

Center

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Patient

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Date of ICU admission / / 200
 dd mm yyyy

Age yrs

Sex ☐ Male

☐ Female

Type of admission ☐ Medical Surgical ☐ Elective ☐ Emergency
 ☐ Trauma Site of surgery / /

Admission source ☐ Other hospital ☐ ER/ambulance ☐ OR/Recovery
 ☐ Hospital floor ☐ Others, please specify

Reason for ICU admission

Comorbidities ☐ COPD ☐ Cancer ☐ Metastatic cancer
 ☐ Hematologic cancer ☐ Insulin dependent diabetes mellitus
 ☐ Heart failure (NYHA III-IV) ☐ Chronic renal failure
 ☐ HIV infection ☐ Cirrhosis ☐ Immunosuppression
 ☐ Steroid therapy

Clinical infection

Infection, site

Microorganism, code

Infection, code

Antibiotic, code

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EPIC II Study

Form 2 Enrollment

Center

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Patient

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Heart rate (min) ____ (max) ____ bpm

Core body temperature (min) ____ . ____ (max) ____ . ____ °C

Central Venous Catheter ☐ Yes ☐ No

Pulmonary Artery Catheter ☐ Yes ☐ No

Arterial Catheter ☐ Yes ☐ No

Systolic blood pressure (min) ____ (max) ____ ☐ mmHg ☐ KPa

Mean arterial pressure (min) ____ ☐ mmHg ☐ KPa

Lactate (max) ____ . ____ mmol/L

CVP (min) ____ (max) ____ ☐ mmHg ☐ KPa

Norepinephrine ☐ Yes ☐ No if yes, dose (max) ____ . ____ µg/kg/min

Dopamine ☐ Yes ☐ No if yes, dose (max) ____ . ____ µg/kg/min

Epinephrine ☐ Yes ☐ No if yes, dose (max) ____ . ____ µg/kg/min

Dobutamine ☐ Yes ☐ No if yes, dose (max) ____ . ____ µg/kg/min

Other vasopressors dose

Respiratory rate (max) ____ /min

PaO₂/FiO₂ (min) ____ ☐ mmHg ☐ KPa

Endotracheal intubation ☐ Yes ☐ No

Tracheostomy ☐ Yes ☐ No

Mechanical ventilation ☐ Yes ☐ No

Blood urea (max) ____ . ____ ☐ mg/dL ☐ mmol/L

Blood creatinine (max) ____ . ____ ☐ mg/dL ☐ µmol/L

Urine output ____ mL/24hours

Hemodialysis ☐ Yes ☐ No

Hemofiltration ☐ Yes ☐ No

Leukocytes (min) ____ (max) ____ 10³/mm³

Platelets (min) ____ 10³/mm³

Serum potassium (min) ____ . ____ (max) ____ . ____ mmol/L

Serum sodium (min) ____ (max) ____ mmol/L

Total bilirubin (max) ____ . ____ ☐ mg/dL ☐ µmol/L

Serum bicarbonate (min) ____ mmol/L

Glasgow coma score ____

Center

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Patient

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Primary diagnosis _ _ _

Secondary diagnoses _ _ _ / _ _ _ / _ _ _
_ _ _ / _ _ _ / _ _ _**ICU outcome**

Date of ICU discharge/end of follow-up _ _ / _ _ / 200 _ Time _ _ : _ _

☐ Death☐ Alive at day 28☐ Intermediate unit☐ Other ICU☐ Hospital floor☐ Other hospital/ Long term facility☐ Other**Hospital Outcome**

Date of hospital discharge/end of follow-up _ _ / _ _ / 200 _

☐ Dead☐ Alive