Introduction:
Regardless the underlying diagnose, providing meticulous supportive care is essential to critically ill patients management. In 2005, Vincent JL introduced the FAST HUG (Feeding, Analgesia, Sedation, Thromboembolic prophylaxis, Head of bed elevation, Ulcer prevention, Glucose control) mnemonic for recalling what he considered the key issues to review in daily clinical practice. Our Intensive Care Unit (ICU) decided to add BID (Bowel regimen; Indwelling catheter removal; De-escalation of antibiotics) indicators following some published data. Since 2013, the adequate use of this mnemonic became an instrument for quality of care evaluation. Objectives for each variable were designed; regular annual audits done. The present study aims to audit the use of this mnemonic in a portuguese tertiary hospital ICU, in 2017.

Methods:
A prospective observational study was performed. Admissions in ICU staying at least one 00h00min and 23h59min period, during the first six months of 2017 were included. All mnemonic variables were recovered from ICU medical record database, as well as demographics, severity scores and clinical information. Data was analyzed with Microsoft Office Excel software.

Results:
We included 119 admissions. The predictable global FAST HUG BID assessment was 1086 entries [one per each full day (00h00-23h59) in the unit, per patient]. The mnemonic was used in about 65% of the opportunities. The target thresholds were considered as achieved in 95% of entries (concordance equal or superior to 80%). Looking to individual variables, the best performance was achieved in H and U; worse performance was seen in S.

Conclusion:
The daily use of this mnemonic aims to revisit important intervention sectors in critical patients. Applying the “Plan-Do-Check-Act” policy, this study allowed us to identify growth opportunities, reviewing or creating protocols, adopting more frequent training measures and seeking to take this model to other hospital areas.