

Please mark the correct boxes that apply to the patient



INTENSIVE CARE UNITS SHEET 2

Date

Center-Code

Unit-Code

Patient number **Patient initials** **Age** years

Sex Female Male

weight (on day of ICU-admission) kg estimated measured *If postsurgery, please use preoperative weight*

height cm estimated measured

date of ICU admission (dd/mm/yyyy)

date of admission in hospital (dd/mm/yyyy)

Patient is medical surgical

OP is elective emergency **number of days since OP** days

main reasons for ICU dependency (at ICU admission)

abdominal cardiac pulmonary trauma

burns neurological septic others

Co-morbidities

cancer therapy cirrhosis hematological cancer

cancer, metastase heart failure (NYHA IV) AIDS

GLASGOW Coma Scale (admission Day)

Eyes	verbal	motor
<input type="radio"/> 1=Does not open eyes	<input type="radio"/> 1=Makes no sounds	<input type="radio"/> 1=Makes no movements
<input type="radio"/> 2=Opens eyes in response to painful stimuli	<input type="radio"/> 2=Incomprehensible sounds	<input type="radio"/> 2=Extension to painful stimuli (decrebrate response)
<input type="radio"/> 3=Opens eyes in response to voice	<input type="radio"/> 3=Utters incoherent words	<input type="radio"/> 3=Abnormal flexion to painful stimuli
<input type="radio"/> 4=Opens eyes spontaneously	<input type="radio"/> 4=Confused, disoriented	<input type="radio"/> 4=Flexion / Withdrawal to painful stimuli
	<input type="radio"/> 5=Oriented, converses normally	<input type="radio"/> 5=Localizes painful stimuli
		<input type="radio"/> 6=Obeys commands

LABORATORY (Admission day)

Parameter	UNIT	MIN	MAX	Parameter	UNIT	MIN	MAX
syst. blood pressure	mmHg	<input type="text"/>	<input type="text"/>	Potassium	<input type="radio"/> mEq/L <input type="radio"/> mmol/L	<input type="text"/>	<input type="text"/>
heart rate	bpm	<input type="text"/>	<input type="text"/>	Sodium	<input type="radio"/> mEq/L <input type="radio"/> mmol/L	<input type="text"/>	<input type="text"/>
Body temperature	<input type="radio"/> °C <input type="radio"/> °F	<input type="text"/>	<input type="text"/>	pH		<input type="text"/>	<input type="text"/>
PaO2/FiO2	mmHg	<input type="text"/>	<input type="text"/>	HCO3-	<input type="radio"/> mEq/L <input type="radio"/> mmol/L	<input type="text"/>	<input type="text"/>
urine output	ml (in 24h)	<input type="text"/>	<input type="text"/>	Bilirubin	<input type="radio"/> mg/dl <input type="radio"/> µmol/l	<input type="text"/>	<input type="text"/>
serum urea	<input type="radio"/> mg/dl <input type="radio"/> mmol/L	<input type="text"/>	<input type="text"/>	Creatinine	<input type="radio"/> mg/dl <input type="radio"/> µmol/l	<input type="text"/>	<input type="text"/>
BUN	<input type="radio"/> mg/dl <input type="radio"/> mmol/L	<input type="text"/>	<input type="text"/>	Glucose	<input type="radio"/> mg/dl <input type="radio"/> mmol/L	<input type="text"/>	<input type="text"/>
WBC	<input type="radio"/> 10 ³ /µL <input type="radio"/> 10 ⁹ /L	<input type="text"/>	<input type="text"/>	Lactat	<input type="radio"/> mg/dl <input type="radio"/> mmol/L	<input type="text"/>	<input type="text"/>

THANK YOU!