

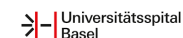


Initiation for clinicians and research staff

Version 1.2, 26-08-2026



novo nordisk
foundation



Platform trial

Adults acutely admitted to the ICU

Shock

Albumin

No albumin

Thromboprophylaxis

Low dose

Intermediate dose

Weight-adjusted dose

Metabolic acidosis

Bicarbonate

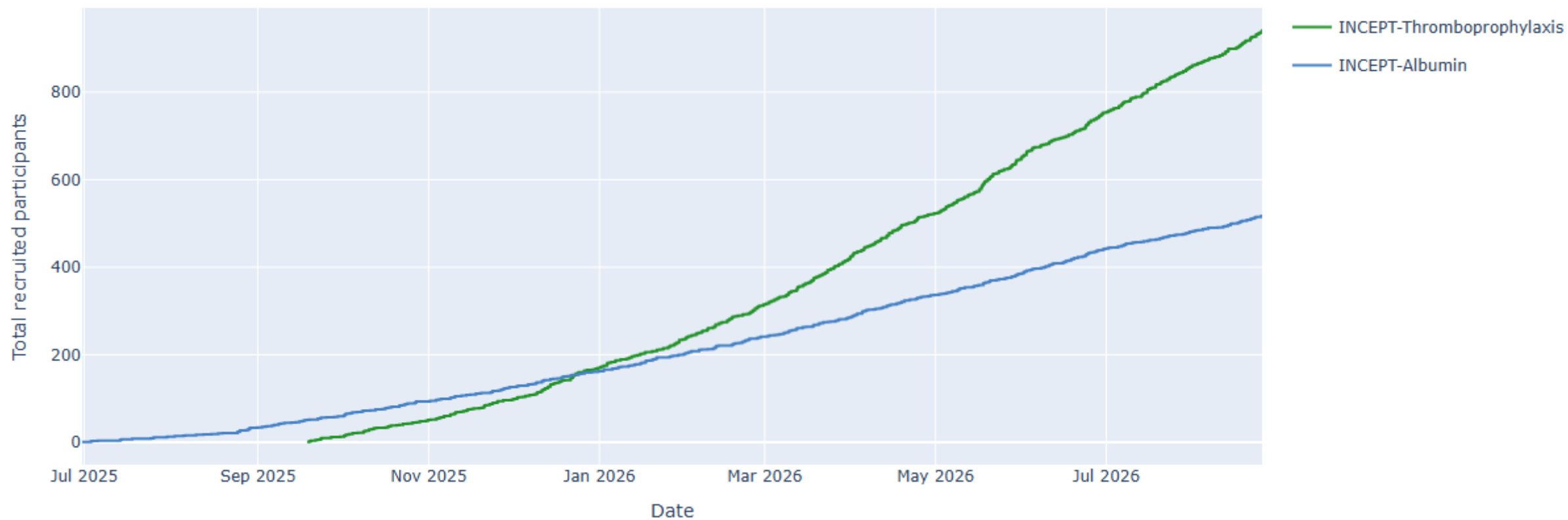
No bicarbonate

Glucose monitoring in insulin recipients

Continuous

Standard sampling

Cumulative recruitment with domain milestones



Population



Inclusion criteria

- Adults acutely admitted to the ICU
- Eligible for at least one active domain



Exclusion criteria

- Informed consent after inclusion expected to be unobtainable
- Admitted under coercive measures



INCEPT-Albumin

Albumin versus no albumin in shock



Received: 28 March 2024 | Revised: 24 May 2024 | Accepted: 7 June 2024

DOI: 10.1111/aas.14479

RESEARCH ARTICLE

acta Anaesthesiologica Scandinavica

Preferences for albumin use in adult intensive care unit patients with shock: An international survey

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Correspondence

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Email: praleene.sivapalan.01@regionh.dk

[Correction added on 19 November 2024, after first online publication: The Collaborator Group was added in the author byline.]

Abstract

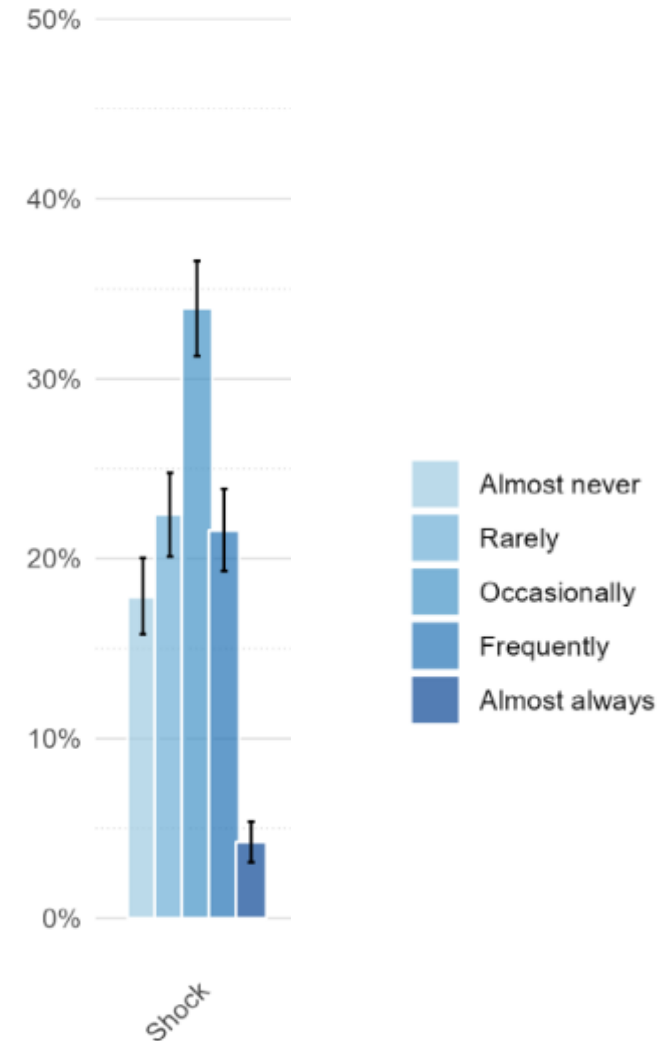
Introduction: Use of albumin is suggested for some patients with shock, but preferences for its use may vary among intensive care unit (ICU) physicians.

Methods: We conducted an international online survey of ICU physicians with 20 questions about their use of albumin and their opinion towards a randomised trial among adults with shock comparing the use versus no use of albumin.

Results: A total of 1248 respondents participated, with a mean response rate of 37%, ranging from 18% to 75% across 21 countries. Respondents mainly worked in mixed ICUs and 92% were specialists in intensive care medicine. The reported use of albumin in general shock varied as 18% reported 'almost never', 22% 'rarely', 34% 'occasionally', 22% 'frequently' and 4% 'almost always' using albumin. In septic shock, 19% reported 'almost never', 22% 'rarely', 29% 'occasionally', 22% 'frequently' and 7% 'almost always' using albumin. Physicians' preferences were more consistent for haemorrhagic- and cardiogenic shock, with more than 45% reporting 'almost never' using albumin. While the reported use of albumin for other purposes than resuscitation was infrequent (40%–85% reported 'almost never' for five other indications), the most frequent other indications were low serum albumin levels and improvement

For affiliations refer to page 1241

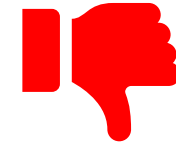
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Alive and without life-support?



Improved hemodynamics?
Less fluid use?



Kidney failure?
Coagulopathy?

- 
- Inclusion criteria
- Shock
 - Ongoing infusion of vasopressor/inotrope AND
 - Plasma lactate ≥ 2 mmol/L within the last 3 hours
 - Both interventions considered clinically appropriate
(to use albumin or not)

Exclusion criteria

- Traumatic brain injury
- Use of albumin during current ICU stay
- Known pregnancy
- Religious objection towards albumin
- Known albumin allergy
- Inclusion in another trial or INCEPT domain where co-enrolment with INCEPT-Albumin is not permitted

Albumin use in the ICU (max 90 days)

- During circulatory failure in addition to crystalloid (resuscitation)
- Substitution in case of:
 - Suspected/overt albumin loss
 - P-albumin ≤ 25 g/L

Timing, volume and concentration at clinician's discretion

P-albumin measured according to usual practice

No albumin use in the ICU (max 90 days)

Albumin may be considered if the following special circumstances occur:

- Large volume ascites drainage
- Spontaneous bacterial peritonitis
- Hepatorenal syndrome

Primary: Days alive without life-support at 30 days

Secondary:

INCEPT core outcomes

- All-cause mortality at 30, 90, and 180 days
- Days alive without life support at 90 days
- Days alive and out of hospital at 30 and 90 days
- Days free of delirium at 30 days
- Health-related quality of life (EQ-5D-5L and EQ-VAS) at 180 days
- Cognitive function (MiniMoCA) at 180 days
- Domain specific safety outcomes (anaphylaxis and major bleeding) at 30 and 90 days



INCEPT- Thromboprophylaxis

Low versus intermediate versus weight-adjusted
LMWH dose

novo nordisk
foundation



University Medical Center Groningen



OPEN ACCESS

Check for updates

Anticoagulants for thrombosis prophylaxis in acutely ill patients admitted to hospital: systematic review and network meta-analysis

Ruben J Eck,¹ Tessa Elling,² Alex J Sutton,³ Jørn Wetterslev,⁴ Christian Glud,^{4,5} Iwan C C van der Horst,^{6,7} Reinold O B Gans,¹ Karina Meijer,² Frederik Keus⁸

For numbered affiliations see end of the article

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Additional material is published online only. To view please visit the journal online.

Cite this as: *BMJ* 2022;378:e070022
<http://dx.doi.org/10.1136/bmj-2022-070022>

Accepted: 21 May 2022

ABSTRACT

OBJECTIVE

To assess the benefits and harms of different types and doses of anticoagulant drugs for the prevention of venous thromboembolism in patients who are acutely ill and admitted to hospital.

DESIGN

Systematic review and network meta-analysis.

DATA SOURCES

Cochrane CENTRAL, PubMed/Medline, Embase, Web of Science, clinical trial registries, and national health authority databases. The search was last updated on 16 November 2021.

ELIGIBILITY CRITERIA FOR SELECTING STUDIES

Published and unpublished randomised controlled trials that evaluated low or intermediate dose low-molecular-weight heparin, low or intermediate dose unfractionated heparin, direct oral anticoagulants, pentasaccharides, placebo, or no intervention for the prevention of venous thromboembolism in acutely ill adult patients in hospital.

MAIN OUTCOME MEASURES

Random effects, bayesian network meta-analyses used four co-primary outcomes: all cause mortality, symptomatic venous thromboembolism, major bleeding, and serious adverse events at or closest timing to 90 days. Risk of bias was also assessed using the Cochrane risk-of-bias 2.0 tool. The quality of evidence was graded using the Confidence in Network Meta-Analysis framework.

RESULTS

44 randomised controlled trials that randomly assigned 90 095 participants were included in the main analysis. Evidence of low to moderate quality suggested none of the interventions reduced all cause mortality compared with placebo. Pentasaccharides (odds ratio 0.32, 95% credible interval 0.08 to 1.07), intermediate dose low-molecular-weight heparin (0.66, 0.46 to 0.93), direct oral anticoagulants (0.68, 0.33 to 1.34), and intermediate dose unfractionated heparin (0.71, 0.43 to 1.19) were most likely to reduce symptomatic venous thromboembolism (very low to low quality evidence). Intermediate dose unfractionated heparin (2.63, 1.00 to 6.21) and direct oral anticoagulants (2.31, 0.82 to 6.47) were most likely to increase major bleeding (low to moderate quality evidence). No conclusive differences were noted between interventions regarding serious adverse events (very low to low quality evidence). When compared with no intervention instead of placebo, all active interventions did more favourably with regard to risk of venous thromboembolism and mortality, and less favourably with regard to risk of major bleeding. The results were robust in prespecified sensitivity and subgroup analyses.

CONCLUSIONS

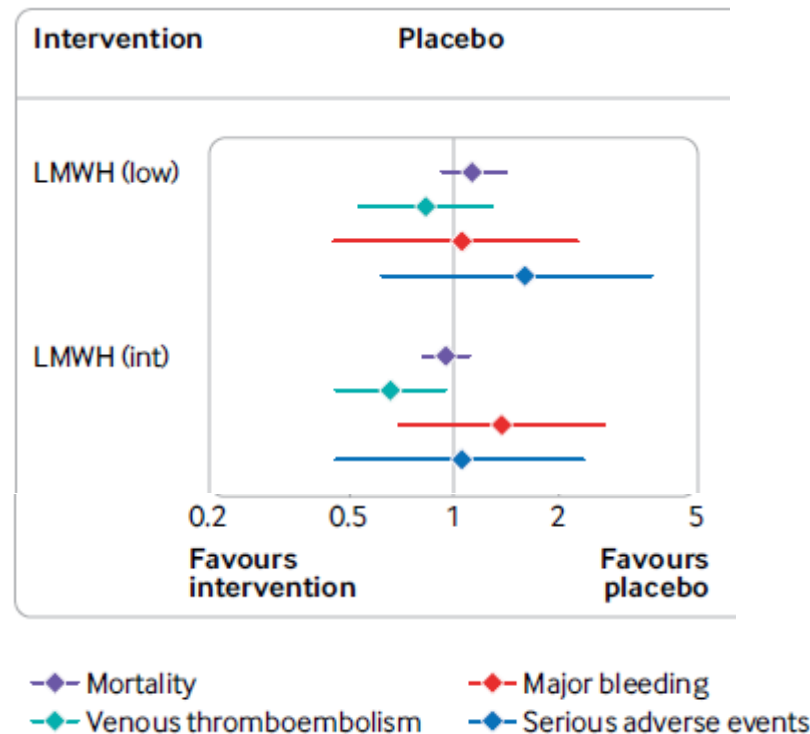
Low-molecular-weight heparin in an intermediate dose appears to confer the best balance of benefits and harms for prevention of venous thromboembolism. Unfractionated heparin, in particular the intermediate dose, and direct oral anticoagulants had the least favourable profile. A systematic discrepancy was noted in intervention effects that depended on whether placebo or no intervention was the reference treatment. Main limitations of this study include the quality of the evidence, which was generally low to moderate due to imprecision and within-study bias, and statistical inconsistency, which was addressed post hoc.

SYSTEMATIC REVIEW REGISTRATION

PROSPERO CRD42020173088.

Introduction

Venous thromboembolism is a multifactorial disease frequently complicating the course of acute illness.¹ Up to half of all thrombotic events have been estimated to be attributable to a current or recent hospitalisation, making prevention of in-hospital venous thromboembolism a worthwhile aim.² Any anticoagulant intervention such as coumarin, unfractionated heparin, low-molecular-weight heparin, pentasaccharides, or direct oral anticoagulants can be



WHAT IS ALREADY KNOWN ON THIS TOPIC

The optimal anticoagulant type and dose for the prevention of venous thromboembolism in acutely ill adults in hospital is unknown. Previous pairwise meta-analyses have had a limited number of direct comparisons between different anticoagulant drugs and doses.

WHAT THIS STUDY ADDS

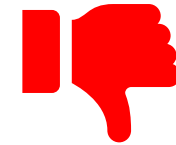
Low-molecular-weight heparin in an intermediate dose might confer the best balance between benefits and harms for prevention of venous thromboembolism; other anticoagulant types and doses had smaller thromboembolism reductions or an increased bleeding risk. A systematic discrepancy was noted in intervention effects that depended on whether placebo or no intervention was the reference treatment; future network meta-analyses should consider separating placebo and no intervention arms. The main limitations of this study were the quality of the evidence, which was generally low to moderate, and statistical inconsistency, which was dealt with post hoc.

Alive and out of hospital?

Low versus intermediate versus weight-adjusted dose



Improved
thromboprophylaxis?



More bleeding?

Inclusion criteria

- Decision by treating clinician to start/continue thromboprophylaxis with LMWH
- All interventions considered clinically appropriate (low versus intermediate versus weight-adjusted dose)
- ICUs with systematic screening for deep vein thrombosis (DVT) cannot participate in domain

Exclusion criteria

- More than one prophylactic dose of anticoagulation during current ICU stay (including days in another ICU)
- Known/suspected previous adverse reactions to heparin (including allergy and heparin-induced thrombocytopenia)
- Known pregnancy
- Mechanical circulatory support
- Solid organ transplant during current hospital admission
- Weight < 40 kg
- Inclusion in another trial or INCEPT domain where co-enrolment with INCEPT-Thromboprophylaxis is not permitted

Each ICU chooses one LMWH for everyone

(Dalteparin, enoxaparin, tinzaparin or nadroparin)

Shelf medication

Low versus intermediate versus weight-adjusted LMWH prophylaxis in ICU for max 90 days

Thromboprophylaxis Intervention

Site preferred LMWH Intervention	Weight (kg)*	Enoxaparin dose (mg)	Tinzaparin dose (IE)	Dalteparin dose (IE)	Nadroparin dose (IE)
Fixed low dose	All	40	2500	2500	2850
Fixed intermediate dose	All	60	4500	5000	5700
Weight-adjusted dose	≥40 - 50	40	2500	2500	2850
	≥50 - 60	40	2500	2500	3800
	≥60 - 70	40	4500	5000	3800
	≥70 - 80	60	4500	5000	3800
	≥80 - 90	60	4500	5000	5700
	≥90 - 100	80	7000	7500	5700
	≥100 - 110	80	7000	7500	7600
	≥110 - 120	80	8000	7500	7600
	≥120	100	8000	10000	7600

*Actual body weight as estimated or measured at time of screening

Dose adjustment or pausing of the intervention at clinician's discretion when ...

- Acute and/or chronic kidney injury
- Renal replacement therapy
- Thrombocytopenia
- Invasive procedures
- Use of thrombolysis
- Active (major) bleeding

Suggested triggers and dose adjustment strategies available in domain-specific appendix and patient folder

Intervention should stop permanently when...

- Therapeutic anticoagulation (e.g., treatment of VTE or atrial fibrillation)
- Serious adverse reaction (anaphylaxis or heparin-induced thrombocytopenia)

Other deviations from the allocated intervention will be considered a protocol violation

Primary: Days alive and out of hospital at 30 days

Secondary:

INCEPT core outcomes

- All-cause mortality at 30, 90, and 180 days
- Days alive without life support at 30 and 90 days
- Days alive and out of hospital at 90 days
- Days free of delirium at 30 days
- Health-related quality of life (EQ-5D-5L and EQ-VAS) at 180 days
- Cognitive function (Mini-MoCA) at 180 days

Domain specific secondary outcomes

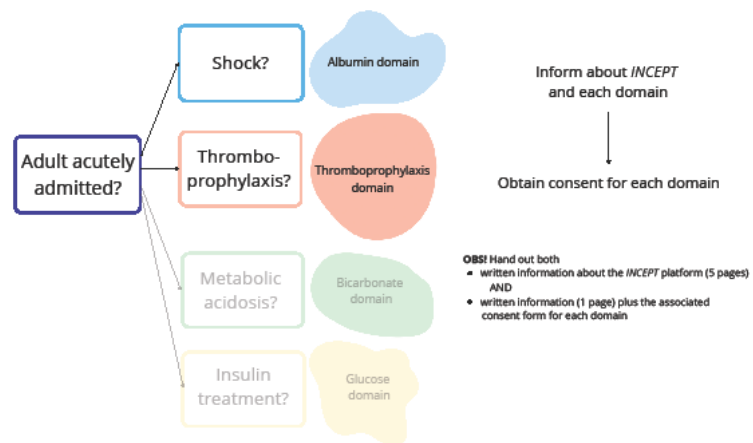
- Venous thromboembolism (DVT or pulmonary embolism) at 30 and 90 days
- Major bleeding at 30 and 90 days
- Domain specific safety outcomes (anaphylaxis and heparin-induced thrombocytopenia) at 30 and 90 days

?

Workflow



Patient name _____



Screen the patient



app.easvrf.dk

HOTLINE
+45 3545 0606

- Operational guideline (to be adapted nationally)
- Pocket cards
- Leaflets
- “FAQ’s” at www.incept.dk
- Hotline – for urgent matters
- EasyRF workshops

Login



EasyRF

Login

Enter your credentials.

Username

aper0006

Password

[Forgot password](#)

Next

Login



EasyRF



Login

Please enter the token generated by your token generator.

Token

[← Back](#)

[Next](#)

Screening

Platform

EMPRESS

INCEPT

CPR number

E.g. 0102030405, 0102030DD1

Start screening

Screening

INCEPT
ID: 123456789

[← Back](#)

Inclusion criteria

Age $\geq$ 18 years



☒ Yes

☐ No

Acutely admitted to the ICU



☒ Yes

☐ No

Exclusion criteria

Informed consent following inclusion expected to be unobtainable



☒ Yes

☐ No

Patient is under coercive measures



☒ Yes

☐ No

Screening

INCEPT-Albumin

ID: 123456789

 Back

Before you continue

If the patient is currently in shock, are both interventions in this domain considered clinically appropriate?

Albumin use in ICU (intervention) 

No albumin use in ICU (control) 

 Yes

 No

Inclusion criteria

Plasma lactate ≥ 2 mmol/L in any blood sample performed within the last 3 hours

 Yes

 No

Ongoing infusion of a vasopressor or inotropic agent 

 Yes

 No

Screening

INCEPT-Tromboprophylaxis

ID: 0505051234

[← Back](#)

Are all interventions in this domain considered clinically appropriate?

Tromboprophylaxis - fixed intermediate dose



Tromboprophylaxis - fixed low dose



Tromboprophylaxis - weight-adjusted dose



☒ Yes

☐ No

Screening

INCEPT-Tromboprophylaxis

ID: 0505051234

[← Back](#)

Stratification variables

History of venous thromboembolism ?

☒ Yes

☐ No

Additional variables

Suspected sepsis ?

☒ Yes

☐ No

Sex ?

☐ Female

☐ Male

Presence of a central venous catheter ?

☒ Yes

☐ No

Screening

Confirm screening

ID: 0101642077

[← Back](#)

Confirm screening

You are about to screen and, potentially enrol, the patient with subject identification code **0101642077** for **INCEPT** on site **Aalborg**.

Confirm and complete screening

Enrolment status

Enrolment status

ID: DK-487 / Name unavailable / 0812670573

Active 

Albumin use in ICU (intervention)
in
INCEPT-Albumin

 09-09-2025 / 10:43

Active 

Tromboprophylaxis - weight-adjusted
dose
in
INCEPT-Tromboprophylaxis

 09-09-2025 / 10:41

Enrolment status

Enrolment status

ID: DK-494 / Name unavailable / 0505051234

Active 

Tromboprophylaxis - weight-adjusted
dose

in

INCEPT-Tromboprophylaxis

 09-09-2025 / 12:34



Pending 

Click to screen

in

INCEPT-Albumin

 Not screened yet

Following randomisation

- Inform clinical staff
- Prescribe trial medication (if patient is in 'no albumin' stop any prescribed albumin)
- Register enrolment in patient medical record
- Note enrolment in medical record, bedside sign etc.
- Start/continue consent procedure according to national law

Consent

INCEPT is a clinical trial conducted in emergency situations



Clarification of national consent legislation

If consent has been withdrawn → always ask for permission to
continue data collection

Serious Adverse Reactions (SARs)

- Registered daily in the eCRF

Suspected, Unexpected, Serious Adverse Reaction (SUSARs)

- Investigator reports SUSARs to sponsor within 24 hours (hotline: +45 3545 0606)
eCRF/document

Serious adverse events (SAEs)

- Investigators have the possibility to report serious adverse events in the eCRF

External monitoring

Certification according to Good Clinical Practice

Clarification of national requirements for trial staff

(Staff involved in screening, reporting of serious adverse events, information to participants, consent collection, data entry)

?

Contact

INCEPT hotline
+45 3545 0606
open 24/7

contact@incept.dk

Data collection



Overview



Screening

Participants

Queries

Users

Preview

Analysis

Report

Money

Profile

Participants

Overview of platform participants on the site

Filters ▾

SSID	Location ?	Name	Included	Pending	Excluded	Baseline	Dayform	Non-trial site dayform	30/90/180 days followup
DK-2130	RH4131 / Trial Site	Name unavailable	INCEPT-Thromboprophylaxis >	INCEPT-Albumin > INCEPT-Coffee >		incomplete >	incomplete >		
DK-2110	RH4131 / Trial Site	John Doe	INCEPT-Albumin >	INCEPT-Thromboprophylaxis >	INCEPT-Coffee >	incomplete >	incomplete >		
DK-2092	RH4131 / Trial Site	Name unavailable	INCEPT-Thromboprophylaxis > INCEPT-Albumin >	INCEPT-Coffee >		incomplete >	incomplete >		
DK-2091	RH4131 / Trial Site	Name unavailable	INCEPT-Coffee > INCEPT-Albumin >	INCEPT-Thromboprophylaxis >		incomplete >	incomplete >		
DK-2030	RH4131 / Trial Site	Name unavailable	INCEPT-Albumin >	INCEPT-Coffee > INCEPT-Thromboprophylaxis >		incomplete >	incomplete >		
DK-2018	RH4131 / Trial Site	Name unavailable	INCEPT-Albumin >	INCEPT-Coffee > INCEPT-Thromboprophylaxis >		incomplete >	incomplete >		
DK-2017	RH4131 / Trial Site	Name unavailable	INCEPT-Albumin >	INCEPT-Coffee > INCEPT-Thromboprophylaxis >		incomplete >	incomplete >		
DK-2016	RH4131 / Trial Site	Name unavailable	INCEPT-Albumin >	INCEPT-Coffee > INCEPT-Thromboprophylaxis >		incomplete >	incomplete >		
DK-2015	RH4131 / Trial Site	Does not retain same SSID Test	INCEPT-Albumin >	INCEPT-Coffee > INCEPT-Thromboprophylaxis >		incomplete >	incomplete >		
DK-2014	RH4131 / Trial Site	Does not retain same SSID Test			INCEPT-Albumin >				
DK-2013	RH4131 / Trial Site	Retains same SSID Test	INCEPT-Thromboprophylaxis > INCEPT-Albumin >	INCEPT-Coffee >	INCEPT-Albumin >	incomplete >	incomplete >		incomplete >

Overview



Participants

Overview of platform participants on the site

Filters

SSID	Location	Name	Included	Pending	Excluded	Baseline	Dayform	Non-trial site dayform	30/90/180 days followup
DK-2130	RH4131 / Trial Site	Name unavailable	INCEPT-Thromboprophylaxis	INCEPT-Albumin INCEPT-Coffee		1 incomplete	5 incomplete		
DK-2110	RH4131 / Trial Site	John Doe	INCEPT-Albumin	INCEPT-Thromboprophylaxis	INCEPT-Coffee	1 incomplete	6 incomplete		
DK-2092	RH4131 / Trial Site	Name unavailable	INCEPT-Thromboprophylaxis INCEPT-Albumin	INCEPT-Coffee		1 incomplete	6 incomplete		
DK-2091	RH4131 / Trial Site	Name unavailable	INCEPT-Coffee INCEPT-Albumin	INCEPT-Thromboprophylaxis		1 incomplete	7 incomplete		
DK-2030	RH4131 / Trial Site	Name unavailable	INCEPT-Albumin	INCEPT-Coffee INCEPT-Thromboprophylaxis		1 incomplete	22 incomplete		
DK-2018	RH4131 / Trial Site	Name unavailable	INCEPT-Albumin	INCEPT-Coffee INCEPT-Thromboprophylaxis		1 incomplete	27 incomplete		
DK-2017	RH4131 / Trial Site	Name unavailable	INCEPT-Albumin	INCEPT-Coffee INCEPT-Thromboprophylaxis		1 incomplete	27 incomplete		
DK-2016	RH4131 / Trial Site	Name unavailable	INCEPT-Albumin	INCEPT-Coffee INCEPT-Thromboprophylaxis		1 incomplete	27 incomplete		
DK-2015	RH4131 / Trial Site	Does not retain same SSID Test	INCEPT-Albumin	INCEPT-Coffee INCEPT-Thromboprophylaxis		1 incomplete	28 incomplete		
DK-2014	RH4131 / Trial Site	Does not retain same SSID Test			INCEPT-Albumin				
DK-2013	RH4131 / Trial Site	Retains same SSID Test	INCEPT-Thromboprophylaxis INCEPT-Albumin	INCEPT-Coffee	INCEPT-Albumin	2 incomplete	59 incomplete		1 incomplete

Events

Events

Event history

Contact information

 Back

Admin

Note to file 

Relocation 

Consent

Consent from trial guardian 

Consent from relative 

Consent from participant 

Consent process concluded 

Adverse Events

SAE/SUSAR (incl. followup) 

End of Participation

Death 

Clinical decision 

Withdrawn consent 

Discontinuation of active therapy 

SAR/SUSAR 

Involuntary hospitalisation 

Events

Events	Event history	Contact information
⌂ Back		
Admin Note to file ▾ Relocation ^ New location ----- ^ ----- Trial Site Non-trial site Out of hospital ----- ▾ Comment Files 📁 Upload files x Add event	Consent Consent from trial guardian ▾ Consent from relative ▾ Consent from participant ▾ Consent process concluded ▾	Adverse Events SAE/SUSAR (incl. followup) ▾ End of Participation Death ▾ Clinical decision ▾ Withdrawn consent ▾ Discontinuation of active therapy ▾ SAR/SUSAR ▾ Involuntary hospitalisation ▾

End of participation

Events	Event history	Contact information
← Back		
Admin Note to file ▾ Relocation ▾	Consent Consent from trial guardian ▾ Consent from relative ^ Time of event dd-mm-aaaa 📅 Comment Files 📁 Upload files × Add event Consent from participant ▾ Consent process concluded ▾	Adverse Events SAE/SUSAR (incl. followup) ▾ End of Participation Death ▾ Clinical decision ▾ Withdrawn consent ▾ Discontinuation of active therapy ▾ SAR/SUSAR ▾ Involuntary hospitalisation ▾

End of participation

Events	Event history	Contact information
⌕ Back		
Admin Note to file ▾ Relocation ▾	Consent Consent from trial guardian ▾ Consent from relative ▾ Consent from participant ▾ Consent process concluded ▾	Adverse Events SAE/SUSAR (incl. followup) ▾ End of Participation Death ^ Time of event dd-mm-åååå --:-- 📅 Comment Add event Clinical decision ▾ Withdrawn consent ▾ Discontinuation of active therapy ▾ SAR/SUSAR ▾ Involuntary hospitalisation ▾

Event history

John Doe / 0505051112

DK-2110

Enrolment status

Events	Event history	Contact information
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[← Back](#)

Event history

Filter event ▼

Action	Date and time	Event	Details	Files	Remarks
	19-08-2026 / 09:25 (6 days ago)	Enrolment	INCEPT 		 Remarks ▼
	19-08-2026 / 09:25 (6 days ago)	Enrolment	INCEPT-Albumin / No albumin use in ICU (control) / RH4131 (DK) 		 Remarks ▼
	19-08-2026 / 09:25 (6 days ago)	Exclusion	INCEPT-Coffee / RH4131 (DK) 		 Remarks ▼
	21-08-2026 (3 days ago)	Consent from participant	INCEPT 		 Remarks 2 ▼

Event history

John Doe / 0505051112

DK-2110

Enrolment status

Events

Event history

Contact information

← Back

Event history

Filter event



Action	Date and time	Event	Details	Files	Remarks															
	19-08-2026 / 09:25 (6 days ago)	Enrolment	INCEPT		Remarks ▾															
	19-08-2026 / 09:25 (6 days ago)	Enrolment	INCEPT-Albumin / No albumin use in ICU (control) / RH4131 (DK)		Remarks ▾															
	19-08-2026 / 09:25 (6 days ago)	Exclusion	INCEPT-Coffee / RH4131 (DK)		Remarks ▾															
	21-08-2026 (3 days ago)	Consent from participant	INCEPT		Remarks 2 ▴															
<table><tr><th>Date and time</th><th>User</th><th>Text</th></tr><tr><td>21-08-2026 / 10:42</td><td>hctm</td><td>Forsøgt kontakt til patienten. Delirøs</td></tr><tr><td>21-08-2026 / 10:43</td><td>hctm</td><td>Forsøgt igen</td></tr><tr><td>25-08-2026 / 14:47</td><td>ap</td><td> </td></tr><tr><td colspan="2"></td><td> Add remarkOpen query </td></tr></table>						Date and time	User	Text	21-08-2026 / 10:42	hctm	Forsøgt kontakt til patienten. Delirøs	21-08-2026 / 10:43	hctm	Forsøgt igen	25-08-2026 / 14:47	ap				Add remarkOpen query
Date and time	User	Text																		
21-08-2026 / 10:42	hctm	Forsøgt kontakt til patienten. Delirøs																		
21-08-2026 / 10:43	hctm	Forsøgt igen																		
25-08-2026 / 14:47	ap																			
		Add remarkOpen query																		

Contact information

John Doe / 0505051112

DK-2110

Enrolment status

Events	Event history	Contact information
--------	---------------	---------------------

⬅ Back

Personal information

First name	Last name	Email address	Phone number (mobile)
John	Doe		
CPR number	Notes		
0505051112			

Contacts

Add contact

Update personal information and contacts

Overview

EasyRF

Site: RH4131 (DK) Platform: INCEPT AP

Screening

Participants

Overview of platform participants on the site

Filters

Participants

Queries

Users

Preview

Analysis

Report

Money

Profile

SSID	Location	Name	Included	Pending	Excluded	Baseline	Dayform	Non-trial site dayform	30/90/180 days followup
DK-2130	RH4131 / Trial Site	Name unavailable	INCEPT-Thromboprophylaxis	INCEPT-Albumin INCEPT-Coffee		1 incomplete	5 incomplete		
DK-2110	RH4131 / Trial Site	John Doe	INCEPT-Albumin	INCEPT-Thromboprophylaxis	INCEPT-Coffee	1 incomplete	6 incomplete		
DK-2092	RH4131 / Trial Site	Name unavailable	INCEPT-Thromboprophylaxis INCEPT-Albumin	INCEPT-Coffee		1 incomplete	6 incomplete		
DK-2091	RH4131 / Trial Site	Name unavailable	INCEPT-Coffee INCEPT-Albumin	INCEPT-Thromboprophylaxis		1 incomplete	7 incomplete		
DK-2030	RH4131 / Trial Site	Name unavailable	INCEPT-Albumin	INCEPT-Coffee INCEPT-Thromboprophylaxis		1 incomplete	22 incomplete		
DK-2018	RH4131 / Trial Site	Name unavailable	INCEPT-Albumin	INCEPT-Coffee INCEPT-Thromboprophylaxis		1 incomplete	27 incomplete		
DK-2017	RH4131 / Trial Site	Name unavailable	INCEPT-Albumin	INCEPT-Coffee INCEPT-Thromboprophylaxis		1 incomplete	27 incomplete		
DK-2016	RH4131 / Trial Site	Name unavailable	INCEPT-Albumin	INCEPT-Coffee INCEPT-Thromboprophylaxis		1 incomplete	27 incomplete		
DK-2015	RH4131 / Trial Site	Does not retain same SSID Test	INCEPT-Albumin	INCEPT-Coffee INCEPT-Thromboprophylaxis		1 incomplete	28 incomplete		
DK-2014	RH4131 / Trial Site	Does not retain same SSID Test			INCEPT-Albumin				
DK-2013	RH4131 / Trial Site	Retains same SSID Test	INCEPT-Thromboprophylaxis INCEPT-Albumin	INCEPT-Coffee	INCEPT-Albumin	2 incomplete	59 incomplete		1 incomplete

Dayforms

Dayform

DK-2110 / John Doe / 0505051112

[← Back](#)

August 2026

Mo	Tu	We	Th	Fr	Sa	Su
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19 ¹	20 ¹	21 ¹	22 ¹	23 ¹
24 ¹	25	26	27	28	29	30
31						

Dayforms

Dayform - 19-08-2026 (last edit by hctm)

DK-2110 / John Doe / 0505051112

Save and close



INCEPT-Albumin >

09:25 - 05:59 | +1

Toggle name and ID

All



Therapies - life support

Use of invasive mechanical ventilation on this day ?



Yes



No

or

Unknown



Remarks



History



Draft

Add variable on multiple days

Use of circulatory support (infusion of vasopressor/inotropes) on this day ?



Yes



No

or

Unknown



Remarks



History



Draft

Add variable on multiple days

Use of any form of renal replacement therapy on this day, including days between intermittent renal replacement therapy ?



Yes



No

or

Unknown



Remarks



History



Draft

Add variable on multiple days

Delirium

Any registered coma on this day ?



Yes



No

or

Unknown



Remarks



History



Draft

Add variable on multiple days

Any registered positive delirium score with a validated screening tool on this day ?



Yes



No

or

Unknown



Remarks



History



Draft

Dayforms

Longitudinal data entry

DK-2110 / John Doe / 0505051112

← Back

Save

Use of invasive mechanical ventilation on this day ?

19-08-2026 / 09:25 - 05:59 | +1

✓ Yes

⊘ No

or

Unknown

📝 Remarks ▾

📄 History | 1 ▾



Draft

20-08-2026 / 06:00 - 05:59 | +1

✓ Yes

⊘ No

or

Unknown

📝 Remarks ▾

📄 History ▾



Draft

21-08-2026 / 06:00 - 05:59 | +1

✓ Yes

⊘ No

or

Unknown

📝 Remarks ▾

📄 History ▾



Draft

22-08-2026 / 06:00 - 05:59 | +1

✓ Yes

⊘ No

or

Unknown

📝 Remarks ▾

📄 History ▾



Draft

23-08-2026 / 06:00 - 05:59 | +1

✓ Yes

⊘ No

or

Unknown

📝 Remarks ▾

📄 History ▾



Draft

24-08-2026 / 06:00 - 05:59 | +1

✓ Yes

⊘ No

or

Unknown

📝 Remarks ▾

📄 History ▾



Draft

Dayforms

Therapies - fluid

Albumin volume 5% (or lower concentration) on this day

15000

mL

or

Unknown

Value must be between 0 and 9999 mL

Add variable on multiple days

 Remarks

 History

Draft

Albumin volume 20% (or higher concentration) on this day

mL

or

Unknown

Add variable on multiple days

 Remarks

 History

Draft

Dayforms



The value is outside the plausible range

The plausible range of Albumin volume 5% (or lower concentration) on this day is 0—4999 mL.

The entered value 9000 mL lies outside this range.

Please, ascertain that the entered value is correct before you continue.

OK

Overview



Participants

Overview of platform participants on the site

Filters ▾

SSID	Location ?	Name	Included	Pending	Excluded	Baseline	Dayform	Non-trial site dayform	30/90/180 days followup
DK-2130	RH4131 / Trial Site	Name unavailable	INCEPT-Thromboprophylaxis >	INCEPT-Albumin > INCEPT-Coffee >					
DK-2110	RH4131 / Trial Site	John Doe	INCEPT-Albumin >	INCEPT-Thromboprophylaxis >	INCEPT-Coffee >				
DK-2092	RH4131 / Trial Site	Name unavailable	INCEPT-Thromboprophylaxis > INCEPT-Albumin >	INCEPT-Coffee >					
DK-2091	RH4131 / Trial Site	Name unavailable	INCEPT-Coffee > INCEPT-Albumin >	INCEPT-Thromboprophylaxis >					
DK-2030	RH4131 / Trial Site	Name unavailable	INCEPT-Albumin >	INCEPT-Coffee > INCEPT-Thromboprophylaxis >					
DK-2018	RH4131 / Trial Site	Name unavailable	INCEPT-Albumin >	INCEPT-Coffee > INCEPT-Thromboprophylaxis >					
DK-2017	RH4131 / Trial Site	Name unavailable	INCEPT-Albumin >	INCEPT-Coffee > INCEPT-Thromboprophylaxis >					
DK-2016	RH4131 / Trial Site	Name unavailable	INCEPT-Albumin >	INCEPT-Coffee > INCEPT-Thromboprophylaxis >					
DK-2015	RH4131 / Trial Site	Does not retain same SSID Test	INCEPT-Albumin >	INCEPT-Coffee > INCEPT-Thromboprophylaxis >					
DK-2014	RH4131 / Trial Site	Does not retain same SSID Test			INCEPT-Albumin >				
DK-2013	RH4131 / Trial Site	Retains same SSID Test	INCEPT-Thromboprophylaxis > INCEPT-Albumin >	INCEPT-Coffee >	INCEPT-Albumin >				

Follow-up at 30 and 90 days

30/90/180 days followup - 31-01-2026 (last edit by dpla)

DK-2012 / Name unavailable / 0909891212



INCEPT-Albumin >

11:50

Toggle name and ID

All



Please confirm that the participant's medical record has been assessed for death or any new admissions, and that any new events have been added to the event history.

✓ Yes

or

Unknown



Remarks



History



Draft

Add variable on multiple days

Events

Events	Event history	Contact information
⌂ Back		
Admin Note to file ▾ Relocation ^ New location ----- ^ ----- Trial Site Non-trial site Out of hospital ----- ▾ Comment Files 📁 Upload files x Add event	Consent Consent from trial guardian ▾ Consent from relative ▾ Consent from participant ▾ Consent process concluded ▾	Adverse Events SAE/SUSAR (incl. followup) ▾ End of Participation Death ▾ Clinical decision ▾ Withdrawn consent ▾ Discontinuation of active therapy ▾ SAR/SUSAR ▾ Involuntary hospitalisation ▾

Follow-up at 180 days

**Use ‘Guideline for obtaining 180-day follow-up’
(available in Site File)**

1. Survival
2. Cognitive function
3. Health-related quality of life



***By trial staff who cannot see or discuss the allocation with the participant
(bias reducing procedure)***