

PAD Program Daily Data Collection Form															
Date:															
Bed Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Mean
Patient ID#															
<b>Ventilation Support (0700-0700)</b>															
Mechanical Ventilator? (Y/N)															
Bipap? (Y/N)															
High Flow? (Y/N)															
Tracheostomy? (Y/N)															
<b>Hemodynamic Support (0700-0700)</b>															
Vasopressor/Inotrope? (Y/N)															
<b>Process of Care - Pain (0700-0700)</b>															
NRS used? (Y/N)															
CPOT Used? (Y/N)															
# of Pain Assessment															
Pain assessment >= 4x/shift? (Y/N)															
# of Pain Assessment with NRS >=4 or CPOT >=2															
% of time patient with NRS >=4 or CPOT >=2	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>Process of Care - Agitation (0700-0700)</b>															
# of RASS Assessment															
RASS assessment >= 4x/shift? (Y/N)															
Target RASS? (#/NA)															
# of times patient with RASS -2-0 or at target RASS															
% of time patient with RASS -2-0 or at target RASS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
# of times patient with RASS >0															
% of time patient with RASS >0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
# of times patient with RASS <-2 or non-therapeutic coma															
% of time patient with RASS <-2 or non-therapeutic coma	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>Process of Care - Delirium (0700-0700)</b>															
# of CAM-ICU Screen															
CAM-ICU screen >= q shift? (Y/N)															
CAM-ICU positive? (Y/N)															
Benzodiazepines use? (Y/N)															
Physical therapy? (Y/N)															
Mobilization? (Y/N)															
<b>Balancing Measure (0700-0700)</b>															
Self Extubation? (Y/N)															
Physical Restraint Use? (Y/N)															
<b>Control Measure (0700-0700) (Y/N)</b>															
Lansoprazole/Pantoprazole/Ranitidine/Sucralfate?															
Heparin/Enoxaparin/Dalteparin/Fondaparinux?															

Coumadin/Dabigatran/Apixaban/Rivaroxaban?															
SCD/TEDS?															
<b>Continuous Medications (0700-0700) (Y/N)</b>															
Propofol															
Dexmedetomidine															
Midazolam															
Lorazepam															
Fentanyl															
Hydromorphone															
Morphine															
Epidural (fentanyl/hydromorphone/morphine)															
<b>Intermittent Opioids (0700-0700) (Y/N)</b>															
Fentanyl															
Hydromorphone															
Morphine															
Remifentanyl															
Codeine															
Oxycodone															
Hydrocodone															
<b>Intermittent Non-Opioids Analgesics (0700-0700) (Y/N)</b>															
Acetaminophen															
Ketorolac															
Ibuprofen															
Naproxen															
Pregabalin															
Gabapentin															
<b>Intermittent Benzodiazepines (0700-0700) (Y/N)</b>															
Midazolam															
Lorazepam															
Diazepam															
Clonazepam															
Alprazolam															
Oxazepam															
Nitrazepam															
<b>Intermittent Antipsychotics (0700-0700) (Y/N)</b>															
Quetiapine															
Olanzapine															
Risperidone															
Clozapine															
Aripiprazole															
Haloperidol															
Methotrimeprazine (Nozinan)															
Zuclopenthixol (Clopixol)															