

Guidance (see also FAQs)	No.	Question	Response options	Decision 1
<i>If more than one decision in notes, use separate columns</i>	ID	Notes ID	Site code, notes number, decision number e.g. PG01-1	
<i>Record scored must be by person responsible for decision making i.e. ICU consultant/ICU registrar/ICU SHO/ST7 (but can be referencing back to description by referrer)If no record, skip to next pt notes</i>	Date/time	Date/time of review	Enter the date/time of the entry (if provided)	
	Review	Record of ICU review in notes	Yes/No	
	Admitted	Patient admitted to ICU (after this decision)	Yes/No/Unclear	
	Location	Location of patient	Ward/ED/Theatre/Unknown	
Factors				
<i>Factors that are required to be present in the clinical notes: need for intensive care; capacity to recover; patient wishes</i>				
Evidence of need (or not) for intensive care				
<i>Descriptive evidence of system failure</i>				
		System	<i>Must include one of more of the following to score 1</i>	
Q1-1		Cardio-vascular	Heart rate, blood pressure, lactate	

	Q1-2	Respiratory	Respiratory rate, oxygen saturation, arterial blood gas	
<i>U+Es = Na/K/Cr/U levels (score if recorded at least 1 of these or urine output amount)</i>	Q1-3	Renal	Urine output, U&E	
	Q1-4	Neurology	Glasgow Coma Scale, level of consciousness	
<i>Interpretation of evidence of system failure</i>				
<i>e.g. shock, kidney failure, respiratory failure, no need for organ support</i>	Q2-1	Interpretation of acute clinical situation	Did they interpret or formulate a diagnosis based on an identified system failure? (if yes, score 1)	
<i>e.g. monitoring on ward, IV fluids, admit to ITU for vasopressor therapy, trial of CPAP</i>	Q2-2	Interpretation of acute clinical situation 2	Did they identify relevant treatment based on identified system failure? (if yes, score 1)	

Evidence of capacity to recover				
<i>NB: "evidence" of capacity, not accuracy</i>				
<i>e.g. descriptions of illness length and trajectory; physiological reserve; exercise tolerance; premorbid state; severity of chronic illness; nutritional status; frailty score; disease-specific functional classification; <u>NOT quality of life</u></i>	Q3	Description of factors that might affect capacity to recover	0 - No evidence 1 - Single item 2 - Multiple items	
	Q4	Interpretation of capacity to recover	0 - No comment on capacity to recover 1 - Judgement about capacity to recover is present but not linked to description items 2 - Linking description items explicitly to judgement about capacity to recover	
Evidence of what is important to patient				
<i>Sources: documentation; people close to patient; nurse who has spoken to patient; GP etc.</i>	Q5	Description of attempts to get data about patient wishes	0 - no attempt 1 - attempt to gain one source of information 2 - attempt to gain information from multiple sources OR patient themselves	

<p><i>Specific quotes of patient behaviours must be relevant to attitudes to invasive life sustaining therapy</i></p>	Q6	Description of information about patient wishes	<p>0 - No information presented</p> <p>1 - simple statement of patient wishes reported from at least one source without supporting evidence</p> <p>2 - Specific quotes reported by others OR quote from patient OR existence of ADRT/RESPECT form</p> <p>NA - Documented that no available source of patient wishes</p>	
Ethical reasoning				
<p><i>Implicit balancing example: list of benefit and list of harm, but no explicit balancing; identification where escalation of treatment is not necessary</i></p>	Q7	Balancing of benefits and burdens of intensive care treatments	<p>0 - no evidence of balancing of burdens and benefits or only benefit/burden is mentioned</p> <p>1 - Implicit balancing</p> <p>2- Explicit balancing of benefits and burdens and description of reasoning</p>	
Reference to the factors in the balancing				
<p><i>Factors here must be in sentence(s) about balancing.</i></p>	<i>If Q7 = 0; all items in this section score 0. Skip to Q12</i>			
	Q8	Acute Physiology/system failure (Q1)	<p>0 - not included in balancing</p> <p>1 - included in balancing</p>	
	Q9	Capacity to recover (Q2)	<p>0 - not included in balancing</p> <p>1 - included in balancing</p>	

<i>If documented that it was not possible to get patient wishes score 1</i>	Q10	Patient wishes (Q3)	0 - not included in balancing 1 - included in balancing OR that there were attempts to get it	
<i>Specific treatment mentioned must be more than 'For ICU/not for ICU'</i>	Q11	Link of balancing to specific treatment	0 - no specific treatment mentioned 1 - specific treatment recommended (or not) but not linked to balancing 2 - Balancing linked to specific recommended treatment(s)	
Communication				
<i>Specific staff member must be identified General alert: trauma or cardiac arrest call, etc</i>	Q12	Was the decision communicated to Medical Staff?	0 - no record other than the existence of the entry in clinical notes 1 - note that referring team informed 2 - record of specific staff member communicated with NA - if general alert of clinical teams	
<i>Specific staff member must be identified</i>	Q13	Was the decision communicated to nursing staff?	0 - no record other than the existence of the entry in clinical notes 1 - note that nursing team informed 2 - record of specific staff member communicated with	
	Q14	Was the decision communicated to Family:	0 - no record of communication 1 - record that family were spoken to 2 - record of what was said to family NA - if adult conscious patient or if recorded that no family available	
<i>Hint: assume unconscious patient if post-cardiac arrest or GCS 8 or below</i>	Q15	Was the decision communicated to Patient?	0 - no record of communication 1 - record that patient was spoken to 2 - record of what was said to patient NA - unconscious patient	

		Score 1 for each yes:		
	Q16-1	Review arrangements made 1	Need for review documented	
	Q16-2	Review arrangements made 2	Person or team needed to review specified	
<i>e.g. 'if patient deteriorates'; specific time frame</i>	Q16-3	Review arrangements made 3	Circumstances for review specified	
	RED FLAG ALERT			
<i>If any of the below are present without mitigation i.e. linking to one of the three required factors in Q8-10</i>	Factors that should <u>not</u> be present in decision making without mitigation or other explanation			
	Q17-1	Advanced age	0 - No 1 - Yes	
	Q17-2	Quality of life	0 - No 1 - Yes	
<i>Functional status = ability to carry out ADLs e.g. getting dressed, eating, personal care</i>	Q17-3	Functional status	0 - No 1 - Yes	
	Q17-4	Previous professional knowledge of patient	0 - No 1 - Yes	
	Q17-5	Presence of DNACPR order	0 - No 1 - Yes	