

Adverse Event Coding

Participant ID _____

Adverse events, such as falls, infections, and death, are common for patients in palliative care units due to their advanced illness. To circumvent unnecessary and burdensome reporting processes for site study personnel in this implementation study of an evidence-based Standard, we have refined the adverse event reporting processes to focus on systematically monitoring and reporting adverse effects - i.e., adverse events assessed by the principal site investigator as likely to be related to study processes or the new clinical processes to implement the Delirium Standard or new PCOC items.

Data collector _____

Who did this AE occur for?

- Patient
 Family/Carer
 Clinician

Adverse event

- Fatigue (Patient/Family Carer)
 Falls (Patient)
 Increased distress (Patient/Family Carer/Staff)
 Agitation (RASS-PAL > 1)
 Sedation (RASS-PAL < -1)
 Physical harm (Patient/Family Carer)
 Complaints (Patient/Family Carer/Staff)
 COVID-19 Transmission (Patient/Family Carer/Staff)
 Verbal or physical aggression from a patient +/- injury (Staff)
 Increased workload (Staff)
 Breach of confidentiality (Patient/Family Carer/Staff)
 Other (Patient/Family Carer/Staff)

Start date of event

(The date the event (or change of grade) started, first documented or first reported, whichever is earliest)

Grade

- Grade 1: Mild; asymptomatic or mild, intervention not indicated
 Grade 2: Moderate; minimal local or non-invasive intervention indicated
 Grade 3: Severe or medically significant but not immediately life threatening
 Grade 4: Life threatening consequences; urgent intervention indicated
 Grade 5: Death related to AE
 Unable to be graded

Serious event Yes
 No
(Any adverse event/adverse reaction that results in death, is life-threatening, requires hospitalisation or prolongation of existing hospitalisation, results in persistent or significant disability or incapacity, or is a congenital anomaly or birth defect.)

For a serious AE, please state who was notified and when _____

Relationship to the MODEL-PC study or Delirium Standard care Unrelated
 Unlikely
 Possible
 Probably
 Definite
 Not possible

Action taken None
 Study intervention discontinued and no other treatment
 study intervention discontinued and other treatment
 Remedial drug therapy
 Hospitalisation (and SAE)
 Non drug treatment
 Not able to be determined
 Not applicable
 Other action

Specify action taken _____

Outcome Resolved
 Change in grade
 Ongoing at end of study
 Death
 Unkown

Comments _____
