

Audit form

Marie Curie Cancer Care study 'An investigation about transferring patients in critical care home to die: experiences, attitudes, population characteristics and practice'

General information

Study ID	<input style="width: 100%;" type="text"/>		
Patient DOB	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 50px;" type="text"/> (date)
Patient sex	Male <input style="width: 20px;" type="checkbox"/>	Female <input style="width: 20px;" type="checkbox"/>	
Area of residence			
ITU/HDU	ITU <input style="width: 20px;" type="checkbox"/>	HDU <input style="width: 20px;" type="checkbox"/>	ITU/HDU Combined <input style="width: 20px;" type="checkbox"/>
ITU/HDU speciality	General <input style="width: 20px;" type="checkbox"/>	Neuro <input style="width: 20px;" type="checkbox"/>	Cardiac <input style="width: 20px;" type="checkbox"/>
		Oncology <input style="width: 20px;" type="checkbox"/>	Other <input style="width: 20px;" type="checkbox"/>
		Please specify: _____ <input style="width: 20px;" type="checkbox"/>	
Level of care*	1 <input style="width: 20px;" type="checkbox"/>	2 <input style="width: 20px;" type="checkbox"/>	3 <input style="width: 20px;" type="checkbox"/>
*Department of Health: Comprehensive Critical Care, 2000			
What was the primary cause for admission?			
What was the secondary cause for admission?			
Other significant condition in past medical history			
Date/time of withdrawal discussed with family	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 50px;" type="text"/> (date) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (time) <input style="width: 20px;" type="checkbox"/> not applicable
Date/time of death	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 50px;" type="text"/> (date) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (time)

STAGE 1: Sudden death

Cardiac arrest or sudden death	<input style="width: 20px;" type="checkbox"/>	(details)	EXCLUDE
Other	<input style="width: 20px;" type="checkbox"/>		

STAGE 2: Stability : in last 24 hours before treatment withdrawal discussed with family

Unstable: i.e. patient observations show significant variability/deterioration or introduction of new therapy as result of patient deterioration	<input type="checkbox"/>	(details)	EXCLUDE
Stable: i.e. patient observations show no variability/deterioration and no introduction of new therapy as result of patient deterioration	<input type="checkbox"/>		

Stage 3: Observations in the last 24 hours before withdrawal discussed with family

State

Conscious (alert and orientated; GCS 15 or equivalent)	<input type="checkbox"/>	Unconscious	<input type="checkbox"/>
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Respiratory support

Self-ventilating breathing air	<input type="checkbox"/>	Self-ventilating on oxygen mask	<input type="checkbox"/>
Self-ventilating with room air/oxygen with endotracheal tube in situ	<input type="checkbox"/>	Self-ventilated with tracheostomy	<input type="checkbox"/>
Receiving non-invasive ventilation via mask	<input type="checkbox"/>	Receiving non-invasive ventilation via tracheostomy	<input type="checkbox"/>
Ventilated via a tracheostomy	<input type="checkbox"/>	Ventilated via an endotracheal tube	<input type="checkbox"/>

Cardiovascular support

No inotropes/vasopressors	<input type="checkbox"/>	Single inotrope/vasopressor (excluding renal dopamine)	<input type="checkbox"/>
Single dopamine	<input type="checkbox"/>	Single inotrope/vasopressor with renal dopamine	<input type="checkbox"/>
Multiple inotropes/vasopressors	<input type="checkbox"/>		

Care/Environmental factors

Coroners cases/police involvement	<input type="checkbox"/>	
Family with complex issues that might prevent discharge	<input type="checkbox"/>	
Intense manual handling (e.g. morbid obesity, unstable spine)	<input type="checkbox"/>	
High gastrointestinal losses requiring intensive nursing care (e.g. diarrhoea, wound loss, vomiting)	<input type="checkbox"/>	