

Investigating how clinicians make decisions about admitting a patient to intensive care

About this questionnaire

In this questionnaire we are interested in what you consider when you are assessing patients for possible ICU admission. You will be given 15 choice tasks. At first glance the choice tasks might all look the same but that is not the case, each choice task consists of a new choice problem with new profiles of patients.

For answering the choice questions, we would like you to imagine that you are leading a critical care outreach team (CCOT), and there are two patients who have been referred to, and assessed by members of your team. We would like to know what recommendations you would make to the ICU team about admission to the unit. For each choice task we will give you some summary information on two hypothetical patients, **both of whom have been referred to the CCOT with sepsis**.

For each choice task we will ask you to answer two questions. Firstly we will ask you to indicate, for each patient, if you would recommend that they should not admit them to ICU at all. We will then ask you to imagine that there is only one currently available ICU bed: in this circumstance, which of the two patients you would prioritise for admission? We recognise that in reality such limitations are rarely absolute, and that intensive care medical teams seek, and follow, CCOT recommendations to a very variable degree. Please answer as best you can, even if the unit you work in operates in a different way.

These choice tasks have been developed to mimic as closely as possible the type of choice problems that are faced in practice. The information you have been provided with has been chosen after observing these kinds of decision being made and interviewing the outreach teams and intensive care clinicians involved in making them. We recognise that we have provided very little information, and more would help the decision-making; please answer as best you can with the information provided.

In order to help you to make a decision we will set some hypothetical constraints on the situation:

- 1) Please imagine you are unable to assess the patients yourself and must rely on this information provided by a trusted colleague whose opinion is reliable
- 2) The patients are too unwell to provide any opinion on what they would want to happen themselves

Once you have completed the choices you will be asked a small number of questions about yourself and the intensive care unit in your hospital. Your replies to this questionnaire will be entirely anonymous; these choice questions are being posed solely to determine how clinicians determine whether or not a patient is admitted to the ICU. At the end of the questionnaire you will be asked to provide your name and institution. This is for the purpose of logging accrual to the NIHR portfolio at your institution and within the critical care speciality. This personal information will be separated from your answers before data is passed to the researcher team. Your answers will be anonymous. You do not have to provide this information if you prefer not to.

1. The following two patients have both been referred with sepsis.

Please keep in mind:

- 1) Please imagine you are specifically unable to attend the patients and must rely on this information provided by an experienced member of your team whose opinion is reliable
- 2) The patients are too unwell to provide any opinion themselves on what they would want to happen

| Patient A |
|--|
| 79 years old |
| with mild dementia, started on Aricept in the last month |
| Mobile to shops with family; has to rest climbing stairs. |
| NEWS of 8 (Temp: 36.1C; Resp rate: 24; SpO2: 92% on 60% FiO2; GCS:15; Pulse: 120; Systolic BP: 140mmHg) |
| Your colleague saw the patient earlier and tells you that they look like they are tiring |
| Patient is on a busy acute ward with 1 trained nurse per 8 patients; The ward sister is worried the ward cannot cope with looking after the patient. |
| The patient's family have already approached the ward doctors and said that they insist on the patient being admitted to ICU |

| Patient B |
|---|
| 66 years old |
| with moderate COPD (FEV1 65% predicted). One course of steroids and antibiotics in the last year |
| Mobilises independently; walks dog daily. |
| NEWS of 11 (Temp: 37.7C; Resp rate: 23; SpO2: 90% on 60% FiO2; GCS: 15; Pulse: 90; Systolic BP: 85mmHg after adequate iv fluids). |
| Your colleague has seen the patient and tells you that they are stable, and "holding their own" |
| Patient is on a busy acute ward with 1 trained nurse per 4 patients; critical care outreach nurses are available to provide further support |
| The patient's family say they have never discussed ICU admission or end-of life care: they will leave all the decisions to the medical team |

For each patient please indicate if you would recommend that the patient should **NOT be** admitted to ICU:

Patient A

Patient B

Now assuming there is only one ICU bed currently available: Please indicate which patient you would recommend should be given priority for admission to ICU:

(If you would not admit either patient, for the purposes of this questionnaire, we would still like you to prioritise one of the patients for admission. In this case please indicate which patient you would be more likely to admit for life-sustaining therapy)

Patient A

Patient B

2. The following two patients have both been referred with sepsis.

Please keep in mind:

- 1) Please imagine you are specifically unable to attend the patients and must rely on this information provided by an experienced member of your team whose opinion is reliable
- 2) The patients are too unwell to provide any opinion themselves on what they would want to happen

| Patient A |
|---|
| 39 years old |
| with ischaemic heart disease; moderate heart failure on echo, on regular furosemide and ramipril |
| Mobilises around the ground-floor of their home; cannot manage stairs. Has carers twice a day. |
| NEWS of 11 (Temp: 37.7C; Resp rate: 23; SpO2: 90% on 60% FiO2; GCS: 15; Pulse: 90; Systolic BP: 85mmHg after adequate iv fluids). |
| Your colleague has seen the patient and tells you that they are stable, and "holding their own" |
| Patient is on a busy acute ward with 1 trained nurse per 4 patients; critical care outreach nurses are available to provide further support |
| The patient's family have already approached the ward doctors and said that they insist on the patient being admitted to ICU |

| Patient B |
|--|
| 89 years old |
| with severe COPD (FEV1 45% predicted). 3 courses of steroids and antibiotics over the last 12 months |
| Mobile to shops with family; has to rest climbing stairs. |
| NEWS of 8 (Temp: 36.1C; Resp rate: 24; SpO2: 92% on 60% FiO2; GCS:15; Pulse: 120; Systolic BP: 140mmHg) |
| Your colleague saw the patient earlier and says that they look dreadful now. |
| Patient is on a busy acute ward with 1 trained nurse per 8 patients; The ward sister is worried the ward cannot cope with looking after the patient. |
| The patient's family say that they think the patient would not want to be admitted to ICU. |

For each patient please indicate if you would recommend that the patient should **NOT be** admitted to ICU:

Patient A

Patient B

Now assuming there is only one ICU bed currently available: Please indicate which patient you would recommend should be given priority for admission to ICU:

(If you would not admit either patient, for the purposes of this questionnaire, we would still like you to prioritise one of the patients for admission. In this case please indicate which patient you would be more likely to admit for life-sustaining therapy)

Patient A

Patient B

3. The following two patients have both been referred with sepsis.

Please keep in mind:

- 1) Please imagine you are specifically unable to attend the patients and must rely on this information provided by an experienced member of your team whose opinion is reliable
- 2) The patients are too unwell to provide any opinion themselves on what they would want to happen

| Patient A |
|--|
| 39 years old |
| with a history of a previous MI; recent echo shows LVH and a mildly decreased ejection fraction; on ramipril. |
| Mobile to shops with family; has to rest climbing stairs. |
| NEWS of 8 (Temp: 36.1C; Resp rate: 24; SpO2: 92% on 60% FiO2; GCS:15; Pulse: 120; Systolic BP: 140mmHg) |
| Your colleague saw the patient earlier and tells you that they look like they are tiring |
| Patient is on a busy acute ward with 1 trained nurse per 8 patients; The ward sister is worried the ward cannot cope with looking after the patient. |
| The patient's family say they have never discussed ICU admission or end-of life care: they will leave all the decisions to the medical team |

| Patient B |
|--|
| 89 years old |
| with heart failure; echo shows severe LV impairment. They have had numerous long hospital admissions. They have a biventricular pacemaker and are on spironolactone and b.d. furosemide. |
| Mobilises independently; walks dog daily. |
| NEWS of 5 (Temp: 37.8C; Resp rate: 22; SpO2: 96% on air; GCS: 15). Pulse: 108; systolic BP: 91mmHg after adequate iv fluids) |
| Your colleague saw the patient earlier and says that they look dreadful now. |
| Patient is on a busy acute ward with 1 trained nurse per 4 patients; critical care outreach nurses are available to provide further support |
| The patient's family have already approached the ward doctors and said that they insist on the patient being admitted to ICU |

For each patient please indicate if you would recommend that the patient should **NOT be** admitted to ICU:

Patient A

Patient B

Now assuming there is only one ICU bed currently available: Please indicate which patient you would recommend should be given priority for admission to ICU:

(If you would not admit either patient, for the purposes of this questionnaire, we would still like you to prioritise one of the patients for admission. In this case please indicate which patient you would be more likely to admit for life-sustaining therapy)

Patient A

Patient B

4. The following two patients have both been referred with sepsis.

Please keep in mind:

- 1) Please imagine you are specifically unable to attend the patients and must rely on this information provided by an experienced member of your team whose opinion is reliable
- 2) The patients are too unwell to provide any opinion themselves on what they would want to happen

| Patient A |
|---|
| 89 years old |
| with a history of a previous MI; recent echo shows LVH and a mildly decreased ejection fraction; on ramipril. |
| Mobilises around the ground-floor of their home; cannot manage stairs. Has carers twice a day |
| NEWS of 11 (Temp: 37.7C; Resp rate: 23; SpO2: 90% on 60% FiO2; GCS: 15; Pulse: 90; Systolic BP: 85mmHg after adequate iv fluids). |
| Your colleague has seen the patient and tells you that they are stable, and "holding their own" |
| Patient is on a busy acute ward with 1 trained nurse per 4 patients; critical care outreach nurses are available to provide further support |
| The patient's family have already approached the ward doctors and said that they insist on the patient being admitted to ICU |

| Patient B |
|--|
| 39 years old |
| with ischaemic heart disease; moderate heart failure on echo, on regular furosemide and ramipril |
| Mobilises independently; walks dog daily. |
| NEWS of 5 (Temp: 37.8C; Resp rate: 22; SpO2: 96% on air; GCS: 15). Pulse: 108; systolic BP: 91mmHg after adequate iv fluids) |
| Your colleague saw the patient earlier and tells you that they look like they are tiring |
| Patient is on a busy acute ward with 1 trained nurse per 8 patients; The ward sister is worried the ward cannot cope with looking after the patient. |
| The patient's family say they have never discussed ICU admission or end-of life care: they will leave all the decisions to the medical team |

For each patient please indicate if you would recommend that the patient should **NOT be** admitted to ICU:

Patient A

Patient B

Now assuming there is only one ICU bed currently available: Please indicate which patient you would recommend should be given priority for admission to ICU:

(If you would not admit either patient, for the purposes of this questionnaire, we would still like you to prioritise one of the patients for admission. In this case please indicate which patient you would be more likely to admit for life-sustaining therapy)

Patient A

Patient B

5. The following two patients have both been referred with sepsis.

Please keep in mind:

- 1) Please imagine you are specifically unable to attend the patients and must rely on this information provided by an experienced member of your team whose opinion is reliable
- 2) The patients are too unwell to provide any opinion themselves on what they would want to happen

| Patient A |
|---|
| 66 years old |
| On hormonal therapy for local prostate cancer |
| Mobilises around the ground-floor of their home; cannot manage stairs. Has carers twice a day. |
| NEWS of 11 (<i>Temp: 37.7C; Resp rate: 23; SpO2: 90% on 60% FiO2; GCS: 15; Pulse: 90; Systolic BP: 85mmHg after adequate iv fluids</i>) |
| Your colleague saw the patient earlier and tells you that they look like they are tiring |
| Patient is on a busy acute ward with 1 trained nurse per 4 patients; critical care outreach nurses are available to provide further support |
| The patient's family say that they think the patient would not want to be admitted to ICU |

| Patient B |
|--|
| 79 years old |
| with mild dementia, started on Aricept in the last month |
| Mobile to shops with family; has to rest climbing stairs. |
| NEWS of 8 (<i>Temp: 36.1C; Resp rate: 24; SpO2: 92% on 60% FiO2; GCS:15; Pulse: 120; Systolic BP: 140mmHg</i>) |
| Your colleague has seen the patient and tells you that they are stable, and "holding their own" |
| Patient is on a busy acute ward with 1 trained nurse per 8 patients; The ward sister is worried the ward cannot cope with looking after the patient. |
| The patient's family have already approached the ward doctors and said that they insist on the patient being admitted to ICU |

For each patient please indicate if you would recommend that the patient should **NOT be** admitted to ICU:

Patient A

Patient B

Now assuming there is only one ICU bed currently available: Please indicate which patient you would recommend should be given priority for admission to ICU:

(If you would not admit either patient, for the purposes of this questionnaire, we would still like you to prioritise one of the patients for admission. In this case please indicate which patient you would be more likely to admit for life-sustaining therapy)

Patient A

Patient B

6. The following two patients have both been referred with sepsis.

Please keep in mind:

- 1) Please imagine you are specifically unable to attend the patients and must rely on this information provided by an experienced member of your team whose opinion is reliable
- 2) The patients are too unwell to provide any opinion themselves on what they would want to happen

| Patient A |
|---|
| 66 years old |
| with moderate COPD (FEV1 65% predicted). One course of steroids and antibiotics in the last year |
| Mobilises independently; walks dog daily. |
| NEWS of 8 (<i>Temp: 36.1C; Resp rate: 24; SpO2: 92% on 60% FiO2; GCS:15; Pulse: 120; Systolic BP: 140mmHg</i>) |
| Your colleague has seen the patient and tells you that they are stable, and "holding their own" |
| Patient is on a busy acute ward with 1 trained nurse per 4 patients; critical care outreach nurses are available to provide further support |
| The patient's family say that they think the patient would not want to be admitted to ICU |

| Patient B |
|--|
| 89 years old |
| with prostate cancer - a recent CT scan revealed bone metastases. |
| Mobilises around the ground-floor of their home; cannot manage stairs. Has carers twice a day |
| NEWS of 5 (<i>Temp: 37.8C; Resp rate: 22; SpO2: 96% on air; GCS: 15). Pulse: 108; systolic BP: 91mmHg after adequate iv fluids</i>) |
| Your colleague saw the patient earlier and tells you that they look like they are tiring |
| Patient is on a busy acute ward with 1 trained nurse per 8 patients; The ward sister is worried the ward cannot cope with looking after the patient. |
| The patient's family have already approached the ward doctors and said that they insist on the patient being admitted to ICU |

For each patient please indicate if you would recommend that the patient should **NOT be** admitted to ICU:

Patient A

Patient B

Now assuming there is only one ICU bed currently available: Please indicate which patient you would recommend should be given priority for admission to ICU:

(If you would not admit either patient, for the purposes of this questionnaire, we would still like you to prioritise one of the patients for admission. In this case please indicate which patient you would be more likely to admit for life-sustaining therapy)

Patient A

Patient B

7. The following two patients have both been referred with sepsis.

Please keep in mind:

- 1) Please imagine you are specifically unable to attend the patients and must rely on this information provided by an experienced member of your team whose opinion is reliable
- 2) The patients are too unwell to provide any opinion themselves on what they would want to happen

| Patient A |
|---|
| 39 years old |
| with very severe COPD (FEV1 28% predicted. 2 hospital admissions for exacerbations in the last year |
| Mobilises independently; walks dog daily. |
| NEWS of 8 (Temp: 36.1C; Resp rate: 24; SpO2: 92% on 60% FiO2; GCS:15; Pulse: 120; Systolic BP: 140mmHg) |
| Your colleague has seen the patient and tells you that they are stable, and "holding their own" |
| Patient is on a busy acute ward with 1 trained nurse per 4 patients; critical care outreach nurses are available to provide further support |
| The patient's family have already approached the ward doctors and said that they insist on the patient being admitted to ICU |

| Patient B |
|--|
| 79 years old |
| with prostate cancer with local spread on recent staging CT; on hormonal therapy with planned radiotherapy |
| Mobilises around the ground-floor of their home; cannot manage stairs. Has carers twice a day |
| NEWS of 11 (Temp: 37.7C; Resp rate: 23; SpO2: 90% on 60% FiO2; GCS: 15; Pulse: 90; Systolic BP: 85mmHg after adequate iv fluids). |
| Your colleague saw the patient earlier and says that they look dreadful now |
| Patient is on a busy acute ward with 1 trained nurse per 8 patients; The ward sister is worried the ward cannot cope with looking after the patient. |
| The patient's family say that they think the patient would not want to be admitted to ICU |

For each patient please indicate if you would recommend that the patient should **NOT be** admitted to ICU:

Patient A

Patient B

Now assuming there is only one ICU bed currently available: Please indicate which patient you would recommend should be given priority for admission to ICU:

(If you would not admit either patient, for the purposes of this questionnaire, we would still like you to prioritise one of the patients for admission. In this case please indicate which patient you would be more likely to admit for life-sustaining therapy)

Patient A

Patient B

8. The following two patients have both been referred with sepsis.

Please keep in mind:

- 1) Please imagine you are specifically unable to attend the patients and must rely on this information provided by an experienced member of your team whose opinion is reliable
- 2) The patients are too unwell to provide any opinion themselves on what they would want to happen

| Patient A |
|---|
| 79 years old |
| with very severe COPD (FEV1 28% predicted. 2 hospital admissions for exacerbations in the last year |
| Mobilises independently; walks dog daily. |
| NEWS of 11 (Temp: 37.7C; Resp rate: 23; SpO2: 90% on 60% FiO2; GCS: 15; Pulse: 90; Systolic BP: 85mmHg after adequate iv fluids) |
| Your colleague saw the patient earlier and tells you that they look like they are tiring |
| Patient is on a busy acute ward with 1 trained nurse per 4 patients; critical care outreach nurses are available to provide further support |
| The patient's family say that they think the patient would not want to be admitted to ICU |

| Patient B |
|--|
| 39 years old |
| with established dementia. They forget many recent conversations and needs some help washing and dressing; family say they remain contented |
| Mobilises around the ground-floor of their home; cannot manage stairs. Has carers twice a day |
| NEWS of 5 (Temp: 37.8C; Resp rate: 22; SpO2: 96% on air; GCS: 15). Pulse: 108; systolic BP: 91mmHg after adequate iv fluids) |
| Your colleague has seen the patient and tells you that they are stable, and "holding their own" |
| Patient is on a busy acute ward with 1 trained nurse per 8 patients; The ward sister is worried the ward cannot cope with looking after the patient. |
| The patient's family have already approached the ward doctors and said that they insist on the patient being admitted to ICU |

For each patient please indicate if you would recommend that the patient should **NOT be** admitted to ICU:

Patient A

Patient B

Now assuming there is only one ICU bed currently available: Please indicate which patient you would recommend should be given priority for admission to ICU:

(If you would not admit either patient, for the purposes of this questionnaire, we would still like you to prioritise one of the patients for admission. In this case please indicate which patient you would be more likely to admit for life-sustaining therapy)

Patient A

Patient B

9. The following two patients have both been referred with sepsis.

Please keep in mind:

- 1) Please imagine you are specifically unable to attend the patients and must rely on this information provided by an experienced member of your team whose opinion is reliable
- 2) The patients are too unwell to provide any opinion themselves on what they would want to happen

| Patient A |
|--|
| 66 years old |
| with severe COPD (FEV1 45% predicted). 3 courses of steroids and antibiotics over the last 12 months |
| Mobilises independently; walks dog daily. |
| NEWS of 11 (Temp: 37.7C; Resp rate: 23; SpO2: 90% on 60% FiO2; GCS: 15; Pulse: 90; Systolic BP: 85mmHg after adequate iv fluids) |
| Your colleague saw the patient earlier and tells you that they look like they are tiring |
| Patient is on a busy acute ward with 1 trained nurse per 8 patients; The ward sister is worried the ward cannot cope with looking after the patient. |
| The patient's family have already approached the ward doctors and said that they insist on the patient being admitted to ICU |

| Patient B |
|---|
| 79 years old |
| with prostate cancer - a recent CT scan revealed bone metastases |
| Mobile to shops with family; has to rest climbing stairs |
| NEWS of 8 (Temp: 36.1C; Resp rate: 24; SpO2: 92% on 60% FiO2; GCS:15; Pulse: 120; Systolic BP: 140mmHg) |
| Your colleague has seen the patient and tells you that they are stable, and "holding their own" |
| Patient is on a busy acute ward with 1 trained nurse per 4 patients; critical care outreach nurses are available to provide further support |
| The patient's family say that they think the patient would not want to be admitted to ICU |

For each patient please indicate if you would recommend that the patient should **NOT be** admitted to ICU:

Patient A

Patient B

Now assuming there is only one ICU bed currently available: Please indicate which patient you would recommend should be given priority for admission to ICU:

(If you would not admit either patient, for the purposes of this questionnaire, we would still like you to prioritise one of the patients for admission. In this case please indicate which patient you would be more likely to admit for life-sustaining therapy)

Patient A

Patient B

10. The following two patients have both been referred with sepsis.

Please keep in mind:

- 1) Please imagine you are specifically unable to attend the patients and must rely on this information provided by an experienced member of your team whose opinion is reliable
- 2) The patients are too unwell to provide any opinion themselves on what they would want to happen

| Patient A |
|--|
| 66 years old |
| with very severe COPD (FEV1 28% predicted. 2 hospital admissions for exacerbations in the last year |
| Mobilises around the ground-floor of their home; cannot manage stairs. Has carers twice a day |
| NEWS of 5 (Temp: 37.8C; Resp rate: 22; SpO2: 96% on air; GCS: 15). Pulse: 108; systolic BP: 91mmHg after adequate iv fluids) |
| Your colleague saw the patient earlier and says that they look dreadful now |
| Patient is on a busy acute ward with 1 trained nurse per 8 patients; The ward sister is worried the ward cannot cope with looking after the patient. |
| The patient's family say they have never discussed ICU admission or end-of life care: they will leave all the decisions to the medical team |

| Patient B |
|---|
| 89 years old |
| with mild dementia, started on Aricept in the last month |
| Mobilises independently; walks dog daily. |
| NEWS of 11 (Temp: 37.7C; Resp rate: 23; SpO2: 90% on 60% FiO2; GCS: 15; Pulse: 90; Systolic BP: 85mmHg after adequate iv fluids) |
| Your colleague saw the patient earlier and tells you that they look like they are tiring |
| Patient is on a busy acute ward with 1 trained nurse per 4 patients; critical care outreach nurses are available to provide further support |
| The patient's family say that they think the patient would not want to be admitted to ICU |

For each patient please indicate if you would recommend that the patient should **NOT be** admitted to ICU:

Patient A

Patient B

Now assuming there is only one ICU bed currently available: Please indicate which patient you would recommend should be given priority for admission to ICU:

(If you would not admit either patient, for the purposes of this questionnaire, we would still like you to prioritise one of the patients for admission. In this case please indicate which patient you would be more likely to admit for life-sustaining therapy)

Patient A

Patient B

11. The following two patients have both been referred with sepsis.

Please keep in mind:

- 1) Please imagine you are specifically unable to attend the patients and must rely on this information provided by an experienced member of your team whose opinion is reliable
- 2) The patients are too unwell to provide any opinion themselves on what they would want to happen

| Patient A |
|--|
| 39 years old |
| who has recently been referred by GP to a memory clinic for a suspected diagnosis of dementia; otherwise well. |
| Mobile to shops with family; has to rest climbing stairs |
| NEWS of 11 (Temp: 37.7C; Resp rate: 23; SpO2: 90% on 60% FiO2; GCS: 15; Pulse: 90; Systolic BP: 85mmHg after adequate iv fluids) |
| Your colleague saw the patient earlier and says that they look dreadful now. |
| Patient is on a busy acute ward with 1 trained nurse per 8 patients; The ward sister is worried the ward cannot cope with looking after the patient. |
| The patient's family say they have never discussed ICU admission or end-of life care: they will leave all the decisions to the medical team |

| Patient B |
|---|
| 66 years old |
| with established dementia. They forget many recent conversations and needs some help washing and dressing; family say they remain contented |
| Mobilises around the ground-floor of their home; cannot manage stairs. Has carers twice a day |
| NEWS of 8 (Temp: 36.1C; Resp rate: 24; SpO2: 92% on 60% FiO2; GCS:15; Pulse: 120; Systolic BP: 140mmHg) |
| Your colleague saw the patient earlier and tells you that they look like they are tiring |
| Patient is on a busy acute ward with 1 trained nurse per 4 patients; critical care outreach nurses are available to provide further support |
| The patient's family say that they think the patient would not want to be admitted to ICU |

For each patient please indicate if you would recommend that the patient should **NOT be** admitted to ICU:

Patient A

Patient B

Now assuming there is only one ICU bed currently available: Please indicate which patient you would recommend should be given priority for admission to ICU:

(If you would not admit either patient, for the purposes of this questionnaire, we would still like you to prioritise one of the patients for admission. In this case please indicate which patient you would be more likely to admit for life-sustaining therapy)

Patient A

Patient B

12. The following two patients have both been referred with sepsis.

Please keep in mind:

- 1) Please imagine you are specifically unable to attend the patients and must rely on this information provided by an experienced member of your team whose opinion is reliable
- 2) The patients are too unwell to provide any opinion themselves on what they would want to happen

| Patient A |
|---|
| 89 years old |
| with moderate COPD (FEV1 65% predicted). One course of steroids and antibiotics in the last year |
| Mobilises independently; walks dog daily |
| NEWS of 5 (Temp: 37.8C; Resp rate: 22; SpO2: 96% on air; GCS: 15). Pulse: 108; systolic BP: 91mmHg after adequate iv fluids) |
| Your colleague saw the patient earlier and says that they look dreadful now |
| Patient is on a busy acute ward with 1 trained nurse per 4 patients; critical care outreach nurses are available to provide further support |
| The patient's family say they have never discussed ICU admission or end-of life care: they will leave all the decisions to the medical team |

| Patient B |
|--|
| 66 years old |
| On hormonal therapy for local prostate cancer |
| Mobile to shops with family; has to rest climbing stairs |
| NEWS of 8 (Temp: 36.1C; Resp rate: 24; SpO2: 92% on 60% FiO2; GCS:15; Pulse: 120; Systolic BP: 140mmHg) |
| Your colleague has seen the patient and tells you that they are stable, and "holding their own" |
| Patient is on a busy acute ward with 1 trained nurse per 8 patients; The ward sister is worried the ward cannot cope with looking after the patient. |
| The patient's family have already approached the ward doctors and said that they insist on the patient being admitted to ICU |

For each patient please indicate if you would recommend that the patient should **NOT be** admitted to ICU:

Patient A

Patient B

Now assuming there is only one ICU bed currently available: Please indicate which patient you would recommend should be given priority for admission to ICU:

(If you would not admit either patient, for the purposes of this questionnaire, we would still like you to prioritise one of the patients for admission. In this case please indicate which patient you would be more likely to admit for life-sustaining therapy)

Patient A

Patient B

13. The following two patients have both been referred with sepsis.

Please keep in mind:

- 1) Please imagine you are specifically unable to attend the patients and must rely on this information provided by an experienced member of your team whose opinion is reliable
- 2) The patients are too unwell to provide any opinion themselves on what they would want to happen

| Patient A |
|--|
| 39 years old |
| with prostate cancer with local spread on recent staging CT; on hormonal therapy with planned radiotherapy. |
| Mobilises independently; walks dog daily. |
| NEWS of 5 (<i>Temp: 37.8C; Resp rate: 22; SpO2: 96% on air; GCS: 15</i>). <i>Pulse: 108; systolic BP: 91mmHg after adequate iv fluids</i>) |
| Your colleague has seen the patient and tells you that they are stable, and “holding their own” |
| Patient is on a busy acute ward with 1 trained nurse per 8 patients; The ward sister is worried the ward cannot cope with looking after the patient. |
| The patient’s family say that they think the patient would not want to be admitted to ICU |

| Patient B |
|---|
| 66 years old |
| with mild dementia, started on Aricept in the last month |
| Mobilises around the ground-floor of their home; cannot manage stairs. Has carers twice a day. |
| NEWS of 5 (<i>Temp: 37.8C; Resp rate: 22; SpO2: 96% on air; GCS: 15</i>). <i>Pulse: 108; systolic BP: 91mmHg after adequate iv fluids</i>) |
| Your colleague saw the patient earlier and says that they look dreadful now |
| Patient is on a busy acute ward with 1 trained nurse per 4 patients; critical care outreach nurses are available to provide further support |
| The patient’s family say they have never discussed ICU admission or end-of life care: they will leave all the decisions to the medical team |

For each patient please indicate if you would recommend that the patient should **NOT be** admitted to ICU:

Patient A

Patient B

Now assuming there is only one ICU bed currently available: Please indicate which patient you would recommend should be given priority for admission to ICU:

(If you would not admit either patient, for the purposes of this questionnaire, we would still like you to prioritise one of the patients for admission. In this case please indicate which patient you would be more likely to admit for life-sustaining therapy)

Patient A

Patient B

14. The following two patients have both been referred with sepsis.

Please keep in mind:

- 1) Please imagine you are specifically unable to attend the patients and must rely on this information provided by an experienced member of your team whose opinion is reliable
- 2) The patients are too unwell to provide any opinion themselves on what they would want to happen

| Patient A |
|--|
| 79 year old |
| with mild dementia, started on Aricept in the last month |
| Mobile to shops with family; has to rest climbing stairs. |
| NEWS of 8 (Temp: 36.1C; Resp rate: 24; SpO2: 92% on 60% FiO2; GCS:15; Pulse: 120; Systolic BP: 140mmHg) |
| Your colleague saw the patient earlier and tells you that they look like they are tiring |
| Patient is on a busy acute ward with 1 trained nurse per 8 patients; The ward sister is worried the ward cannot cope with looking after the patient. |
| The patient's family have already approached the ward doctors and said that they insist on the patient being admitted to ICU |

| Patient B |
|---|
| 66 year old |
| with moderate COPD (FEV1 65% predicted). One course of steroids and antibiotics in the last year |
| Mobilises independently; walks dog daily. |
| NEWS of 11 (Temp: 37.7C; Resp rate: 23; SpO2: 90% on 60% FiO2; GCS: 15; Pulse: 90; Systolic BP: 85mmHg after adequate iv fluids). |
| Your colleague has seen the patient and tells you that they are stable, and "holding their own" |
| Patient is on a busy acute ward with 1 trained nurse per 4 patients; critical care outreach nurses are available to provide further support |
| The patient's family say they have never discussed ICU admission or end-of life care: they will leave all the decisions to the medical team |

For each patient please indicate if you would recommend that the patient should **NOT be** admitted to ICU:

Patient A

Patient B

Now assuming there is only one ICU bed currently available: Please indicate which patient you would recommend should be given priority for admission to ICU:

(If you would not admit either patient, for the purposes of this questionnaire, we would still like you to prioritise one of the patients for admission. In this case please indicate which patient you would be more likely to admit for life-sustaining therapy)

Patient A

Patient B

15. The following two patients have both been referred with sepsis.

Please keep in mind:

- 1) Please imagine you are specifically unable to attend the patients and must rely on this information provided by an experienced member of your team whose opinion is reliable
- 2) The patients are too unwell to provide any opinion themselves on what they would want to happen

| Patient A |
|--|
| 39 year old |
| with a history of a previous MI; recent echo shows LVH and a mildly decreased ejection fraction; on ramipril. |
| Mobilises independently; walks dog daily. |
| NEWS of 11 (Temp: 37.7C; Resp rate: 23; SpO2: 90% on 60% FiO2; GCS: 15; Pulse: 90; Systolic BP: 85mmHg after adequate iv fluids). |
| Your colleague saw the patient earlier and says that they look dreadful now. |
| Patient is on a busy acute ward with 1 trained nurse per 8 patients; The ward sister is worried the ward cannot cope with looking after the patient. |
| The patient's family have already approached the ward doctors and said that they insist on the patient being admitted to ICU |

| Patient B |
|---|
| 89 year old |
| with established dementia. They forget many recent conversations and needs some help washing and dressing; family say they remain contented |
| Mobilises around the ground-floor of their home; cannot manage stairs. Has carers twice a day. |
| NEWS of 5 (Temp: 37.8C; Resp rate: 22; SpO2: 96% on air; GCS: 15). Pulse: 108; systolic BP: 91mmHg after adequate iv fluids) |
| Your colleague has seen the patient and tells you that they are stable, and "holding their own" |
| Patient is on a busy acute ward with 1 trained nurse per 4 patients; critical care outreach nurses are available to provide further support |
| The patient's family say that they think the patient would not want to be admitted to ICU |

For each patient please indicate if you would recommend that the patient should **NOT be** admitted to ICU:

Patient A

Patient B

Now assuming there is only one ICU bed currently available: Please indicate which patient you would recommend should be given priority for admission to ICU:

(If you would not admit either patient, for the purposes of this questionnaire, we would still like you to prioritise one of the patients for admission. In this case please indicate which patient you would be more likely to admit for life-sustaining therapy)

Patient A

Patient B

Part 2: Questions about you

Q16. What is your gender? (Please tick one box)

- Male
- Female

Q17. What is your age?

Age (Please specify):

Q18. How long have you worked in critical care outreach in total?

Number of years (Please specify):

Q19. How would you characterise your main professional background prior to critical care outreach?

- Intensive care nursing
- Medical nursing
- Physiotherapy
- Surgical nursing
- Other

Please specify

About your ICU

Q20. What is the number of beds in the primary ICU in your hospital?

Number of ICU beds (Please specify):

Q21. Do you work in a University Hospital? (Please tick one box)

- Yes
- No

Your views on life prolonging medical treatment

We are interested in whether clinicians' personal views on how they would want to be treated influence how they make decisions. The following questions ask you to consider what you would want for yourself if you were in the situation described.

Q22. If I was diagnosed as having a terminal illness, with less than 12 months to live, I would want to undergo invasive ventilation (Please tick one box)

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Q23. If I was diagnosed as having a terminal illness, with less than 12 months to live, I would want to be admitted to ICU for other organ support (Please tick one box)

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Q24. If I was diagnosed as having a terminal illness, with less than 12 months to live, I would want to undergo CPR (Please tick one box)

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Q25. If I was suffering from severe dementia, I would want to undergo invasive ventilation (Please tick one box)

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Q26. If I was suffering from severe dementia, I would want to be admitted to ICU for other organ support (Please tick one box)

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Q27. If I was suffering from severe dementia, I would want to undergo CPR (Please tick one box)

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Q28. One potential risk of ICU is that a patient's life is prolonged but they are left with a severe disability which may be unacceptable to them. Please indicate on the following table what level of risk you would accept for yourself in order to opt for life-sustaining care on ICU over end-of-life palliative care?

| Chance of surviving in current functional state | Chance of surviving with severe disability | Please tick |
|---|--|-------------|
| 1% | 99% | |
| 5% | 95% | |
| 10% | 90% | |
| 15% | 85% | |
| 20% | 80% | |
| 25% | 75% | |
| 50% | 50% | |
| 75% | 25% | |
| Higher than 75% | Lower than 25% | |
| If higher than 75% please specify | If lower than 25% please specify | |

Part 3: Questions about the choice tasks

Q29. How difficult did you find the choice tasks (Please tick one box)

- Very difficult
- Difficult
- Neutral
- Easy
- Very easy

Q30. How reflective of real life practice did you find the choice tasks? (Please tick one box)

- Poor
- Fair
- Good
- Very good
- Excellent

Q31. Do you feel there was enough information about the patients? (Please tick one box)

- Far Too Little (*Some key features have been omitted*)
- Too Little
- About Right (*All key features have been identified*)
- Too Much
- Far Too Much (*More information than needed to make admission decisions*)

Q32. Would you recommend this questionnaire to a colleague? (Please tick one box)

- Not probable
- Somewhat improbable
- Neutral
- Somewhat probable
- Very probable

Q33. Did you learn something about ICU-related decision making? (Please tick one box)

- None
- Little
- Some
- Substantial

Q34. Where did you complete the questionnaire? (Please tick one box)

- At work between clinical commitments
- At work in non-clinical time
- While travelling/commuting
- At home
- Other

Thank you for taking the time to complete this questionnaire. The answers you have given will help us to understand how decisions are made on behalf of acutely and severely ill patients.

This study is part of an NIHR funded project that is on the national research portfolio. Institutions and speciality groups collect data on recruitment into these studies to demonstrate their research capabilities. These data feed into the process of allocating future funding to the NIHR Local Clinical Research Networks (LCRNs) to ensure that infrastructure/ NHS service support are directed to where they are required.

So that we can accredit your institution with your participation in this study please give your name and institution in the boxes below. This information will be separated from your answers to the questions before the data is supplied to the researchers to prevent anonymity. You do not have to provide this information if you would prefer not to.

35. Name

36. Please select your hospital and Trust:

If 'Other', please specify your Hospital and Trust below

Please select

Hospital:

Thank you again for completing this questionnaire

Christopher Bassford Chief Investigator

Mandy Ryan DCE lead

Thank you, please click Save to finish

Save

This study is funded by the National Institute for Health Research: Health Service and Development Research programme: Study number

More information on this project can be found at the following sites:

The NIHR portfolio entry for the project is [here](#).

The study page at the University of Warwick website is [here](#).

The NIHR funding site, with protocol, is [here](#).

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