HALF-PINT Form 4: Risk of Mortality at ICU Admission

Note: This form captures data to be used in calculating both the PIM2 and PRISM III-12 risk of mortality scores.
- **For PIM2:** Record the first value documented within the period from the time of first contact to 1 hour after arrival in your ICU. The first contact may be in your ICU, your emergency department, a ward in your own hospital, or in another hospital (e.g., on a transport).
- **For PRISM III-12:** Record information obtained from the first 12 hours after arrival in your ICU.

If only one measurement/draw was done, chart value in "HIGHEST" column.

Section: Cardiovascular

1.	Temperature (any route)	*During first 12 hours:* LOWEST ☐ C HIGHEST ☐ C ☐ One Measurement Only ☐ Not Done
2.	Heart rate (do not count while subject is agitated)	*During first 12 hours:* LOWEST ☐ bpm HIGHEST ☐ bpm ☐ One Measurement Only ☐ Not Done
3.	Systolic blood pressure	*During first hour:* ☐ mmHg ☐ Subject is in cardiac arrest ☐ Subject is in shock and blood pressure is so low that it cannot be measured ☐ Not Done *During first 12 hours:* LOWEST ☐ mmHg HIGHEST ☐ mmHg ☐ One Measurement Only ☐ Not Done
4.	Base excess in arterial or capillary blood	*During first hour:* Hemoglobin: ☐ g/dL Calculated HCO_3 or bicarbonate from blood gas: ☐ mmol/L pH from blood gas: ☐ ☐ Not Done

Section: Neurological

5.	Pupillary response to bright light Note: Select "Unknown" if abnormal finding due to drugs, toxins, or local eye injury. Do not assess after iatrogenic dilatation.	*During first hour:* ◯ Both fixed and > 3 mm ◯ One fixed and > 3 mm ◯ Both responsive ◯ Unknown *During first 12 hours:* WORST response: ◯ Both fixed and > 3 mm

		◯ One fixed and > 3 mm ◯ Both responsive ◯ Unknown
6.	Worst Glasgow Coma Score (GCS) (3 elements collected at same time)	*During first 12 hours:* Eye opening: ◯ (4) Spontaneous ◯ (3) To speech ◯ (2) To pain ◯ (1) None ◯ Not done Verbal response (if intubated, give best estimate): ◯ (5) Oriented/smiles, fixes and follows ◯ (4) Confused conversation/irritable cries ◯ (3) Inappropriate words/cries to pain ◯ (2) Incomprehensible sounds/moans to pain ◯ (1) None ◯ Not done Motor response: ◯ (6) Obeys commands, normal spontaneous movement ◯ (5) Localizes/withdraws to touch ◯ (4) Withdraws to pain ◯ (3) Decorticate-abnormal flexion ◯ (2) Decerebrate-abnormal extension ◯ (1) None ◯ Not done
7.	Worst level of consciousness	*During first 12 hours:* ◯ Normal ◯ Lethargy: arousable with stimulation to a state capable of communication, associated with an acute process ◯ Stupor: arousable with vigorous and repeated stimulation to withdrawal and/or moaning, associated with an acute process ◯ Coma: non-purposeful, or no response to vigorous stimulation, associated with an acute process ◯ None of the above: chronic altered mental status, no change from the patient's baseline
Section: Respiratory		

8.	Mechanical ventilation [includes BiPAP, Humidified High Flow Nasal Cannula (HHFNC ≥ 5 L/min of Oxygen flow), or CPAP ≥ 5 cm H_2O]	*During first hour:* ◯ Yes ◯ No
9.	PaO_2/FiO_2 at time of PaO_2 if oxygen via ETT or oxygen mist cube	*During first hour:* ☐ Not Done PaO_2: FiO_2: mmHg *During first 12 hours (arterial only):* ☐ Not Done LOWEST PaO_2: mmHg
Section: Labs		
10.	pH (arterial, venous, capillary)	*During first 12 hours:* ☐ One Draw Only ☐ Not Done LOWEST HIGHEST
11.	PCO_2 (arterial, venous, capillary)	*During first 12 hours:* ☐ One Draw Only ☐ Not Done LOWEST HIGHEST mmHg mmHg
12.	White blood cell count	*During first 12 hours:* ☐ One Draw Only ☐ Not Done LOWEST HIGHEST K/µL K/µL
13.	Platelet count	*During first 12 hours:* ☐ One Draw Only ☐ Not Done LOWEST HIGHEST K/µL K/µL
14.	Potassium	*During first 12 hours:* ☐ One Draw Only ☐ Not Done LOWEST HIGHEST mmol/L mmol/L
15.	Total CO_2 (may use calculated HCO_3 level if TCO_2 not measured)	*During first 12 hours:* ☐ One Draw Only ☐ Not Done LOWEST HIGHEST mmol/L mmol/L
16.	Glucose	*During first 12 hours:* ☐ One Draw Only ☐ Not Done LOWEST HIGHEST mg/dL mg/dL
17.	BUN	*During first 12 hours:* ☐ Not Done HIGHEST mg/dL
18.	Creatinine	*During first 12 hours:* ☐ Not Done

		HIGHEST [ ] mg/dL
19.	AST (SGOT)	*During first 12 hours:* ☐ Not Done HIGHEST [ ] IU/L
20.	Prothrombin Time (PT)	*During first 12 hours:* ☐ Not Done HIGHEST [ ] sec
21.	Partial Thromboplastin Time (PTT)	*During first 12 hours:* ☐ Not Done HIGHEST [ ] sec
Section: Miscellaneous		
22.	Elective admission to ICU Note: Includes admission after elective surgery, admission for an elective procedure, elective monitoring, or review of home ventilation. An ICU admission or an operation is considered elective if it could be postponed for more than 6 hours without adverse effect.	○ Yes ○ No
23.	Recovery from surgery or a procedure is the main reason for ICU admission Note: Recovery from surgery or procedure includes a radiology procedure or cardiac catheter. Do not include subjects admitted from the operating room where recovery from surgery is not the main reason for ICU admission.	○ Yes ○ No
24.	Admitted following cardiac bypass	○ Yes ○ No
25.	High-risk diagnoses (check all that apply) Note: Cardiac arrest preceding ICU admission includes both in-hospital and out-of-hospital arrests. Requires either documented absent pulse or the requirement for external cardiac compression. Do not include past history of cardiac arrest. Note: Cerebral hemorrhage must be spontaneous (e.g., from aneurysm or AV malformation). Do not include traumatic cerebral hemorrhage or intracranial hemorrhage that is not intracerebral (e.g., subdural hemorrhage). Note: For hypoplastic left heart syndrome, include at any age, but only cases where a Norwood procedure or equivalent is or was required in the neonatal period to sustain life. Note: For liver failure, include subjects admitted for recovery following liver transplantation for acute or chronic liver failure.	☐ None ☐ (1) Cardiac arrest preceding ICU admission ☐ (2) Severe combined immune deficiency ☐ (3) Leukemia or lymphoma after first induction ☐ (4) Spontaneous cerebral hemorrhage ☐ (5) Cardiomyopathy or myocarditis ☐ (6) Hypoplastic left heart syndrome ☐ (7) HIV infection ☐ (8) Liver failure is the main reason for ICU admission ☐ (9) Neuro-degenerative disorder

	Note: Neuro-degenerative disorder requires a history of progressive loss of milestones or a diagnosis where this will inevitably occur.	
26.	Low-risk diagnoses (check all that apply) Note: For bronchiolitis, include children who present either with respiratory distress or central apnea where the clinical diagnosis is bronchiolitis. Note: For obstructive sleep apnea, include subjects admitted following adenoidectomy and/or tonsillectomy in whom obstructive sleep apnea is the main reason for ICU admission.	☐ None ☐ (1) Asthma is the main reason for ICU admission ☐ (2) Bronchiolitis is the main reason for ICU admission ☐ (3) Croup is the main reason for ICU admission ☐ (4) Obstructive sleep apnea is the main reason for ICU admission ☐ (5) Diabetic keto-acidosis is the main reason for ICU admission
27.	Was the subject admitted to the ICU from an inpatient location (excluding the operating or recovery room)?	○ Yes ○ No
28.	Was the subject admitted to the ICU for post-operative care within 24 hours following surgical procedure?	○ Yes ○ No
29.	Did the subject have any previous ICU admissions during this hospitalization?	○ Yes ○ No
30.	Was the subject admitted with an acute diagnosis of diabetes (i.e., DKA) as the primary reason for ICU admission?	○ Yes ○ No
31.	Was the subject admitted with an acute or chronic diagnosis of oncologic disease (cancer)?	○ Yes ○ No
32.	Was the subject admitted with an acute diagnosis of non-operative cardiovascular disease?	○ Yes ○ No
33.	Did the subject have a pre-ICU CPR that required chest compressions during this hospitalization?	○ Yes ○ No
34.	Does the subject have a known chromosomal abnormality such as an extra chromosome, a long or short arm deletion, or a long or short arm addition?	○ Yes ○ No