing position, with or without assistance. This may include use of a standing lifter device or tilt table.
5 Transferring bed to chair	Able to step or shuffle through standing to the chair. This involves actively transferring weight from one leg to another to move to the chair. If the patient has been stood with the assistance of a medical device, they must step to the chair (not included if the patient is wheeled in a standing lifter device).

6 Marching on spot (at bedside)	Able to walk on the spot by lifting alternate feet (must be able to step at least 4 times, twice on each foot), with or without assistance.
7 Walking with assistance of 2 or more people	Walking away from the bed/chair by at least 5 metres (5 yards) assisted by 2 or more people.
8 Walking with assistance of 1 person	Walking away from the bed/chair by at least 5 metres (5 yards) assisted by 1 person.
9 Walking independently with a gait aid	Walking away from the bed/chair by at least 5 metres (5 yards) with a gait aid, but no assistance from another person. In a wheelchair bound person, this activity level includes wheeling the chair independently 5 metres (5 yards) away from the bed/chair.
10 Walking independently without a gait aid	Walking away from the bed/chair by at least 5 metres (5 yards) without a gait aid or assistance from another person.



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28. What mobility device/device(s) were or will be used for this patient today? (click all that apply)

- No device
- Portable ergometer on the bed
- Electro neuro muscular stimulation
- Lift up device
- Tilt belt
- Walker

- Hip and Ankle Linked Orthosis (HALO)
- Others

29. For days with limited mobility, select why she/he did NOT achieve the mobility level of sitting on the edge of the bed or more. (Choose the most important barriers to rehabilitation)

- Consciousness factor (existing consciousness disorder, RASS: ≤ -3 or $\geq +2$, deep sedation, delirium, etc.)
- Subjective symptoms (respiratory distress, BPS or > 3 or NRS > 5 , fatigue, patient refusal, etc.)
- Respiratory factor (SpO₂: $< 90\%$; FIO₂: > 0.6 ; respiratory rate: > 30 times/min, ventilator unsynchronized, etc.)
- Circulatory factor (systolic blood pressure: < 90 or > 180 mmHg; mean blood pressure: < 65 or > 110 mmHg; heart rate: < 50 or > 120 beats/min; new arrhythmias; additional administration of vasopressors, etc.)
- Device factor (exist catheter, drain, dialysis, mechanical ventilation, or extracorporeal membrane oxygenation, etc.)
- Medical staff factor (lack of staff, holidays, many examinations, poor time adjustment, etc.)
- Factors associated with COVID-19 (restriction for medical staff to contact with the patients, restriction for rehabilitation, infectious control, etc.)
- Others

30. Could the family meet with this patient today or see the patient using a monitor such as a phone and video today? (click all that apply)

- No
- In person
- Using an electronic device (using a monitor such as phone / video)

31. Was a family member of the patient educated about the ABCDEF bundle and/or participated in patient care? (if not part of your conversations with them or not known/documented, select "No")
(Patient cares include rounds, conference, planning of care or ABCDEF bundle related care)

- Yes

No

32. Did (or will) the patient undergo a regular standardized sleep assessment today?

Yes

No

33. Do you provide the patient with non-pharmacologic interventions for sleep today?
(click all that apply)

No non-pharmacologic interventions used

Eye-mask

Monitor light arrange

Sound limitation

Others

34. Did (or will) you provide the patient with pharmacological interventions to control sleep today? (click all that apply)

No

Benzodiazepine agents

Non-benzodiazepine agents

35. How do you provide nutrition for the patient? (click all that apply)

No nutrition

Total parenteral nutrition

Enteral nutrition

Oral

36. Total estimated energy (kcal) of nutrition (x) provided within the last 24 hours (from yesterday until this morning)

$x < 1000 \text{kcal}$

$1000 \leq x < 1500$

$1500 \leq x < 2000$

$x \geq 2000$

37. Total estimated protein (g/kg) provided within the last 24 hours (from yesterday until this morning)

<1.2g/kg

\geq 1.2g/kg

38. Did (or will) you provide an ICU diary for the patient today? (if not provided in your ICU, select NO)

Yes

No

39. Did you provide physical restraints on the bed at any time for the patient today ?

Yes

No