

Appendix I: Locally developed survey instrument

Date _____	Room: _____	Red Cap ID: _____	
Patient Last Name _____	MRN: _____	Blue Team	Gold Team
Role:	RN	Resident/NP	RT
	Time: __: __	Time: __: __	Time: __: __
Illness severity:			
Is your patient a watcher?	Yes No	Yes No	Yes No
If a watcher, newly identified in the last 12 hours?	Yes No	Yes No	Yes No
Patient summary (only ask if identified as a watcher):			
Why is your patient a watcher?	ECMO or risk of ECMO Risk of code event Risk of intubation Risk of hypotension Other		
	Please specify: _____	_____	_____
Situational Awareness/Contingency Planning:			
Is there a mitigation or contingency plan?	Yes No	Yes No	Yes No
	If yes, what's the plan? _____	If yes, what's the plan? _____	If yes, what's the plan? _____
Action/Plan List:			
Is your patient having any procedures today?	Yes No	Yes No	Yes No
Are you changing your respiratory or cardiovascular support?	Yes No	Yes No	Yes No