

Site Registration 1

Upon completion of the online site registration form you will be assigned a username and password. New participants will receive their new usernames and passwords via a confirmation email. If you participated in the survey in 2011, 2013 and/or 2014, your username from those surveys will be reactivated when you sign-up **with the same e-mail address as you used for INS 2011, 2013 and/or 2014** and a new password will be emailed to you to reactivate your account.

- A username and password will be provided only to those who are registered to participate in the study
- The site and user registration must be completed **once** for each ICU
 - Please ensure only one person registers each ICU, and provides all the contact details for each individual from that ICU that needs a username and password
- If you have multiple ICUs:
 - You should register each ICU separately; you will receive a separate username for each ICU
 - Register ICUs separately even if you only want one site report; if you only want one site report, inform the Project Assistant at the time of site/user registration
- All users must log onto the website using their own username and password prior to data entry. **Please keep track of your password to avoid having to contact IT at CERU.**

Primary REDCap Users	Specify who is going to be involved in collecting and entering study data, and coordinating the study. Each person indicated here will receive a REDCap username and password.
Ethics Approval	Indicate if your site required ethics approval to participate in the INS 2014.
Hospital Name	Specify your hospital's full name, without abbreviations, as you wish for it to appear on your Site Report.
Hospital Type	A teaching hospital is a hospital that provides training to medical students and residents. If your hospital only has occasional medical students/residents, select non-teaching hospital.
Location	Specify the city, province/state and country your hospital is located in.
Size of Hospital	Specify the number of beds in your hospital
Multiple ICUs	Indicate whether or not your hospital has multiple ICUs. Select yes even if only one of these ICUs is participating in the study.
ICU Name	Specify your ICU's name as you wish for it to appear on your Site Report.
ICU Type	Indicate the ICU structure. Open ICUs are sites where patients are under the care of an attending physician (e.g. internist, family physician, surgeon) with intensivists (i.e. physician with training in critical care) consulted as necessary. Patients in closed ICUs are under the care of an intensivist or care is shared between the intensivist and another attending physician.
Case Types	Please indicate all case types applicable to this ICU.
ICU Medical Director	Indicate whether or not your ICU has a designated Medical Director
Burn or Cardiac Unit	Please indicate whether or not your ICU is a burn or cardiovascular surgery unit. Definition of a burn unit: A dedicated unit where they treat patients with burns and burn related injuries. Do not select if burn patients are cared for in a multi-system or general ICU.
Number of ICU Beds	Indicate how many beds your ICU contains
Dietitian in ICU	This is a measure of the amount of time the dietitian(s) is/are dedicated to the ICU relative to a full time position. <u>Eg:</u> A full-time equivalent (FTE) of 1.0 means that one dietitian works in the ICU full time (i.e. 5 full days per week). A FTE of 0.5 means that one dietitian is in the ICU half time, or two and a half days a week. A FTE of 1.0 could also mean that two dietitians each work half time (0.5 FTE each) in the ICU.

International Nutrition Survey 2018

ICU Name:

Site Registration 1

1. Primary REDCap Users: (Usernames and passwords to access the online data entry system will be assigned to each of the individuals listed below.)

First name	Last name	Email	Phone	Role in ICU	Signature

To register your site, please provide the following information.

2. Did you require ethics approval to participate in INS 2018? Yes No

Hospital Information

3. Hospital Name: _____

4. Hospital Type: Teaching Non-Teaching

5. City: _____ 6. Province/State: _____ 7. Country: _____

8. Size of Hospital (Number of Beds): _____

ICU information

9. Does your hospital have multiple ICU? Yes No

10. ICU Name: _____

11. ICU Type:

Open: Attending physician remain in charge, ICU physician consults.

Closed: Care transferred or shared with ICU physician

Other, please specify: _____

12. Case Types (select all that apply):

Medical

Pediatrics

Cardiac Surgery

Surgical

Neurological

Burns

Trauma

Neurosurgical

Other, please specify: _____

13. Is there a designated ICU Medical Director? Yes No

14. Is your unit specifically a burn unit? Yes No

If yes: What feeding practices are used in your unit to minimize the interruptions around burn related surgeries and/or grafting? (Select all that apply)

No interruptions: feed patient through the OR and entire perioperative period (no interruptions for surgery)

Feed right up until the patient is transferred to the OR

Withhold feeds some hours before the OR

Withhold feeds at midnight the night before the OR

Other, please specify: _____

15. Is your unit specifically a cardiovascular surgery unit? Yes No

16. Number of beds in ICU: _____

17. Do you have a Dietitian working in the ICU? Yes No

If yes: Amount of full time equivalent (FTE) dietitian: _____

Site Registration 2

Feeding Protocol/ Algorithm	<p>Enteral feeding protocols are defined as: tools designed to enable the bedside nurse to initiate, and/or monitor, and/or modify the administration of EN to individual patients. Implementation of such protocols includes, but is not limited to, the use of pre-printed orders that are signed by a physician when a patient is admitted to the ICU and a bedside algorithm that provides instructions to the bedside nurse on the management of EN. We are not referring to a policy document, but bedside tools.</p> <p>If your ICU uses a feeding protocol to guide the initiation and/or progression of enteral nutrition, indicate if your protocol includes the listed components.</p>
Gastric Residual Volume	<p>Indicate if your ICU monitors gastric residual volumes in enterally fed patients. If yes, indicate the threshold in mL.</p>
Blood Sugar Protocol	<p>Indicate whether or not you have a protocol or algorithm to monitor blood sugar control. If yes, enter the upper and lower value of your acceptable range, or alternatively, if your ICU targets one value, enter this value. Specify the units (mmol/L or mg/dL) for these values by checking the appropriate box.</p>

International Nutrition Survey 2018

ICU Name:

Site Registration 2

18. Do you use a bedside feeding protocol/algorithm that allows the nurse to advance or withhold tube feedings as specified by the protocol/algorithm?

- Yes – We have a feeding protocol
- No – No systematic or standardized approach to feeding at the bedside

If yes to "Feeding Protocol", indicate which components you are implementing in your ICU (check all that apply):

- An initial feeding strategy that includes the use of volume based feeding
- Prophylactic use of motility agents starting with start of enteral nutrition
- Protein supplements starting with start of enteral nutrition

What type of formula do you use as your initial or starting formula as part of your feeding protocol (select only one)?

- Semi-elemental feeding formula
- Polymeric feeding formula
- Other type of formula, *please specify:* _____

19. Do you use a gastric residual volume threshold to adjust feeds? Yes No

If yes: What volume threshold do you use? _____ millilitres (ml)

20. Do you use a protocol to monitor blood sugar control or the administration of insulin? Yes No

<i>If yes:</i> What range do you target?	-OR-	What value do you target?	Units?
Lower: _____ Upper: _____		Target: _____	<input type="checkbox"/> mmol/L
			<input type="checkbox"/> mg/dL