* 1. You are being invited to participate in a research study being conducted by Dr. Jamie LaBuzetta and her colleagues from the University of California - San Diego.

The purpose of this research study is to investigate attitudes towards hourly neuroassessments. If you agree to participate in this study, you will be asked to complete a short online questionnaire to help us better understand the reasons for ordering and barriers to performing hourly neuroassessments.

As an eligible participant, you will have the option of enrolling in a raffle to win one of four Amazon.com gift cards. Raffle winners will be chosen by a lottery system at the close of the survey, with no less than a 1 in 1000 chance of winning.

The survey is completely anonymous. Your participation in this study is completely voluntary; you can withdraw at any time by simply exiting the survey. Choosing not to participate or withdrawing will result in no penalty or loss of benefits to which you are entitled.

If you have questions about this project or if you have a research-related problem, you may contact Dr. LaBuzetta at 619-543-6222. If you have any questions concerning your rights, you may contact the UCSD Human Research Protections Program Office at 858-246-HRPP (858-246-4777).

By clicking "Agree to Participate" below, you are indicating that you:

- consent to participate in this anonymous survey;
- are at least 18 years of age;
- have taken care of at least one patient on whom hourly neuroassessments were ordered.

If any of the above statements is not true, plea	se click "Decline to Participate".
Agree to Participate	Decline to Participate

Hourly N	euroassessm	nents in the In	tensive Care	Unit		
* 3. What	is your level of	training?				

4. What is your PGY level?		
PGY-2	PGY-6	
PGY-3	PGY-7	
PGY-4	PGY-8	
PGY-5		

Hourly Neuroassessments in the Intensive Care Unit * 5. Since completing your training, how many years have you been practicine physician?

Fewer than 2 years			
2 - 5 years			
5 - 10 years			
More than 10 years			

Thoung Neuroassessments in the intensive Sc	and Critic
* 6. My (sub)specialty can best be described as:	
Neurocritical Care	Vascular surgery
Pulmonary Critical Care	Head and Neck (ENT) surgery
Anesthesia Critical Care	Emergency Medicine
Neurosurgery	Transplant Surgery and/or Medicine
Internal Medicine	Cardiology
Neurology (including stroke)	Cardiothoracic Surgery
Trauma and/or Acute Surgical Care	Surgical Critical Care (NOT trauma)
Anesthesia and/or Post-Anesthesia Care Unit (PACU)	
Other (please specify)	

* 7. Approximately how many years have you been pr	acticing as an RN since completing your training?
Fewer than 2 years	
2 - 5 years	
5 - 10 years	
More than 10 years	
* 8. I work <u>primarily</u> in the:	
Neurocritical care ICU (NCCU)	Post-Anesthesia Care Unit (PACU)
Medical ICU (e.g. MICU)	Intermediate Monitoring Unit (IMU)
Surgical ICU (SICU)	Epilepsy Monitoring Unit (EMU)
Cardiac ICU (e.g. CVC ICU)	I'm best described as a traveling nurse
Emergency Department	
Other (please specify)	
* 9. My shifts are primarily:	
Oay shifts	
Night shifts	
Both day and night shifts in approximately equal proportion	

	<u>orimary</u> role in neur euroassessments.	oassessments?	•	
	u neuroassessments.			
· Milliamy benom	<u>.</u> 1.541.043363311161113.			

4	050	500
1	250	500 or more
	lowing are specific reasons wh	y <i>you</i> order hourly neurochecks? Please choose all th
apply. Unstable clinical ne	urological status	Instructed to do so by someone else
	hic findings <i>with unstable exam</i>	Patient's code status is "full code/full care"
Unstable radiograp	hic findings with stable exam	Patient is aphasic
Standard of care		Patient is non-English speaking
A specific diagnosis subarachnoid hemo	s with anticipated clinical course (e.g. orrhage)	An "abundance of caution"
Other (please spec	ify)	
	•	ily influences your decision to order hourly
neuroassessments (c	choose only one)?	

	1 (much <u>less</u> willing)	2 (slightly <u>less</u> willing)	3 (no change)	4 (slightly <u>more</u> willing)	5 (much more willing)
ratient scores positive n delirium ssessments (e.g. CAM- CU).		0	0	0	0
ratient is very old (>90 ears old).	\circ	\bigcirc	\circ	\circ	\bigcirc
ratient is old (>65 years ld).	0	\circ	0	0	\circ
atient is English peaking.	\circ	\bigcirc	\circ	\circ	\circ
ratient is non-English peaking.	0	\circ	0	0	
ratient is verbally or hysically aggressive.	\circ	\bigcirc	\circ	\circ	\bigcirc
atient is aphasic.				\circ	
the patient is non- ompliant or expresses nnoyance with euroassessments.		\bigcirc	0	\bigcirc	\circ
Patient code status is On Not Attempt Resuscitation.	0	0	0	0	0
ratient transition in oals of care to focus on omfort.	\circ	\circ	\circ	0	
-	<u>e</u> of the time do you intracranial surgeri		1) neuroassessi	ments on your patien	ts with acute
.7. On average, who	•	ne (in days) tha	t you maintain pa	atients <u>with acute bra</u>	<u>ain injury</u> on
1 day				10 days or more	

* 18. Approximately how many bedside <u>nursing neuroassessments</u> (hourly or otherwise observed?) have you personally
0 20 or mo	ore

* 19. Please indicate the degree to which you agree or disagree with the following statements on a scale from 1 (strongly disagree) to 5 (strongly agree):

	1 = Strongly Disagree	2 = Disagree	3 = Neither Agree nor Disagree	4 = Agree	5 = Strongly Agree
Guidelines outlining care for acutely brain injured patients recommend "frequent neuroassessments". I interpret this to mean hourly neuroassessments.					
It is important for Guideline recommendations to specify a <i>frequency</i> for neuroassessments following acute brain injury.				\circ	
It is important for Guideline recommendations to suggest a <i>duration</i> for frequent neuroassessments following acute brain injury.	0		0	0	
Hourly neuroassessments are valuable in the care of patients with acute brain injury.		\bigcirc		\bigcirc	
Hourly neuroassessments are necessary for patients with acute brain injury.	\circ	\circ	0		\circ
Hourly neuroassessments can be detrimental to patients with acute brain injury.	\bigcirc	\circ		\bigcirc	
There should be a maximum amount of time that someone is continuously monitored with hourly neuroassessments.	0		0	0	
I am comfortable spacing neuroassessments less frequently than hourly following acute brain injury.					

	1 = Strongly	0	3 = Neither Agree	4	5 Otropials Assess
	Disagree	2 = Disagree	nor Disagree	4 = Agree	5 = Strongly Agree
If I had another way to monitor my patients' neurological status continuously following acute brain injury, I would not order hourly neuroassessments.	0	0	0	0	
f I had acute brain injury, I would want hourly neuroassessments performed on me for fewer than 24 nours.	0				
20. How frequently do y neuroassessments?	ou think the maj	ority of patients	with acute brain in	jury should red	ceive
Every 30 minutes			Every 4 hours (C	24)	
Every hour (Q1)			Every 6 hours (Ç	96)	
Every 2 hours (Q2)			Less frequently t	han every 6 hours	5
Every 3 hours (Q3)					

	twice if care was provided on two d	hourly (Q1) neuroassessments? <i>Note: you</i> lifferent calendar days.
1	100	200 or more
. What <u>percentage</u> of ho	ourly (Q1) neuroassessments have y	you been able to perform exactly as ordered
•	·	exam, other distracting responsibilities, etc. formed in determining the percentage.
0%		100%

* 24. On a scale from 1 (makes it much easier) to 5 (makes it much harder), please indicate the degree to which the following patient-related factors impact the <u>difficulty</u> of obtaining relevant clinical information during hourly (Q1) neuroassessments:

	1 = Much easier	2 = Easier	3 = No impact	4 = Harder	5 = Much harder
Patient is old (>65 years old).	\circ		\circ	\bigcirc	0
I don't speak the patient's primary language.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Patient scores positive on delirium assessments (e.g. CAM-ICU).	0	\circ	\bigcirc	\circ	0
Patient is aphasic.					
Patient is physically or verbally aggressive.	\circ	0	\circ	0	0
The patient is non- compliant or expresses annoyance.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

Patient is old (>65 years old). I don't speak the patient's primary language. Patient scores positive on delirium assessment (e.g. cAM-ICU). Patient is aphasic. Patient is physically or verbally aggressive. Patient appears to be sleeping/resting comfortably. The patient is non-compliant or expresses annoyance. The patient is familiar to me.		1 = Much <u>less</u> willing	2 = Slightly <u>less</u> willing	3 = No change	4 = Slightly <u>more</u> willing	5 = Much <u>more</u> willing
patient's primary language. Patient scores positive on delirium assessment (e.g. CAM-ICU). Patient is aphasic. Patient is physically or verbally aggressive. Patient appears to be sleeping/resting comfortably. The patient is non-compliant or expresses annoyance. The patient is familiar to		0		0	\circ	0
on delirium assessment (e.g. CAM-ICU). Patient is aphasic. Patient is physically or verbally aggressive. Patient appears to be sleeping/resting comfortably. The patient is non-compliant or expresses annoyance. The patient is familiar to	patient's primary	\bigcirc		\bigcirc	\bigcirc	\bigcirc
Patient is physically or verbally aggressive. Patient appears to be sleeping/resting comfortably. The patient is non-compliant or expresses annoyance. The patient is familiar to	on delirium assessment	\circ	0	\circ	\bigcirc	
Patient appears to be sleeping/resting Comfortably. The patient is non-compliant or expresses annoyance. The patient is familiar to	Patient is aphasic.		\bigcirc			\bigcirc
Sleeping/resting Ocomfortably. The patient is non-compliant or expresses Ocompliant Ocompli		0	0	0	\circ	0
compliant or expresses annoyance. The patient is familiar to	sleeping/resting	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
	compliant or expresses	0	0	\circ	\bigcirc	
	me.					

* 26. Please indicate the degree to which you agree or disagree with the following statements on a scale from 1 (strongly disagree) to 5 (strongly agree):

	1 = Strongly Disagree	2 = Disagree	3 = Neither Agree nor Disagree	4 = Agree	5 = Strongly Agree
Guidelines outlining care for acutely brain injured patients recommend "frequent neuroassessments". I interpret this to mean hourly neuroassessments.				0	
It is important for Guideline recommendations to specify a <i>frequency</i> for neuroassessments following acute brain injury.	\circ			0	
It is important for Guideline recommendations to suggest a <i>duration</i> for frequent neuroassessments following acute brain injury.	0	0	0	0	
Hourly neuroassessments are valuable in the care of patients with acute brain injury.	\bigcirc	\bigcirc		\bigcirc	
Hourly neuroassessments are necessary for patients with acute brain injury.	0	\circ	0		\bigcirc
Hourly neuroassessments can be detrimental to patients with acute brain injury.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
There should be a maximum amount of time that someone is continuously monitored with hourly neuroassessments.	0			0	
I am comfortable spacing neuroassessments less frequently than hourly following acute brain injury.				0	

	1 = Strongly Disagree	2 = Disagree	3 = Neither Agree nor Disagree	4 = Agree	5 = Strongly Agree
If I had another way to monitor my patients' neurological status continuously following acute brain injury, I would not order hourly neuroassessments.	Disagree	2 - Disagree	iiii Disaglee	4 - Agree	3 – Strongry Agree
If I had acute brain injury, I would want hourly neuroassessments performed on me for fewer than 24 hours.	0	0	0	0	0
* 27. How frequently do neuroassessments?	you think the ma	ajority of patient	s with acute brain i	njury should r	eceive
Every 30 minutes			Every 4 hours (Q	4)	
Every hour (Q1)			Every 6 hours (Q	6)	
Every 2 hours (Q2)			Less frequently t	han every 6 hours	5
Every 3 hours (Q3)					

Hourly Neuroassessments in the Intensive Care Unit	
29. Would you like to participate in a raffle for an Amazon gift card?	
If yes, please enter your email address below. This email address will be stored for the purposes only, and once the prizes have been awarded, all email addresses will be deleted.	of the raffle
If no, you can skip this question to end your survey.	