

Sedation practice in UK critical care

This questionnaire asks about current sedation/analgesic practice in your unit and is part of a study that has been commissioned by the NIHR Health Technology Assessment Programme (Project: 13/159/01). The overall aim of the study is to provide up-to-date baseline data on current practice in the use of sedative agents in UK adult, general critical care units to inform evidence synthesis and potential future primary research.

Options for completing the questionnaire are:

- **On paper** – post to:
ICNARC, Napier House, 24 High Holborn, London WC1V 6AZ
- **Electronically** – email completed questionnaire to ctu@icnarc.org
- **Online** – click on this link <https://www.surveymonkey.com/s/sedationquestionnaire>

Hospital name:

Name (person completing questionnaire):

Job title (*please tick*):

Clinical Lead / Director	<input type="checkbox"/>
Consultant	<input type="checkbox"/>
Matron	<input type="checkbox"/>
Sister / Charge Nurse	<input type="checkbox"/>
Research Nurse	<input type="checkbox"/>
Other (<i>please state</i>)	<input type="checkbox"/>

1. Do you have a written sedation or sedation/analgesia protocol? (tick one box)

Yes	<input type="checkbox"/>	<i>please provide a copy</i>
No	<input type="checkbox"/>	

1a. **If yes to 1**, do you routinely audit compliance with the sedation or sedation/analgesia protocol? (tick one box)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

1b. **If yes to 1a**, what is the approximate level of compliance with the sedation or sedation/analgesia protocol in your unit (e.g. 60%)?

%

2. Is a sedation scale/score routinely used in your unit? (tick one box)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

2a. **If yes to 2**, which sedation scale/score is routinely used in your unit? (tick one box)

Ramsay Sedation Scale	<input type="checkbox"/>
Richmond Agitation Sedation Scale (RASS)	<input type="checkbox"/>
Bispectral Index Score (BIS)	<input type="checkbox"/>
Bloomsbury Sedation Scale	<input type="checkbox"/>
Addenbrooke's Sedation Scale	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>

3. Is a sedation hold considered daily for patients in your unit? (tick one box)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

3a. **If yes to 3**, do you routinely audit compliance – i.e. that a sedation hold is considered daily for patients in your unit? (tick one box)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

3b. **If yes to 3a**, what is the approximate level of compliance with consideration of a sedation hold (e.g. 60%)?

%

4. Do you screen patients daily for delirium? (tick one box)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

4a. **If yes to 4**, which tool do you use to screen for delirium? (tick one box)

Confusion Assessment Method for the ICU (CAM-ICU)	<input type="checkbox"/>
Delirium Detection Score (DDS)	<input type="checkbox"/>
Nursing Delirium Screening Scale (Nu-DESC)	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>

5. Do you use a continuous infusion of a neuromuscular blocking agent for sedated and ventilated patients (apart from short-term use for transfer/intubation)? (tick one box)

Very frequently	Frequently	Occasionally	Rarely	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5a. **If you do use neuromuscular blocking agent for a patient**, do you routinely monitor the depth, e.g. via Train-of-Four? (tick one box)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

6. How important is cost in determining your choice of agent(s) for sedation/analgesia? (tick one box)

Very important	Important	Neither important nor unimportant	Unimportant	Not at all important
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How important is the expected duration for sedation/analgesia in determining your choice of agent(s), i.e. short vs. long acting agents? (tick one box)

Very important	Important	Neither important nor unimportant	Unimportant	Not at all important
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. For patients who require sedation, please indicate the frequency of use (bolus or infusion) of each sedative in your unit (*tick one box for each agent*)

	Very frequently	Frequently	Occasionally	Rarely	Never
Propofol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midazolam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diazepam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lorazepam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clonidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dexmedetomidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haloperidol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atypical psychotic for sedative purposes only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>please state</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8a. Which sedative agent is generally your **first choice** for patients who require sedation?

9. Please indicate how sedative agent(s) are used in your unit (*tick one box for each option*)

	Very frequently	Frequently	Occasionally	Rarely	Never
Single sedative agent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sedative(s) in combination with one or more analgesic agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple sedatives together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9a. Which of the above is your **first choice** method for patients who require sedation?

10. For each analgesic agent listed below, please indicate the frequency of use (bolus or infusion) in your unit (*tick one box for each agent*)

	Very frequently	Frequently	Occasionally	Rarely	Never
Morphine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fentanyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alfentanil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remifentanil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ketamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>please state</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10a. Which analgesic agent is generally your **first choice** agent for patients who require analgesia?

THANK YOU FOR YOUR TIME