

Outcomes (Form F)

To be filled out once for each patient

1. Date and time EN first initiated in ICU

Month	Day	Year	hh:mm

Check here if:
EN initiated prior to ICU admission

OR

Check here if:
EN not initiated during the
first 12 days of ICU stay

2. Date and time PN first initiated in ICU

Month	Day	Year	hh:mm

Check here if:
PN initiated prior to ICU admission

OR

Check here if:
PN not initiated during the first 12
days of ICU stay

You may need to wait until day 60 (from admission to ICU) to complete the following questions:

3. Date and time mechanical ventilation discontinued (final) in ICU

Month	Day	Year	hh:mm

4. Did the patient die within 60 days (from admission to ICU)?

Yes No

If yes, Date and time of patient death

Month	Day	Year	hh:mm

5. Date and time of ICU discharge

Month	Day	Year	hh:mm

check this box if patient still
in ICU at day 60 (from
admission to ICU)

OR

check this box if ICU d/c date
is same as date of death

6. Date and time of hospital discharge

Month	Day	Year	hh:mm

check this box if patient
still in hospital at day 60
from admission to ICU

OR

check this box if hospital d/c
date is same as date of death