



CYCLE RCT #142

Plate #051

Visit #090

Patient ID [] [] 1 [] [] (site #) (patient #)

Coded Patient Initials [] [] F L

Assessor Initials [] [] F L

Date of Assessment [] [] [] [] 2 0 [] [] (dd/mm/yyyy)

ICU AWAKENING: INTENSIVE CARE PSYCHOLOGICAL ASSESSMENT TOOL (IPAT) (Form RC 1)

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Reason # not done

1. Was any clinical data collected at this timepoint?

[] Yes [] No (insert reason #, if "other", specify) -> [] [] (specify) _____

- 1. (Intentionally omitted)
2. Patient did not pass cog. screen. prior to ICU discharge (alive @ discharge)
3. Patient died prior to reaching timepoint
4. Goals of care changed to palliative
5. Patient or Proxy refusal
6. Assessment missed
7. Cognitive issue - patient too sedated/agitated
8. Cognitive issue - patient unable to follow commands
9. (Intentionally omitted)
10. (Intentionally omitted)
11. Other assessment prioritized
12. Other (specify)

"I would like to ask you some questions about your stay in intensive care, and how you've been feeling in yourself. These feelings can be an important part of your recovery. To answer, please circle the answer that is closest to how you feel, or answer in any way you are able to (e.g. by speaking or pointing)"

Table with 4 columns: Question, A, B, C. Rows 1-10 regarding communication, sleep, feeling tense, sad, panicky, hopeless, disoriented, hallucinations, feeling harmed, and upsetting memories.

Do you have any comments to add in relation to any of the answers?

TOTAL SCORE [] [] /20

Approximate time to complete assessment? [] [] (min)

Patient intubated during assessment? [] Yes [] No

Location of ax? [] ICU [] Other (specify) _____

SCORING

Any answer in column A = 0 points
Any answer in column B = 1 point
Any answer in column C = 2 points

Sum up the scores of each item for a total IPAT score out of 20
Cut-off point >= 7 indicates patient at risk