

Manual of operations for the “INTOXICATE UNITS” (ex- “TOXIC-Europe UNITS”) questionnaire in Castor

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The aim is to collect some extra information on the participating units.

This questionnaire should be completed **once** for each ICU/HDU participating in the INTOXICATE (ex-TOXIC-Europe) study. If two or more IC/HD units in one hospital are participating, please complete one questionnaire for each ICU/HDU.

Table of Contents

Abbreviations

Introduction

Information on the participating hospital

Information on the participating unit

End

Abbreviations

HD	High Dependency	ID	Identification/identity
HDU	High Dependency Unit	Q	Question
IC	Intensive Care		
ICU	Intensive Care Unit		

1. INTOXICATE study Introduction

1.1. Introduction

This European, multicenter study is an observational study to assess the outcome and prognosis of acutely intoxicated patients admitted to Intensive Care Units (ICUs) or High Dependency/High Care Units (HDUs or HCUs).

A participating high or intensive care unit can start enrollment as soon as the necessary ethical approvals and/or waivers have been obtained from local authorities.

Study duration:

The time frame will depend on the size of the ICU/HDU and the number of intoxicated patients that are referred to it, but the study duration is planned to be 1 year. This period of 1 year may be extended if a longer recruitment time is necessary.

There are three different steps for the participation in the INTOXICATE (ex-TOXIC-Europe) study:

1. the INTOXICATE UNITS questionnaire for unit recruitment (in Castor)
2. the INTOXICATE PATIENTS questionnaire for the enrollment of patients for the study (in Castor)
3. the maintenance of a monthly screening log for information on the admission of toxic patients at your unit and how many of them were included in the INTOXICATE study.

In the manual of operations of the INTOXICATE form in Castor: *INTOXICATE UNITS*, we ask for general information about your unit.

Once it is completed, you will receive a confirmation email with a unique "Unit ID" number for your unit (needed to include patients) and a link to the second questionnaire in Castor: the *INTOXICATE PATIENTS*.

2. Information on the participating hospital

2.1. Enter hospital or institution name.

2.2. Select the one most appropriate description of your hospital.

- If your hospital is associated with a medical university/school to some degree, select '*University affiliated*'.
- If your hospital is in a community or district setting and provides continuing medical education to its medical residents and trainees, select '*Community - Teaching*'.
- If your hospital does not provide continuing medical education to its medical residents and trainees, select '*Community – non teaching*'.
- If your hospital's description is not listed as an option provided, select '*Other*'.

2.3. Select the country of your hospital or institution.

2.4. Enter the city of your hospital or institution.

2.5. If patient consent is required at your unit for INTOXICATE data collection, select 'Yes'.

3. Information on the participating unit

3.1. Enter the name of your unit.

3.2. Select the one most appropriate description of your unit.

- If your unit caters critically ill patients with life-threatening conditions, which require constant care, close supervision from life support equipment and medication in order to ensure normal bodily functions with the availability of highly trained physicians, nurses and respiratory therapists and a higher staff-to-patient ratio and access to advanced medical resources and equipment than are routinely available at general hospital wards, select '*ICU (intensive care unit)*'.
- If your unit is a transitional high dependency unit (HDU) for patients who require close observation, treatment and nursing care that cannot be provided in a general ward, but whose care is not at a critical stage to warrant an (ICU) bed, select '*HDU or HCU (high dependency or high care unit)*'.

3.3. If doctors that are not specialized in caring for critically ill patients write orders at your unit, select 'non-IC doctors may write orders'.

- If only doctors that are specialized in caring for critically ill patients may write orders at your unit, select 'Only specified intensive care doctors write orders'.
- If information on which physicians may write orders at your unit is not known or available to you, select '*Unknown*'.
- If another type of physician may write orders at your unit that do not meet the descriptions of '*non-IC doctors*' or '*specialized IC-doctors*', select 'other' and proceed to following Q 3.4.1.

3.4.1. If you have selected 'other' type of physician in the previous question, please enter a description of the '*other*' type of physician that may write orders at your unit by adding information about the degree of specialization, certification, experience, specific knowledge and/or other education.

3.5. Select all appropriate specialty training of the intensivists working in your ICU/HDU.

- If the specialty training of any intensivists working at your ICU/HDU is not listed as an option provided, select '*Other*' and proceed to following Q 3.5.1.

3.5.1. If you have checked 'Other' in the previous question, enter which 'other' specialty training of the intensivists working at your ICU/HDU is appropriate that is not listed as an option in the previous question (Q3.5).

3.6. Select the one most appropriate range that represents the number of beds available at your ICU/HDU.

- 3.7. Select the one appropriate range that represents the number of annual admissions to your ICU/HDU.
- 3.8. Select the one appropriate range that represents the number of annual admissions for an acute intoxication to your ICU/HDU.

4. End of the Castor questionnaire: *INTOXICATE UNITS*