SHEET 1:

1. Date: Insert the nutritionDay date 06/11/2014 (dd/mm/yyyy).
2. Center Code: Please insert the anonymous Code (1 to 9999) that you received from the coordinating center. Codes from previous years remain valid.
3. Unit Code: Please insert the anonymous Code (1 to 9999) that you received from the coordinating center. Codes from previous years remain valid.
4. Actual number of ICU beds: Please fill in the number of beds that are currently staffed at the moment.
5. Maximum number of ICU beds: Please fill in the maximum number of beds in your unit.
6. Type of ICU: Check one option. If your unit type is not listed, check "other".
7. Medical stuff working in your ICU on NutritionDay: Insert the total number of people working in your unit (physicians, consultants, nurses etc.) on nutritionDay.

General items:
8. Please answer these questions with Y for yes and N for no.
9. Comments: Please write any additional information for us or report any problems you had completing the questionnaires.

SHEET 2:

10. Patient's initials: Insert patient's initials by writing the two first letters of the first name and the two first letters of the last name into the boxes, e.g. Peter Smith => P E S M.
11. Patient's number: Please provide a unique number for all of the patient's on the unit. Assign these numbers consecutively to correlate with the numbers on the nutritionDay ICU Patient List.
12. Gender: Please complete "**f**" for female, "**m**" for male.
13. Age: Please insert the age in years.
14. Weight (on day of ICU-admission): Please insert weight in kg and "m" for actual or "e" if estimated.
15. Height: Please insert height in cm and "m" for actual or "e" if estimated.

16. Date of ICU admission: Please insert this ICU admission date as follow dd/mm/yy.
17. Date of hospital admission: Please insert this hospital admission date as follow dd/mm/yy.
18. Patient is medical or surgical: Please insert **ME** for medical patients, non post surgery ICU admission or **SU** for surgical patients, post surgery ICU admission.
19. Number of days since OP: Please calculate and insert the number of post op days, for major surgery only. This does not include any minor procedures such as tracheostomy, PEG, PEJ, etc. Day 1 post op is the first 24 hours after the surgery.
20. Patient is elective or emergency: Please choose one of the possible answers.
21. Co-morbidities: Please select all that apply to this patient.
22. Please choose one of the possible answers.
23. Systolic blood pressure: Please insert minimal and maximal values of the day. If you have only one measurement on that day please insert as maximal. Normal range 90-140 mmHg.
24. Heart rate: Please insert minimal and maximal values of the day. If you have only one measurement on that day please insert as maximal. Normal range 60-100 bpm.
25. Temperature: Please insert lowest (minimal) and highest (maximal) patient temperature in the past 24 hours. If the temperature was only taken once please insert this value as maximum. Please check "C" for centigrade or "F" for Fahrenheit.
26. PaO2/FiO2: Please calculate the ratio of partial pressure of arterial O2 to the fraction of inspiratory O2 and insert minimal and maximal values of the day. For the FiO2 use the percent value in decimal form (for example 30% --> 0,3).
27. Urine output: Please insert value in ml (millilitres).
28. Serum urea: Please insert lowest (minimal) and highest (maximal) of serum urea in the past 24 hours. Please specify by checking g/L (grams/liter) or mmol/l.
29. BUN: Please insert the maximal value of the day (mg/dl or mmol/l). Normal range 7-20 mg/dl.
30. White blood cells: Please insert lowest (minimal) and highest (maximal) white blood cells in grams/liter (g/l) in the past 24 hours. If the white blood cell count was only taken once please insert this value as maximum.
31. Potassium: Please insert lowest (minimal) and highest (maximal) potassium in mmol/l in the past 24 hours. If the potassium was only taken once please insert this value as maximum.
32. Sodium: Please insert the lowest (minimal) and highest (maximal) Sodium (Na) in millimoles/liter (mmol/l) in the past 24 hours. If the Sodium was only taken once please insert this value as maximum.
33. pH: Please insert lowest (minimal) and highest (maximal) pH in mmol/liter (mmol/l) in the past 24 hours. If the white blood cell count was only taken once please insert this value as maximum.

34. HCO3: Please insert lowest (minimal) and highest (maximal) HCO3 in meq/liter in the past 24 hours. If the white blood cell count was only taken once please insert this value as maximum.
35. Bilirubin: Please insert the highest (maximal) bilirubin in mmol/l in the past 24 hours. Please check mg/dl or mmol/l.
36. Creatinine: Please insert the highest (maximal) creatinine in mmol/l in the past 24 hours. Please check mg/dl or µmol/l.
37. Glucose: Please insert lowest (minimal) and highest (maximal) glucose. Please check mg/dl (milligrams/decilitre) or mmoles/l (millimoles/liter) in the past 24 hours. If the white blood cell count was only taken once please insert this value as maximum.
38. Lactate: Please insert lowest (minimal) and highest (maximal) lactate. Please check mg/dl (milligrams/decilitre) or mmoles/l (millimoles/liter) in the past 24 hours. If the white blood cell count was only taken once please insert this value as maximum.

SHEET 3:

Date, Patient's number and initials, Center and Unit Code should be filled in by unit staff. Insert center and unit code before multiplying the sheets.

39. Glasgow Coma Scale: look at sheet number 2 and calculate and insert the GCS Score.
40. Sedation with Propofol?: Please circle "Y" for yes and "N" for no. If Y, enter the ml/d.
41. PaO2/FiO2: Please calculate the ratio of partial pressure of arterial O2 to the fraction of inspiratory O2 and insert minimal value of the day. For the FiO2 use the percent value in decimal form (for example 30% --> 0,3)
42. mean blood pressure: Enter the lowest Blood Pressure Value in the past hour.
43. Urine volume: Please enter the total ml of urine volume over the last 24h.
44. Lactate: Please insert the minimal and maximal values of the day and specify if mg/dl or mmol/l. Normal range: 4 - 20 mg/dl or 3,3 - 6 mmol/l.
45. Platelets: Please insert the minimal value in the past 24 hours.
46. Please tick only for "Yes".

SHEET 4:

47. Choose up to 4 of the choices, placing each designated number in a separate box.

48. Number of days of parenteral feeding on ICU: Please calculate and insert: actual date minus date first day of parenteral nutrition given.

49. Number of days of enteral feeding on ICU: Please calculate and insert: actual date minus date first day of enteral nutrition given.

50. Duration of enteral nutrition (within the last 24h): Please insert the duration of enteral nutrition. Than mark **B**=intermittent/bolus or **C**=continuous.

51. Calories planned per kg (next 24 hours): Please insert calculated kcal/kg required for the next 24 hours.

52. Calories planned per day (next 24 hours): Please insert calculated kcal/day required for the next 24 hours.

53. Gastric reflux: Please insert in ml.

54. Is feeding orally possible? : Please check "YES" or NO". Check **D** for drinking, **E** for eating, or both E and D for eating and drinking.

55. This meal was: Check lunch or dinner and then check how much was eaten for this meal.

56. ENTERAL nutrition product and volume ml/d: Please insert the enteral nutrition product code (http://149.148.226.52/nDaylist/c_tab.htm), name, kcal/ml and ml planned and given for the last 24 hours. If the formula provided is not listed, please write the name of the enteral formula provided and the kcal/ml.

57. PARENTERAL nutrition product and volume ml/d: Please insert the parenteral nutrition product code (http://149.148.226.52/nDaylist/c_tab.htm), name, kcal/ml and ml planned and given for the last 24 hours. If the formula provided is not listed, please write the name of the parenteral formula or "custom prepared" provided and the kcal/ml.

58. Other nutrition product and volume ml/d: Please insert the nutrition product code (http://149.148.226.52/nDaylist/c_tab.htm), name, kcal/ml and ml planned and given for the last 24 hours. If the formula provided is not listed, please write the name of the formula provided and the kcal/ml.

59. If you use individually composed products, please fill in AMINOACIDS: For custom prepared formulas, please insert the calculated amino acid grams required/24 hours and the amino acid grams provided in the past 24 hours.

60. If you use individually composed products, please fill in CARBOHYDRATES: For custom prepared formulas, please insert the calculated carbohydrate grams required/24 hours and the carbohydrate grams provided in the past 24 hours.

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61. If you use individually composed products, please fill in LIPIDS: For custom prepared formulas, please insert the calculated lipid grams required/24 hours and the lipid grams provided in the past 24 hours.

OUTCOME (60 days outcome):

Outcome: To be completed for day 60 after nutritionDay. Insert the center and unit code used on the Sheet before copying.

62. First and last name, date of birth or patient sticker: If required to decode the patient ID, please enter your designated patient identification number. One patient per line. This patient identifier should correlate with the patient number used on Sheet 2. See number 11.

63. Discharge Diagnosis (ICD-10): Please insert the ICD-10 diagnostic code; see website.

64. ICU discharge: Please insert the date of ICU-discharge (DD/MM/YYYY).

65. Date of hospital discharge: Please insert the date of hospital-discharge (DD/MM/YYYY).

66. Readmission ICU2=ICU, HO2=Hospital, date: If patient was readmitted to the ICU, enter ICU2, if patient was readmitted to the hospital, enter HO2. Enter the readmission date.

67. Outcome: Please choose one of the possible outcomes from the Table on the Outcome-Sheet (A, B, C, D, F, G or H).