

Name	Description
Hospital number	A unique number for each participating hospital. This number is allocated by the secretary of NICE to participating hospitals.
ICU number	If several IC units are covered by one hospital number, the IC number is used to differentiate the individual IC units from each other. This may relate to ICUs in the same or different hospital locations. ICUs in the same hospital location only acquire an individual ICU number if individual reports are required for these ICUs.
Admission number	Unique admission number (sequential number) within the ICU. This number is used for communication between the submitting ICU and the data processor. The admission number is used in conjunction with the hospital number (hospno) as the unique identification of an admission. This number must therefore be unique to each admission. Numbers which have already been used must not be re-used during later years. A solution to this is to allow the unique admission number to begin with the year in which the admission took place.
Date of birth	The patient's date of birth. If the date of birth is unknown, use 15 for the date of birth. If the month of birth is unknown use 06 for the month of birth. If the year of birth is unknown, estimate this. This field is used to calculate age at the time of IC admission.
Gender	The patient's gender. 'F' means female, 'M' means male, and 'U' means unsure or transsexual (from hormone treatment).
Patient number	A unique number for a patient in a specific hospital (saved in encrypted format in the database).
Postcode	The postcode for the patient's residential address.
Hospital admission date	The date of arrival of the patient in the hospital.
IC admission date	The date (and time) of arrival of the patient in the IC.
IC admission time	The time at which the patient arrives in the IC.
Height	The height of the patient in centimetres at IC admission. If height is unknown, please make an estimate.
Weight	The weight of the patient in kilogrammes at IC admission. If weight is unknown, please make an estimate.
Referring Specialism	The specialism responsible for the patient's admission to the IC, coded in accordance with SIG specifications (LMR User Manual, section 7, list 4: Specialism code list).
Origin	The location (origin) from where the patient came immediately prior to admission to the IC. For IC admissions arriving from a general ward in another location, but of the same hospital, 'other hospital general ward (11)' must be submitted (this has no effect on internal transfers etc.).
Admission type	Indication of admission type: <ul style="list-style-type: none"> * Medical: all admissions not arriving directly from operating theatre or recovery (excluding the category 'deceased prior to IC admission'). * Emergency surgery: immediate surgery involving resuscitation, stabilisation and physiological optimisation simultaneously with or immediately preceding surgical intervention. * Planned surgery: surgery arranged at a time known to both surgeon and patient or early surgery planned within 24 hours after surgery indication.

Name	Description
	<p>* Deceased for IC admission: deceased for IC admission, for example for organ donation.</p> <p>Patients who are admitted pre-operatively are 'planned surgery' patients if they would not have been admitted to IC without the planned surgery, otherwise they are 'medical patients'. The planned surgery must take place within the first 24 hours of IC admission, otherwise it is still a medical admission. The origin for patients with a surgical admission type (with the exception of pre-operative patients) is always 'Operating theatre from general ward same hospital (1)', 'Operating theatre from emergency room same hospital (2)', 'Recovery same hospital (only for unplanned IC admission) (6)', 'Operating theatre from general ward different hospital (8)', or 'Operating theatre from emergency room another hospital (9)', or 'Recovery another hospital' (13).</p>
Planned admission	An IC admission which is known about (planned) before physical admission and which could have been delayed for 12 hours without risk.
Type of patient	<p>Indication for type of patient:</p> <p>ICU patient (default value):</p> <p>Recovery patient:</p> <p>IC patient after recovery period:</p> <p>Patient not under the final responsibility of the intensivist:</p>
Clinical Frailty Scale	The Clinical Frailty Scale (CFS) of the patient before the illness that led to the current hospital admission became apparent. As an indication, estimate the Clinical Frailty Scale from 3 weeks before the current hospital admission.
Chronic renal insufficiency	If there is evidence of raised serum creatinine > 177 umol/L (2.0 mg/dl) and renal insufficiency in the medical history (before the current hospital admission) is classed as chronic.
Chronic dialysis	The patient has been receiving long-term haemodialysis or peritoneal dialysis prior to the current hospital admission.
Chronic Obstructive Pulmonary Disease	Chronic Obstructive Pulmonary Disease (COPD) is a chronic condition in which pulmonary function swiftly deteriorates. The most important pathologies which fall into this category are chronic bronchitis, chronic bronchiolitis and emphysema. Asthma is not covered by the definition COPD.
Chronic respiratory insufficiency	<p>Chronic restrictive, obstructive or vascular conditions in the lungs resulting in very severe restriction of mobility</p> <p>OR</p> <p>Registered chronic hypoxia, secondary polycythaemia, severe pulmonary hypertension (PAPsys > 40 mm Hg), or respiratory dependence (this does not concern sleep apnea but e.g. O2-dependent active respiratory conditions, sarcoidosis, interstitial fibrosis, tuberculosis, chronic obstructive pulmonary diseases).</p>
Chronic cardiovascular insufficiency	Angina or symptoms at rest or during minimal effort, such as dressing and personal hygiene (New York Heart Association class IV).
Cirrhosis	<p>Score cirrhosis if there is a positive biopsy/Positive FibroScan and documented portal hypertension, OR</p> <p>there have been previous periods of high gastrointestinal bleeding as a result of portal hypertension, OR</p> <p>there have been previous periods of hepatic failure, coma or encephalopathy.</p> <p>N.B.: As this concerns a chronic diagnosis, diagnostics must have taken place before the current hospital admission.</p>
Metastasized neoplasm	<p>Metastases which have been diagnosed by clinical examination or confirmed by a pathology report OR if there is Stage IV cancer.</p> <p>Do not score for solely regional lymph nodes.</p>

Name	Description
	Do not score if it is not evident and there is no pathological report at the moment of IC admission.
Haematological malignancy	Encompasses malignant lymphoma, acute leukaemia or multiple myeloma. Chronic leukaemia is only scored if the patient is undergoing active treatment or if there is a relationship to the current condition. Examples of relationships are: sepsis, anaemia, hyperviscosity problems, tumor lysis syndrome (increased uric acid as a result of chemotherapy), pulmonary edema including lymphangioectatic form of ARDS (Acute Respiratory Distress Syndrome).
AIDS	The patient is HIV-positive and has clinical complications such as pneumocystis carinii pneumonia, Kaposi's sarcoma, lymphoma, tuberculosis of toxoplasma infection, OR the patient is HIV-positive and has CD4 < 200.
Immunological insufficiency	score for: <ul style="list-style-type: none"> * long-term immunosuppressive therapy, OR * corticosteroid use (both short-term high and long-term low dosages, for example more than 5 days 1 mg/kg prednisone or more than 20 days ≥ 0.1 mg/kg), OR * active chemotherapy or radiotherapy in the past year, OR * had chemotherapy or radiotherapy for Hodgkin's or non-Hodgkins lymphoma at any time for IC admission, OR * documented humoral or cellular deficiencies OR * Hydrea use
Cardio Pulmonary Resuscitation (CPR)	Score if the patient has had CPR (heart massage) during the 24 hours prior to IC admission. Defibrillation and/or cardioversion without heart massage do not apply as CPR. Only score for CPR before IC admission, regardless of where the CPR was carried out. So do not score for CPR in IC.
Burns	Burns (including inhalation burns) leading to IC. If there are several reasons for admission to IC, the burns must be so severe that they alone would imply IC treatment, without the other symptoms.
Gastrointestinal bleeding	Encompasses hematemesis and melaena
Mechanical ventilation on IC admission.	Use of a ventilator at the moment of IC admission or immediately (within 15 minutes) thereafter.
Diabetes	The patient has a medication-dependent form of diabetes. This must have been diagnosed before the current IC admission.
Myocardial infarction for IC admission.	During the six months prior to IC admission, the patient has had a myocardial infarction.
Pre-operative ejection fraction	The pre-operative ejection fraction in patients admitted following a CABG procedure.
Number of grafts	Number of distal anastomoses in CABG
Internal Mammary Arterial graft	Coronary bypass which makes use of the arteria mammaria as a graft
Acute renal failure	If there is: <ul style="list-style-type: none"> * Renal replacement therapy at some point within the first 24 hours of ICU admission, or * Serum creatinine level greater than 1.5 mg/100 ml (or 133μmol/l) during the previous 24 hours, associated with oliguria

Name	Description
	Oliguria is defined as urine production \leq 150 ml over a period of 8 consecutive hours. This oliguria can not be caused by a missing or tight-fitting urine catheter or due to incontinence.
Mechanical ventilation within 24 hours.	Use of a ventilator at any time during the first 24 hours of admission to IC.
Proven infection	<p>Confirmed infection upon admission, or if infection is confirmed during the first 24 hours of IC treatment. Accepted confirmation of infection are culture results, Gram stainings, and PCR assays. Perioperative findings may qualify as evidence: for example faeces in the open peritoneal cavity with laparotomy is scored as 'yes'. It is therefore also possible to score "yes" on basis of a very strong suspicion of infection in radiology (e.g. new infiltrate) in conjunction with the clinic (e.g. purulent sputum and fever)'. </p> <p>Laboratory confirmation (including verbal or fax confirmation) must be obtained during the first 24 hours of admission. If the results are received after this, a 'no' must be scored.</p> <p>If perioperative findings are used, the procedure must have taken place either immediately prior to IC admission or during the first 24 hours of IC treatment.</p> <p>If radiological or other imaging material is used, the evidence must be undisputed.</p>
Confirmed SARS-CoV2	<p>The item "Confirmed SARS-CoV2 on ICU admission" (COVID-19 disease) may be scored as positive if:</p> <ul style="list-style-type: none"> * OR: there is a recent (up to 14 days old at IC admission) positive RT-PCR test for SARS-CoV2 whether or not in combination with the clinical picture of COVID-19. This must be an "official" test from the GG&GD, certified test institute or from a hospital. Results of self-tests are not taken into account; * OR: there is a recent (up to 14 days old at IC admission) positive CT result with a CORADS score of 4 or higher in combination with the clinical picture of COVID-19; * OR: the patient is admitted from another department of his/her own or another hospital where he/she has already been treated for COVID-19.
Thrombolytic therapy following acute myocardial infarction	Patient has undergone thrombolytic therapy following an acute myocardial infarction in the 24 hours prior to IC admission or during the first 24 hours of IC admission.
Vasoactive medication	Continuous intravenous vasoactive medication for a minimum period of one hour during the first 24 hours of IC admission.
APACHE IV diagnosis category	<p>The code for the most important reason for admission to IC according to the APACHE IV model.</p> <p>In total, there is a choice of 450 different admission diagnoses. These are divided into (organ-) system categories and into post-operative vs. non-operative. Non-surgical patients always have at least one non-operative reason for admission, surgical patients always have at least one post-operative reason for admission.</p>
Lowest eye response during first 24 hours of IC admission.	Eye response at the time of the lowest GCS score during the first 24 hours of IC admission.
Lowest motor response during first 24 hours of IC admission.	Motor response at the time of the lowest GCS score during the first 24 hours of IC admission.

Name	Description
Lowest verbal response during first 24 hours of IC admission.	Verbal response at the time of the lowest GCS score during the first 24 hours of IC admission.
Lowest heart rate	Lowest heart rate during first 24 hours of IC admission.
Highest heart rate	Highest heart rate during first 24 hours of IC admission.
Lowest respiratory rate	Lowest respiratory rate during first 24 hours of IC admission (spontaneous or mechanical).
Highest respiratory rate	Highest respiratory rate during first 24 hours of IC admission (spontaneous or mechanical).
Lowest systolic blood pressure	<p>Lowest systolic blood pressure during first 24 hours of IC admission.</p> <p>In principle, do not count short term blood pressure change due to exchange of pump, unless clinically relevant. E.g. reanimation as a result of major decrease in blood pressure due to exchange of pump.</p>
Highest systolic blood pressure	<p>Highest systolic blood pressure during first 24 hours of IC admission.</p> <p>In principle, do not count short term blood pressure change due to exchange of pump, unless clinically relevant.</p>
Lowest average blood pressure	Lowest average blood pressure during first 24 hours of IC admission.
Highest average blood pressure	Highest average blood pressure during first 24 hours of IC admission.
Lowest body temperature	<p>Lowest rectal temperature during first 24 hours of IC admission.</p> <p>Use temperature measured via rectum, blood, oesophagus or ear.</p> <p>In case temperature is measured orally, add 0.5 degrees.</p> <p>In case temperature is measured via armpit or groin, add 1 degree.</p> <p>Temperature measured peripherally (such as on the skin) may not be submitted.</p> <p>For surgical and resuscitated patients also use the artificially lowered body temperature.</p>
Highest body temperature	<p>Highest rectal temperature during first 24 hours of IC admission.</p> <p>Use temperature measured via rectum, blood, oesophagus, or ear.</p> <p>In case temperature is measured orally, add 0.5 degrees.</p> <p>In case temperature is measured via armpit or groin, add 1 degree.</p> <p>Temperature measured peripherally (such as on the skin) may not be submitted.</p>
Urine output in first 24 hours	The total urine output during first 24 hours of IC admission.
PaO ₂ /FIO ₂	If the patient is ventilated or receives CPAP (continuous positive airway pressure), use the lowest value of the ratio between PaO ₂ and FiO ₂ in the first 24 hours of IC admission. FiO ₂ is de fraction (and NOT percentage) of oxygen administered. If the patient was intubated during the first 24 hours of IC treatment, only use the values during intubation.
FiO ₂ (MDS)	Percentage of oxygen inhaled.

Name	Description
	<p>Give FiO₂ relating to the sample with PaO₂ and PaCO₂ measurement which, when combined, result in the highest alveolar-arterial oxygen pressure difference in the first 24 hours of IC admission> The difference is calculated using the following formula: $A-aDO_2 = 7.13 \times FIO_2 - PaO_2 - PaCO_2$. FIO₂ is the percentage (and NOT fraction) of oxygen administered.</p> <p>In case the patient was intubated during the first 24 hours of IC admission, only use the values during intubation. If not, use the conversion table (see appendix MDS) for patients who HAVE received oxygen through for instance nubilizer, mask etc.</p> <p>If the patient is ventilated and receives NO oxygen, the value for FiO₂ is equal to 21.</p>
PaO ₂ (MDS)	<p>Arterial oxygen pressure. Give the PaO₂ from the sample which results in the highest alveolar-arterial oxygen pressure difference ($A-aDO_2 = 7.13 \times FIO_2 - PaO_2 - PaCO_2$) during the first 24 hours of IC admission.</p> <p>If the patient was intubated during the first 24 hours of IC admission, only use the values during intubation.</p>
PaCO ₂	<p>Arterial CO₂.</p> <p>Give the PaCO₂ from the sample resulting in the highest alveolar-arterial oxygen pressure difference: ($A-aDO_2 = 7.13 \times FIO_2 - PaO_2 - PaCO_2$) during the first 24 hours of IC admission.</p> <p>If the patient was intubated during the first 24 hours of IC admission, only use the values during intubation.</p>
A-aDO ₂	<p>Determine highest alveolar-arterial oxygen pressure difference: $7.13 \times FIO_2 - PaO_2 - PaCO_2$. In case the calculated A-aDO₂ value is negative, this may be rounded up to 0.</p> <p>If the patient was intubated during the first 24 hours of IC admission, only use the values during intubation.</p>
pH	Value of arterial pH, measured in the same blood sample as for the measurement of oxygenation.
Lowest white blood cells	The lowest white blood cell (leukocytes) counts during the first 24 hours of IC admission.
Highest white blood cells	The highest white blood cell (leukocytes) counts during the first 24 hours of IC admission.
Lowest creatinine	The lowest level of serum creatinine during the first 24 hours of IC admission.
Highest creatinine	The highest level of serum creatinine during the first 24 hours of IC admission.
Lowest potassium	The lowest level of serum potassium during the first 24 hours of IC admission.
Highest potassium	The highest level of serum potassium during the first 24 hours of IC admission.
Lowest sodium	The lowest level of serum sodium during the first 24 hours of IC admission.
Highest sodium	The highest level of serum sodium during the first 24 hours of IC admission.
Lowest bicarbonate	The lowest level of serum bicarbonate during the first 24 hours of IC admission. The value must be derived from the arterial blood gas sample.
Highest bicarbonate	The highest level of serum bicarbonate during the first 24 hours of IC admission. The value must be derived from the arterial blood gas sample.
Serum ureum	The highest level of serum ureum during the first 24 hours of IC admission.

Name	Description
Bilirubin (MDS)	The highest level of total bilirubin during the first 24 hours of IC admission.
Lowest hematocrit	The lowest level of hematocrit during the first 24 hours of IC admission. If hematocrit values are not available, calculate them by dividing the value for the lowest haemoglobin by twenty (mmol/L).
Highest hematocrit	The highest level of hematocrit during the first 24 hours of IC admission. In case hematocrit values are not available, calculate them by dividing the value for the highest haemoglobin by twenty (mmol/L).
Lowest albumin	The lowest level of serum albumin during the first 24 hours of IC admission.
Highest albumin	The highest level of serum albumin during the first 24 hours of IC admission.
Lowest thrombocytes	The lowest level of thrombocytes during the first 24 hours of IC admission.
Lowest glucose during first 24 hours of IC admission	The lowest level of serum glucose during the first 24 hours of IC admission.
Highest glucose during first 24 hours of IC admission	The highest level of serum glucose during the first 24 hours of IC admission.
IC discharge date	The date on which the patient is discharged from-, or deceases in, the IC. Please note: This is a mandatory field and must therefore always be submitted.
IC discharge time	The time at which the patient is discharged from-, or deceases in-, the IC.
ICU Discharge destination	Indication of the location the patient is destined for, immediately after IC discharge. This variable is also used to determine IC mortality.
Patient died in hospital	Indication that patient has deceased during hospital admission in which the IC admission occurred.
Hospital discharge date	The date on which the patient is discharged from, or is deceased in, the hospital.
Hospital discharge destination	Location of discharge after patients have been discharged from the hospital.
Pressure ulcer	Score in case during ICU admission a new stage 3 or 4 pressure ulcer develops or if there is a deterioration in stage to stage 3 or 4. Pressure ulcer refers to any form of tissue necrosis, caused by the effect of pressure-, shearing- or turning forces, or a combination of al three. Newly presented: Arises after ICU admission (incidence). Stage 3 pressure ulcer according to CBO: Skin defect with damage or necrosis of the skin and subcutaneous tissue (subcutis). Damage may extend to the underlying connective tissue (fascia). Stage 4 pressure ulcer according to CBO: Extensive tissue damage or tissue necrosis to muscles, bone tissue or supportive tissue, with or without damage to the upper skin (epidermis) and lower skin (dermis).
Heart massage treatment impairment on IC admission.	Is there a treatment restriction relating to heart massage on IC admission?
Heart massage treatment impairment on IC discharge.	Is there a treatment restriction relating to heart massage on discharge from IC?
Ventilation treatment impairment on IC admission.	Is there a treatment restriction relating to invasive ventilation on IC admission?
Ventilation treatment impairment on IC discharge.	Is there a treatment restriction relating to invasive ventilation on discharge from IC?
Renal replacement therapy treatment restriction on IC admission	Is there a treatment restriction relating to renal replacement therapy on IC admission?

Name	Description
Renal replacement therapy treatment restriction on IC discharge	Is there a treatment restriction for the patient relating to renal replacement therapy on IC discharge?
Re-admission treatment impairment	Is there a treatment restriction relating to the IC re-admission on discharge from IC?
Internaltransfer	<p>Please note this a variable calculated by NICE! We generate this information automatically, you do not have to provide it yourself.</p> <p>Some hospitals contain more than one or specialized ICU's. A new ICU admission within the same hospital admission would be considered a re-admission. If the patient is being transferred from one ICU to another within the same hospital it would be an error to consider this a re-admission. It is actually the same admission. For this occurrence the "Internaltransfer" was invented. In case there is a sequel MDS record for a patient with the annotation "ICU same hospital" (adm_source=5) or 'CCU/IC other location of same hospital, transport by ambulance' (adm_source=17) and the ICU admission is within 2 hours after the discharge from the last admission, this is regarded as "Internaltransfer".</p> <p>If a record is considered an internaltransfer the following occurs:</p> <ul style="list-style-type: none"> - the second record will be almost completely ignored, saving the ICU discharge information - the first record will be completed with the ICU discharge information of the second record. This includes ICU discharge date and -time.
Hospital number	A unique number for each participating hospital. This number is allocated by the secretary of NICE to participating hospitals.
ICU number	If several IC units are covered by one hospital number, the IC number is used to differentiate the individual IC units from each other. This may relate to ICUs in the same or different hospital locations. ICUs in the same hospital location only acquire an individual ICU number if individual reports are required for these ICUs.
Admission number	Unique admission number (sequential number) within the ICU. This number is used for communication between the submitting ICU and the data processor. The admission number is used in conjunction with the hospital number (hospsno) as the unique identification of an admission. This number must therefore be unique to each admission. Numbers which have already been used must not be re-used during later years. A solution to this is to allow the unique admission number to begin with the year in which the admission took place.
Event	<p>This field states which events occurred during IC admission. For now, only the patient's care level (IC/MC) is reported in this field. Because the definition of an MC patient cannot be established unambiguously as there are major differences between hospitals' interpretations of MC or IC, central earmarking of MC patients is not possible. To keep the records as simple and unambiguous as a possible, the NICE board has decided that the MDS is scored for all patients under the care of an intensivist, whether or not in a separate or integrated IC/MC unit.</p> <p>This table makes it possible to meet the wishes of certain participants who wish to obtain insight into differences between IC and MC patients based on the local definition of an MC patient. This information may therefore not be used for benchmarking purposes, nor will it be included in NICE Online and the standard feedback reports.</p>
Event measurement time	Time at which the event is recorded and/or altered.