ICU Patient Safety Outcome Measures Data Abstraction Tool
Upper Gastrointestinal Bleed

PATIENT SECURITY TEAR SHEET

Instructions:

1. **Complete tear sheet.**
2. **Add full ID number to top of each page of abstraction instrument**

   This ID number will begin with the institution code, followed by the study ID number.

3. **Complete abstraction and file in according to security protocols**
4. **Remove tear sheet after data entry**
5. **File completed Abstraction Instrument and Tear Sheet in separate locked cabinets**

Patient name		
FIRST	**MI**	**LAST**

Patient Study Number

Data Abstractor's Number

DEMOGRAPHICS		
#	**QUESTION**	**RESPONSE**
1	**Gender**	☐ **Male** ☐ **Female**
2	**Date of Birth**	_ _ **/** _ _ **/** _ _ _ _
3	**Race** Note: The numbers in the parentheses correspond to how MGH codes race upon admission.	☐ Asian (1) ☐ Black or African American (2) ☐ Declined (3) ☐ Hispanic / Latino (4) ☐ American Indian / Alaska Native (5) ☐ Other (6) *Write in:*_____ ☐ Native Hawaiian or Pacific Islander (7) ☐ Unavailable / Unknown (8) ☐ White or Caucasian (9) ☐ Multiracial
4	**Hospital Admission**	**Date:** _ _ **/** _ _ **/** _ _ _ _ **Time:** _ _ **:** _ _
5	**Hospital Discharge**	**Date:** _ _ **/** _ _ **/** _ _ _ _ **Time:** _ _ **:** _ _
6	**ICU Admission**	**Date:** _ _ **/** _ _ **/** _ _ _ _ **Time:** _ _ **:** _ _
7	**ICU Discharge**	**Date:** _ _ **/** _ _ **/** _ _ _ _ **Time:** _ _ **:** _ _
8	**Please indicate the type of ICU to which the patient was**	☐ **Burn Critical Care** ☐ **Medical Cardiac Critical Care**

	admitted.	**☐ Medical Critical Care** **☐ Medical/Surgical Critical Care** **☐ Neurologic Critical Care** **☐ Neurosurgical Critical Care** **☐ ONC Medical Critical Care** **☐ ONC Surgical Critical Care** **☐ ONC Medical-Surgical Critical Care** **☐ Prenatal Critical Care** **☐ Respiratory Critical Care** **☐ Surgical Cardiothoracic Critical Care** **☐ Surgical Critical Care** **☐ Trauma Critical Care** **☐ Inpatient Dialysis Specialty Care Area (SCA)** **☐ Solid Organ Transplant SCA** **☐ Adult Mixed Acuity Unit** **☐ Mixed Age Mixed Acuity Unit** **☐ ONC Mixed Acuity Unit (all ages)** **☐ Other: *Write in* _____** **☐ Unknown**	
9	**Height**	**Height** **Value: _____ Unit:_____** (cm or inches, please specify which unit) **☐ Height not recorded**	
10	**Weight on admission to the ICU, if recorded.**	**Weight** **Value: _____ Unit: _____** (kg or pounds, please specify which unit) **☐ Weight not recorded**	
11	**What was the status of the patient at the time of ICU discharge?**	**☐ Stable** **☐ Discharged for comfort care with no expectation of recovery** **☐ Dead** **☐ Heart still beating but under consideration for organ donation**	
12	**Please indicate the patient's care site prior**	**☐ a. Your acute-care hospital**	

	to this ICU admission. Please choose one response.	**☐ b. Another acute care hospital** **☐ c. Skilled Nursing Facility (SNF) / Intermediate Care** **☐ d. Rehabilitation Unit** **☐ e. Home** **☐ g. Other _____**	
13	**If the response choice to Question 12 was "a," indicate the patient's department/unit care site prior to this ICU admission.**	**☐ a. Ward or floor unit** **☐ b. Emergency department** **☐ c. Cardiac Catheterization Lab** **☐ d. Step Down / Transitional Care Unit** **☐ e. Operating Room or Surgical Recovery Room** **☐ f. Other ICU_____** **☐ g. Unknown**	

RISK ADJUSTER – SEQUENTIAL ORGAN FAILURE ASSESSMENT (SOFA) SCORE		
#	**QUESTION**	**RESPONSE**
Use the worst values in first 24 hours of ICU admission or closest to the time of ICU admission.		
14	**What was the patient's lowest arterial partial pressure of oxygen (PaO2) within 24 hours of ICU admission?**	**Lowest PaO2: _____** **Unit of Measurement:** **☐ mmHG** **☐ kPa** **☐ Other: _____**
15	**How much was the fraction of inspired oxygen (FiO2) was the patient on at the measurement of the PaO2 in Question 14?**	**FiO2: _____%**
16	**What was the patient's lowest platelet count within 24 hours of ICU admission?**	**Lowest Platelet Count: _____** **Unit of Measurement:** **☐ x10^3/uL** **☐ 10^9/L** **☐ Other: _____**
17	**What was the patients worst Glascow Coma Scale measurement within 24 hours of ICU admission?**	**Glascow Coma Scale: _____**
18	**What was the patient's highest bilirubin level within 24 hours of ICU admission?**	**Highest Bilirubin Level: _____** **Unit of Measurement:** **☐ mg/dL** **☐ umol/L** **☐ Other: _____**
19	**What was the patient's highest**	**Highest Creatinine Level: _____**

	creatinine level within 24 hours of ICU admission?	**Unit of Measurement:** **☐ mg/dL** **☐ umol/L** **☐ Other: _____**
20	**Does the patient have any documented use of vasopressors during the first 24 hours of the ICU stay? Please list all drugs.** 1. Dopamine 2. Epinephrine 3. Norepinephrine 4. Phenylephrine 5. Vasopressin Exclude: Dobutamine and Milrinone. **If yes, document all vasopressors, maximum dosages, start and end dates.**	**☐ YES** **☐ NO** **Drug #1: _____** **Maximum Dose in First 24 hours: _____** **Start Date: _ _ / _ _ / _ _ _ _** **Time: _ _ : _ _**
		Drug #2: _____ **Maximum Dose in First 24 hours: _____** **Start Date: _ _ / _ _ / _ _ _ _** **Time: _ _ : _ _**
		Drug #3: _____ **Maximum Dose in First 24 hours: _____** **Start Date: _ _ / _ _ / _ _ _ _** **Time: _ _ : _ _**
21	**SOFA Score**	**Calculate**

UPPER GASTROINTESTINAL BLEED		
#	**QUESTION**	**RESPONSE**
DEFINITION Any patient in the ICU who had documented evidence of a GI bleed as defined by: 1) New heme positive stool, melena or hematemesis AND either received a transfusion of packed red blood cells (PRBCs) OR 2) Had a colonoscopy or esophagogastroscopy.		
22	**At the time of ICU admission, did the patient have gastrointestinal bleeding?** (Include only clinically apparent GI bleeding. Examples include hematemesis, coffee ground emesis, or melena; a drop in hematocrit or perforated ulcer alone is NOT sufficient)	☐ **Upper GI Bleed** ☐ **Lower GI Bleed** ☐ **GI Bleed, unknown source** ☐ **Unknown**
23	**Did the patient have a new heme positive stool documented during this ICU stay? If so, please record the first date.**	☐ **YES** ☐ **NO** **If YES:** **First Date _ _ / _ _ / _ _ _ _**
24	**Did the patient have new melena documented during this ICU stay?** **If so, please record the first date.** Note: Refer to daily ICU notes**.**	☐ **YES** ☐ **NO** **If YES:** **First Date _ _ / _ _ / _ _ _ _**
25	**Did the patient have new hematemesis documented during this ICU stay?** **If so, please record the date.** Note: Refer to daily ICU notes.	☐ **YES** ☐ **NO** **If YES:** **First Date _ _ / _ _ / _ _ _ _**
	Did the patient receive a transfusion of packed red blood cells at any time during this ICU	☐ **YES** ☐ **NO**

26	**stay?** **If so, please record the dates where patient received > or equal to 2 PRBCs in one day.**	**If YES:** **Date _ _ / _ _ / _ _ _ _** **Date _ _ / _ _ / _ _ _ _** **Date _ _ / _ _ / _ _ _ _** **Date _ _ / _ _ / _ _ _ _**
27	**Did the patient have a colonoscopy performed during this ICU stay? Please record the date of the procedure.** **If so, what was the reason for the colonoscopy?** Note: Reasons may be found in any of the following: chart/daily notes and/or consent form.	☐ **YES** ☐ **NO** **If YES: Date _ _ / _ _ / _ _ _ _** **If yes, what was the reason documented?**
28	**Did the patient have an esophagogastroscopy during this ICU stay? Please record the date.** **If so, what was the reason for the esophagogastroscopy?** Note: Reasons may be found in any of the following: chart/daily notes and/or consent form.	☐ **YES** ☐ **NO** **If YES: Date _ _ / _ _ / _ _ _ _** **If yes, was the reason documented a gastrointestinal bleed?** ☐ **YES** ☐ **NO**
Before answering the following question, please review the gastrointestinal bleeding definition above and responses to questions 22 to 28.		
29	**Based on the responses to the questions and the identified criteria, does this patient meet the criteria for having had a gastrointestinal bleed during this ICU stay and ≥ 48 hours after ICU admission?**	☐ **YES** ☐ **NO** ☐ **Cannot be determined** **If cannot determine, indicate reason:**_____ Data Abstractors: Please **do not** answer Question 29.