**Form 1 – Patient Demography and Surveillance Appendix 1**

|  |  |
| --- | --- |
| Date |  |
| Study No |  |
| Age (years) |  |
| Gender |  |
| Race |  |
| Weight (kg)  |  |
| Height (cm) |  |
| BMI (kg/m2) |  |
| Date of hospital admission |  |
| Primary department |  |
| Co-morbidities | 1.2.3.4. |
| Diagnosis | 1.2.3.4. |
| Date of ICU admission |  |
| Date of intubation |  |
| Factor necessitating intubation |  |
| ETT size |  |
| SOFA score\*  |  |
| SAPS II score\*  |  |
| In your opinion, will the patient require invasive ventilation for more than 48 hours?\*\* | YES | NO |

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\*Scoring on ICU admission

 \*\*Please proceed with the rest of this survey only if you answer for this question is YES

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| --- | --- | --- |
|  | YES | NO |
| Is the patient below 18 years old? |  |  |
| Does the patient have chronic lung disease or restrictive lung disease? |  |  |
| Does the patient have any upper airway pathology? |  |  |
| Has the patient been ventilated for more than 24 hours? |  |  |
| Do you have any reason to believe that the patient may have aspirated prior to or during intubation? |  |  |

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| \* Please proceed with the next step of this study only if your answer for all the above questions are NO1. If your patient fulfils all the criteria for this study, choose 1 envelope from the file provided. * If the envelope you choose contains a paper with the word TRACOE – connect the ETT cuff to the TRACOE smart cuff manager and inflate the balloon to 2/3-3/4 the volume of the outer shell. Check the initial cuff pressure using a hand held manometer. It should read between 20-30cmH2O.
* If the envelope you choose contains a paper with the word MANOMETER, then check the initial cuff pressure of the ETT, and inflate or deflate it accordingly, to achieve a cuff pressure of 20-30cmH2O.

2. The cuff pressure should be checked for both groups of patients every 6 hours. 3. Record the first and subsequent cuff pressures taken in Form 2.4. If the patient develops VAP during his/her stay in the ICU, please fill up Form 3. Monitoring for VAP should continue up to 48 hours after extubation.5. If the patient is extubated and subsequently reintubated for whatever reason (within 48 hours), the patient will continue to be part of this study as long as the patient did not aspirate during the subsequent intubation process.  |
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**FORM 2 – DATA COLLECTION Appendix 2**

Study No:

|  |  |  |
| --- | --- | --- |
| Day 1 | Date |  |
| Time | Admission | 0600 | 1200 | 1800 | 0000 |
| Cuff pressure |  |  |  |  |  |
| Inflation or deflation of cuff (mls) |  |  |  |  |  |
| Patient’s RASS score |  |  |  |  |  |
| Patient’s position |  |  |  |  |  |
| Comments/adverse events |  |  |  |  |  |
| Signature |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Day 2 | Date |  |
| Time | 0600 | 1200 | 1800 | 0000 |
| Cuff pressure |  |  |  |  |
| Inflation or deflation of cuff (mls) |  |  |  |  |
| Patient’s RASS score |  |  |  |  |
| Patient’s position |  |  |  |  |
| Comments/adverse events |  |  |  |  |
| Signature |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Day 3 | Date |  |
| Time | 0600 | 1200 | 1800 | 0000 |
| Cuff pressure |  |  |  |  |
| Inflation or deflation of cuff (mls) |  |  |  |  |
| Patient’s RASS score |  |  |  |  |
| Patient’s position |  |  |  |  |
| Comments/adverse events |  |  |  |  |
| Signature |  |  |  |  |

If cuff requires inflation, write as ‘+ ..... mls’

If cuff requires deflation, write as ‘- ..... mls’

|  |  |  |
| --- | --- | --- |
| Day 4 | Date |  |
| Time | 0600 | 1200 | 1800 | 0000 |
| Cuff pressure |  |  |  |  |
| Inflation or deflation of cuff (mls) |  |  |  |  |
| Patient’s RASS score |  |  |  |  |
| Patient’s position |  |  |  |  |
| Comments/adverse events |  |  |  |  |
| Signature |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Day 5 | Date |  |
| Time | 0600 | 1200 | 1800 | 0000 |
| Cuff pressure |  |  |  |  |
| Inflation or deflation of cuff (mls) |  |  |  |  |
| Patient’s RASS score |  |  |  |  |
| Patient’s position |  |  |  |  |
| Comments/adverse events |  |  |  |  |
| Signature |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Day 6 | Date |  |
| Time | 0600 | 1200 | 1800 | 0000 |
| Cuff pressure |  |  |  |  |
| Inflation or deflation of cuff (mls) |  |  |  |  |
| Patient’s RASS score |  |  |  |  |
| Patient’s position |  |  |  |  |
| Comments/adverse events |  |  |  |  |
| Signature |  |  |  |  |

If cuff requires inflation, write as ‘+ ..... mls’

If cuff requires deflation, write as ‘- ..... mls’

|  |  |  |
| --- | --- | --- |
| Day 7 | Date |  |
| Time | 0600 | 1200 | 1800 | 0000 |
| Cuff pressure |  |  |  |  |
| Inflation or deflation of cuff (mls) |  |  |  |  |
| Patient’s RASS score |  |  |  |  |
| Patient’s position |  |  |  |  |
| Comments/adverse events |  |  |  |  |
| Signature |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Day 8 | Date |  |
| Time | 0600 | 1200 | 1800 | 0000 |
| Cuff pressure |  |  |  |  |
| Inflation or deflation of cuff (mls) |  |  |  |  |
| Patient’s RASS score |  |  |  |  |
| Patient’s position |  |  |  |  |
| Comments/adverse events |  |  |  |  |
| Signature |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Day 9 | Date |  |
| Time | 0600 | 1200 | 1800 | 0000 |
| Cuff pressure |  |  |  |  |
| Inflation or deflation of cuff (mls) |  |  |  |  |
| Patient’s RASS score |  |  |  |  |
| Patient’s position |  |  |  |  |
| Comments/adverse events |  |  |  |  |
| Signature |  |  |  |  |

If cuff requires inflation, write as ‘+ ..... mls’

If cuff requires deflation, write as ‘- ..... mls’

|  |  |  |
| --- | --- | --- |
| Day 10 | Date |  |
| Time | 0600 | 1200 | 1800 | 0000 |
| Cuff pressure |  |  |  |  |
| Inflation or deflation of cuff (mls) |  |  |  |  |
| Patient’s RASS score |  |  |  |  |
| Patient’s position |  |  |  |  |
| Comments/adverse events |  |  |  |  |
| Signature |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Day 11 | Date |  |
| Time | 0600 | 1200 | 1800 | 0000 |
| Cuff pressure |  |  |  |  |
| Inflation or deflation of cuff (mls) |  |  |  |  |
| Patient’s RASS score |  |  |  |  |
| Patient’s position |  |  |  |  |
| Comments/adverse events |  |  |  |  |
| Signature |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Day 12 | Date |  |
| Time | 0600 | 1200 | 1800 | 0000 |
| Cuff pressure |  |  |  |  |
| Inflation or deflation of cuff (mls) |  |  |  |  |
| Patient’s RASS score |  |  |  |  |
| Patient’s position |  |  |  |  |
| Comments/adverse events |  |  |  |  |
| Signature |  |  |  |  |

If cuff requires inflation, write as ‘+ ..... mls’

If cuff requires deflation, write as ‘- ..... mls’

|  |  |  |
| --- | --- | --- |
| Day 13 | Date |  |
| Time | 0600 | 1200 | 1800 | 0000 |
| Cuff pressure |  |  |  |  |
| Inflation or deflation of cuff (mls) |  |  |  |  |
| Patient’s RASS score |  |  |  |  |
| Patient’s position |  |  |  |  |
| Comments/adverse events |  |  |  |  |
| Signature |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Day 14 | Date |  |
| Time | 0600 | 1200 | 1800 | 0000 |
| Cuff pressure |  |  |  |  |
| Inflation or deflation of cuff (mls) |  |  |  |  |
| Patient’s RASS score |  |  |  |  |
| Patient’s position |  |  |  |  |
| Comments/adverse events |  |  |  |  |
| Signature |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Day 15 | Date |  |
| Time | 0600 | 1200 | 1800 | 0000 |
| Cuff pressure |  |  |  |  |
| Inflation or deflation of cuff (mls) |  |  |  |  |
| Patient’s RASS score |  |  |  |  |
| Patient’s position |  |  |  |  |
| Comments/adverse events |  |  |  |  |
| Signature |  |  |  |  |

If cuff requires inflation, write as ‘+ ..... mls’

If cuff requires deflation, write as ‘- ..... mls’

Total No of cuff pressure readings :

Average cuff pressure throughout stay :

No of cuff pressure readings less than 20cmH2O :

No of cuff pressure readings more than 30cmH2O :

Total No of cuff pressure readings outside acceptable limit :

Percentage of cuff pressure reading outside limit :

Total amount of air needed for subsequent inflation/deflation to maintain cuff pressure at acceptable limit :

No of adverse events relating to ETT :

**To be filled up by attending Trainee Anaesthetist**

Study No :

Date of intubation :

Date of extubation :

Date of re-intubation (if applicable) :

Date of 2nd extubation (if applicable) :

Date of tracheostomy (if applicable) :

Does the patient have any of the following post extubation:

* Sore throat : YES / NO
* Stridor : YES / NO
* Hoarseness of voice : YES / NO

Did the patient develop VAP : YES / NO

\*If the patient developed VAP, please fill in form 3

Date of discharge from ICU :

Date of discharge from hospital :

Date of mortality (if applicable) :

Cause of death (if applicable) :

**FORM 3 – VAP SURVEILLANCE Appendix 3**

Study No :

Date of intubation :

Time of intubation :

Date of extubation :

Date of diagnosis of VAP:

Organism identified :

* 1. Tracheal aspirate culture : Date:
	2. BAL culture : Date:
	3. Pleural fluid culture : Date: