



## **Indian Intensive Care Case Mix and Practice Patterns Study 2018-19 (INDICAPS II)**

INDICAPS was the first large scale, multicentre survey launched by the ISCCM. The aim was to gather information about ICUs, organizational characteristics, patient casemix, the types and severity of illness, monitoring and therapeutic modalities used, types of infections, and other such data. This was performed between July 2010 and April 2011 and published in the Indian Journal of critical Care Medicine in 2016. Over the last 8 years, there has been a significant difference in the delivery of intensive care services, critical care education, socioeconomic indicators, antibiotic resistance patterns and other aspects of practices in Indian ICUs. It is therefore necessary to revisit and resurvey the current trends in intensive care practices in India, and to reflect the vast spectrum of critical care illness, services and practices.

In this study, INDICAPS II, we plan to collect data of all patients in the ICU on one particular day, and four such days spread throughout a one-year period. The following days have been selected: August 23, 2018; October 25, 2018; December 13, 2018; April 11, 2019. You may choose to participate on all four days, or any number of days of the study. This cross-sectional design makes it easy to follow, but does require that you spare time for us on that one day. This will generate powerful and important data on Indian critical care.

We hope to enroll as many ICUs all over the country as possible, and, therefore, invite you all to participate. You may choose to participate on all four days, or any number of days of the study. Each unit will be required to complete one form on the demographics of the ICU itself plus one form for each patient on the ICU or admitted to the ICU on the day of the study. In each center, the ICU coordinator or an alternative contact will be responsible for the data collection. The data forms will be hosted on the ISCCM website, sent by email, and completed forms can be returned either electronically or by regular mail.

This study will be observational and non-interventional, and patient data will be anonymised. We would prefer that each institution get permission from its institution's ethical committee.

So whether your ICU is large or small, 5-star hospital or 5-bed nursing home, urban or rural, full or empty, overstaffed or under-staffed, surgical or medical or cardiac or neuro, do not hesitate to join this study.

With warm regards

Yatin Mehta, President, ISCCM

Kapil Zirpe, Past-President, ISCCM

Subhash Todi (Chairman, Research Committee, ISCCM)

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