

**General:**

**Date:** Insert the nutritionDay date (dd/mm/yyyy).

**Center Code:** Please insert the anonymous Code (1 to 9999) that you received from the coordinating center. Codes from previous years remain valid.

**Unit Code:** Please insert the anonymous Code (1 to 9999) that you received from the coordinating center. Codes from previous years remain valid.

**SHEET 1:**

- Actual number of ICU beds:** Please fill in the number of beds that are currently staffed.
- Maximum number of ICU beds:** Please fill in the maximum number of beds in your unit.
- Medical staff working in your ICU on NutritionDay:** Insert the total number of people working in your unit (physicians, consultants, nurses etc.) on nutritionDay.

**SHEET 2:**

- Patient's number:** Please provide a unique number for all of the patient's on the unit. Assign these numbers consecutively to correlate with the numbers on the nutritionDay ICU Patient List.
- Patient's initials:** Insert patient's initials by writing the two first letters of the first name and the two first letters of the last name into the boxes, e.g. Peter Smith => P E S M.
- Date of ICU admission:** Please insert this ICU admission date as follow dd/mm/yy.
- Date of hospital admission:** Please insert this hospital admission date as follow dd/mm/yy.
- Patient is medical or surgical:** Please tick "medical" for medical patients, non post surgery ICU admission or "surgical" for surgical patients, post surgery ICU admission.
- Number of days since OP:** Please calculate and insert the number of post op days, for major surgery only. This does not include any minor procedures such as tracheostomy, PEG, PEJ, etc. Day 1 post op is the first 24 hours after the surgery.
- Laboratory (admission day)**

Systolic blood pressure: Please insert minimal and maximal values of the day. If you have only one measurement on that day please insert as maximal. Normal range 90-140 mmHg.

Heart rate: Please insert minimal and maximal values of the day. If you have only one measurement on that day please insert as maximal. Normal range 60-100 bpm.

Temperature: Please insert lowest (minimal) and highest (maximal) patient temperature in the first 24 hours. If the temperature was only taken once please insert this value as maximum. Please check "C" for centigrade or "F" for Fahrenheit.

PaO<sub>2</sub>/FiO<sub>2</sub>: Please calculate the ratio of partial pressure of arterial O<sub>2</sub> to the fraction of inspiratory O<sub>2</sub> and insert minimal and maximal values of the day. For the FiO<sub>2</sub> use the percent value in decimal form (for example 30% --> 0,3).

Urine output: Please insert value in ml (millilitres).

Serum urea: Please insert lowest (minimal) and highest (maximal) of serum urea in the first 24 hours. Please specify by checking mg/L (grams/liter) or mmol/l.

BUN: Please insert the minimal and maximal value of the day (mg/dl or mmol/l). Normal range 7-20 mg/dl.

White blood cells: Please insert lowest (minimal) and highest (maximal) white blood cells in  $10^3 /\mu\text{L}$  or  $10^9 /\text{L}$  in the first 24 hours. If the white blood cell count was only taken once please insert this value as maximum.

Potassium: Please insert lowest (minimal) and highest (maximal) potassium in mmol/l or mEq/L in the first 24 hours. If the potassium was only taken once please insert this value as maximum.

Sodium: Please insert the lowest (minimal) and highest (maximal) Sodium (Na) in mmol/l or in mEq/L in the first 24 hours. If the Sodium was only taken once please insert this value as maximum.

pH: Please insert lowest (minimal) and highest (maximal) pH in mmol/liter (mmol/l) in the first 24 hours. If the white blood cell count was only taken once please insert this value as maximum.

HCO<sub>3</sub>: Please insert lowest (minimal) and highest (maximal) HCO<sub>3</sub> in mmol/L or in mEq/L in the first 24 hours. If the white blood cell count was only taken once please insert this value as maximum.

Bilirubin: Please insert the lowest (minimal) and highest (maximal) bilirubin in the first 24 hours. Please check mg/dl or  $\mu\text{mol/L}$

Creatinine: Please insert the lowest (minimal) and highest (maximal) creatinine in the first 24 hours. Please check mg/dl or  $\mu\text{mol/l}$ .

Glucose: Please insert lowest (minimal) and highest (maximal) glucose. Please check mg/dl (milligrams/decilitre) or  $\mu\text{mol/L}$  in the first 24 hours. If the white blood cell count was only taken once please insert this value as maximum.

Lactate: Please insert lowest (minimal) and highest (maximal) lactate. Please check mg/dl (milligrams/decilitre) or mmol/L in the first 24 hours. If the white blood cell count was only taken once please insert this value as maximum.

**SHEET 3:**

Date, Patient's number and initials, Center and Unit Code should be filled in by unit staff. Insert center and unit code before multiplying the sheets.

11. **Glasgow Coma Scale:** look at sheet number 2 and calculate and insert the GCS Score.

12. **Laboratory Parameters** (within the last 24 hours)  
**Mean blood pressure:** Enter the lowest Blood Pressure Value in the past hour.

**PaO<sub>2</sub>/FiO<sub>2</sub>:** Please calculate the ratio of partial pressure of arterial O<sub>2</sub> to the fraction of inspiratory O<sub>2</sub> and insert minimal value of the day. For the FiO<sub>2</sub> use the percent value in decimal form (for example 30% --> 0,3)

**Lactate:** Please insert the minimal and maximal values of the day and specify if mg/dl or mmol/l. Normal range: 4 - 20 mg/dl or 3,3 - 6 mmol/l.

**Platelets:** Please insert the minimal value in the past 24 hours.

13. **NEMS (actual day)** Please tick all that apply.

- Standard Monitoring: hourly vital signs, regular record and calculation of fluid balance;
- Intravenous medication: bolus or continuously, NOT including vasoactive drugs;
- Mechanical ventilatory support: any form of mechanical/assisted ventilation, with or without PEEP (e.g. CPAP), with or without muscle relaxants;
- Supplementary ventilatory care: breathing spontaneously through endotracheal tube; supplementary O<sub>2</sub> any method, except if (3) applies;
- Single vasoactive medication: any vasoactive drug;
- Multiple vasoactive medication: more than one vasoactive drug, regardless of type and dose;
- Dialysis / Hemofiltration: all dialysis techniques;
- Specific interventions in the ICU: e.g. endotracheal intubation, introduction of pacemaker cardioversion endoscopy, emergency operation in the past 24 h, gastric lavage, routine interventions e.g. X-rays, echocardiography, electrocardiography, dressings, introduction of venous or arterial line, are NOT included
- Specific interventions outside the ICU; e.g. surgical intervention or diagnostic procedure; the intervention/procedure is related to the severity of illness of the patient and makes an extra demand upon manpower efforts in the ICU

SHEET 4a/4b:

14. **Calories planned per kg (next 24 hours):**  
Please insert calculated kcal/kg required for the next 24 hours **OR**  
**Calories planned per day (next 24 hours):**  
Please choose one option (.

15. **ENTERAL nutrition product and volume ml/d:** Please insert the enteral nutrition product code (http://149.148.226.52/nDaylist/c\_tab.htm), name, kcal/ml and ml planned and given for the last 24 hours or enter kcal/24hours planned and kcal/24hours given. If the formula provided is not listed, please write the name of the enteral formula provided and the kcal/ml.

16. **PARENTERAL nutrition product and volume ml/d:**  
Please insert the parenteral nutrition product code (http://149.148.226.52/nDaylist/c\_tab.htm), name, kcal/ml and ml planned and given for the last 24 hours or enter kcal/24hours planned and kcal/24hours given. If the formula provided is not listed, please write the name of the parenteral formula or "custom prepared" provided and the kcal/ml.

17. **Other nutrition product and volume ml/d:** Please insert the nutrition product code (http://149.148.226.52/nDaylist/c\_tab.htm), name, kcal/ml and ml planned and given for the last 24 hours or enter kcal/24hours planned and kcal/24hours given. If the formula provided is not listed, please write the name of the formula provided and the kcal/ml.

18. **If you use individually composed products, please fill in AMINOACIDS/ CARBOHYDRATES/ LIPIDS:** For custom prepared formulas, please insert the calculated amino acid grams required/24 hours and the amino acid grams provided in the past 24 hours.

**OUTCOME (60 days outcome):**

**Outcome:** To be completed for day 60 after nutritionDay. Insert the center and unit code used on the Sheet before copying.

19. **First and last name, date of birth or patient sticker:** If required to decode the patient ID, please enter your designated patient identification number. One patient per line. This patient identifier should correlate with the patient number used on Sheet 2. See number 11.

20. **Outcome:** Please choose one of the possible outcomes from the Table on the Outcome-Sheet (A, B, C, D, F, G or H).

21. **Discharge Diagnosis (ICD-10):** Please insert the ICD-10/ICD-9 diagnostic code; see website.