

Indian ICU Case mix And Practice patterns Study (INDICAPS)

FORM 1
ICU FORM
(one form for the ICU on the Study Day)

ISCCM Center No. _ _ _

Date of data collection __ / __ / 2010

ICU Co-ordinator

Name:

Degree MD (Medicine) MD(Pulmonology) MD (Anaesthesia) MD (Paediatrics)
 DM MS MCh MBBS Other

(tick any one, MD/MS/MCh includes equivalent degrees)

Address1:

Address2:

Address3:

City

State

PIN Code:

Mobile Phone no:

Email 1:

Email 2:

Type of ICU: Mixed Medical + Surgical Noncardiac Surgical Medical Medical + Coronary
 Coronary care Neurosurgical Neurological Surgical cardiac Transplant
 Trauma Other

How many beds do you have in the ICU? _ _ _

Does your hospital have a step-down or Intermediate Care or High Dependency Unit? Yes No

Type of ICU



Closed



Open (non-ICU doctors may write orders)

Does your ICU have a **Full-Time** director / In-charge? Yes No

Type of Hospital

No. of Hospital Beds

Academic affiliation of Hospital

ICU Training Programmes

Number of Annual Admissions in the Hospital

Facilities available in ICU/Hospital

Hemodialysis

CRRT

ECHO

Ultrasonography

CT Scan

MRI

Defibrillator

24-hr Laboratory

Microbiology Lab

Blood Gas Analysis

Fibreoptic Bronchoscope

Chest X-ray

Cardiac Cath Lab

Number of ICU Consultants

Full time *Only Enter Number.*

Part time *Only Enter Number.*

In the ICU at 1200 noon on the study day:

How many beds are occupied? _ _ _ _

How many beds are not occupied? _ _ _

How many patients are ventilated? _ _ _ _ _

_ _ _ Noninvasive _ _ _ Via ETT / Tracheostomy

How many patients have head elevation 30-45degrees? _ _ _ _ _

How many nurses are present in the ICU? _ _ _ _ _

How many ICU doctors (consultants and residents, not visiting consultants / residents) are present in the ICU? _ _ _ _ _

How many patients have an arterial line? _ _ _ _ _

How many patients have a central venous line? _ _ _ _ _

How many patients have a cardiac output monitoring device attached? (e.g. PA catheter, PiCCO, Flotrac, etc) _ _ _ _ _

How many patients are receiving or scheduled for renal replacement therapy? _ _ _ _ _

How many patients are being enterally fed? _ _ _ _ _

_ _ _ _ By mouth _ _ _ _ By tube feeding

How many patients are receiving thromboprophylaxis? _ _ _ _ _

_ _ _ _ Mechanical _ _ _ _ Pharmacological

How many patients are receiving intravenous sedation? _ _ _ _ _

How many patients are receiving stress ulcer prophylaxis? _ _ _ _ _

How many patients are receiving intravenous antibiotics? _ _ _ _ _

How many patients are having physical restraints? _____

In these 24 hrs (0800 am today to 0800 am next day)

How many patients have been cared for in your ICU? _____

How many new admissions, discharges, and deaths did the unit have?

_____ Admissions _____ Discharges from the unit _____ Deaths