

Site and User Registration

Completion of the online user registration form will notify the Project Assistant, and the Project Assistant will assign you a username and password. Users will receive their usernames and passwords via email. This may take up to 2 business days, though every effort will be made to assign you a username as quickly as possible.

- The Clinical Evaluation Research Unit will provide a username and password only to individuals who are registered to participate in the study
- The site and user registration must be completed **once** for each ICU.
 - Please ensure only one person registers each ICU, and provides all the contact details for each individual from that ICU that needs a username and password
- If you have multiple ICUs:
 - You should register each ICU separately
 - You will receive a separate username for each ICU
- All users must log onto the website using their own username and password prior to data entry

Protocol Implementation Team	This is where you specify who is going to be involved in educating staff regarding the study and/or feeding protocol, collecting and entering study data, and coordinating the study. Each person indicated here will receive a REDCap username and password.
Hospital Name	Please specify your hospital's full name, without abbreviations, as you wish for it to appear on your Site Report. Please ensure there are no typos.
Hospital Type	A teaching hospital is a hospital that provides training to medical students and residents. If your hospital only has occasional medical students/residents, select non-teaching hospital.
City, Province/State, Country	Specify the location of your hospital
Size of Hospital	Specify the number of beds in your hospital
Multiple ICUs	Indicate whether or not your hospital has multiple ICUs. Select yes even if only one of these ICUs is participating in the study.
ICU Name	Please specify your ICU's name as you wish for it to appear on your Site Report. Please ensure there are no typos.
Participation in Previous Years	Please indicate whether or not this ICU has participated in the International Nutrition Survey in previous years. You may need to ask your colleagues if you are unsure, or contact us for assistance. If you have had multiple ICUs participate in various years, please be specific as to which ICU(s) participated in which year(s).
ICU Type	Indicate the ICU structure. Open ICUs are sites where patients are under the care of an attending physician (e.g. internist, family physician, surgeon) with intensivists (i.e. physician with training in critical care) consulted as necessary. Closed ICUs are sites in which patients are under the care of an intensivist or care is shared between the intensivist and another attending physician.
Case Types	Please indicate all case types applicable to this ICU.

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1. Primary REDCap Users: *(Usernames and passwords to access the online data entry system will be assigned to each of the individuals listed below.)*

First name	Last name	Email	Phone	Role in ICU	Signature

To register your site, please provide the following information. You may need to ask your ICU Medical or Nursing Director to help you with some responses.

Hospital Information

2. Hospital Name: _____

3. Hospital Type: Teaching Non-teaching

4. City: _____ 5. Province/State: _____ 6. Country: _____

7. Size of Hospital (Number of Beds): _____

8. Does your hospital have multiple ICUs? Yes No

ICU Information

9. ICU Name: _____

10. Has this ICU participated in the International Nutrition Survey in previous years? Yes No

If yes, in which year(s) did you participate? (select all that apply)

2007 2008 2009

11. ICU Type:

- Open: Attending physician remains in charge, ICU physician consults.
- Closed: Care transferred or shared with ICU physician
- Other, *Please specify:* _____

12. Case Types (select all that apply):

- Medical
- Neurological
- Other, *Please Specify:* _____
- Surgical
- Neurosurgical
- Trauma
- Cardiac Surgery
- Pediatrics
- Burns

Filled out once for each ICU.

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ICU Medical Director	Indicate whether or not your ICU has a Medical Director
Number of ICU Beds	Indicate how many beds your ICU contains
Dietitian in ICU	<p>This is a measure of the amount of time the dietitian is dedicated to the ICU relative to a full time position.</p> <p><u>Example:</u> A FTE of 1.0 means the dietitian works in the ICU full time and a FTE of 0.5 means the dietitian is in the ICU half time, or two and a half days a week.</p>
Feeding Protocol/ Algorithm	<p><u>Enteral feeding protocols are defined as:</u> tools designed to enable the bedside nurse to initiate, monitor, and modify the administration of EN to individual patients. Implementation of such protocols includes, but is not limited to, the use of pre-printed orders that are signed by a physician when a patient is admitted to the ICU and a bedside algorithm that provides instructions to the bedside nurse on the management of EN.</p> <p>If your ICU uses a feeding protocol to guide the initiation and progression of enteral nutrition, indicate if your protocol includes the listed components. If you have a gastric residual volume threshold, indicate this value in mL.</p>
Blood Sugar Protocol	Indicate whether or not you have a protocol or algorithm to monitor blood sugar control. If yes, enter the upper and lower value of your acceptable range, or alternatively, if your ICU targets one value, enter this value. Specify the units (mmol/L or mg/dL) for these values by checking the appropriate box.

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13. Is there a designated ICU Medical Director? Yes No

14. Number of beds in ICU: _____

15. Do you have a Dietitian working in the ICU? Yes No

If yes: Amount of full time equivalent (FTE) dietitian: _____

16. Do you use a bedside feeding protocol/algorithm that allows the nurse to advance or withhold tube feedings as specified by the protocol/algorithm?

Yes No

If yes:

Do you use a gastric residual volume threshold to adjust feeds? Yes: _____ mL No

Does your feeding protocol use an algorithm for: (check all that apply)

- Motility agents Other, Please Specify: _____
 Small bowel feeding
 Withholding for procedures
 Head of bed elevation

17. Do you use a protocol to monitor blood sugar control or the administration of insulin?

Yes No

<i>If yes:</i> What range do you target?	-OR-	What value do you target?	<i>Units?</i>
Lower: _____ Upper: _____		Target: _____	<input type="checkbox"/> mmol/L <input type="checkbox"/> mg/dL

Comments:

Filled out once for each ICU.