**African Critical Illness Outcomes Study (ACIOS) – Patient CRF**

**Clinical assessment**

**Date of assessment:**

d

d

m

m

y

y

y

y

**Vital signs done by the investigating team:** **⬜ Y ⬜ N If no, specify ⬜ Vital signs from patient records ⬜ Not done**

**Position of patient:**

**⬜ Lying flat on back(<30°) ⬜ Lying on side ⬜ Head-up(30°-60°) ⬜ Sitting(>60°) ⬜ Head-down ⬜ Other**

**Airway patency: ⬜ Normal ⬜ Partial obstruction ⬜ Complete obstruction**

**Conscious level (AVPU): ⬜ Alert ⬜ Responds to Voice ⬜ Responds to Pain ⬜ Unresponsive**

**Heart rate /min Oxygen saturation % Respiratory rate /min**

**Systolic blood pressure /mmHg Diastolic blood pressure /mmHg**

**Currently receiving IV fluids ⬜ Y ⬜ N Receiving oxygen (now) ⬜ Y ⬜ N**

**Receiving vasopressor/inotrope (now) ⬜ Y ⬜ N Airway action (now) ⬜ Y ⬜ N**

**Circle the worst pain you had in the last 24 hours: 0 (no pain) 1 2 3 4 5 6 7 8 9 10 (worst pain you can imagine)**

**1**

**Other information**

**Date of hospital admission: Urgency of admission: ⬜ Emergency/acute ⬜ Elective**

d

m

m

y

y

y

y

**Age years Sex ⬜ M ⬜ F**

**Ward type: ⬜ Medical ⬜ Surgical ⬜ Maternal ⬜ Other**

**Ward level: ⬜ General ward ⬜ High care unit/HDU ⬜ ICU**

**Main category for admission: ⬜ Non-communicable disease ⬜ Maternal health ⬜ Trauma ⬜ Infection**

**Known chronic disease or pregnancy (tick all that apply):**

**⬜ Pregnant ⬜ Hypertension ⬜ Diabetes ⬜ Cancer ⬜ COPD / Asthma**

**⬜ Heart Disease ⬜ HIV / AIDS ⬜ Tuberculosis ⬜ Other ⬜ None**

**Any surgery during this admission: ⬜ Y ⬜ N Treatment limitations (e.g. not for resuscitation): ⬜ Y ⬜ N**

**Follow-up**

**Total days in hospital from admission to 1. discharge/ 2. day 7 after clinical assessment (whichever occurs first)**

**Status at 7th day in-hospital after clinical assessment: ⬜ Discharged Alive ⬜ Alive still in-hospital ⬜ Died**

**Date of discharge or death up to and including day 7 after clinical assessment**

d

d

m

m

y

y

y

y

**Definitions:**

**Position of patient:** The position the patient is in the bed/chair when the investigating team arrive at the bedside. The number of degrees refers to the angle of the head and body compared to the legs.

**Airway patency:** Normal is an unobstructed airway. Partial obstruction may be indicated by stridor, secretions in the airway identified by gurgling, or snoring. Complete obstruction is evident by a see-saw chest movement (chest down and abdomen up with attempted breathing against a closed glottis). Complete obstruction is an airway emergency and requires calling the attending clinical team immediately.

**Conscious level AVPU:** Measurement of conscious level. Is the patient Alert = A. If they are not alert but they respond to your voice = V. If they don’t respond to voice but respond to a painful stimulus = P. If they remain unresponsive even with a painful stimulus = U (unresponsive).

**Currently receiving IV fluids**:At the time of clinical assessment, the patient is receiving IV fluids if IV fluids are hanging at the bedside, and currently dripping into an intravenous cannula, or the patient has been receiving fluids as described within the previous few minutes but is now finished and a new fluid is being prepared to be administered.

**Receiving oxygen (now):** At the time of clinical assessment, the patient is receiving oxygen if supplementary oxygen is currently flowing into a nasal cannula, face mask or other delivery device that is correctly fitted so that oxygen is entering the patient’s lungs.

**Receiving vasopressor/inotrope (now):** Ongoing care with a vasopressor or inotrope infusion – for example noradrenaline, adrenaline, dopamine or dobutamine.

**Airway action (now):** An action to open the airway or maintain a free airway. For example: chin lift, jaw thrust, oro-pharyngeal airway, naso-pharyngeal airway, intubated patient.

**High care unit/HDU:** A unit or ward or part of a ward which is dedicated to providing an increased level of care when compared to a general ward. High care units often have increased nurse:patient ratios, more equipment and more advanced care such as oxygen, CPAP, vasopressors etc. This does *not* include units with mechanical ventilation, as that is an ICU. Includes recovery rooms providing an increased level of care.

**ICU:** A unit or ward which is dedicated to providing an increased level of care when compared to a general ward or high care unit including mechanical ventilation.

**Main category for admission:** The main diagnosis or reason that the patient is being treated in hospital.

**Treatment limitations:** A patient has a treatment limitation if the clinical team have made the clinical judgement that some treatments would not be in the patient’s best interest. For example “DNR” (do not resuscitate in the event of a cardiac arrest), or “Not for ICU” in the event of deterioration.

**Days in hospital:** Total number of days in hospital from admission.

**Status at hospital discharge or 7th day in-hospital after clinical assessment:** The survival status of the patient at hospital discharge, or at the 7th day after clinical assessment (if the patient had not yet been discharged). The study is censored at the 7th day after clinical assessment.

**Guidance for use of paper case record form (CRF)**

1. **Investigators should write the patient’s name and date of birth on the bottom of the CRF. When you enter the data on the internet based CRF you will receive an ACIOS patient ID. Please write this on the paper CRF as well in case we need to contact you to check your data.**
2. **The clinical assessment and the patient’s vital signs MUST be completed at the same time by the investigating team. Only in exceptional circumstances can the vital signs data be taken from the medical records.**
3. **Please take care to enter the date clearly and correctly. Mistakes are common data describing time and date.**