

Return to ICU Therapeutic Intervention Scoring System

Addressograph

Serial: Laptop #

Site: Unit:

First Date on this Form / / **2 0**
MM DD YYYY

Fill bubbles using dark pencil (HB) or black pen like this: " ● "

Mark errors like this: " ✕ "

A calendar day starts at 0001 and ends at 2400 hrs

Items 1 to 45 (except 11 & 39) - mark if the activity occurred any time during that calendar date. Answer each item separately; don't worry about apparent conflicts or overlaps between items.

BASIC ACTIVITIES

Date: X for error in row

- | | | | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|
| 1. No TISS items applicable for today | <input type="radio"/> | <input type="checkbox"/> |
| 2. Hourly vital signs (BP, HR, RR) and intake & output (hourly means more than 2 consecutive hrs) | <input type="radio"/> | <input type="checkbox"/> |
| 3. Any lab specimen collection by RN | <input type="radio"/> | <input type="checkbox"/> |
| 4. Any medications given by any route | <input type="radio"/> | <input type="checkbox"/> |
| 5. Two or more IV medications given any time (continuous or intermittent) | <input type="radio"/> | <input type="checkbox"/> |
| 6. Dressings: 2 or less per day, takes 10 mins or less each | <input type="radio"/> | <input type="checkbox"/> |
| 7. Dressings: 3 or more per day OR takes more than 10 mins each | <input type="radio"/> | <input type="checkbox"/> |
| 8. Care of any drainage tubes (excluding NG or OG tubes) | <input type="radio"/> | <input type="checkbox"/> |

NEUROLOGICAL SUPPORT

- | | | | | | | | | |
|--------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|
| 9. CAM "+" any time today | <input type="radio"/> | <input type="checkbox"/> |
| 10. Intracranial pressure monitoring | <input type="radio"/> | <input type="checkbox"/> |

CARDIOVASCULAR SUPPORT

- | | | | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|
| 11. CPR within the past 24 hours (must have had chest compressions) | <input type="radio"/> | <input type="checkbox"/> |
| 12. More than 5L per day of IV fluids given in the ICU only (includes: crystalloids, albumin and artificial volume expanders, e.g., Voluven) | <input type="radio"/> | <input type="checkbox"/> |
| 13. Vasoactive drug cont IV infusion: Single or one at a time | <input type="radio"/> | <input type="checkbox"/> |
| 14. Vasoactive drug cont IV infusion: Multiple simultaneous | <input type="radio"/> | <input type="checkbox"/> |
| 15. Pulmonary arterial line (Swan Ganz) | <input type="radio"/> | <input type="checkbox"/> |
| 16. Peripheral arterial line | <input type="radio"/> | <input type="checkbox"/> |
| 17. Central venous catheter - any (includes Cordis, PICC, Vascath, etc.) | <input type="radio"/> | <input type="checkbox"/> |

RESPIRATORY SUPPORT

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|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|
| 18. Invasive mechanical ventilation via ETT or trach (AC, SIMV, PSV) | <input type="radio"/> | <input type="checkbox"/> |
| 19. Spontaneous breathing via ETT or trach (no ventilator attached) | <input type="radio"/> | <input type="checkbox"/> |
| 20. Supplemental oxygen without ETT or trach (nasal prongs or face mask) | <input type="radio"/> | <input type="checkbox"/> |
| 21. Non-invasive CPAP or BIPAP (nasal or face mask) | <input type="radio"/> | <input type="checkbox"/> |
| 22. ETT present | <input type="radio"/> | <input type="checkbox"/> |
| 23. Tracheostomy tube present | <input type="radio"/> | <input type="checkbox"/> |

Date: X for error in row

RESPIRATORY SUPPORT (CONT'D)

24. Chest physio (pummeling and/or vibes and/or DB&C)	<input type="radio"/>	<input type="checkbox"/>						
25. Incentive spirometry	<input type="radio"/>	<input type="checkbox"/>						
26. Inhalation therapy (nebulizers, puffers)	<input type="radio"/>	<input type="checkbox"/>						
27. Intratracheal suctioning (via ETT, trach, nasal trumpet, oral)	<input type="radio"/>	<input type="checkbox"/>						
28. Planned extubation occurred today (intentional) (NOT trach)	<input type="radio"/>	<input type="checkbox"/>						
29. Unplanned extubation occurred today (unintentional) (NOT trach)	<input type="radio"/>	<input type="checkbox"/>						

RENAL SUPPORT

30. Measurement of urinary output (with or without a foley)	<input type="radio"/>	<input type="checkbox"/>						
31. Substantial IV Diuretics (continuous or intermittent - total daily doses of IV Lasix more than 30mg/day and/or IV Bumex more than 0.75mg/day)	<input type="radio"/>	<input type="checkbox"/>						
32. Intermittent hemodialysis (even if pt goes to dialysis unit)	<input type="radio"/>	<input type="checkbox"/>						
33. CRRT	<input type="radio"/>	<input type="checkbox"/>						
34. Peritoneal dialysis	<input type="radio"/>	<input type="checkbox"/>						

METABOLIC SUPPORT

35. Treatment of metabolic acidosis or alkalosis (e.g., NaHCO3 or Diamox for pH)	<input type="radio"/>	<input type="checkbox"/>						
36. IV hyperalimentation TNA or TPN	<input type="radio"/>	<input type="checkbox"/>						
37. Tube feeds (bolus or continuous) (NG, OG, J-tube, G-tube)	<input type="radio"/>	<input type="checkbox"/>						

OTHER

38. Patient is on isolation (any type)	<input type="radio"/>	<input type="checkbox"/>						
39. Patient had EMERGENCY surgery in the past 24 hrs	<input type="radio"/>	<input type="checkbox"/>						

SPECIFIC INTERVENTIONS (in the ICU only)

40. Insertion of ETT (intubation) in the ICU	<input type="radio"/>	<input type="checkbox"/>						
41. Cardioversion only (not defibrillation) in the ICU	<input type="radio"/>	<input type="checkbox"/>						
42. Pacemaker insertion (only transvenous) in the ICU	<input type="radio"/>	<input type="checkbox"/>						
43. Endoscopy (any type of scope) in the ICU	<input type="radio"/>	<input type="checkbox"/>						
44. Gastric lavage for upper GI bleed in the ICU	<input type="radio"/>	<input type="checkbox"/>						

SPECIFIC INTERVENTIONS (outside the ICU)

45. RN accompanied trips out of the ICU (any reason except ward transfers)	<input type="radio"/>	<input type="checkbox"/>						
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AT 2300 HOURS DID PATIENT HAVE (NOTE: this instruction differs from items #1-45 above)

46. Central venous catheter (includes Cordis, PICC, Vascath, etc.)	<input type="radio"/>	<input type="checkbox"/>						
47. Tracheostomy tube	<input type="radio"/>	<input type="checkbox"/>						
48. Invasive mechanical ventilation via ETT or trach (AC, SIMV, PSV)	<input type="radio"/>	<input type="checkbox"/>						
49. BIPAP (non-invasive - nasal or face mask) Not CPAP	<input type="radio"/>	<input type="checkbox"/>						