



Form 1 Center Inclusion

Center [] [] [] []

Institution:

Type of hospital : University/academic Non-university

Hospital capacity: _____ Beds

Is a dept of microbiology available in your ICU 24 hours/day? Yes No

Is an emergency department open 24 hours/day? Yes No

Population: Adult Pediatric both

Type of ICU: Closed Open (non-ICU doctors may write orders)

ICU speciality: Surgical Cardiac Non-cardiac Transplantation
 Mixed Burns Trauma

Medical Coronary Neurologic Respiratory Mixed

Mixed Medical/surgical

Others , please specify

How many patients were treated in your ICU in 2006? _____ patients

What was the mortality rate in your ICU in 2006? __ %

Is a physician physically present in your ICU 24 hours/day? Yes No

Total No of staffed ICU beds (on the day of the study): _____ ICU Beds
_____ intermediate care beds

Nursing status (on the day of the study) : Number of nurses Between 10-11 am: ____
Between 10-11 pm : ____

Other staff available (on the day of the study): PhysiotherapistFTE
PharmacistFTE

Does your unit participate in a national/international bacteriological
surveillance network? Yes No

Center coordinator (please print):



Form 2 Enrollment

Center

Patient

Date of ICU admission ___/___/200___
dd mm yyyy

Age ___ yrs

Sex Male Female

Type of admission Medical Surgical Elective Emergency
 Trauma Site of surgery ___/___/___

Admission source Other hospital ER/ambulance OR/Recovery
 Hospital floor Others, please specify

Reason for ICU admission (only 1) ___

Other diagnoses ___/___/___/___/___

- Comorbidities**
- COPD Cancer Metastatic cancer
 - Hematologic cancer Insulin dependent diabetes mellitus Heart failure (NYHA III-IV)
 - Chronic renal failure HIV infection Cirrhosis Immunosuppression
 - Steroid therapy Chemotherapy

Infections

	Infection # 1	Infection # 2	Infection # 3	Infection # 4
Infection, site	-	-	-	-
Clinical infection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Microorganism, code	___/___/___	___/___/___	___/___/___	___/___/___

Antibiotics

Prophylaxis ___/___/___

Treatment ___/___/___/___/___



Form 3 Enrollment

Center

--	--	--	--

Patient

--	--	--

Inclusion-day parameters (on May 8)

Heart rate (min) ___-___ (max) ___-___ bpm
 Core body temperature (min) ___-___ (max) ___-___ °C

Central Venous Catheter Yes No
 Pulmonary Artery Catheter Yes No
 Arterial Catheter Yes No
 Systolic blood pressure (min) ___-___ (max) ___-___ mmHg KPa
 Mean arterial pressure (min) ___-___ mmHg KPa
 Lactate (max) ___-___ mmol/L
 CVP (min) ___-___ (max) ___-___ mmHg KPa
 Norepinephrine Yes No if yes, dose (max) ___-___ µg/kg/min
 Dopamine Yes No if yes, dose (max) ___-___ µg/kg/min
 Epinephrine Yes No if yes, dose (max) ___-___ µg/kg/min
 Dobutamine Yes No if yes, dose (max) ___-___ µg/kg/min
 Other vasopressors, dose

Respiratory rate (max) ___-___ /min
 PaO₂/FiO₂ (min) ___-___ mmHg KPa
 Endotracheal intubation Yes No
 Tracheostomy Yes No
 Mechanical ventilation Yes No

Blood urea (max) ___-___ mg/dL mmol/L or **BUN (max)** ___-___ mg/dL
 Blood creatinine (max) ___-___ mg/dL µmol/L
 Urine output ___-___ mL/24hours
 Hemodialysis Yes No
 Hemofiltration Yes No

Leukocytes (min) ___-___ (max) ___-___ 10³/mm³
 Platelets (min) ___-___ 10³/mm³
 Serum potassium (min) ___-___ (max) ___-___ mmol/L
 Serum sodium (min) ___-___ (max) ___-___ mmol/L
 Total bilirubin (max) ___-___ mg/dL µmol/L
 Serum bicarbonate (min) ___-___ mmol/L
 Glasgow coma score ___-___



Form 4 Follow-up

Center

--	--	--	--

Patient

--	--	--

Was there a decision to withhold/withdraw a life sustaining measure in the ICU ?

- Yes No

ICU outcome

Date of ICU discharge __ / __
Day / month

- Intermediate unit Other ICU Hospital floor
 Other hospital/ Long term facility Other
 Dead

If so, was there a decision to withhold/withdraw life support ? Yes No

Tick here if the patient is still on the ICU on July 9

Hospital Outcome

Date of hospital discharge __ / __
Day / month

- Alive Dead

Tick here if the patient is still in the hospital on July 9