



Sedation, Analgesia and Delirium in ICU for patients with COVID-19 - Multi-center and international study - SAMDS Study

Informed Consent

We would like to invite you to participate in this survey on practices of sedation, analgesia and delirium in the intensive care unit for patients with COVID-19. This study will be performed with a self-applied 7-minute questionnaire about your practices of sedation and analgesia, as well as delirium screening, monitoring and treatment in your work environment (ICU for patients with COVID-19).

The researchers did not receive any financial support for doing this study, and you will not have any financial compensation for participating in this research. You will not be identified in this questionnaire. If you agree to participate in this study, please click on the dialog box below to have access to the questionnaire.

The Institutional Review Board of the Universidade do Extremo Sul Catarinense, Santa Catarina, Brazil (the main institution for the study, e.mail: cetica@unesc.net) approved it (ID 3.542.658).

If you have any questions, please feel free to contact our steering committee members.

Steering Committee of the SAMDS study:

Bruna Brandão Barreto (brunab_barreto@yahoo.com.br) - Brazil
Mariana Luz (marianaluzmed@gmail.com) - Brazil
Eduardo Tobar (edotobar@gmail.com) - Chile
Audrey De Jong (audreydejong@hotmail.fr) - France
Gérald Chanques (g-chanques@chu-montpellier.fr) - France
John Kress (jkress@medicine.bsd.uchicago.edu) - USA
Yahya Shehabi (yshehabi@ozmail.com.au) - Australia/New Zealand
Roberta Esteves Vieira de Castro (roberta-esteves@hotmail.com) - Brazil
Jorge Salluh (jorgesalluh@gmail.com) - Brazil
Felipe Dal-Pizzol (fdpizzol@gmail.com) - Brazil
Dimitri Gusmao-Flores (dimitrigusmao@gmail.com) - Brazil

* 1. Do you want to participate?

☐ Yes



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2. In what country do you work?

* 3. Age (completed years):

* 4. How long have you been working in intensive care (completed years)?

* 5. Are you an intensive care specialist?

☐ Yes

☐ No



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* 6. How long have you been an intensive care specialist (completed years)?



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The answers below refer to the place where you dedicate the most of your working hours:

* 7. Type of hospital:

- ☐ Public hospital
- ☐ University Hospital / Teaching hospital
- ☐ Private Hospital

8. Number of beds in your ICU:

- ☐ Up to 10
- ☐ 11-20
- ☐ >20

9. What is the frequency of patients using mechanical ventilation in your ICU?

- ☐ <20%
- ☐ 20-40%
- ☐ 40-70%
- ☐ >70%

10. Nursing : patient ratio (daytime):

- ☐ 1:1
- ☐ 1:2
- ☐ 1:3
- ☐ 1:4
- ☐ 1:5
- ☐ >1:5
- ☐ Not apply

11. Nursing : patient ratio (nighttime):

- ☐ 1:1
- ☐ 1:2
- ☐ 1:3
- ☐ 1:4
- ☐ 1:5
- ☐ >1:5
- ☐ Not apply

12. Has your ICU been organized with daily rounds with an intensive care specialist?

- ☐ Yes
☐ No

13. Which professional participate on multidisciplinary rounds (check all that apply)?

- | | |
|--|---------------------------------------|
| ☐ Doctor | ☐ Nutritionist |
| ☐ Nurse | ☐ Pharmacist |
| ☐ Physiotherapist | |

14. Is there any analgesia protocol in your ICU?

- ☐ Yes
☐ No
☐ I don't know

15. Do you monitor pain in patients that are able to communicate?

- ☐ Yes
☐ No



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16. How do you monitor pain in these patients (check all that apply)?

- | | |
|--|--|
| ☐ Visual analogic scale | ☐ Unstructured evaluation |
| ☐ Behavioral Pain Scale – BPS and/or BPS for non intubated patients | ☐ Oral numeric scale |
| ☐ Critical-Care Pain Observation Tool - CPOT | |
| ☐ "Other (please specify)" | |



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17. Do you monitor pain in patients that are not able to communicate?

- ☐ Yes
- ☐ No



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18. How do you monitor pain in these patients (check all that apply)?

- | | |
|--|---|
| ☐ Visual analogic scale | ☐ Unstructured valuation |
| ☐ Behavioral Pain Scale – BPS and/or BPS for non intubated patients | ☐ Oral numeric scale |
| ☐ Critical-Care Pain Observation Tool - CPOT | |
| ☐ "Other (please specify)" | |



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19. Which drugs do you usually use for analgesia (check all that apply)?

- | | |
|---|---|
| ☐ Midazolam | ☐ Propofol |
| ☐ Dipyron (metamizole) | ☐ Dexmedetomidine |
| ☐ Morphine | ☐ Nonsteroidal anti-inflammatory drugs |
| ☐ Fentanyl | ☐ Paracetamol |
| ☐ Remifentanyl | ☐ Nefopam |
| ☐ Tramadol | ☐ Ketamine |
| ☐ Gabapentine | |
| ☐ "Other (please specify)" | |

20. Do you use non pharmacologic therapy to treat pain?

- ☐ Yes
- ☐ No



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21. Which one (check all that apply)?

- | | |
|---|--|
| ☐ Massage | ☐ Relaxation techniques |
| ☐ Hypnosis | ☐ Cold therapy |
| ☐ Cybertherapy | ☐ Music therapy |
| ☐ Other (please specify) | |



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22. Is there any sedation protocol in your ICU?

- ☐ Yes
- ☐ No
- ☐ I don't know



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23. How often do you follow the sedation protocol?

- ☐ Never
- ☐ Sometimes
- ☐ Always



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24. In your unit, do you routinely use sedative drugs for patients on mechanical ventilation?

- ☐ Yes
☐ No

25. When using sedative drugs for patients on mechanical ventilation, what is the most frequently used strategy?

- ☐ Continuous sedation with titration
☐ Continuous sedation with daily interruption
☐ Intermittent bolus

26. How often are the sedation goals discussed during rounds?

- ☐ Daily
☐ Sporadically
☐ Never

27. Do you use any sedation scale routinely?

- ☐ Yes
☐ No



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28. Which scale do you use (check all that apply)?

- ☐ Ramsay
- ☐ Sedation-agitation scale - SAS
- ☐ Richmond agitation-sedation scale - RASS
- ☐ Glasgow
- ☐ "Other (please specify)"



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29. How many times a day do you assess the level of sedation of patients in the ICU?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ >3

30. Which drugs do you usually use for sedation (check all that apply)?

- | | |
|---|--|
| ☐ Midazolam | ☐ Propofol |
| ☐ Lorazepam | ☐ Remifentanyl |
| ☐ Haloperidol | ☐ Dexmedetomidine |
| ☐ Morphine | ☐ Ketamine |
| ☐ Fentanyl | ☐ Quetiapine |
| ☐ "Other (please specify)" | |

31. Is there any sedative drug you do not use or avoid?

- ☐ Yes
- ☐ No

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32. Which one (check all that apply)?

- ☐ Midazolam
- ☐ Lorazepan
- ☐ Haloperidol
- ☐ Morphine
- ☐ Fentanyl
- ☐ Propofol
- ☐ Remifentanyl
- ☐ Dexmedetomidine
- ☐ Ketamine
- ☐ Quetiapine
- ☐ "Other (please specify)"

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Which drugs would you use for sedation in each scenario below (check all that apply):

33. Septic shock:

- | | |
|---|---|
| ☐ Midazolam | ☐ Remifentanyl |
| ☐ Lorazepan | ☐ Dexmedetomidine |
| ☐ Haloperidol | ☐ Ketamine |
| ☐ Morphine | ☐ Quetiapine |
| ☐ Fentanyl | ☐ I don't use sedation |
| ☐ Propofol | |
| ☐ "Other (please specify)" | |

34. Moderate or severe Acute Respiratory Distress Syndrome (ARDS)

- | | |
|---|---|
| ☐ Midazolam | ☐ Remifentanyl |
| ☐ Lorazepan | ☐ Dexmedetomidine |
| ☐ Haloperidol | ☐ Ketamine |
| ☐ Morphine | ☐ Quetiapine |
| ☐ Fentanyl | ☐ I don't use sedation |
| ☐ Propofol | |
| ☐ "Other (please specify)" | |

35. Agitated patients on **non-invasive mechanical ventilation**:

- | | |
|---|---|
| ☐ Midazolam | ☐ Remifentanyl |
| ☐ Lorazepan | ☐ Dexmedetomidine |
| ☐ Haloperidol | ☐ Ketamine |
| ☐ Morphine | ☐ Quetiapine |
| ☐ Fentanyl | ☐ I don't use sedation |
| ☐ Propofol | |
| ☐ "Other (please specify)" | |

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36. How often do you use mechanical restraint in patients on mechanical ventilation?

- ☐ Never
- ☐ Sometimes
- ☐ Always



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37. Do you have information about the frequency of delirium in your unit?

- ☐ Yes
- ☐ No



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38. What is this frequency?

- | | |
|------------------------------|------------------------------|
| ☐ <10% | ☐ 50-75% |
| ☐ 10-25% | ☐ >75% |
| ☐ 25-50% | |



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39. Do you investigate the presence of delirium?

- ☐ Yes
☐ No



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40. Who is evaluated?

- ☐ All patients?
☐ Only patients with clinical suspicion

41. How do you diagnose delirium? (check all that apply)

- | | |
|--|--|
| ☐ General clinical evaluation | ☐ Intensive care delirium screening checklist - ICDSC |
| ☐ Confusion Assessment Method for the Intensive Care Delirium – CAM-ICU | ☐ Mini-mental State Examination - MMSE |
| ☐ Delirium rating scale | |
| ☐ "Other (please specify)" | |

42. How many times a day is the presence of delirium assessed in your ICU?

- ☐ 0
☐ 1
☐ 2

- ☐ 3
☐ >3



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43.

Which drugs do you generally use to treat delirium? (check all that apply)

- | | |
|---|---|
| ☐ Midazolam | ☐ Propofol |
| ☐ Other benzodiazepines | ☐ Dexmedetomidine |
| ☐ Haloperidol | ☐ Atypical antipsychotics (olanzapine, quetiapine, clozapine, risperidone) |
| ☐ Morphine | ☐ I don't use drugs to treat delirium |
| ☐ Fentanyl | |
| ☐ 'Other (please specify)' | |

44. How do you treat hypoactive delirium (check all that apply) ?

- ☐ Pharmacological therapy
☐ Non-pharmacological therapy
☐ I do not treat



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45. Which non-pharmacological therapy do you use? (check all that apply)

- | | |
|---|--|
| ☐ Improve sleep | ☐ Family engagement |
| ☐ Mobilization | ☐ Music therapy |
| ☐ Cognitive stimulation / occupational therapy | |
| ☐ Other (please specify) | |



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Thank you!