

# STRIPES

## PATIENT SURVEILLANCE LOG

**INSTRUCTIONS:** Complete for all patients admitted to the ICU. If a patient was given a vasoactive infusion prior to PICU admission or during the first 24 hours of PICU admission, include patient on study screening log.

Patient Initials	MRN	Date and Time of PICU Admission (dd/mmm/yy hh:mm (24 hour clock))*	A. Was the patient given a vasoactive infusion prior to PICU admission (i.e. in OR/ER?)	B. Was the patient given a vasoactive infusion during the first 24 hours of PICU admission?	If "Yes" to A or B, date and time of first vasoactive infusion dose and record on screening log
		___/___/___ __:__	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___ __:__
		___/___/___ __:__	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___ __:__
		___/___/___ __:__	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___ __:__
		___/___/___ __:__	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___ __:__
		___/___/___ __:__	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___ __:__
		___/___/___ __:__	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___ __:__
		___/___/___ __:__	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___ __:__
		___/___/___ __:__	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___ __:__
		___/___/___ __:__	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___ __:__
		___/___/___ __:__	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___ __:__
		___/___/___ __:__	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___ __:__
		___/___/___ __:__	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___ __:__

\*Use time of first vital signs as time of PICU admission

Week of: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ (Mon. to Sun.)

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31 Jul 2014