

NOCA NATIONAL ICU AUDIT DATA DEFINITION MANUAL

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Introduction

The National ICU Audit dataset on InfoFlex contains the INICUA dataset plus the dataset added for Irish purposes. The INICUA dataset is defined within the ICNARC Data Collection Manual for Ireland (INICUADS V1.0). When referencing this manual, we will refer to the appropriate page number in the Definition column. The dataset items specific for Ireland are defined in this document and can be found in the Definition column.

ICNARC data items

To look up a definition of an ICNARC data item within InfoFlex, click into the data entry box beside the item you wish to query and press f1 on your keyboard (top left corner of keyboard).

FAQ

Where you see FAQ mentioned throughout this document, this indicates that there is supplementary information available in the National ICU Audit Dataset - Frequently Asked Questions document.

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InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Patient Demographics	Patient Demographics		
	M.R.N.	FAQ	This is the Hospital Medical Record Number which identifies an individual patients record within the Patient Admission System (PAS) in the hospital.
	Surname		As per the individual patients notes within the PAS in the hospital.
	Forename		As per the individual patients notes within the PAS in the hospital.
	Date of Birth		For date of birth in January, indicate whether estimated DOB has been used or not. ICNARC Data Collection Manual p29.
	Date of Birth Estimated	FAQ	ICNARC Data Collection Manual p29.
	Sex		ICNARC Data Collection Manual p140.
	Area Code or Country		Dublin postal district e.g. Dublin 6W or County. Country if outside ROI.
	Unique Internal Identifier (UID)	Automatically generated	Automatically generated by InfoFlex. A Unique Identifier is generated for each new MRN within InfoFlex. This unique number is extracted to ICNARC and allows recognition of an admissions return to your unit.

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Admission	Admission		
	Episode Number	FAQ	This is a Hospital Identification Number that identifies an individual patients notes for this hospital stay (not used in all hospitals). This is not mandatory.
	Date of admission to your hospital		ICNARC Data Collection Manual p38
	Date and time of admission to your unit		ICNARC Data Collection Manual p48
	Timeliness of admission to your unit	FAQ	ICNARC Definition - "Delayed is defined as the admission remaining outside your unit despite agreement/decision to admit being made and entered in the notes following formal referral and agreement/decision by appropriate staff with authority to admit (e.g. on call unit consultant or their direct proxy), at that time, to your unit". Indicate Delayed Yes/No. ICNARC Data Collection Manual p54
	Delay	FAQ	ICNARC Definition - "Delay is defined as the number of hours the admission to your unit was delayed following formal referral and agreement/decision by appropriate staff with authority to admit to your unit at that time (e.g. on call unit consultant or their direct proxy). Record 99 for delay of 99 or more hours, and note actual hours in text box. Where delay is less than one hour, record 1" Only whole numbers can be entered for duration of delay. Therefore duration of delay should be rounded to the nearest hour i.e. 90 minutes is entered as 1 hour, 91 minutes is entered as 2 hours. ICNARC Data Collection Manual p54
	Admission Number (ADNO)		Automatically generated by InfoFlex. A unique number assigned to each admission to your unit. Begins with year of admission and includes a sequential number i.e. 20170001. ICNARC Data Collection Manual p11
	Readmitted	FAQ	Readmitted to this Unit during the same hospital stay
	Speciality code prior to admission to your unit	FAQ	ICNARC Data Collection Manual p142
	Consultant		Name of the primary Consultant responsible for the overall care of the patient during this Unit admission (i.e. not Intensive Care Medicine /Anaesthesia).

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Admission	Residence prior to admission to your unit		e.g. Home, Nursing home etc. Please see ICNARC Data Collection Manual p122.
	Admitted to the hospital from	Drop-down (6)	Source of admission to this hospital. A&E is used rather than ED in the dropdown list to be consistent with ICNARC terminology.
	Specify Hospital		Name of transferring hospital from dropdown list on InfoFlex.
	Admitted to this unit from	Drop-down (12)	Source of admission to this Unit. OT = Operating Theatre and Recovery. RR only = Recovery Room only.
	Specify Ward		Name of Ward in this Hospital from Ward Dictionary list.
	Days between admission to your hospital and admission to your unit	Automatically calculated	Calculated automatically by InfoFlex.
	Age - At ICU Admission	Automatically calculated	Calculated automatically by InfoFlex. Age of Patient on date of Admission to this Unit.
	Admission currently/recently/not pregnant	Drop-down (3)	Female patients only. "Recently pregnant is defined as any woman who has had a miscarriage, a termination of pregnancy, a stillbirth or a live birth (baby) within 42 days of the date of admission to your unit". ICNARC Data Collection Manual p9.
	Pregnancy Details- current		You can enter either Expected date of delivery (EDD) or gestation of current pregnancy. ICNARC Data Collection Manual p65.
	Pregnancy Details- recent	FAQ	12 data items to be answered ICNARC Data Collection Manual p64.
	ICNARC Notes	Free text box FAQ	The ICNARC Notes box is used to record information messages to relay to ICNARC. This is for short notes only and is visible at the end of most data entry screens. Where an unusual value is correct for the admission, e.g. Temperature = 44°C, You can confirm this is a true value in the ICNARC Notes box. ICNARC do not want extensive text so ensure this is concise.

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Further Admission	Further Admission		
	Location (In)	Drop-down (14)	ICNARC Data Collection Manual p87.
	Classification of Surgery	Drop-down (4)	ICNARC Data Collection Manual p29.
	Hospital housing transient location (In)	Drop-down (3)	"Theatre, A& E, Recovery, imaging department, specialist treatment area and Clinic are designated 'Transient locations' by ICNARC.
	Prior Location (In)	Drop-down (8)	See ICNARC Data Collection Manual - Appendix p13 - for list of Acute and Non Acute Hospitals.
	Hospital housing non-transient location (In)	Drop-down (3)	ICNARC Data Collection Manual p77.
	Critical care visit prior to this admission to your unit	Drop-down (6)	Unit outreach service can only be chosen where there is a formal structured Outreach Service. ICNARC Data Collection Manual p36.
	Date of last critical care visit prior to this admission to your unit		ICNARC Data Collection Manual p42.
	Last NEWS prior to admission to your unit		NEWS can be calculated by the ICU Audit Nurse if necessary data are documented in the patient notes. Only Adult NEWS is supported by the INICUA definition. Do not record IMEWS and PEWS in this field choose NEWS missing where only IMEWS and PEWS are available. ICNARC Data Collection Manual p80.
	Last NEWS prior to admission to your unit missing?	Tick box for absence	Tick box if NEWS score is not documented AND necessary data are NOT documented in the patient notes. ICNARC Data Collection Manual p80.
	Admission Type	Drop-down (6) FAQ	The majority of admissions to ICU in Ireland are 'Unplanned'. Admissions from A&E are generally 'Unplanned'. ICNARC Data Collection Manual p12.
	Admission for pre-surgical preparation	Drop-down (2)	ICNARC Data Collection Manual p10.

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Further Admission	Other Acute/Non-acute Transient Location Details		
	Date of original admission to acute hospital		ICNARC Data Collection Manual p44.
	Sector of other hospital (In)	Drop-down (4) FAQ	Sector' refers to transfers from within your HSE Hospital Group (OR from Public Hospital outside your HSE Hospital Group OR from Independent Hospital OR outside ROI) See ICNARC Data Collection Manual - Appendix p13 - for list of Acute and Non Acute Hospitals. ICNARC Data Collection Manual p129.
	Transferring Unit		
	Transferring unit identifier (In)	Pop-up dictionary	ICNARC Data Collection Manual p151.
	Transferring unit admission number		Enter admission number (ADNO) from previous unit. ICNARC Data Collection Manual p150.
	Type of adult ICU/HDU (In)	Drop-down (11)	ICNARC Data Collection Manual p154.
	Date of original admission to ICU/HDU		ICNARC Data Collection Manual p43.

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Past Medical History	Past Medical History		
	Evidence available to assess past medical history	Drop-down (2)	Written evidence in the patient notes. ICNARC Data Collection Manual p59.
	Past medical history of one or more of listed conditions	Drop-down (2)	Where patient has a past medical history of any listed condition, select 'Yes'. If not, select 'No' If an individual condition below is not present, it can be marked 'No' OR left blank. ICNARC Data Collection Manual p108.
	Severe respiratory disease	Drop-down (2)	ICNARC Data Collection Manual p139
	Home ventilation	Drop-down (2)	ICNARC Data Collection Manual p74
	Very severe cardiovascular disease	Drop-down (2)	ICNARC Data Collection Manual p159
	Chronic renal replacement therapy	Drop-down (2)	ICNARC Data Collection Manual p27
	Portal hypertension	Drop-down (2)	ICNARC Data Collection Manual p110
	Cirrhosis	Drop-down (3)	ICNARC Data Collection Manual p28. Where cirrhosis is both 'Biopsy' and 'Imaging proven' choose 'Biopsy proven'.
	Hepatic encephalopathy	Drop-down (2)	ICNARC Data Collection Manual p70.
	Steroid treatment	Drop-down (2)	ICNARC Data Collection Manual p147.
	Chemotherapy	Drop-down (2)	ICNARC Data Collection Manual p25.
	Radiotherapy	Drop-down (2)	ICNARC Data Collection Manual p116.
	Metastatic disease	Drop-down (2)	ICNARC Data Collection Manual p93.
	Lymphoma	Drop-down (2)	ICNARC Data Collection Manual p91.
	Acute myelogenous/lymphocytic leukaemia or multiple myeloma	Drop-down (2)	ICNARC Data Collection Manual p8.
	Chronic myelogenous/lymphocytic leukaemia	Drop-down (2)	ICNARC Data Collection Manual p26.
	Congenital immunohumoral or cellular immune deficiency state	Drop-down (2)	ICNARC Data Collection Manual p31.
HIV/AIDS	Drop-down (3)	ICNARC Data Collection Manual p73.	

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Diagnosis	Diagnosis		
	Primary reason for admission to your unit	Dictionary List FAQ	Dictionary list is the published ICNARC Coding method (ICM). ICNARC Data Collection Manual p113.
	Secondary reason for admission to your unit	Dictionary List	Do not duplicate a diagnosis already selected as the primary reason for admission. A secondary reason is not mandatory use only as appropriate Dictionary list is the published ICNARC Coding method (ICM). ICNARC Data Collection Manual p129.
	Burns Injury	Tick box for presence	Answer only if Primary or secondary reason for admission to your unit is a burns injury. Leave blank if not applicable. Please see ICNARC Data Collection Manual p21.
	Burns Injury - Burned surface area %		ICNARC Data Collection Manual p21.
	Burns Injury- Inhalation Injury	Tick box for presence	Leave blank if not applicable. ICNARC Data Collection Manual p21.
	Height		Measured in cm. ICNARC Data Collection Manual p19.
	Is the height estimated	Tick box if estimated	ICNARC Data Collection Manual p19.
	Weight		Mandatory for calculating SOFA score. Measured in kg. ICNARC Data Collection Manual p19.
	Is the weight estimated	Tick box if estimated	ICNARC Data Collection Manual p19.
	CPR within 24 hours prior to admission to your unit	Drop-down (3) FAQ	ICNARC Data Collection Manual p22.
	Other condition in past medical history	Dictionary List FAQ	You can only choose one condition Choose the chronic condition most relevant to this admission. Dictionary list is the published ICNARC Coding method (ICM). Please see ICNARC Data Collection Manual p105.

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Diagnosis	Dependency prior to admission to acute hospital	Drop-down (4)	This is defined by the level of support the patient required for daily living before this hospital admission. ICNARC Data Collection Manual p55.
	Ultimate primary reason for admission to your unit	Dictionary List	This is only required if further information after 24 hours indicates a different primary reason for ICU admission than the reason considered at the time of admission. Do not duplicate a diagnosis already selected as the primary reason for admission. Dictionary list is the published ICNARC Coding method (ICM). Leave blank if not applicable. ICNARC Data Collection Manual p156.

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Physiological Details	Physiological Details		
	Part of the validation process for the ICU Audit Nurse is to ensure that any artefactual values are excluded e.g. reading from a dampened arterial line, disconnected temperature probe, RR while coughing.		
	Evidence available to abstract physiological data	Choose Yes or No as appropriate	If "No" is selected, InfoFlex will not permit you to enter any physiological data. If no physiological data are entered you will not be able to calculate the highest level of care received in the first 24 hours on the Organ Support Panel. If "Yes" is selected you must enter at least 1 Temperature , 1 BP, 1 HR and 1 RR and mark all other items 'Missing' to allow calculation of the highest level of care received in the first 24 hours on the Organ Support Panel. However accurate calculation of illness severity scores and risk prediction requires the full set of physiological data. ICNARC Data Collection Manual p59.
	Central temperature (C): Lowest	If Yes is selected above, one central or non-central temperature is mandatory	ICNARC Data Collection Manual p148.
	Central temperature (C): Highest		ICNARC Data Collection Manual p148.
	Non-central temperature (C): Lowest		ICNARC Data Collection Manual p148.
	Non-central temperature (C): Highest		ICNARC Data Collection Manual p148.
	Systolic (mmhg) Lowest	If yes selected above, one BP is mandatory	ICNARC Data Collection Manual p18.
	Paired Diastolic (mmHG) Lowest		ICNARC Data Collection Manual p18.
	Mean Blood Pressure Lowest	Automatically calculated	Calculated automatically by InfoFlex.
	Systolic (mmhg) Highest		ICNARC Data Collection Manual p18.
	Paired Diastolic (mmHG) Highest		ICNARC Data Collection Manual p18.
	Mean Blood Pressure Highest	Automatically calculated	Calculated automatically by InfoFlex.
	Heart rate (beats/min) Lowest	If yes selected above, one HR is mandatory	ICNARC Data Collection Manual p69.
Heart rate (beats/min) Highest		ICNARC Data Collection Manual p69.	

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Physiological Details	Non-ventilated respiratory rate (breaths min -1) (Lowest)	If yes selected above, one ventilated or non-ventilated RR is mandatory	If no breaths are provided by a ventilator, document the respiratory rate (spontaneous) as the Non-Ventilated RR. If breathing with CPAP with no additional pressure support, document the respiratory rate (spontaneous) as the Non-Ventilated RR. ICNARC Data Collection Manual p123.
	Non-ventilated respiratory rate (breaths min -1) (Highest)		ICNARC Data Collection Manual p123.
	Ventilated respiratory rate (breaths min -1) (Lowest)	FAQ	If some or all of the breaths are provided by a ventilator, document the respiratory rate (ventilated plus spontaneous) as the Ventilated RR. ICNARC Data Collection Manual p123.
	Ventilated respiratory rate (breaths min -1) (Highest)		ICNARC Data Collection Manual p123.
	Total urine output for scored period (ml)		Total urine output for the first 24 hours in the Unit (ml). ICNARC Data Collection Manual p158.
	Urine output missing	Tick box if missing	ICNARC Data Collection Manual p158.
	Acute Kidney injury	Mandatory field. Click once for Yes and a ✓ will appear or twice for No and an X will appear.	APACHE and SOFA Scores require this field to be completed to calculate correctly. Definitions adapted from RIFLE criteria and KDIGO - defined either by 1. Serum Creatinine (Se Cr) or by 2. Urine Output. If baseline Se Cr is not known, assume upper limit of the normal range (as per local lab range) as baseline. 1. Creatinine criteria; Increase in Se Cr by more than 26umol/L (within a 48hr period) OR Increase in Se Cr by more than 1.5 times baseline value (within a 7 day period). 2. Urine output criteria; Urine output < 0.5ml/kg/hr for > 6 hours (e.g. <210mls for a patient with IBW = 70kg). Do not tick box for Acute Kidney Injury if already on long-term dialysis.

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Physiological Details	ABG		
	Arterial blood gases missing	Tick box if missing	Please see ICNARC Data Collection Manual p107.
	ABG Do not record venous		
	ABG with Lowest, PaO2 (in first 24 Hours)		ICNARC Data Collection Manual p107.
	Associated FiO2 (Fraction) at time of ABG	FiO2 at the time the ABG with the Lowest PaO2 was taken	ICNARC Data Collection Manual p107.
	Associated PaCO2 kPa	PaCO2 from the same ABG as the Lowest PaO2	ICNARC Data Collection Manual p107.
	Associated pH	pH from the same ABG as the Lowest PaO2	ICNARC Data Collection Manual p107.
	ABG		
	ABG with Lowest pH (in first 24 Hours)	FAQ	ICNARC Data Collection Manual p14.
	Associated PaCO2 kPa	PaCO2 from the same ABG as the Lowest pH	ICNARC Data Collection Manual p14.
	Blood Tests (within first 24 hours after admission to your unit) FAQ		
	Where only one value exists, populate lowest data field. If you do not have the lowest value, enter preadmission (less than 4 hours prior to admission to your unit) result. If no preadmission value, select 'Missing'.		
	Serum bicarbonate (mmol l-l) (Lowest)		ICNARC Data Collection Manual p132.
	Serum bicarbonate (mmol l-l) (Highest)		ICNARC Data Collection Manual p132.
	Serum bicarbonate (mmol l-l) Preadmission	Less than 4 hours prior to admission to your unit	ICNARC Data Collection Manual p132.
	Serum bicarbonate (mmol l-l) Missing		ICNARC Data Collection Manual p132.
Serum sodium (mmol l-l) (Lowest)		ICNARC Data Collection Manual p137.	
Serum sodium (mmol l-l) (Highest)		ICNARC Data Collection Manual p137.	

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Physiological Details	Serum sodium (mmol l-l) Preadmission	Less than 4 hours prior to admission to your unit	ICNARC Data Collection Manual p137.
	Serum sodium (mmol l-l) Missing		ICNARC Data Collection Manual p137.
	Serum potassium (mmol l-l) (Lowest)		ICNARC Data Collection Manual p136.
	Serum potassium (mmol l-l) (Highest)		ICNARC Data Collection Manual p136.
	Serum glucose (mmol l-l) (Lowest)		ICNARC Data Collection Manual p134.
	Serum glucose (mmol l-l) (Highest)		ICNARC Data Collection Manual p134.
	Blood lactate (mmol l-l) (Highest)	Must be arterial, do not record venous lactate	ICNARC Data Collection Manual p17.
	Serum urea (mmol l-l) (Highest)		ICNARC Data Collection Manual p138.
	Serum urea (mmol l-l) (pre-admission)	Less than 4 hours prior to admission to your unit	ICNARC Data Collection Manual p138.
	Serum urea (mmol l-l) (Missing)		ICNARC Data Collection Manual p138.
	Serum creatinine (µmol l-l) (Lowest)		ICNARC Data Collection Manual p133.
	Serum creatinine (µmol l-l) (Highest)		ICNARC Data Collection Manual p133.
	Serum creatinine (µmol l-l) (Preadmission)	Less than 4 hours prior to admission to your unit	ICNARC Data Collection Manual p133.
	Serum creatinine (µmol l-l) (Missing)		ICNARC Data Collection Manual p133.
	Haemoglobin (g dl-l) (Lowest)		ICNARC Data Collection Manual p68.
	Haemoglobin (g dl-l) (Highest)		ICNARC Data Collection Manual p68.
	Haemoglobin (g dl-l) (Preadmission)	Less than 4 hours prior to admission to your unit	ICNARC Data Collection Manual p68.
	Haemoglobin (g dl-l) (Missing)		ICNARC Data Collection Manual p68.
	Platelet count (x10 ⁹ l-l) (Lowest)		ICNARC Data Collection Manual p109.
	Platelet count (x10 ⁹ l-l) (Preadmission)	Less than 4 hours prior to admission to your unit	ICNARC Data Collection Manual p109.
Platelet count (x10 ⁹ l-l) (Missing)		ICNARC Data Collection Manual p109.	

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Physiological Details	White blood cell count (10 ⁹ /L) (Lowest)		ICNARC Data Collection Manual p161.
	White blood cell count (10 ⁹ /L) (Highest)		ICNARC Data Collection Manual p161.
	White blood cell count (10 ⁹ /L) (Preadmission)	Less than 4 hours prior to admission to your unit	ICNARC Data Collection Manual p161.
	White blood cell count (10 ⁹ /L) (Missing)		ICNARC Data Collection Manual p161.
	Associated absolute neutrophil count:(10 ⁹ /L) (Lowest)		Must be taken from the same WBC as above. Please see ICNARC Data Collection Manual p161.
	Associated absolute neutrophil count:(10 ⁹ /L) (Highest)		ICNARC Data Collection Manual p161.

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Scoring	Scoring		
	Sedated or paralysed and sedated for whole of first 24 hours in your unit	Drop-down (4)	ICNARC Data Collection Manual p131.
	Neurological status	Drop-down (2)	Neurological assessment is only valid when there has been a period free from the effects of sedative and/or paralysing or neuromuscular blocking agents are valid. ICNARC Data Collection Manual p98.
	Lowest Glasgow COMA Score		
	If Assessed chosen for Neurological status above, these fields can be completed. ICNARC Data Collection Manual p98		
	Associated eye component	Drop-down (4)	Neurological assessment is only valid when there has been a period free from the effects of sedative and/or paralysing or neuromuscular blocking agents are valid. ICNARC Data Collection Manual p66.
	Associated verbal component	Drop-down (5)	Neurological assessment is only valid when there has been a period free from the effects of sedative and/or paralysing or neuromuscular blocking agents are valid. ICNARC Data Collection Manual p66.
	Associated motor component	Drop-down (6)	Neurological assessment is only valid when there has been a period free from the effects of sedative and/or paralysing or neuromuscular blocking agents are valid. ICNARC Data Collection Manual p66.
	Lowest total GCS	Automatically calculated	Calculated automatically by InfoFlex.
	Associated intubation status (GCS)	If Patient is intubated (or has tracheostomy) when lowest GCS is recorded, click once for Yes (✓ will appear). Click twice for No (X will appear).	ICNARC Data Collection Manual p66.

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Scoring	Pupil Reactivity		
	Pupil reactivity (right eye)	Drop-down (3)	ICNARC Date Collection Manual p116.
	Pupil reactivity (left eye)	Drop-down (3)	ICNARC Date Collection Manual p116.
	Pupil reactivity missing:	Click once for Yes (✓ will appear)	ICNARC Date Collection Manual p116.
	APACHE Score		
	APACHE II Final Score	Automatically calculated	Calculated automatically by InfoFlex. The final score is calculated when all physiological details, ABG and GCS within the first 24 hours are completed.
	ICNARC Score		
	ICNARC Final Score	Automatically calculated	Calculated automatically by InfoFlex. The final score is calculated when all physiological details, ABG and GCS within the first 24 hours are completed.
	SOFA Score Details		
	Highest Total Serum Bilirubin (micromol/l) (in first 24 Hours)		Mandatory for calculating SOFA score. Highest serum Bilirubin recorded in the first 24 Hours.
	Dopamine (ug/kg/min)		Highest dose in first 24 Hours. Leave blank if not administered within first 24 hours.
	Dobutamine (ug/kg/min)		Highest dose in first 24 Hours. Leave blank if not administered within first 24 hours.
	Adrenaline (ug/min)		Highest dose in first 24 Hours. Leave blank if not administered within first 24 hours.
	Noradrenaline (ug/min)		Highest dose in first 24 Hours. Leave blank if not administered within first 24 hours.
	SOFA Score		
	SOFA Final Score	Automatically calculated	Calculated automatically by InfoFlex.

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Interventions in ICU	Cardiovascular		
	Arterial Line	Tick box for presence	Tick this data field if a patient had an arterial line in situ at any time during this stay in your unit. Leave blank if not present.
	Central venous catheter	Tick box for presence	Select this data field if a patient had a central venous catheter (CVC) in situ at any time during this stay in your unit. A CVC includes all types of central lines including Vascath, Portacath / Permacath, PA sheath / introducer and PICC line. A PA catheter via an introducer counts as one CVC. Leave blank if not present.
	CVC days	No of Days FAQ	The cumulative number of days each central venous catheter (CVC) was in situ during this stay in your Unit. E.g. If Patient 1 has a Vascath and subclavian catheter in situ on Day 1, this counts as 2 CVC days. If Patient 1 then has a Vascath only on Day 2, Day 1 + Day 2 total = 3 CVC days.
	Intra-aortic balloon pump	Tick box for presence	Select this data field if a patient had an Intra-aortic balloon pump in situ at any time during this stay in your unit. Leave blank if not present.
	Pulmonary artery catheter	Tick box for presence	Select this data field if a patient had a Pulmonary artery catheter in situ at any time during this stay in your Unit. Leave blank if not present.
	Pacemaker	Tick box for presence FAQ	Select this data field if a patient had an external Pacemaker (in use or not in use) in situ at any time during this stay in your Unit. If pacemaker is in use, this equates to an advanced cardiovascular support day within Daily Details. Leave blank if not present.
	Vasopressors	Tick box for presence	Select this data field if a patient received vasopressors at any time during this stay in your Unit. When this data item is selected, please add number of days of administration in 'Vasopressor days' in the Local Data Items panel in Infoflex. Leave blank if not applicable.

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Interventions in ICU	Non Invasive Cardiac output monitor	Tick box for presence	Select this data field if a patient had a Non Invasive Cardiac output monitor (e.g. PICCO) in situ at any time during this stay in your unit. Leave blank if not present.
	TOE	Tick box for presence	Select this data field if a patient had a Trans-Oesophageal Echocardiograph (TOE) performed at any time during this stay in your unit. Leave blank if not present.
	ECMO	Tick box for presence	Select this data field if a patient underwent ECMO at any time during this stay in your unit. (The ECMO data field in the Local Data Items panel will then autopopulate). Leave blank if not applicable.
	ECMO Hours	No of Hours	Complete this data field where a patient undergoes ECMO for any part of an hour at any time during this stay in your Unit. (The ECMO hours data field in the Local Data Items panel will then autopopulate).
	Extra Corporeal CO2 removal	Tick box for presence	Select this data field if a patient underwent Extra Corporeal CO2 removal at any time during this stay in your unit. Leave blank if not applicable.
	Extra Corporeal CO2 removal hours	No of Hours	Complete this data field where a patient underwent Extra Corporeal CO2 removal for any part of an hour at any time during this stay in your unit.
	Transfusion		
	Transfused in ICU	Tick box for presence	Select this data field if a patient was transfused with blood products at any time during this stay in your unit. Leave blank if not applicable.
	Plasma	Tick box for presence	Select this data field if a patient received a transfusion of plasma (includes albumin) at any time during this stay in your unit. Where this data item is selected, please add number of plasma units transfused in the Local data items panel (count 100mls 20% albumin as one Unit). Leave blank if not applicable.
	Platelets	Tick box for presence	Select this data field if a patient received a transfusion of platelets at any time during this stay in your unit. Where this data item is selected, please add number of Units (i.e. pools of platelets) transfused in the Local data items panel. Leave blank if not applicable.

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Interventions in ICU	RBC	Tick box for presence	Select this data field if a patient received a transfusion of red blood cells at any time during this stay in your unit. Where this data item is selected, please add number of Units transfused in the Local data items panel. Leave blank if not applicable.
	Other transfusion	Tick box for presence	Select this data field if a patient received a transfusion of any other blood product. Examples include: whole blood, Prothromplex, Cryoprecipitate, Factor IX, Factor VII, Factor VIII, Fibrinogen, Granulocytes, Leucocytes, etc. Do not include autologous transfusion (e.g. Cellsaver, blood from CPB pump, etc). Leave blank if not applicable.
	Gastrointestinal Tract		
	Nutrition in ICU	Tick box for presence	Select this data field if a patient received any oral, enteral or TPN (total parenteral) nutrition at any time during this stay in your Unit. Leave blank if not applicable.
	GI Support days	No of Days	Enter the number of days a patient receives any TPN or enteral nutrition during this stay in your unit (Excludes oral diet).
	Nutrition-Oral	Tick box for presence	Select this data field if a patient received oral diet (excludes water) at any time during this stay in your unit. Leave blank if not applicable.
	Nutrition-TPN	Tick box for presence	Select this data field if a patient received TPN at any time during this stay in your unit. Where this data item is selected, please add number of days of TPN administration in the Local data items panel. Leave blank if not applicable.
	Nutrition - Enteral via NG	Tick box for presence	Select this data field if a patient received enteral nutrition via nasogastric (NG) tube at any time during this stay in your unit. Where this data item is selected, please add number of days of enteral feeding in the Local data items panel. Leave blank if not applicable.
	Nutrition - Enteral via PEG	Tick box for presence	Select this data field if a patient received enteral nutrition via percutaneous endoscopic gastrostomy (PEG) or RIG tube at any time during this stay in your unit. Where this data item is selected, add number of days of enteral feeding in the Local Data Items panel. Leave blank if not applicable.

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Interventions in ICU	Sengstaken tube	Tick box for presence	Select this data field if a patient had a Sengstaken tube in situ at any time during this stay in your unit. Leave blank if not applicable.
	Respiratory		
	Non –Invasive Ventilation	Tick box for presence	Non-invasive ventilation is delivered without an artificial airway e.g. via face mask/hood, where all or some of the breaths or a portion of the breaths (pressure support) are delivered by a mechanical device. Select this data field if a patient had non-invasive ventilation at any time during this stay in your unit. Leave blank if not applicable.
	Non –Invasive Ventilation hours	No of Hours	Complete this data field with the number of hours a patient received non-invasive ventilation for any part of an hour at any time during this stay in your unit.
	Invasive Ventilation	Tick box for presence	Invasive ventilation is delivered through an arteficial airway e.g. endotrachial tube or tracheostomy, where all or some of the breaths or a portion of the breaths (pressure support) are delivered by a mechanical device. Select this data field if a patient had invasive ventilation at any time during this stay in your unit. Leave blank if not applicable.
	Invasive Ventilation hours	No of Hours	Complete this data field with the number of hours a patient received invasive ventilation for any part of an hour at any time during this stay in your unit.
	HFOV	Tick box for presence	High Frequency Oscillatory Ventilation (HFOV) is a form of mechanical ventilation which uses a constant mean airway pressure (MAP) with pressure variations oscillating around the MAP at very high rates. Select this data field if a patient had HFOV at any time during this stay in your unit. Leave blank if not applicable.
	HFOV hours	No of Hours	Complete this data field with the number of hours a patient received HFOV for any part of an hour at any time during this stay in your unit.
	Re-Intubated	Tick box for presence	Select this data field if a patient was re-intubated at any time during this stay in your unit. Leave blank if not applicable.

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Interventions in ICU	Re-Intubated no. of TIMES	No of Episodes	Complete this data field with the number of episodes a patient was re-intubated during this stay in your unit.
	CPAP	Tick box for presence	Continuous positive airway pressure (CPAP) is delivery of non-mechanical positive end expiratory pressure (PEEP) from a valve. Select this data field if a patient received CPAP at any time during this stay in your unit. Leave blank if not applicable.
	Chest Drain	Tick box for presence	Select this data field if a patient had a chest drain in situ at any time during this stay in your unit. Leave blank if not applicable.
	Bronchoscopy	Tick box for presence	Select this data field if a patient had a bronchoscopy performed at any time during this stay in your unit. Leave blank if not applicable.
	Tracheostomy performed during ICU stay	Tick box for presence	Select this data field if a patient had a tracheostomy performed at any time during this stay in your unit. Where this data item is selected, or where a patient has a tracheostomy on unit admission, please complete the tracheostomy section in the Local data items panel. Leave blank if not applicable.
	Tracheostomy (Inserted in)	Drop-down (2)	Select percutaneous where the tracheostomy is performed in ICU. Select open where the tracheostomy was performed in theatre.
	Neurological Intervention		
	ICP Monitor	Tick box for presence	Select this data field if a patient had an intra-cerebral pressure (ICP) monitor inserted at any time during this stay in your unit. Leave blank if not applicable.
	ICP Monitor inserted in	Drop-down (2)	Select ICU where the ICP Monitor was inserted in your unit. Select theatre where the ICP Monitor was inserted in theatre.
	EVD	Tick box for presence	Select this data field if a patient had extra ventricular drain (EVD) in situ at any time during this stay in your unit. Leave blank if not applicable.
	Epidural	Tick box for presence FAQ	Select this data field if a patient had an epidural cannula in situ (in use or not) at any time during this stay in your unit. Leave blank if not applicable.

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Interventions in ICU	Renal		
	RRT	Tick box for presence FAQ	Select this data field if a patient received renal replacement therapy (RRT) at any time during this stay in your unit. RRT includes CVVH, peritoneal dialysis and haemodialysis. Leave blank if not applicable.
	RRT days total	No of Days	Complete this data field with the number of days a patient received RRT at any time during this stay in your unit.
	Vascath insertion for dialysis	Tick box for presence	Select this data field if a patient had a vascath inserted for dialysis inserted at any time during this stay in your unit. Leave blank if not applicable.
	Vascath line days total	No of Days	Complete this data field with the number of days a patient has a vascath line in situ at any time during this stay in your unit. Include the count of vascath line days as part of the cumulative total of CVC days in the Cardiovascular section on the Interventions in ICU Panel.
	CVVH	Tick box for presence FAQ	Select this data field if a patient had a continuous veno-veno haemodialysis (CVVH) therapy at any time during this stay in your unit. CVVH encompasses all continuous modes of dialysis e.g. CVVHDF, CVVHD, SCUF. Leave blank if not applicable.
	CVVH Days	No of Days	Complete this data field with the number of days a patient had CVVH therapy at any time during this stay in your unit.
	Peritoneal Dialysis	Tick box for presence	Select this data field if a patient had peritoneal dialysis (PD) performed at any time during this stay in your unit. Leave blank if not applicable.
	Peritoneal Dialysis Days	No of Days	Complete this data field with the number of days a patient had peritoneal dialysis at any time during this stay in your unit.
	Haemodialysis	Tick box for presence FAQ	Select this data field if a patient had haemodialysis performed at any time during this stay in your unit. Off Unit haemodialysis is counted here. Leave blank if not applicable.

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Interventions in ICU	Haemodialysis Days	No of Days	Complete this data field with the number of days a patient had haemodialysis at any time during this stay in your unit. Off Unit haemodialysis is counted here. Off Unit haemodialysis does not equate to a Renal support day within Daily Details.
	Plasmaphoresis	Tick box for presence FAQ	Select this data field if a patient had plasmaphoresis performed at any time during this stay in your unit. This is not considered renal replacement therapy. ICNARC defined renal organ support day does not include plasmaphoresis. Leave blank if not applicable.
	Plasmaphoresis Days	No of Days	Complete this data field with the number of days a patient had plasmaphoresis at any time during this stay in your unit.
	Urethral Catheter	Tick box for presence	Select this data field if a patient had a urethral catheter in situ at any time during this stay in your unit. Leave blank if not applicable.
	Supra-pubic Catheter	Tick box for presence	Select this data field if a patient had a supra-pubic catheter in situ at any time during this stay in your unit. Leave blank if not applicable.
	Transfers from Unit		
	Theatre for surgery	Tick box for transfer	Select this data field if a patient was transported from your unit to Theatre for a procedure/surgery at any time during this stay in your unit. Leave blank if not applicable.
	Theatre for surgery	No of times	Complete this data field with the number of times a patient was transported from your unit for a procedure/surgery during this stay in your unit.
	Radiology Dept	Tick box for transfer	Select this data field if a patient was transported from your unit to the Radiology Department at any time during this stay in your unit. Leave blank if not applicable.
	Radiology Dept No of times	No of times	Complete this data field with the number of times a patient was transported from your unit to the Radiology Department during this stay in your unit.

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Interventions in ICU	CT Scan	Tick box for transfer	Select this data field if a patient was transported from your unit for a CT Scan/ MRI at any time during this stay in your unit. Leave blank if not applicable.
	CT Scan No of times	No of times	Complete this data field with the number of times a patient was transported from your unit for a CT Scan / MRI during this stay in your unit.
	Angiogram (Non Cardiac)	Tick box for transfer	Select this data field if a patient was transported from your unit for an angiogram (non-cardiac) at any time during this stay in your unit. Leave blank if not applicable.
	Intervention Radiology	Tick box for transfer	Select this data field if a patient was transported from your unit to the Radiology Department for an interventional procedure (non-neurological) at any time during this stay in your unit. Leave blank if not applicable.
	Intervention Radiology No of times	No of times	Complete this data field with the number of times a patient was transported from your unit to the Radiology Department for an interventional procedure during this stay in your unit.
	Cath Lab	Tick box for transfer	Select this data field if a patient was transported from your unit to the Cath Lab at any time during this stay in your unit. Leave blank if not applicable.
	Cath Lab No of times	No of times	Complete this data field with the number of times a patient was transported from your unit to the Cath Lab during this stay in your unit.
	Neurological Intervention procedure (Coiling/embolisation)	Tick box for transfer	Select this data field if a patient was transported from your unit for a neurological intervention procedure (coiling/embolisation) at any time during this stay in your unit. Leave blank if not applicable.

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Organ Support	Organ Support		
	Organ Support		Organ Supported are derived from the Daily details within InfoFlex. The Organ Support Panel will auto populate when Daily Details are entered. Enter Date and time of unit discharge before add in Daily Details where possible.
	Highest level of care received in first 24 hours in your unit	Automatically calculated	Calculated automatically by InfoFlex from the date of admission to your unit. Minimal physiological data must be entered (I Temperature , I BP, I HR and I RR and mark all other items 'Missing') to allow calculation of the highest level of care received in the first 24 hours on the Organ Support Panel. If no physiological data are entered InfoFlex will not be able to calculate the highest level of care received in the first 24 hours on the Organ Support Panel.
	Daily Care Summary	Automatically calculated	Calculated automatically by InfoFlex from Daily Details entered.
	Daily Details	FAQ	Create one daily detail per each day on Unit.
	Day	Automatically calculated	Calculated automatically by InfoFlex from the date of admission to your unit.
	Date	Automatically calculated FAQ	Calculated automatically by InfoFlex from the date of admission to your unit.
	Respiratory support days: basic	Tick box for presence	ICNARC Data Collection Manual p126. Leave blank if not applicable.
	Respiratory support days: advanced	Tick box for presence	ICNARC Data Collection Manual p126. Leave blank if not applicable.
	Cardiovascular support days: basic	Tick box for presence	ICNARC Data Collection Manual p23. Leave blank if not applicable.
	Cardiovascular support days: advanced	Tick box for presence FAQ	ICNARC Data Collection Manual p23. Leave blank if not applicable.
	Renal support days	Tick box for presence FAQ	ICNARC Data Collection Manual p120. Leave blank if not applicable.
	Neurological support days	Tick box for presence FAQ	ICNARC Data Collection Manual p99. Leave blank if not applicable.
	Gastrointestinal support days	Tick box for presence	ICNARC Data Collection Manual p63. Leave blank if not applicable.

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Organ Support	Dermatological support days	Tick box for presence	ICNARC Data Collection Manual p56. Leave blank if not applicable.
	Liver Support Days	Tick box for presence	ICNARC Data Collection Manual p86. Leave blank if not applicable.
	Level of Care	Drop-down (4)	ICNARC Data Collection Manual p84.
	Date and Time of Last Summary		Calculated automatically by InfoFlex.

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
National ICU Audit Data Set to support HIPE Coding Locally			
This section is intended to support HIPE coding by noting diagnoses which might not be noted easily by reading the patient notes. This should include all diagnoses which are active during ICU stay. Inclusion lists, where provided, are based on the ICD-10 codebook which is often very imprecise. These details are not designed to provide epidemiological data and could not be relied on for this purpose.			
Diagnoses Current During ICU Stay	Respiratory		
	Tick if documented in patient notes as current during the ICU stay. Leave blank if not recorded. *Inclusions listed are as provided in the 8th edition ICD-10-AM classification		
	Respiratory failure	Tick box for presence	Respiratory Failure is documented in the patient notes. Documentation of hypoxia, hypercapnoea, and Type I or Type II respiratory failure would usually indicate 'Respiratory failure' Leave blank if not recorded.
	Pulmonary Collapse	Tick box for presence	Atelectasis. Inclusive of lobar collapse or loss of lung volume documented in the patient notes. Leave blank if not recorded.
	Pneumonia	Tick box for presence	Consolidation documented in the patient notes. Leave blank if not recorded.
	Aspiration pneumonia	Tick box for presence	Consolidation caused by aspiration documented in patient notes. Leave blank if not recorded.
	Pneumothorax	Tick box for presence	Pneumothorax documented in patient notes. Leave blank if not recorded.
	Haemothorax	Tick box for presence	Haemothorax documented in patient notes. Leave blank if not recorded.
	Pleural effusion	Tick box for presence	Pleural Effusion documented in patient notes.
	ARDS	Tick box for presence	Acute Respiratory Distress Syndrome documented in patient notes, inclusive of Adult Respiratory Distress Syndrome. Leave blank if not recorded.
Pulmonary oedema	Tick box for presence	Pulmonary Oedema documented in patient notes Leave blank if not recorded.	

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Diagnoses Current During ICU Stay			Tick if documented in patient notes during the ICU stay, inclusive of: <ul style="list-style-type: none"> • Tracheostomy malfunction • Haemorrhage from tracheostomy stoma • Obstruction of tracheostomy • Infection of tracheostomy stoma • Tracheo-oesophageal fistula
	Tracheostomy complications	Tick box for presence	Leave blank if not recorded.
	Respiratory arrest	Tick box for presence	<ul style="list-style-type: none"> • Respiratory Arrest documented in patient notes Leave blank if not recorded.
	Gastrointestinal tract		
	Tick if documented in patient notes as current during the ICU stay. Leave blank if not recorded.		
	GI bleed	Tick box for presence	Tick if documented in patient notes during the ICU stay. Leave blank if not recorded.
	Ileus; Paralytic Ileus	Tick box for presence	Tick if Ileus documented in patient notes during the ICU stay. Paralysis of: <ul style="list-style-type: none"> • Bowel • Colon • Intestine Leave blank if not recorded.
	Infectious gastro-enteritis	Tick box for presence	Tick if documented in patient notes during the ICU stay, inclusive of Rotavirus and 'winter vomiting'. Leave blank if not recorded.
	Acute pancreatitis	Tick box for presence	Tick if documented in patient notes during the ICU stay Leave blank if not recorded.
Liver failure	Tick box for presence	Tick if documented in patient notes during the ICU stay. Leave blank if not recorded.	

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Diagnoses Current During ICU Stay	Cardiovascular		
	Tick if documented in patient notes as current during the ICU stay. Leave blank if not recorded.		
	Myocardial infarction	Tick box for presence	Tick if documented in patient notes during the ICU stay, inclusive of STEMI and non-STEMI. Leave blank if not recorded.
	Bundle branch block	Tick box for presence	Tick if documented in patient notes during the ICU stay. Leave blank if not recorded.
	Atrial fibrillation / flutter	Tick box for presence	Tick if documented in patient notes during the ICU stay. Leave blank if not recorded.
	Ventricular fibrillation		This field will be removed from InfoFlex, please do not use going forward.
	Cardiac arrest	Tick box for presence	Tick if documented in patient notes during the ICU stay, inclusive of: Ventricular Fibrillation Asystole Pulseless Electrical Activity (PEA). Leave blank if not recorded.
	Cardiac arrhythmias	Tick box for presence	Tick if documented in patient notes during the ICU stay. Leave blank if not recorded.
	Renal System		
	Tick if documented in patient notes as current during the ICU stay. Leave blank if not recorded.		
Acute renal failure	Tick box for presence	Tick if documented in patient notes during the ICU stay. Definitions adapted from RIFLE criteria and KDIGO Guidelines; defined either by Serum Creatinine (Se Cr) or by Urine Output or if commenced on renal replacement therapy. A. Creatinine criteria: Se Cr increased >3 times baseline value. If baseline Se Cr > 354 mmol/L, an increase in Se Cr > 44 mmol/L above baseline If baseline Se Cr is not known, assume upper limit of the normal range as baseline (As per local lab ranges). B. Urine Output criteria: Urine Output < 0.3 mL/kg/h for 24 h (e. g.< 504 ml/24 hours for a patient with body weight = 70Kg) or Anuria > 12 h. C. Commenced on renal replacement therapy because of renal insufficiency. Do not tick box for Acute Renal Failure if already on long-term dialysis. Leave blank if not recorded.	

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Diagnoses Current During ICU Stay	Dialysis	Tick box for presence	<p>Tick if documented in patient notes during the ICU stay, inclusive of:</p> <ul style="list-style-type: none"> • Haemodialysis • CVVH • Peritoneal Dialysis <p>Do not record haemofiltration going forward. Leave blank if not recorded.</p>
	Increased creatinine		This field will be removed from InfoFlex, please do not use going forward.
	Haematology		
	Tick if documented in patient notes as occurring during the ICU stay. Leave blank if not recorded.		
	Anaemia; acute or chronic		This field will be removed from InfoFlex, please do not use going forward.
	Coagulation defect	Tick box for presence	<p>Tick if documented in patient notes during the ICU stay.</p> <p>Inclusive of:</p> <ul style="list-style-type: none"> • Increased PT • Increased PTT • Decreased platelets <p>Leave blank if not recorded.</p>
	Disseminated Intravascular Coagulation (DIC)	Tick box for presence	Tick if documented in patient notes during the ICU stay. Leave blank if not recorded.
	Haemorrhage / Haematoma	Tick box for presence	Tick if documented in patient notes during the ICU stay. Leave blank if not recorded.
	Thrombocytopenia	Tick box for presence	Tick if documented in patient notes during the ICU stay. Leave blank if not recorded.

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Diagnoses Current During ICU Stay	CNS		
	Tick if documented in patient notes as current during the ICU stay. Leave blank if not recorded.		
	Stroke	Tick box for presence	Tick if documented in patient notes during the ICU stay inclusive of: <ul style="list-style-type: none"> • CVA Leave blank if not recorded.
	Coma / stupor		This field will be removed from InfoFlex, please do not use going forward.
	Seizures		This field will be removed from InfoFlex, please do not use going forward.
	Encephalopathy	Tick box for presence	Tick if documented in patient notes during the ICU stay inclusive of: <ul style="list-style-type: none"> Delirium Leave blank if not recorded.
	Skin		
	Tick if documented in patient notes as current during the ICU stay. Leave blank if not recorded.		
	Cellulitis	Tick box for presence	Tick if documented in patient notes during the ICU stay. Leave blank if not recorded.
	Decubitus ulcer	Tick box for presence	Tick if documented in patient notes during the ICU stay. Leave blank if not recorded.
	VAC dressing	Tick box for presence	Tick if documented in patient notes during the ICU stay. Leave blank if not recorded.
	Wound infection	Tick box for presence	Tick if documented in patient notes during the ICU stay. Leave blank if not recorded.
	Metabolic		
	Hyper / hypokalaemia		This field will be removed from InfoFlex, please do not use going forward.
	Hyper / hyponatraemia		This field will be removed from InfoFlex, please do not use going forward.
Acid-base disorder		This field will be removed from InfoFlex, please do not use going forward.	
Electrolyte imbalance		This field will be removed from InfoFlex, please do not use going forward.	

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Infections	Infections		
	MRSA Present	Drop-down (4)	ICNARC Data Collection Manual p95.
	VRE Present	Drop-down (4)	ICNARC Data Collection Manual p161.
	CRE Present	Drop-down (4)	ICNARC Data Collection Manual p33.
	Clostridium difficile present:	Drop-down (4) FAQ	ICNARC Data Collection Manual p30.
	Infections in Blood		
	Unit acquired blood stream infection (UABSI) should be diagnosed by the MDT according to the UABSI surveillance protocol for Ireland (available as a weblink at: http://www.hpsc.ie/AZ/MicrobiologyAntimicrobialResistance/InfectionControlandHAI/Surveillance/UABSI Surveillance Protocol for Ireland/)		
	Multi Disciplinary Team (MDT) confirmed unit-acquired blood stream infection	Where unit acquired blood stream infection is confirmed by MDT, click once for Yes and a ✓ will appear. Where not confirmed, click twice for No and an X will appear. FAQ	If your unit has an MDT meeting in place to review UABSI, confirm presence or absence of UABSI. Leave blank if not applicable. When uploading your quarterly extract submission, you will be asked to confirm whether your unit has an MDT meeting in place (Y/N). Please see ICNARC Data Collection Manual p96.
	Origin of first MDT confirmed UABSI (As per HELICS criteria)	Drop-down (9)	ICNARC Data Collection Manual p102.
	Origin of first MDT confirmed UABSI missing	If origin of first MDT confirmed UABSI is missing, tick box to confirm	ICNARC Data Collection Manual p102.
Organism Identified	Tick box for presence	Leave blank if not recorded.	
Organism causing first confirmed UABSI	Dictionary List of micro-organisms A-Z	Where microorganisms causing UABSI are indicated by * or #, antibiotic resistance is relevant for this microorganism. The microorganisms with antibiotic susceptibility status are: 1. Staphylococcus aureus 2. Enterococcus 3. Enterobacteriaceae 4. Acinetobacter baumannii 5. Pseudomonas aeruginosa	

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Infections	Antimicrobial resistance to first confirmed UABSI #	Drop-down (4)	If the microorganism chosen above has antimicrobial resistance indicated by * or #, select appropriate number from list. 0 = Susceptible 1 = Resistant 2 = Carbapenem Resistant Enterobacteriaceae 9 = Antimicrobial sensitivity unknown
	Key antimicrobial data	Free-text field	For key antimicrobial data not outlined above.

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Subsequent Infection in blood	Subsequent Infection in blood		
	This panel will allow you to enter 4 subsequent episodes of UABSI. Only the first episode of UABSI is extracted to ICNARC		
	Multi Disciplinary Team Confirmed unit acquired blood stream infection	Where unit acquired blood stream infection is confirmed by MDT, click once for Yes and a ✓ will appear. Where not confirmed, click twice for No and an X will appear.	If your unit has an MDT meeting in place to review UABSI, confirm presence or absence of UABSI. Leave blank if not applicable. When uploading your quarterly extract submission, you will be asked to confirm whether your unit has an MDT meeting in place (Y/N). Please see ICNARC Data Collection Manual p96.
	Origin of subsequent confirmed UABSI (as per HELICS criteria)	Drop-down (9)	ICNARC Data Collection Manual p102
	Origin of subsequent MDT confirmed UABSI missing	If origin of first MDT confirmed UABSI is missing, tick box to confirm	ICNARC Data Collection Manual p102
	Organism Identified	Tick box for presence	Leave blank if not recorded.
	Organism causing subsequent confirmed UABSI	Dictionary List of microorganisms A-Z	Where microorganisms causing UABSI are indicated by * or #, antibiotic resistance is relevant for this microorganism. The microorganisms with antibiotic susceptibility status are: <ol style="list-style-type: none"> 1. Staphylococcus aureus 2. Enterococcus 3. Enterobacteriaceae 4. Acinetobacter baumannii 5. Pseudomonas aeruginosa
	Antibiotic resistance to second confirmed UABSI #	Drop-down (4)	If the microorganism chosen above has antimicrobial resistance indicated by * or #, select appropriate number from list. 0 = Susceptible 1 = Resistant 2 = Carbapenem Resistant Enterobacteriaceae 9 = Antimicrobial sensitivity unknown
Key Antimicrobial Data #	Free-text field	For key antimicrobial data not outlined above	

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Ventilator Associated Pneumonia	Ventilator Associated Pneumonia (VAP)		
	VAP should be diagnosed by the MDT according to the European Centre for Disease Prevention & Control (ECDC) HAI-ICU protocol v1.01 (2010) available as a weblink at: http://www.ecdc.europa.eu/en/activities/surveillance/HAI/about_HAI-Net/Pages/ICU.aspx This panel will allow you to enter 5 episodes of VAP.		
	Ventilator Associated Pneumonia (VAP) discussed and confirmed at MDT meeting	Where VAP is confirmed by MDT, click once for Yes and a ✓ will appear. Where not confirmed, click twice for No and an X will appear.	If your unit has an MDT meeting in place to review VAP, confirm presence or absence of VAP. Leave blank if not applicable.
	Organism causing confirmed VAP identified	Tick box for presence	Leave blank if not recorded.
	Organism causing confirmed VAP (as per HELICS criteria)	Dictionary List of microorganisms A-Z	Where microorganisms causing VAP are indicated by * or #, antibiotic resistance is relevant for this microorganism. The microorganisms with antibiotic susceptibility status are: <ol style="list-style-type: none"> 1. Staphylococcus aureus 2. Enterococcus 3. Enterobacteriaceae 4. Acinetobacter baumannii 5. Pseudomonas aeruginosa
	Antimicrobial Resistance to confirmed VAP	Drop-down (4)	If the microorganism chosen above has antimicrobial resistance indicated by * or #, select appropriate number from list. 0 = Susceptible 1 = Resistant 2 = Carbapenem Resistant Enterobacteriaceae 9 = Antimicrobial sensitivity unknown
	Key Antimicrobial Data #	Free-text field	For key antimicrobial data not outlined above.

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Unit Discharge	Unit Discharge		
	Status at discharge from your unit	Drop-down (3)	If Alive is selected, complete all data items in Unit Discharge and Transferring Unit Details. If Dead is selected, click on Enter Death Details. ICNARC Data Collection Manual p144.
	Date when fully ready to discharge		ICNARC Data Collection Manual p53.
	Time when fully ready to discharge		ICNARC Data Collection Manual p53.
	Reason for discharge from your unit	Drop-down (6)	ICNARC Data Collection Manual p118.
	Timeliness of discharge from your unit	Drop-down (3) FAQ	ICNARC Data Collection Manual p150.
	Date of discharge from your unit		ICNARC Data Collection Manual p46.
	Time of discharge from your unit		ICNARC Data Collection Manual p46.
	Days between Admission & Discharge -Death Unit (LOS)	Automatically calculated	Calculated automatically by InfoFlex.
	Level of care received at discharge from your unit	Drop-down (4)	ICNARC Data Collection Manual p82.
	Last NEWS prior to discharge from your unit		NEWS can be calculated by the ICU Audit Nurse if necessary data are documented in the patient notes. Only Adult NEWS is supported by the INICUA definition Do not record IMEWS and PEWS in this field choose NEWS missing where only IMEWS and PEWS are available. ICNARC Data Collection Manual p81.
	Last NEWS prior to discharge from your unit missing	Tick box for absence	ICNARC Data Collection Manual p81.
	Treatment withheld/withdrawn	Drop-down (4) FAQ	ICNARC Data Collection Manual p154.
	Date treatment first withdrawn		ICNARC Data Collection Manual p52.
Time treatment first withdrawn		ICNARC Data Collection Manual p52.	

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Unit Discharge	Transferring Unit Details		
	Location (out)	Drop-down (9)	ICNARC Data Collection Manual p89.
	Hospital housing location (out)	Drop-down (3) FAQ	ICNARC Data Collection Manual p75.
	Specify Ward (Out)		Name of ward in this hospital from hospital ward list.
	Name of other hospital	Dictionary List	Name of hospital patient is transferred to from list on Infoflex.
	Sector of Other hospital (out)	Drop-down (4)	ICNARC Data Collection Manual p131.
	Transferring Unit Identifier (out)	Dictionary List	ICNARC Data Collection Manual p153.
	Type of adult ICU/HDU (out)	Drop-down (11)	ICNARC Data Collection Manual p156.
	Date of ultimate discharge from an ICU/HDU		ICNARC Data Collection Manual p46.
	Status at ultimate discharge from ICU/HDU	Drop-down (3)	ICNARC Data Collection Manual p147.

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Death Details	Enter death details		
	If Status at discharge from your unit is dead, the fields below will appear in a separate screen for completion		
	Brainstem death declared	Drop-down (2)	If yes, enter date and time of declaration of brainstem death. If no, enter date and time of death. Please see ICNARC Data Collection Manual p20.
	Date of declaration of brainstem death		ICNARC Data Collection Manual p50.
	Time of declaration of brainstem death		ICNARC Data Collection Manual p50.
	Date of death		ICNARC Data Collection Manual p49.
	Time of Death		ICNARC Data Collection Manual p49.

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Organ Donation	Organ Donation		
	Brainstem death declared	Automatically populated	This field will auto populate if you have completed the Death Details Panel. Please see ICNARC Data Collection Manual p20.
	Date of declaration of brainstem death	Automatically populated	This field will auto populate if you have completed the Death Details Panel. Please see ICNARC Data Collection Manual p50.
	Time of declaration of brainstem death	Automatically populated	This field will auto populate if you have completed the Death Details Panel. Please see ICNARC Data Collection Manual p50.
	Solid organ or tissue donation	Drop-down (4)	In cases of no organ donation or tissue donor only, please ensure you complete the entire Organ Donation data set. Please see ICNARC Data Collection Manual p142.
	Referred to transplant coordinator for solid organ donation	Drop-down (2)	ICNARC Data Collection Manual p119.
	Assent for solid organ or tissue donation	Drop-down (3)	ICNARC Data Collection Manual p15.
	Why not an organ donor	Drop-down (6)	ICNARC Data Collection Manual p164.
	Medical Contra-indications to donation	Drop-down (6)	If you have selected medical contraindications from above, please ensure you complete this question. Please see ICNARC Data Collection Manual p92.
	Date body removed from your unit		ICNARC Data Collection Manual p47.
	Time body removed from your unit		ICNARC Data Collection Manual p47.

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Follow Up	Follow Up		
	Critical care visit post-discharge from your unit	Drop-down (6)	ICNARC Data Collection Manual p34.
	Date of first critical care post-discharge from your unit		ICNARC Data Collection Manual p41.

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Hospital Discharge	Hospital Discharge		
	Date of discharge from your unit	Automatically populated	This data field auto populates from the Unit Discharge Panel.
	Time of discharge from your unit	Automatically populated	This data field auto populates from the Unit Discharge Panel.
	Expected dependency post-discharge from acute hospital	Drop-down (5)	ICNARC Data Collection Manual p61.
	Date of discharge from your hospital		ICNARC Data Collection Manual p40.
	Status at discharge from your hospital	Drop-down (4) FAQ	ICNARC Data Collection Manual p144.
	Destination post discharge from your hospital	Drop-down (3)	ICNARC Data Collection Manual p57.
	Days between admission & discharge (hospital)	No of Days Automatically calculated	Calculated automatically by Inflex.
	Sector of Other Hospital (out)	Drop-down (4)	ICNARC Data Collection Manual p131.
	Date of ultimate discharge from hospital		ICNARC Data Collection Manual p45.
	Status at ultimate discharge from hospital	Drop-down (3)	ICNARC Data Collection Manual p146.
	Residence post-discharge from your hospital	Drop-down (9)	ICNARC Data Collection Manual p121.
	Left acute hospital?	Tick box to confirm	Tick this box to confirm you have completed all of the acute hospital discharge data set.

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Local Data Items	Local Data Items		
	Reason for ICM referral		Free text box. Use of this field can be agreed locally.
	Weekend/bank holiday admission?		17:00 Fri to 08:00 Mon + 08:00-08:00 Bank Holiday. If a patient arrives within the hours stated above on a weekend or Bank Holiday, please tick the box to confirm. Leave blank if not applicable.
	Readmission (during this hospital stay)		
	Readmitted	Automatically populated	If you select Readmitted on the Admission panel, the readmitted data field in the Local Data Items panel will auto populate.
	>48hrs or <48hrs	Drop-down list (2)	Select >48 hours if readmitted less than 48 hours from most recent discharge date and time. Select <48 hours if readmitted more than 48 hours from most recent discharge date and time.
	Readmission Source	Drop-down list (2)	Select Readmission from HDU if patient is readmitted from your HDU. Select Readmission from outside Critical Care if patient is readmitted from any other area in your hospital outside Critical Care (as defined locally).
	Tracheostomy		
	Complete these data fields if you entered Tracheostomy performed during ICU stay and Tracheostomy type on the Interventions in ICU panel		
	Total days with tracheostomy	No of days	The total number of days a patient has a tracheotomy in situ during this stay in your unit. Leave blank if not applicable.
	Total days ventilated via tracheostomy	No of days	The total number of days a patient is ventilated via tracheotomy during this stay in your unit. Leave blank if not applicable.
Total days ventilated via tracheostomy with >one organ failure	No of days	The total number of days a patient is ventilated via tracheotomy with more than one organ failure during this stay in your unit. Leave blank if not applicable.	

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Local Data Items	Vasopressor days		
	Complete this data field if you selected Vasopressors on the Interventions in ICU panel.		
	Vasopressor days	No of days	The number of calendar days that an admission received vasopressor drugs during this stay in your Unit. Leave blank if not applicable.
	Transfusion		
	Complete this data field if you selected Transfused in ICU on the Interventions in ICU panel. The number of units of blood products transfused that a patient receives during this stay in your unit.		
	RBC	No of Units	The number of units of red blood cells transfused that a patient receives during this stay in your unit. Leave blank if not applicable.
	Platelets	No of Units	The number of units of platelets transfused that a patient receives during this stay in your unit. Leave blank if not applicable.
	Plasma	No of Units	The number of units of plasma (as defined locally) transfused that a patient receives during this stay in your unit. Leave blank if not applicable.
	ECMO		
	Complete these data fields if you selected ECMO and entered ECMO Hours on the Interventions in ICU panel.		
ECMO	Automatically populated	If you selected ECMO on the Interventions in ICU panel, the ECMO data field in the Local Data Items panel will auto populate.	
ECMO Hours	No of Hours Automatically populated	If you entered ECMO Hours on the Interventions in ICU panel, the ECMO Hours data field in the Local Data Items panel will auto populate.	

InfoFlex Panel	Data Item	Calculated or automated number / value/ FAQ	Definition / Instruction
Local Data Items	Location where ECMO commenced	Drop-down list (3)	Select ICU if patient was commenced on ECMO in your own ICU. Select Theatre if patient was commenced on ECMO in your own hospitals theatres. Select Referring Hospital if patient was commenced on ECMO in any area of another hospital.
	ECMO type	Drop-down list (2)	Select VA if ECMO site is veno-arterial. Select VV if ECMO type is veno-veno.
	VA configuration	Drop-down list (2)	If you selected VA as the ECMO type above, select peripheral or central as the access site.
	Enteral Feeding	No of days	Complete this data field if you selected Nutrition-Enteral via NG or PEG on the Interventions in ICU panel. The number of days a patient receives enteral feeding during this stay in your unit. Leave blank if not applicable.
	TPN	No of days	Complete this data field if you selected Nutrition-TPN on the Interventions in ICU panel. The number of days a patient receives TPN during this stay in your unit. Leave blank if not applicable.
	Lactate > 5 mmol/l at any time during ICU stay	Tick box for presence Do not record venous check with RD	Select this data field if a patient has a lactate level greater than 5 mmol/l at any time during this stay in your unit. Leave blank if not applicable.
	Blood sugar < 4mmol/dl; no of episodes during ICU stay	No of episodes	Complete this data field with the number of episodes of a blood sugar less than 4 mmol/dl during this stay in your unit.
	Blood sugar >10 mmol/dl; no of episodes during ICU stay	No of episodes	Complete this data field with the number of episodes of a blood sugar greater than 10 mmol/dl during this stay in your unit.

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