

Enrollment (Initial) Data

Record ID

Form completion date

Inpatient or outpatient enrollment

- Inpatient
 Outpatient

Basic Demographics

age

gender at birth

- Male
 Female
 not reported

Race

- American Indian or Alaskan Native
 Asian
 Black or African-American
 Native Hawaiian or other Pacific Islander
 White
 More than one race
 Don't know
 Refused

Ethnicity

- not hispanic or latino
 hispanic or latino
 don't know
 refused

Baseline Demographics and Vital Signs

Hospital Admission Date

(to ORIGINAL hospital)

Hospital Admission Date

(to THIS hospital)

ICU Admission Date

Number of days in hospital

Admitted to ICU during hospital stay?

- Yes
 No

Number of days in ICU

Vitals Upon Admission to ICU

Height

(in centimeters)

Weight

(in kilograms)

Body Mass Index

Temperature

(Degrees C)

Systolic BP

(mmHg)

Diastolic BP

(mmHg)

MAP

Cardiovascular SOFA Score

- MAP \geq 70
- MAP $<$ 70 mmHg
- Dopamine \leq 5 or Dobutamine (any dose)
- Dopamine $>$ 5 OR Norepi \leq 0.1 OR Epi \leq 0.1
- Dopamine $>$ 15 OR Norepi $>$ 0.1 OR Epi $>$ 0.1
(highest dose med after volume resuscitation)

Heart Rate

Respiratory Rate

SpO₂, %

(Pulse Oximetry)FiO₂

(decimal)

Respiratory/Ventilator Status

Date Mechanical Ventilation Initiated

FiO2 set on ventilator

(First recorded FiO2 (fractional))

Mechanical ventilation required during hospitalization?

- Yes
 No

Number of days patient was mechanically ventilated:

Past Medical History and Current History

COVID (+)?

- Yes
 No

Date of (+) COVID test

Charlson Comorbidity Index (Choose all that are present)

- Myocardial infarct (+1)
 Congestive heart failure (+1)
 Peripheral vascular disease (+1)
 Cerebrovascular disease (except hemiplegia) (+1)
 Dementia (+1)
 Chronic pulmonary disease (+1)
 Connective tissue disease (+1)
 Ulcer disease (+1)
 Mild liver disease (+1)
 Diabetes (without complications) (+1)
 Diabetes with end stage organ damage (+2)
 Hemiplegia (+2)
 Moderate or severe renal disease (+2)
 Solid tumor (non metastatic) (+2)
 Leukemia (+2)
 Multiple Myeloma (+2)
 Moderate or severe liver disease (+3)
 Metastatic solid tumor (+6)
 AIDS (+6)
 None of these (+0)

Age

- < 50 (+0)
 50-59 (+1)
 60-69 (+2)
 70-79 (+3)
 80-89 (+4)
 90-99 (+5)

Total points:

Presumed PRIMARY Cause of Respiratory Failure

- infection, viral
- infection, bacterial
- COVID-19
- Influenza
- aspiration
- pulmonary edema
- alveolar hemorrhage
- acidosis
- intoxication
- other

Explain

Presumed SECONDARY Cause of Respiratory Failure

- infection, viral
- infection, bacterial
- COVID-19
- Influenza
- aspiration
- pulmonary edema
- alveolar hemorrhage
- acidosis
- intoxication
- other
(if applicable)

Explain

Primary Infectious Site

- none
- pulmonary
- intra-abdominal
- genitourinary
- skin/soft tissue/wound
- central nervous system
- vascular device
- endocarditis
- unknown

Secondary Infectious Site

- none
- pulmonary
- intra-abdominal
- genitourinary
- skin/soft tissue
- central nervous system
- vascular device
- endocarditis
- unknown

Based on initial history, mental health issues present at admission

- none
- Depression
- Bipolar Disorder
- Schizophrenia
- Alcohol use disorder
- Substance use disorder
- Prescription drug misuse

Neuromuscular disease present at admission

- Yes
- No

Nervous System SOFA Score

- GCS >14
 GCS 13-14
 GCS 10-12
 GCS 6-9
 GCS < =5
 (lowest score of 24 hour period)
-

Home medications

- none
 beta-blocker
 ACE inhibitor or ARB
 diuretic
 statin
 aspirin
 oral hypoglycemic
 insulin
 anticoagulation
 anti-psychotic
 anti-depressant
 benzodiazepine
 narcotic
 anti-seizure (any kind)
 antibiotic (any kind)
 other
 (check all that apply)
-

other med class

Does patient have substance misuse charted anywhere in the EMR?

- Yes
 No
-

Type(s) of substances misused

- alcohol
 marijuana or cannabis products
 narcotics (e.g. heroin)
 methamphetamines
 cocaine
 prescription narcotics (e.g. Oxycontin)
 benzodiazepines (e.g. Xanax, Valium)
 other
-

Stated in the medical record:

- Patient has an alcohol-related diagnosis during THIS admission (e.g. "alcoholic hepatitis" or "alcohol withdrawal")
 alcohol misuse is noted anywhere in the patient's EMR
 There is no mention of alcohol use in the medical record
-

By chart review (e.g. social history), does patient currently smoke cigarettes?

- Yes
 No
-

Is patient a former smoker?

- Yes
 No
-

Mean Corpuscular Volume (MCV)

(Day of ICU Admission)

Sodium

(Day of ICU Admission)

Potassium

(Day of ICU Admission)

Bicarbonate (serum)

(Day of ICU Admission)

AST

(Day of ICU Admission)

ALT

(Day of ICU Admission)

Total Bilirubin

(Day of ICU Admission)

Liver SOFA Score

- TBili < 1.2
 - TBili 1.2-1.9
 - TBili 2.0-5.9
 - TBili 6.0-11.9
 - TBili >=12.0
- (highest value of the day)
-

Alkaline Phosphatase

(Day of ICU Admission)

Albumin

(Day of ICU Admission)

Creatinine

(Day of ICU Admission)

Renal SOFA Score

- Cr < 1.2
 - Cr 1.2-1.9
 - Cr 2.0-3.4
 - Cr 3.5-4.9
 - Cr >=5.0
- (highest value of the day)
-

Lactate

(Day of ICU Admission)

Blood alcohol level

(Day of ICU Admission)

Urine toxicology

- Marijuana
 Cocaine
 Methamphetamines
 Narcotics
 Benzodiazepines
 Alcohol
 Negative (nothing detected)
 Not Collected
 (On admission)
-

APACHE II Score, Day 1 of Hospitalization

<https://www.mdcalc.com/calc/1868/apache-ii-score>

SOFA Score on Day 1 of Hospitalization

Outpatient Hospital/Discharge Information

Was delirium noted during the patient's hospitalization?

- Yes
 No
-

Did patient meet ARDS criteria during hospitalization?

- Yes
 No
-

Need for hemodialysis or continuous renal replacement therapy during hospitalization?

- Yes
 No
-

Need to tracheostomy during hospitalization?

- Yes
 No
-

Patient discharged to:

- Home
 Skilled nursing facility
 Long-term acute care (LTAC) facility
 Inpatient rehabilitation facility
 Morgue
 Other
-

Other discharge location:

Daily Data

Record ID

Does this apply to the subject?

- Yes
 No

Timepoint after admission?

- timepoint 2 (3-5 days after admission)
 timepoint 3 (8-10 days after admission)

Date daily data collected

_____ (labs and data collected originate on this date.)

Laboratory Values and SOFA Scores

Values should be those available during same 24 hours of data collection.

Is ABG available on this date?

- Yes
 No

PaO2

_____ (worst value of the day)

FiO2

_____ ((decimal) worst value of the day)

SpO2 (pulse ox)

_____ ((%) worst value of the day)

FiO2

_____ ((decimal) worst value of the day)

Respiratory System SOFA Score
(use SpO2/FiO2 value if ABG unavailable)

- PaO2/FiO2 \geq 400
 PaO2/FiO2 < 400
 PaO2/FiO2 < 300
 PaO2/FiO2 < 200 and mechanically ventilated
 PaO2/FiO2 < 100 and mechanically ventilated
(lowest value of the 24 hour period)

Nervous system SOFA Score

- GCS >14
 GCS 13-14
 GCS 10-12
 GCS 6-9
 GCS \leq 5
(lowest score of 24 hour period)

 Cardiovascular SOFA Score

- MAP \geq 70
 MAP $<$ 70mmHg
 Dopamine $<$ =5 or Dobutamine (any dose)
 Dopamine $>$ 5 OR Norepi $<$ =0.1 OR Epi $<$ =0.1
 Dopamine $>$ 15 OR Norepi $>$ 0.1 OR Epi $>$ 0.1
 (highest dose of day, in ug/kg/min)
-

Total bilirubin

 (highest recorded value)

Liver SOFA Score

- TBili $<$ 1.2
 TBili 1.2-1.9
 TBili 2.0-5.9
 TBili 6.0-11.9
 TBili \geq 12.0
 (Highest value for the 24 hrs)
-

WBC

Platelets

 (lowest value of the 24 hour period)

Coagulation SOFA Score

- Platelets \geq 150
 Platelets $<$ 150 but \geq 100
 Platelets $<$ 100 but \geq 50
 Platelets $<$ 50 but \geq 20
 Platelets $<$ 20
 (lowest value of the 24 hour period)
-

Creatinine

 (highest value of 24 hour period)

Renal SOFA Score

- Cr $<$ 1.2
 Cr 1.2-1.9
 Cr 2.0-3.4
 Cr 3.5-4.9
 Cr \geq 5.0
 (highest value of 24 hr period)
-

Total SOFA Score

Receipt of ICU Specific Medications During Specified Time Period of Data Collection, either:
During 3-5 days after admission (time point 2)
During 8-10 days after admission (time point 3)

Antipsychotics Received?

- none
 Haloperidol (Haldol)
 Risperidone (Risperdal)
 Olanzapine (Zyprexa)
 Quetiapine (Seroquel)
 other

In-Patient Discharge Data

Record ID

Informed consent of subject?

- patient regained capacity, provided informed consent
- patient regained capacity, declined participation
- patient did not regain capacity
- 3 good faith attempts made (must be done prior to d/c)

If patient did not regain capacity, must contact him/her after discharge to obtain informed consent per protocol.

PROXY CONSENT NOT ADEQUATE FOR BANKING.

Inform lab manager samples not to be shared for expts outside of protocol until informed consent obtained.

Patient discharged to:

- Home
- Skilled nursing facility
- Long-term acute care (LTAC) facility
- Inpatient rehabilitation facility
- Morgue
- Other

Other discharge location

Patient met criteria for ARDS during hospitalization?

- True
- False (charted in the EMR by provider)

Did patient undergo a tracheostomy?

- Yes
- No

Did patient fail extubation attempt and have to be re-intubated?

- Yes
- No

Total no. ventilator days

(from Lines, Drains, and Airways)

Need for acute Renal Replacement Therapy?

- Yes
- No (select no in patients who are already on hemodialysis prior to admission)

Total number of days in ICU

Total number of days in hospital

Discharge AUDIT Provider

Is there an AUDIT/AUDIT C charted in Epic by a healthcare provider? Yes
 No

Provider AUDIT score _____

Provider AUDIT C score _____

Discharge AUDIT Patient/Proxy

Was an AUDIT completed BY RESEARCH TEAM before discharge Yes
 No

Unable to complete AUDIT due to (check all that apply) Patient without capacity
 No proxy available
 Patient refused to participate
 Patient discharged

Who answered AUDIT survey questions? Patient
 Proxy

How often do you have a drink containing alcohol? Never
 Monthly or less
 2-4 times a month
 2-3 times a week
 4 or more times a week

How many standard drinks containing alcohol do you have on a typical day when drinking? 1 or 2
 3 or 4
 5 or 6
 7 to 9
 10 or more

How often do you have six or more drinks on one occasion? Never
 Less than monthly
 Monthly
 Weekly
 Daily or almost daily

During the past year, how often have you found that you were not able to stop drinking once you had started? Never
 Less than monthly
 Monthly
 Weekly
 Daily or almost daily

During the past year, how often have you failed to do what was normally expected of you because of drinking? Never
 Less than monthly
 Monthly
 Weekly
 Daily or almost daily

During the past year, how often have you needed a drink in the morning to get yourself going after a heavy drinking session?

- Never
 Less than monthly
 Monthly
 Weekly
 Daily or almost daily

During the past year, how often have you had a feeling of guilt or remorse after drinking?

- Never
 Less than monthly
 Monthly
 Weekly
 Daily or almost daily

During the past year, have you been unable to remember what happened the night before because you had been drinking?

- Never
 Less than monthly
 Monthly
 Weekly
 Daily or almost daily

Have you or someone else been injured as a result of your drinking?

- No
 Yes, but not in the past year
 Yes, during the past year

Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?

- No
 Yes, but not in the past year
 Yes, during the past year

Audit C Score

AUDIT Score

Delirium Assessment (Researcher 1)

Definitive: Was delirium diagnosed in the chart by an MD/APP, nurse, or PT/POT at any point when the patient was hospitalized?

- Yes
 No

One date that delirium was diagnosed in the chart:

Probable: During their hospital stay, is there evidence that confusion is reversible documented by a provider that has seen the patient sequentially? (Meaning, were they CAM+ one day, and CAM- the next? Could be in flowsheets (documented by nurse) or in PT/OT notes)

- Yes
 No

CAM+ date

CAM- date

Possible: Did the patient have a single + CAM score OR either a documented RASS score from 2+ to 4+ (at least 2 days) OR serial notes in their chart identifying the following supportive features: confusion, disordered/disorganized thinking, hallucinations, delusions with evidence of reversibility (i.e confused one day, not confused the next day or hallucinating in the morning, not hallucinating in the afternoon)?

Yes
 No

Uncertain: Is there no CAM data is available (not documented in either direction), OR no supportive language (confusion, disordered/ disorganized thinking, hallucinations, delusions) documented?

Yes
 No

No evidence: In the patient's chart are there multiple negative CAM scores?

Yes
 No

From completed by: _____

Date completed _____

Delirium Assessment (Researcher 2)

Definitive: Was delirium diagnosed in the chart by an MD/APP, nurse, or PT/POT at any point when the patient was hospitalized?

Yes
 No

One date that delirium was diagnosed in the chart: _____

Probable: During their hospital stay, is there evidence that confusion is reversible documented by a provider that has seen the patient sequentially? (Meaning, were they CAM+ one day, and CAM- the next? Could be in flowsheets (documented by nurse) or in PT/OT notes)

Yes
 No

CAM+ date _____

CAM- date _____

Possible: Did the patient have a single + CAM score OR either a documented RASS score from 2+ to 4+ (at least 2 days) OR serial notes in their chart identifying the following supportive features: confusion, disordered/disorganized thinking, hallucinations, delusions with evidence of reversibility (i.e confused one day, not confused the next day or hallucinating in the morning, not hallucinating in the afternoon)?

Yes
 No

Uncertain: Is there no CAM data is available (not documented in either direction), OR no supportive language (confusion, disordered/ disorganized thinking, hallucinations, delusions) documented?

Yes
 No

No evidence: In the patient's chart are there multiple negative CAM scores?

- Yes
- No

From completed by:

Date completed
