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APACHE II DATA FOR NON ICNARC (CMP) SITES

If your ICU participates in the ICNARC Case Mix Programme the patient's CMP number should be entered on page 7 in CRF 1. This booklet does not need to be completed.

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APACHE II DATA (NOTES)

These data relate to the patient's first 24 hours in the Intensive Care Unit (ICU)

Past Medical History

N.B There must be documented evidence that the condition existed or that the patient received therapy for the condition in the six months prior to admission to ICU.

Portal hypertension - **Presence of oesophageal or gastric varices demonstrated by surgery, imaging or endoscopy or the demonstration of retrograde splenic venous flow by ultrasound. Do not include gastrointestinal bleeding without evidence of portal hypertension.**

Hepatic encephalopathy - **Episodes of hepatic encephalopathy, Grade 1 or greater**

Grade 0 = No abnormality detected, Grade 1 = Slowness in cerebration, intermittent mild confusion and euphoria, Grade 2 = Confused most of the time, increasing drowsiness, Grade 3 = Severe confusion, rousable, responds to simple commands, Grade 4 = Unconscious, responds to painful stimuli.

Very severe cardiovascular disease - **Fatigue, claudication, dyspnoea or angina at rest, where any activity increases symptoms. Symptoms must be due to myocardial or peripheral vascular disease. Functionally, this patient cannot stand alone, walk slowly or dress without symptoms.**

Severe respiratory disease- **Permanent shortness of breath with light activity due to pulmonary disease. Functionally this patient is unable to work and has SOB performing most normal activites of daily living e.g. walking 20m on level ground, walking slowly in the house, climbing one flight of stairs, dressing or standing.**

Home ventilation - **Has used or uses home ventilation within 6 months of admission.**

Ventilation defined as where all, some, or a portion of the breaths (pressure support) are delivered by a mechanical device. Ventilation can be simply defined as a treatment where some or all of the energy required to increase lung volume during inspiration is supplied by a mechanical device. CPAP is excluded.

Chronic renal replacement - **Currently requires chronic renal replacement therapy (either chronic haemodialysis, chronic haemofiltration or chronic peritoneal dialysis) for irreversible renal disease.**

HIV - **definite diagnosis of HIV infection - positive HIV test confirmed by an accredited microbiology laboratory**

AIDS -**HIV positive and has had an AIDS-defining illness (e.g. Pneumocystis carinii (P.jiroveci) pneumonia, Karposi's sarcoma, lymphoma, tuberculosis, toxoplasma infection).**

Steroid treatment - **Has received ≥ 0.3 mg kg^{-1} prednisolone or an equivalent dosage of another corticosteroid, daily for the 6 months prior to admission to your unit.**

Radiotherapy **Has received externally administered radiotherapy, excluding: radiotherapy for non-invasive skin tumours; enteral or parenteral radioisotope therapy; radioactive implants; radiotherapy for prevention of heterotopic bone formation.**

Chemotherapy - **Has received drug treatment resulting in a lower resistance to infection (e.g drug treatment for malignancy, vasculitides, rheumatoid arthritis, inflammatory bowel disease).Excludes corticosteriods alone.**

Metastatic disease - **Distant (not regional lymph node) metastates, documented by surgery, imaging or biopsy.**

Acute myelogenous/lymphocytic leukaemia or multiple myeloma - **evident in the 6 months prior to admission to your ICU.**

Chronic myelogenous/lymphocytic leukaemia - **evident in the six months prior to admission to your ICU.**

Lymphoma - **Has active lymphoma, documented by surgery, imaging or biopsy.**

Congential immunohumoral or cellular immune deficiency **– documented state. Examples include Common Variable Immunodeficiency (CVID), agammaglobulinaemia including X linked (XLA), severe combined immunodeficiency (SCID), Chronic Granulomatous Disease, IgA deficiency, IgG deficiency, functional antibody deficiency, hyper IgE syndrome, Wiskott Aldrich syndrome, Chronic Mucocutaneous Candidiasis (CMCC), DiGeorge syndrome, Ataxia Telangiectasia, Leucocyte Adhesion Defect, Complement deficencies, C1 Esterase inhibitor deficiency, Kostmann's syndrome.**

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APACHE II DATA: FIRST 24 HOURS IN ICU

Only complete this section if your ICU *does not* contribute to the ICNARC case mix programme. Please complete for first 24 hours in your ICU *(not the first 24 hours in the trial)*

12.1 Date and time of admission to Critical Care Unit

D	D	–	M	M	M	–	2	0	Y	Y		H	H	:	M	M

12.2 Was the patient **admitted to ICU** directly from the **operating theatre/recovery** area in your hospital?

☐ Yes ☐ No

If Yes cross one box only:

☐ **Emergency** (resuscitation is simultaneous with surgical treatment)

☐ **Urgent** (surgery as soon as possible after resuscitation)

☐ **Scheduled** (early surgery but not immediately life saving)

☐ **Elective** (surgery at a time to suit both patient and surgeon)

12.3 Does the patient have a past medical history of one or more of the conditions listed below?

There must be **documented evidence** that the condition existed or that the patient received therapy for the condition **in the six months prior to admission** to your ICU. This documentary evidence must have been recorded in the notes either prior to admission or at admission to your ICU.

If 'No' to all those listed below, cross here: ☐

Past medical history present?	Cross one for each	
	Yes	No
Biopsy proven cirrhosis		
Portal hypertension		
Hepatic encephalopathy		
Very severe cardiovascular disease		
Severe respiratory disease		
Home ventilation		
Chronic renal replacement		
HIV		
AIDS		
Steroid treatment (daily for six months)		
Radiotherapy		
Chemotherapy		
Metastatic disease		
Acute myelogenous / lymphocytic leukaemia or multiple myeloma		
Chronic myelogenous/lymphocytic leukaemia		
Lymphoma		
Congenital immunohumoral or cellular immune deficiency state		

If no evidence available to assess past medical history, tick here ☐

NOTES (CONT.)

This is data relating to the patients first 24 hours in the Intensive Care Unit (ICU).

Arterial Blood Gas (ABG) with lowest PaO_2
Lowest PaO_2 and associated values from the same ABG measured and recorded in the first 24 hours in your ICU.

Arterial Blood Gas (ABG) with lowest pH (or highest H^+)
Lowest pH (or highest H+) values with their associated $PaCO_2$ value from the same ABG measured and recorded in the first 24 hours in your ICU.

Intubated is defined as a laryngeal mask, an endotracheal, endobronchial or tracheostomy tube in place.

Temperature
Central Sites: tympanic membrane, nasopharyngeal, oesophageal, rectal, pulmonary artery, bladder. All other sites are regarded as non-central.

Blood pressure (BP)
Enter paired systolic and diastolic readings at the most extremes. (If there is a decision to be made between 2 readings take the one that gives the most extreme MAP). If BP is unmeasurable / undetectable enter zero.

Heart Rate (HR)
For patients who are paced, record the actual measured ventricular rate. HR should not be recorded during periods of iatrogenic disturbance eg. physiotherapy, turning, periods of crying etc. If undetectable enter zero.

Non-ventilated/Ventilated Respiratory Rate
Ventilated: when all, some, or a portion of the breaths (pressure support) are delivered by a mechanical device.

CPAP and ECMO are considered non – ventilated.Ventilated respiratory rate should be the sum of both ventilated and spontaneous breaths in a minute.

Serum sodium / potassium / creatinine / bicarbonate / haemoglobin / white blood cell count
Must be measured values from laboratory test results only, *not* estimated from blood gas analyser. If no laboratory value is available from first 24 hours of admission, a pre-admission value measured within the 4 hours prior to admission may be used. For white blood cell count, the effects of steroids, inotropes and splenectomy are ignored.

Urine output
No account is taken of the effect of diuretics.

Assessment of Glasgow Coma Score (GCS)
Only GCS assessed when the patient is free from the effects of sedative and/or paralysing or neuromuscular blocking agents are valid. For patients sedated or paralysed for part of the first 24 hrs, give the lowest GCS prior to sedation or during the periods they were free of drug effects. For patients sedated for whole 24 hr ICU period, give lowest in-hospital GCS in the 24hr period prior to sedation.

The best motor response		**The best verbal response**	
Obeys verbal command	6	Orientated and converses	5
Localises pain	5	Disorientated and converses	4
Flexion withdrawal	4	Inappropriate words	3
Flexion-abnormal/decorticate rigidity	3	Incomprehensible sounds	2
Extension/decerebrate rigidity	2	No response	1
No response	1	*If a patient is **intubated**, use clinical judgement to score verbal response as follows:*	
The best eye opening response			
Spontaneous	4	Appears orientated	5
To verbal command	3	Responsive but ability to converse questionable	3
To pain	2	Generally unresponsive	1
No response	1		

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Please complete for the first 24 hours in ICU (regardless of date of randomisation)

15.4 Arterial blood gas with **lowest PaO_2** (if more than one, take sample with highest FiO_2)		
	Lowest PaO_2	☐☐.☐☐ kPa
	FiO_2	☐.☐☐
	$PaCO_2$	☐☐.☐☐ kPa OR ☐☐☐ mmHg
	pH or $[H^+]$	☐.☐☐ pH OR $[H^+]$ ☐☐☐ nmol l^{-1}
	Patient intubated? (✓)	Yes: ☐ No: ☐

15.5 Arterial blood gas with **lowest pH** *or highest $[H^+]$* (if more than one, take sample with lowest $PaCO_2$)		
	Lowest pH *(or highest $[H^+]$)*	☐.☐☐ pH OR $[H^+]$ ☐☐☐ nmol l^{-1}
	$PaCO_2$	☐☐.☐☐ kPa OR ☐☐☐ mmHg

[if only one value available, record in lowest box]	**Lowest**	**Highest**
15.6 **Central Temperature**	☐☐.☐ °C	☐☐.☐ °C
15.7 **Non-central Temperature**	☐☐.☐ °C	☐☐.☐ °C
15.8 **Systolic Blood Pressure** / paired diastolic BP (mmHg)	☐☐☐/☐☐☐	☐☐☐/☐☐☐
15.9 **Heart Rate**	☐☐☐ (beats min^{-1})	☐☐☐ (beats min^{-1})
15.10 **Non-ventilated Respiratory Rate**	☐☐ (breaths min^{-1})	☐☐ (breaths min^{-1})
15.11 **Ventilated Respiratory Rate (total)**	☐☐ (breaths min^{-1})	☐☐ (breaths min^{-1})
15.12 **Serum Sodium**	☐☐☐ (mmol l^{-1})	☐☐☐ (mmol l^{-1})
15.13 **Serum Potassium**	☐☐.☐☐ (mmol l^{-1})	☐☐.☐☐ (mmol l^{-1})
15.14 **Serum Creatinine**	☐☐☐ (µmol l^{-1})	☐☐☐ (µmol l^{-1})
15.15 **Serum Bicarbonate**	☐☐.☐☐ (mmol l^{-1})	☐☐.☐☐ (mmol l^{-1})
15.16 **Haemoglobin**	☐☐.☐☐ (g dl^{-1})	☐☐.☐☐ (g dl^{-1})
15.17 **White blood cell count**	☐☐☐.☐ (x10^9 l^{-1})	☐☐☐.☐ (x10^9 l^{-1})

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15.18 **Total Urine Output** (ml):	Total for first 24 hrs	(ml)
	OR Total if stay < 24hrs	(ml)
15.19 **Lowest pre-sedation Glasgow Coma Score (GCS)** (If patient sedated for whole 24 hr ICU period, give lowest in-hospital GCS in the 24hr period pre-sedation)	**Lowest GCS**	
	Insufficient data (✓) *(GCS will be scored as 15)*	

15.20 Please describe the primary reason for admission to the ICU

As assessed during first 24hrs (not necessarily diagnosis). What prompted their admission to ICU? Please provide a detailed description and/or identify:

- **Body system**: eg. Respiratory, cardiovasular, gastrointestinal etc.
- **Anatomical site**: eg. Lungs, upper airway and trachea, coronary arteries, heart valves, oesophagus etc.
- **Physiological/pathological process**: eg. Haemorrhage, infection, trauma, accidental intoxication or poisoning, self-intoxication or poisoning, inflammation, obstruction etc.
- **Condition**: eg. Lung collapse or atelectasis, haemorrhage, infection, bacterial pneumonia, cervical cord injury, myxoma, trauma to aortic valve etc.

Body system:
Anatomical site:
Physiological/pathological process:
Condition:

Office use only:
ICNARC coding method:

Name of Investigator completing this form

Signature **PRINT** NAME Date form completed

D D – M M M – 2 0 Y Y


sepsis
adapt
Biomarker-guided antibiotic duration for sepsis