＊ ＊ ＊ 　院内感染対策サーベイランスシステム　 ＊ ＊ ＊ 　　施設コード

ICU入室時	
APACHE	×
肺　炎	
カテ血流感染	
敗血症	
創感染	
尿路感染	
その他の感染	
ICU退室時	
ディバイス	
診療点数	
退院時サマリ	
戻　　　る	
登　　　録	

患者基本データ

氏名	乃須太郎	ICU入室日	2006/02/02
ID	12345	ICU入室時間	12 : 00
生年月日	332/09/27	入院日	2006/02/02
性別	男	年齢	48

APACHEデータ

	LOW ABNORMAL RANGE						HIGH ABNORMAL RANGE			
	+4	+3	+2	+1	0	+1	+2	+3	+4
体温	**≦29.9**	30～31.9	32～33.9	34～35.9	36～38.4	38.5～38.9		39～40.9	41～
平均血圧	≦49		**50～69**		70～109	HELP	110～129	130～159	160～
心拍数	≦39	40～54	**55～69**		70～109		110～139	140～179	180～
呼吸数	≦5		**6～9**	10～11	12～24	25～34		35～49	50～
酸素化 HELP			FIO2≧0.5 (A-aDO2)		<200		200～349	350～499	500～
	<55	55～60		**61～70**	70<	(PO2)	FIO2<0.5		
pH	<7.15	7.15～7.24	**7.25～7.32**		7.33～7.49	7.5～7.59		7.6～7.69	7.7～
Na	≦110	111～119	**120～129**		130～149	150～154	155～159	160～179	180～
K	<2.5		2.5～2.9	**3～3.4**	3.5～5.4	5.5～5.9		6～6.9	7～
Cr **腎不全**			**<0.6**		0.6～1.4		1.5～1.9	2～3.4	3.5～
Ht	<20		**20～29.9**		30～45.9	46～49.9	50～59.9		60～
WBC	<1		**1～2.9**		3～14.9	15～19.9	20～39.9		40～

慢性疾患の合併 　[肝硬変 ▼]　 G C S 　[10]　 [HELP]

診断 Category 　 ICH/SDH/SAH

Category Weight 　 0.723

[クリア]　　　　 APACHE II score 　　　 31 　　　 予測死亡率 　　　 84.9
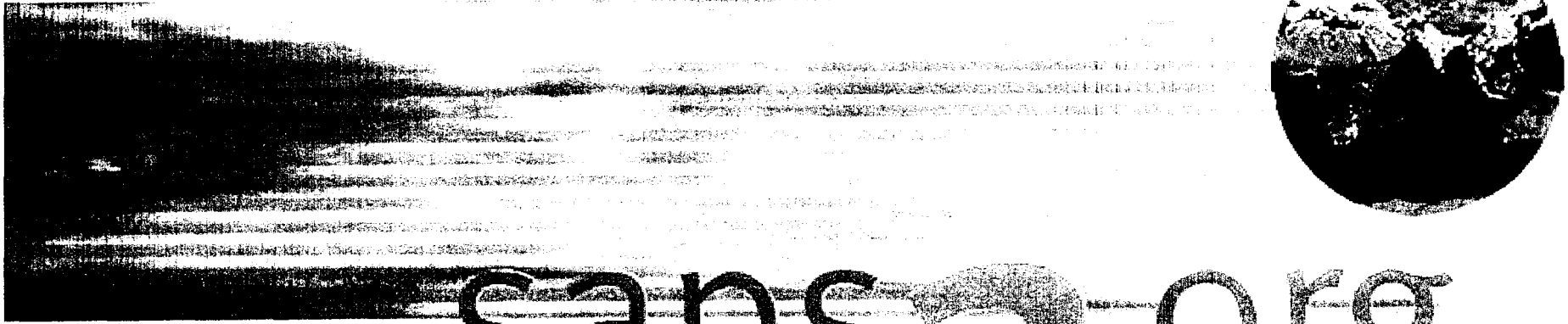
saps3.org

From the Evaluation of the Individual Patient to the Evaluation of the ICU

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● enter

SAPS II

(New Simplified Acute Physiology Score)

Type of admission	Chronic diseases	Glasgow (Help)
0	0	0
Age	**Syst. Blood Pressure**	**Heart rate**
0	0	0
Temperature	**If MV or CPAP PaO2/FIO2 (mmHg)**	**Urine output**
0	0	0
Serum Urea or BUN	**WBC**	**Potassium**
0	0	0
Sodium	**HCO3 ⁻**	**Bilirubin**
0	0	0

Definitions

SAPS II

0

Predicted Death Rate	
0	Logit = 0
	Logit = -7,7631+0,0737*(SAPS II)+0,9971*ln((SAPS II)+1)
Clear	Predicted Death Rate $=e^{(Logit)}/(1+e^{(Logit)})$

Ref : Le Gall JR et al. A new simplified acute physiology score (SAPS II) based on a European / North American multicenter study. *JAMA*. 1993;270:2957-63

Web Page: Jean-Yves Marandon
Dept. of Anesthesia. FOCH Hospital (92 Suresnes- France)

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Definitions

Data are collected during the first 24 hours after ICU admission

Age
Use the patient's age in years at last birthday

Heart rate
Use the worst value in 24 hours, either low or high rate; if it varied from cardiac arrest (11pts) to extreme tachycardia (7pts), assign 11points.

SBP
Use the same method as for hearth rate : eg, if it varied from 60 mmHg to 205 mmHg, assign 13 Points.

Body temperature
Use the highest temperature in °C or °F

PaO2/FiO2 ratio
If ventilated or CPAP, use the lowest value of the ratio.

Urinary output
if the patient is in the intensive care unit for less than 24 hours, make the calculation for 24 hours.

Serum urea or BUN
Use the highest value in mmol// or g/L for serum urea, in mg/dL for the serum urea nitrogen.

WBC count
Use the worst (high or low) WBC count.

Serum potassium level
Use the worst (high or low) value.

Serum Sodium level
Use the worst (high or low) value.

Serum bicarbonate level

Use the lowest value.

Bilirubin
Use the highest value in micromol/L or mg/dL

Glasgow coma score
Use the lowest value. If the patient is sedated, record the estimated Glasgow coma score before sedation.

AIDS
Yes , if HIV positive with clinical complications as *pneumocystis carinii* pneumonia, Kaposi's sarcoma, Lymphoma, tuberculosis or toxoplasma infection.

Hematologic malignancy
Yes, if lymphoma, acute leukemia, or multiple myeloma.

Metastatic cancer
Yes, if proven metastasis by surgery, C.T. scan or any other method.

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Eyes Open	Verbal	Motor
○ Spontaneous ○ To speech ○ To pain ○ Absent	○ Converses / Oriented ○ Converses / Disoriented ○ Inappropriate ○ Incomprehensible ○ Absent	○ Obeys ○ Localizes pain ○ Withdraws (flexion) ○ Decorticate (flexion) rigidity ○ Decerebrate (extension) rigidity ○ Absent

Glasgow= [ ]

SAPS 3 Admission Score

Box I

Age, years	
Length of stay before ICU admission, days	
Intra-hospital location before ICU admission	
Co-Morbidities	
Cancer therapy	
Cancer	
Haematological cancer	
Chron. HF (NYHA IV)	
Cirrhosis	
AIDS	
Use of major therapeutic options before ICU admission: Vasoactive drugs	

Box II

ICU admission: Planned or Unplanned	
Reason(s) for ICU admission	
Cardiovascular:	
Hepatic:	
Digestive:	
Neurologic:	
Surgical status at ICU admission	
Anatomical site of surgery	
Acute infection at ICU admission	
Nosocomial	
Respiratory	

Box III

Estimated GCS (lowest), points	
Total bilirubine (highest) mg/dL (µmol/L)	
Body temperature (highest), Degrees Celsius	
Creatinine (highest), mg/dL (µmol/L)	
Heart rate (highest), beats/minute	
Leukocytes (lowest), G/L	
Hydrogen ion concentration (lowest), pH	
Plateletes (lowest), G/L	
Systolic blood pressure (lowest), mmHg	
Oxygenation	

SAPS 3 points

Probability of death (%)

<40 (default) ▼

<14 (default) ▼

Operative room (default) ▼

no (default) ▼

no (default) ▼

no (default) ▼

no (default) ▼

no (default) ▼

no (default) ▼

no (default) ▼

planned (default) ▼

All others (default) ▼

All others (default) ▼

All others (default) ▼

All others (default) ▼

scheduled surgery (default) ▼

All others (default) ▼

no (default) ▼

no (default) ▼

>=13 (default) ▼

<2 mg/dL (<34.2 μmol/L) (default) ▼

>=35 (default) ▼

<1.2 mg/dL (<106.1 μmol/L) (default) ▼

<120 (default) ▼

<15 (default) ▼

>7.25 (default) ▼

>=100 (default) ▼

>=120 (default) ▼

PaO2 >=60 and no MV (default) ▼

16
0

TISS (TISS - 76)

(Therapeutic Intervention Scoring System - Update 1983)

4 points		3 points	
a. Cardiac arrest and/ or countershock within past 48 h	○ yes ○ no	a. Central iv hyperalimentation (includes renal, cardiac, hepatic failure fluid)	○ yes ○ no
b. Controlled ventilation with or without PEEP	○ yes ○ no	b. Pacemaker on standby	○ yes ○ no
c. Controlled ventilation with intermittent or continuous muscle relaxants	○ yes ○ no	c. Chest tubes	○ yes ○ no
d. Balloon tamponade of varices	○ yes ○ no	d. IMV or assisted ventilation	○ yes ○ no
e. Continuous arterial infusion	○ yes ○ no	e. CPAP	○ yes ○ no
f. Pulmonary artery catheter	○ yes ○ no	f. Concentrated K^+ infusion via central catheter	○ yes ○ no
g. Atrial and/or ventricular pacing	○ yes ○ no	g. Nasotracheal or orotracheal intubation	○ yes ○ no
h. Hemodialysis in unstable patient	○ yes ○ no	h. Blind intratracheal suctioning	○ yes ○ no
i. Peritoneal dialysis	○ yes ○ no	i. Complex metabolic balance (frequent intake and output)	○ yes ○ no
j. Induced hypothermia	○ yes ○ no	j. Multiple ABG, bleeding, and/ or STAT studies (> 4 shift)	○ yes ○ no
k. Pressure-activated blood infusion	○ yes ○ no	k. Frequent infusion of blood products (>5 units /24 h)	○ yes ○ no
l. G-suit.	○ yes ○ no	l. Bolus iv medication (nonscheduled)	○ yes ○ no
m. Intracranial pressure monitoring	○ yes ○ no	m. Vasoactive drug infusion (1 drug)	○ yes ○ no
n. Platelet transfusion	○ yes ○ no	n. Continuous antiarrythmia infusions	○ yes ○ no
o. IABP (Intra Aortic Balloon Pressure)	○ yes ○ no	o. Cardioversion for arrythmia (not defibrillation).	○ yes ○ no
p. Emergency operative procedures (within past 24 h)	○ yes ○ no	p. Hypothermia blanket	○ yes ○ no

q. Lavage of acute GI bleeding	O yes O no	q. Arterial line	O yes O no
r. Emergency endoscopy or bronchoscopy	O yes O no	r. Acute digitalization - within 48 h	O yes O no
s. Vasoactive drug infusion (> 1 drug)	O yes O no	s. Measurement of cardiac output by any method	O yes O no
		t. Active diuresis for fluid overload or cerebral edema	O yes O no
		u. Active Rx for metabolic alkalosis	O yes O no
		v. Active Rx for metabolic acidosis.	O yes O no
		w. Emergency thora-para and peri-cardiocenteses.	O yes O no
		x. Active anticoagulation (initial 48 h)	O yes O no
		y. Phlebotomy for volume overload	O yes O no
		z. Coverage with more than 2 iv antibiotics	O yes O no
		aa. Rx of seizures or metabolic encephalopathy (within 48 h of onset)	O yes O no
		bb. Complicated orthopedic traction	O yes O no

2 points		**1 point**	
a. CVP (central venous pressure)	O yes O no	a. ECG monitoring	O yes O no
b. 2 peripheral iv catheter	O yes O no	b. Hourly vitals signs	O yes O no
c. Hemodialysis stable patient	O yes O no	c. 1 peripheral iv catheter	O yes O no
d. fresh tracheostomy (less than 48 h)	O yes O no	d. Chronic anticoagulation	O yes O no
e. Spontaneous respiration via endotracheal tube or tracheostomy (T-piece or trach mask)	O yes O no	e. Standard intake and output (q 24 h)	O yes O no
f. GI feedings	O yes O no	f. STAT blood tests	O yes O no
g. Replacement of excess fluid loss	O yes O no	g. Intermittent scheduled iv medications	O yes O no
h. Parenteral chemotherapy	O yes O no	h. Routine dressing changes	O yes O no

i. Hourly neuro vitals signs	◯ yes ◯ no	i. Standard orthopedic traction	◯ yes ◯ no
j. Multiple dressing changes	◯ yes ◯ no	j. Tracheostomy care	◯ yes ◯ no
k. Pitressin infusion iv	◯ yes ◯ no	k. Decubitus ulcer	◯ yes ◯ no
TISS 76 = SUM (points for activities performed)= 0 **Class =** 0 Clear		l. Urinary catheter	◯ yes ◯ no
		m. Supplemental oxygen	◯ yes ◯ no
		n. Antibiotics iv (2 or less)	◯ yes ◯ no
		o. Chest physiotherapy	◯ yes ◯ no
		p. Extensive irrigations, packings or debridement of wound, fistula or colostomy	◯ yes ◯ no
		q. GI decompression	◯ yes ◯ no
		r. Peripheral hyperalimentation / Intralipid therapy	◯ yes ◯ no

Classification

Class IV : >= 40 points
Class III : 20 - 39 points
Class II : 10 -19 points
Class I : < 10 points

TISS explanation code

4 Point Interventions : a) Point score for 2 days after more recent cardiac arrest. b) This does not mean intermittent mandatory ventilation wich is a 3-point intervention. It does mean that regardless of the internal plumbing of the ventilator, the patient's full mandatory needs are being supplied by the machine. Wether or not the patient is ineffectively breathing around the ventilator is irrelevant as long as the ventilator is providing all the patient's needed minute ventilation. d) Use Sengstaken-Blakemore or Linton tube for esophageal or gastric bleeding. e) Pitressin infusion via IMA, SMa, gastric artery catheters for control of gastrointestinal bleeding, or other intra-arterial infusion. This does nor includ standard 3 ml/ h heparin flush to maintain catheter patency. g) Active pacing even if a chronic pacemaker. h) Include first 2 runs of an acute dialysis. Include chronic dialysis in patient whose medical situation now renders dialysis instable. j) Continuous or intermittent cooling to achieve body temperature less than 33°C. k) Use of a blood pump or manual pumping of blood in the patient who requires rapid blood replacement. p) May even be the initial emergency operative procedure - precludes diagnostics tests, i.e. angiography, CT scan.
3 Point Interventions : d) The patient is supplying some of his own venlatory needs. g) Not a daily point score. Patient must have been intubated in the ICU (elective or emergency) within previous 24 h. i) Measurement of intake/output above and beyond the normal 24 h routine. Frequent adjustment of intake according to total output. x) Includes Rheomacrodex.

bb) For example, Strykerframe, CircOlectric.

2 Point Interventions : g) Replacement of clear fluids over and above the ordered maintenance level.

1 Point Interventions : k) Must have a decubitus ulcer. Does not include preventive therapy.

General guidelines for use of TISS

1) Data should be collected at the same time each day, preferably in the morning and by the same observer.

2) A TISS item should be checked if it was performed at any time during the previous 24 h.

3) When the patient is discharged from the ICU, we recommend a discharge TISS that reflects the previous shift or 8 h period.

4) Total TISS points should decrease as the patient improves. Conversely, one can safely assume that if TISS points increase, more interventions or more intensive care is being delivered to the patient indicating deterioration of the patient's condition. Therefore, if the TISS points are rising while the patient is, in fact, improving or vice versa, check for errors because interventions may have been added inappropriately. A simple question to the patient's nurse concerning the patient's current status is helpful.

5) Many interventions are interrelated and can be automatically eliminated from consideration. For example, if the patient was extubated for previous 24 h, any intervention related to an intubated patient such as controlled ventilation will not apply.

6) When several related intervention are applied within the same 24 h, only award 1 set of points for the maximum intervention. For example, if a patient was on controlled ventilation (4 points), then paced on IMV (3 points), to CPAP (3 points), to T-piece (2 points), and then extubated all within the same 24 h period, assign only 4 points (for controlled ventilation), the maximum intervention offered.

7) Though not essential, we recommend that TISS data collectors have a critical care nursing background. they can easily identify the interventions and make the appropriate associations within and between categories. Collection time is minimized and results are reproducible.

Reference

Keene AR and al. Therapeutic Intervention Scoring System : Update 1983. *Crit Care Med.* 1983:11,1-3.

Web page: Jean-Yves Marandon

名古屋大学医学部附属病院 医療安全管理部 作成

患者有害事象の程度（影響度）・調査方法・公表方法の関係（案）

国立大学病院医療安全管理協議会の「影響度分類」・「公表範囲と方法」と，医療機能評価機構の報告範囲の考え方を元に改変．
原則的に，赤色部分が（法律専門家も入る）**外部調査委員会**，黄色部分がM＆Mなど**院内調査委員会**の開催対象の候補である．
運用にあたっては，「影響度レベル，重大過失の有無，開催の必要性」について，事例ごとに検討し，審議内容を議事録に残す．

レベル	障害の継続性	障害の程度	障害の内容	医療機能評価機構分類	重大過失あり	重大過失なし	
						予期しなかった，予期したものを上回った	予期していた
レベル5	死亡		死亡（原疾患の自然経過によるものを除く）	A.死亡（恒久）	①	④及び公表が再発防止に繋がる場合は③	（-）公表が再発防止に繋がる場合は③
レベル4b	永続的	中等度～高度	永続的な障害や後遺症が残り、有意な機能障害や美容上の問題を伴う	B.障害残存（恒久）	①	④及び公表が再発防止に繋がる場合は③	（-）公表が再発防止に繋がる場合は③
レベル4a	永続的	軽度～中等度	永続的な障害や後遺症が残ったが、有意な機能障害や美容上の問題は伴わない		②，必要があれば①	④及び公表が再発防止に繋がる場合は③	（-）公表が再発防止に繋がる場合は③
レベル3b	一過性	高度	濃厚な処置や治療を要した（バイタルサインの高度変化、人工呼吸器の装着、手術、入院日数の延長、外来患者の入院、骨折など）	C.濃厚処置・治療	③，過失の度合に応じ②	④及び公表が再発防止に繋がる場合は③	（-）公表が再発防止に繋がる場合は③
レベル3a	一過性	中等度	簡単な処置や治療を要した（消毒、湿布、皮膚の縫合、鎮痛剤の投与など）	軽微な処置・治療または影響なし	③	④及び公表が再発防止に繋がる場合は③	（-）公表が再発防止に繋がる場合は③
レベル2	一過性	軽度	処置や治療は行わなかった（患者観察の強化、バイタルサインの軽度変化、安全確認のための検査などの必要性は生じた）		公表が再発防止に繋がる場合 ③		
レベル1	なし		患者への実害はなかった（何らかの影響を与えた可能性は否定できない）				
レベル0	ー		エラーや医薬品・医療用具の不具合が見られたが、患者には実施されなかった				

公表方法：　①発生後、速やかな公表　②調査後、HP等により公表　③国立大学附属病院全体として一定期間とりまとめて報告
④国立大学附属病院全体としての年度報告　　　(-) 公表・報告対象としない