

Return to ICU Therapeutic Intervention Scoring System

Addressograph

Serial: Site: H S C

Study # Page:

First Date on this Form / / 2 0

ADMITTED between 2200 & 2400hr? Y N
DISCHARGED between 0001 & 0200hr? Y N

(if Yes for either of the above - **No TISS** for that day)

■ Mutually Exclusive in Grey

DAY:

NEUROLOGICAL

- | | | | | | | | | | |
|---|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|---|
| 2 | Hourly neuro checks..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | 2 |
| 3 | Intracranial pressure monitoring (ICP)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | 3 |
| 4 | Mannitol infusion for cerebral edema..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | 4 |
| 5 | Rx of seizures, metabolic encephalopathy (first 48h)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | 5 |
| 6 | Hypo/hyperthermia blanket..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | 6 |
| 7 | Patient restraint (to prevent harm)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | 7 |

No Treatment.....

CARDIOVASCULAR

- | | | | | | | | | | |
|----|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|----|
| 9 | ECG monitoring..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | 9 |
| 10 | Hourly vital signs..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | 10 |
| 11 | Peripheral arterial line..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | 11 |
| 12 | Pulmonary arterial line..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | 12 |
| 13 | Measurement of CVP (any method)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | 13 |
| 14 | Measurement of cardiac output..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | 14 |
| 15 | Temporary pacemaker - Standby | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | 15 |
| 16 | Temporary pacemaker - Active | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | 16 |
| 17 | Post cardiac or respiratory arrest (first 48 hrs)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | 17 |
| 18 | Cardioversion \ Defibrillation for arrhythmias..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | 18 |
| 19 | Intraaortic balloon pump..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | 19 |
| 20 | Pressurized blood transfusion..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | 20 |
| 22 | Platelet infusion | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | 22 |

1 adult dose = 3

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|----|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|----|
| | Total units Platelets..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 23 | Infusion of blood products (≤5/24 h) (not including platelets) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | 23 |
| 24 | Infusion of blood products (>6/24 h) (not including platelets) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | 24 |

Total units per 24hr
**excluding the Operating room

- | | | | | | |
|--------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Red blood cells..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| FFP (350ml=1u / 500ml=2u)..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Stored plasma..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| HSA 25% (100ml=1u)..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| HSA 5% (250ml=1u / 500ml=2u)..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Pentaspan (250ml=1u / 500ml=2u)..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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|----|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|----|
| 25 | *IV replacement of excess fluid loss (>6L/24hr)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | 25 |
|----|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|----|

RESPIRATORY

- | | | | | | | | | | |
|----|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|----|
| 29 | A/C, SIMV, PSV with muscle relaxant/sedation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | 29 |
| 30 | A/C, SIMV, PSV without paralysis/sedation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | 30 |
| 31 | Spontaneous CPAP or BIPAP | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | 31 |
| 32 | Spontaneous respirations via E-T tube or | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | 32 |
| 33 | Intubation - nasal or tracheal..... performed in ICU..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | 33 |
| 34 | Fresh tracheostomy (first 48hours) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | 34 |
| 35 | Tracheostomy care (over 48 hours) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | 35 |
| 36 | Chest physiotherapy..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | 36 |
| 37 | Incentive spirometry/IPPB/inhalation therapy.(ventolin)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | 37 |
| 38 | Tracheal suctioning of non-intubated patient..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | 38 |
| 39 | Oxygen by mask or nasal prongs..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | 39 |
| 40 | Chest tube(s)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | 40 |

Therapeutic Intervention Scoring System

Serial: Site: **H S C** Study #:

DAY:

GASTROINTESTINAL

- 42 Tube feedings..... 42
- 43 Central IV hyperalimentation..... 43
- 44 Peripheral IV hyperalimentation..... 44
- 45 Oral/NG replacement of fluids above maintenance..... 45
- 46 Balloon taponade of varices (Blakemore)..... 46
- 47 Gastric lavage for active bleeding..... 47
- 48 Kayexalate/colonic enema..... 48

GENITOURINARY

- 50 Urinary - Foley catheter..... 50
- 51 Dipstick Urine testing (S & K)..... 51
- 52 Peritoneal dialysis..... 52
- 53 Hemodialysis: stable patient..... 53
- 54 Hemodialysis: unstable patient..... 54
- 55 CVVHD..... 55

METABOLIC/FLUIDS/ELECTROLYTES/BLOOD WORK

- 57 Intake and output..... 57
- 58 Blood Samples - TOTAL <12/24hours..... 58
- 59 Blood Samples - TOTAL 13 or more/24hours..... 59
- {* Each tube or specimen eg.(2CBC+ 3Lytes + 2Blood cult.+ 4glucometer + 1ABG = 12)}
- 61 Treatment of metabolic acidosis or alkalosis(NaHCO3, Diamox)..... 61
- 62 Active diuresis (eg. Lasix, diamox,etc..... 62

MEDS/IV's

- 64 Peripheral venous catheter: 1 (not central lines)..... 64
- 65 Peripheral venous catheter: 2 or more (not central lines)..... 65
- 66 Pump regulated IV infusion (initial onset)..... 66
- 67 Vasoactive drug infusion: 1 drug..... 67
- 68 Vasoactive drug infusion: 2 or more drugs..... 68
- 69 Continuous antiarrhythmic infusion(s)..... 69
- 70 Intravenous Pitressin infusion..... 70
- 71 Potassium infusion via central line..... 71
- 72 Anticoagulation: acute (first 24 hours)..... 72
- 73 Anticoagulation: chronic..... 73
- 74 Acute digitalization (first 48 hours)..... 74
- 75 Parenteral chemotherapy..... 75
- 76 IV antibiotics/antifungals: 1 or 2..... 76
- 77 IV antibiotics/antifungals: 3 or more..... 77
- 78 Unscheduled Bolus IV meds (stats, PRNS)..... 78
- 79 Scheduled IV meds (including IV antibiotic doses)..... 79

GENERAL

- 81 Dressing changes: routine..... 81
- 82 Dressing changes: multiple..... 82
- 83 Extensive wound care, irrigation, packing..... 83
- 84 Decubitus care (not preventive)..... 84
- 85 Ostomy drainage..... 85
- 86 Drainage tubeS/HemovacS/any type of tube(not Foley)..... 86
- 87 Orthopedic traction: standard..... 87
- 88 Orthopedic traction: complex..... 88
- 89 Isolation of patient..... 89

PROCEDURES

- 91 Diagnostic procedure (outside of ICU eg CT, ANG,MRI, MUGA,etc..... 91
- 92 Bronchoscopy..... 92
- 93 Cardiocentesis..... 93
- 94 Endoscopy..... 94
- 95 Thoracentesis..... 95
- 96 Operative procedures (day of surgery only)..... 96