



Haemorrhage alleviation with
tranexamic acid - Intestinal system

GUIDANCE TO COMPLETING THE KATZ INDEX OF INDEPENDENCE IN ACTIVITY OF DAILY LIVING

Protocol Code: ISRCTN11225767

Guidance to complete the Katz Index of Independence in activity of daily living – version 1.0 date 10/05/2013

Outcome Form: Patient's self care capacity

HALT-it **OUTCOME** **HALT-IT 9251/92**

Complete at discharge from the randomising hospital, death in hospital or 28 days after randomisation, whichever occurs first

1. HOSPITAL

a) Country

b) Hospital code

2. PATIENT DETAILS

a) Initials first last

b) Age at entry

c) Written consent obtained from patient or representative? YES NO

d) If no written consent, give reason

3. PATIENT STATUS

3.1 Death in hospital (if yes complete below – if no complete 3.2)

a) Date of death day month year

b) Time of death (24-hr clock) hours minutes

c) Main cause of death (tick one option only)

<input type="checkbox"/> Haemorrhage	<input type="checkbox"/> Malignancy
<input type="checkbox"/> Myocardial infarction	<input type="checkbox"/> Pneumonia
<input type="checkbox"/> Stroke	<input type="checkbox"/> Pulmonary embolism
<input type="checkbox"/> Other (describe, 1 diagnosis only)	

3.2 Patient alive (if yes complete one section below – if no complete 3.1)

a) Discharged from hospital? (Date) day month year

b) Still in hospital at day 28? (Date) day month year

4. PROCEDURES (circle one option on each line)

a) Diagnostic endoscopic procedure	YES	NO
b) Therapeutic endoscopic procedure	YES	NO
c) Diagnostic radiological procedure	YES	NO
d) Therapeutic radiological procedure	YES	NO
e) Surgical intervention	YES	NO

5. PRIMARY CAUSE OF BLEED (tick one option only)

UPPER GI BLEED	LOWER GI BLEED
<input type="checkbox"/> Erosion or peptic ulcer	<input type="checkbox"/> Diverticular disease
<input type="checkbox"/> Varices	<input type="checkbox"/> Colitis
<input type="checkbox"/> Vascular lesion	<input type="checkbox"/> Vascular lesion
<input type="checkbox"/> Malignancy	<input type="checkbox"/> Malignancy
<input type="checkbox"/> Other/unknown	<input type="checkbox"/> Infection
	<input type="checkbox"/> Other/unknown

6. TRIAL TREATMENT (only circle YES if complete dose given)

a) Loading dose given	YES	NO
b) Maintenance dose given	YES	NO

7. OTHER TREATMENTS (circle one option on each line)

a) Helicobacter pylori eradication	YES	NO
b) H2 receptor antagonists	YES	NO
c) Proton pump inhibitors	YES	NO
d) Vasopressin / analogue	YES	NO
e) Antibiotics for variceal bleeding	YES	NO
f) Antifibrinolytics	YES	NO

8. BLOOD PRODUCTS TRANSFUSION (if none enter 0)

a) Were blood products transfused?	YES	NO
b) Units whole blood/red cells (part unit = 1 unit)	<input type="text"/>	
c) Frozen plasma (part unit = 1 unit)	<input type="text"/>	
d) Platelets (part unit = 1 unit)	<input type="text"/>	

9. MANAGEMENT (if none enter 0)

a) Days in Intensive Care Unit (ICU)	<input type="text"/>
b) Days in High Dependency Unit (HDU)	<input type="text"/>

10. COMPLICATIONS (circle one option on each line)

a) Re-bleeding	YES	NO
b) Deep vein thrombosis	YES	NO
c) Pulmonary embolism	YES	NO
d) Stroke	YES	NO
e) Myocardial infarction	YES	NO
f) Other significant cardiac event	YES	NO
g) Sepsis	YES	NO
h) Pneumonia	YES	NO
i) Respiratory failure	YES	NO
j) Liver failure	YES	NO
k) Renal failure	YES	NO
l) Seizures	YES	NO

Any complications not listed above – please report as per protocol using an Adverse Event Reporting form.

11. PATIENT'S SELF CARE CAPACITY (circle one option on each line)

	INDEPENDENT?	
a) Bathing (sponge bath, tub bath, or shower) – Receives either no assistance or assistance in bathing only one part of body	YES	NO
b) Dressing – Gets clothed and dressed without assistance except for tying shoes	YES	NO
c) Toileting – Goes to toilet room, uses toilet, arranges clothes, and returns without assistance (may use cane or walker for support and bedpan/urinal at night)	YES	NO
d) Transferring – Moves in and out of bed and chair without assistance (may use cane or walker)	YES	NO
e) Continence – Controls bowel and bladder completely by self (without occasional 'accidents')	YES	NO
f) Feeding – Feeds self without assistance (except for help with cutting meat or buttering bread)	YES	NO

UK ONLY – PATIENT IDENTIFIERS

a) Name	<input type="text"/> first name <input type="text"/> family name
b) Date of birth	<input type="text"/> day <input type="text"/> month <input type="text"/> year
c) Post code	<input type="text"/>
d) NHS number	<input type="text"/>

12. PERSON COMPLETING FORM (PI is responsible for data submitted)

a) Name	<input type="text"/> first name <input type="text"/> last name
b) Position	<input type="text"/>
c) Signature	<input type="text"/>
d) Date	<input type="text"/> day <input type="text"/> month <input type="text"/> year

SEE GUIDANCE NOTES ON REVERSE

Protocol Code: ISRCTN11225767 Page 1 of 2 Version 1.0 UK Outcome Form

The Katz index of independence in activity of daily living (Katz ADL)*

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*Available from the Hartford Institute for Geriatric Nursing, College of Nursing, New York University

What is the Katz ADL?

- 6-item outcome measure
- The index is intended to assess functional status as a measurement of the patient's ability to perform basic activities of daily living independently
- Widely used in elderly population and people with chronic illnesses, disabilities and impairments

**The Katz index of
independence in
activity of daily living**



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Advantages of the Katz ADL

- Useful in creating a common language about patient function for all practitioners involved in overall care planning and discharge planning
- Brevity (10 minutes, McDowell & Newell 1996)
- Reliability and validity tested



How patient's self care capacity is assessed?

- In the Katz Index, adequacy of performance of **six functions** is measured:
 - **Bathing**
 - **Dressing**
 - **Toileting**
 - **Transferring**
 - **Continence**
 - **Feeding**
- Patients are scored **yes/no** for independence in each of the six functions (Independence = NO supervision, direction or personal assistance)

Bathing *(sponge bath, tub bath, or shower)*

Independent?

- Answer **YES** if patient bathes self completely or needs help in bathing only a single part of the body such as the back or a disabled extremity.
- Answer **NO** if patient needs help with bathing more than one part of the body, getting in or out of the tub or shower.
Requires total bathing.



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Dressing

Independent?

- Answer **YES** if patient gets clothes from closets and drawers and puts on clothes independently. May have help tying shoes.
- Answer **NO** if patient needs help with dressing self or needs to be completely dressed.

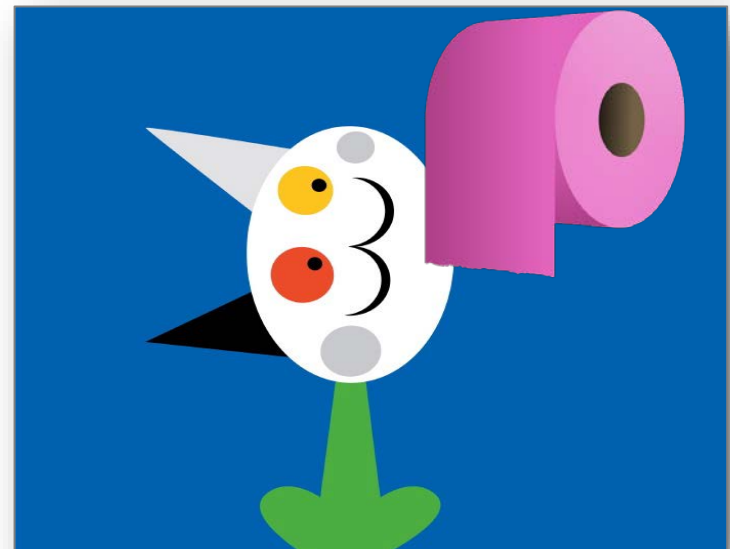


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Toileting

Independent?

- Answer **YES** if patient goes to toilet room, uses toilet, arranges clothes, and returns without assistance (may use cane or walker for support and bedpan/urinal at night)
- Answer **NO** if patient needs help transferring to the toilet, cleaning self or uses bedpan or commode.



Transferring

Independent?

- Answer **YES** if patient moves in and out of bed and chair without assistance (may use cane or walker).
- Answer **NO** if patient needs help in moving from bed to chair or requires a complete transfer.



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Continence

Independent?

- Answer **YES** if patient controls bowel and bladder completely by self (without occasional 'accidents').
- Answer **NO** if patient is partially or totally incontinent of bowel or bladder.



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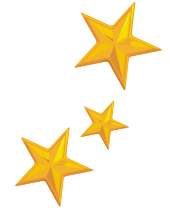
Feeding

Independent?

- Answer **YES** if patient feeds self without assistance (except for help with cutting meat or buttering bread).
- Answer **NO** if patient needs partial or total help with feeding or requires parenteral feeding.



Tips



- Information about **self care capacity** will be available in medical records.
- If in doubt, ask nurses or relatives who look after the patient routinely.
- The patient might be able to answer some questions about his/her ability to perform some of the activities.



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