

Patient no:

Questions or assistances call: +45 35 45 6949

General patient information form contains baseline characteristics.

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## GENERAL PATIENT INFORMATION

- D1:1 **Date of birth** |\_|\_|-|\_|\_|-|\_|\_|\_|\_|\_| dd-mm-yyyy
- D1:2 **Male sex?**  Y  N “YES” if, the patient is male
- D1:3 **Hospital admission date?** |\_|\_|-|\_|\_|-|\_|\_|\_|\_|\_| dd-mm-yyyy If the patient has been transferred from another hospital, report the date of admission to the first hospital.
- D1:4 **ICU admission date?** |\_|\_|-|\_|\_|-|\_|\_|\_|\_|\_| dd-mm-yyyy If the patient has been transferred from another ICU, report the date of admission to the first ICU.
- D1:5 **ICU admission time?** |\_|\_|:|\_|\_| hh:mm 24 hour time
- D1:6 **Admissions diagnose?**
- D1:6.1 **Severe sepsis?**  Y  N “YES” if the patient has proven or suspected AND sepsis-induced hypotension or lactate above upper limits laboratory normal, Urine output < 0.5ml/kg/hr for more than 2 hrs despite fluid resuscitation, acute lung injury with  $P_{aO_2}/F_{iO_2} < 250$  mmHg in the absence of pneumonia as infection source, ( $P_{aO_2}/F_{iO_2} < 200$  mmHg in the presence of pneumonia), p-Creatinine > 2mg/dl (176.8  $\mu$ mol/L, Bilirubin > 2 mg/dl (34.2  $\mu$ mol/L), Platelet count < 100,000 / $\mu$ L OR Coagulopathy (International normalized ratio > 1.5)
- D1:6.2 **Trauma?**  Y  N “YES” if the patient is classified as a trauma patient
- D1:6.3 **Surgery - emergency?**  Y  N “YES” if the patient has had emergency surgery during this hospital admission OR was transferred from another hospital and had emergency surgery there, but before this ICU admission.

D1:6.4 **Surgery - elective?**  Y  N “YES” if the patient has had elective surgery during this hospital admission OR was transferred from another hospital and had elective surgery there, but before this ICU admission.

D1:7 **Risk factor for delirium** prior to hospital/ICU admission?

D1:7.1 **Previous delirious episodes?**  Y  N Defined as: patients receiving one or more doses of haloperidol, AND described as delirious (documented CAM-ICU positive or ICDSC  $\geq 4$  point (0-8 point) or DOS $>3$  point (0-13/day point), ICD-10 code (DF05, DF050, DF058 ), or agitated and/or non-cooperative and/or eyes open and big with no contact (Glasgow Coma Score (GCS)  $> 7$ ) or restrained to the bed

D1:7.2 **Smoking?**  Y  N “YES” if the smokes more than 10 cigarettes a day

D1:7.3 **Alcohol abuse?**  Y  N “YES” if the patient drinks more than 3 units of alcohol pr. day (1 units defined as 12g of alcohol)

D1:7.4 **Substance abuse?**  Y  N “YES” if the patient use morphine, benzodiazepines or barbiturates not prescribed by a certified doctor every day. Or any other use of an illegal sustains.

D1:7.5 **Treatment of psycholeptics, analeptic and Parkinson prior to hospital /ICU admission?**  Y  N “YES” if the patient has been treated with either of the below prior to this hospital/ICU admission:  
- antipsychotics (N05A)  
- anti-Parkinson (N04)  
- antidepressant (N06A)  
- benzodiazepine (N05BA)

D1:8 **Is the patient’s vision impaired?**  Y  N “YES” if the patient uses glasses? Data from patient file or ask the next in kind

D1:9 **Is the patient’s hearing impaired?**  Y  N “YES” if the patient uses a hearing aid. As of data from patient file or ask next of kind

## CO-morbidities

The registration below is based on information from the patients’ files.

D1:10 **Does the patient have metastatic cancer?**  Y  N “YES”, if metastatic cancer is proven by surgery, C.T. scan or any other method.

D1:11 **Does the patient have haematological malignancy?**  Y  N “YES”, if the patient has known haematological malignancy.

D1:12 **Does the patient have AIDS?**  Y  N “YES”, if HIV positive with HIV defining diseases such as pneumocystis carinii pneumonia, Kaposi’s sarcoma, Lymphoma, tuberculosis or toxoplasma infection.

Finish then go to front page.