

Daily F...(0/42)

Title: Daily Form

Instructions:

DAILY FORM

Time Span

Site ID

Day start date:

Day start time:

Day end date:

Day end time:

Respiration

D1 Respiratory support on this day? Yes No [\[info\]](#)

D1a Use of mechanical ventilation in **prone position** in the ICU on this day? Yes No [\[info\]](#)

D1b Use of **inhaled vasodilators** during mechanical ventilation on this day? Yes No [\[info\]](#)

D1c Use of **ECMO** in the ICU on this day? Yes No [\[info\]](#)

06:00h to 18:00h

D2 Highest PaO₂ from 06:00h to 18:00h? kPa mmHg [\[info\]](#) Not Available

D2a SaO₂ in the ABG with the **highest** PaO₂ from 06:00h to 18:00h (%) [\[info\]](#)

D2b FIO₂ at the time of the ABG with the **highest** PaO₂ from 06:00h to 18:00h [\[info\]](#)

D3 Lowest PaO₂ from 06:00h to 18:00h? kPa mmHg [\[info\]](#)

D3a SaO₂ in the ABG with the **lowest** PaO₂ from 06:00h to 18:00h (%) [\[info\]](#)

D3b FIO₂ at the time of the ABG with the **lowest** PaO₂ from 06:00h to 18:00h [\[info\]](#)

18:00h to 06:00h

D4 Highest PaO₂ from 18:00h to 06:00h? kPa mmHg [\[info\]](#) Not Available

D4a SaO₂ in the ABG with the **highest** PaO₂ from 18:00h to 06:00h (%) [\[info\]](#)

D4b FIO₂ at the time of the ABG with the **highest** PaO₂ from 18:00h to 06:00h [\[info\]](#)

D5 Lowest PaO₂ from 18:00h to 06:00h? kPa mmHg [\[info\]](#)

D5a SaO₂ in the ABG with the **lowest** PaO₂ from 18:00h to 06:00h (%) [\[info\]](#)

D5b FIO₂ at the time of the ABG with the **lowest** PaO₂ from 18:00h to 06:00h [\[info\]](#)

ABGs

D6 Total number of ABGs on this day? [info]

Respiratory status 08:00

D7 Did the patient receive respiratory support at 08:00h on this day? Yes No [info]

D7a Type of respiratory support at 08:00h? Invasive MV NIV or CPAP [info]

D7a1TV at 08:00h? (mL) [info]

D7a2PEEP at 08:00h? (cmH₂O) [info] Not Available

D7a3P_{peak} at 08:00h? (cmH₂O) [info]

D7a4EPAP or CPAP pressure at 08:00h? (cmH₂O) [info]

Remaining organ systems

D8 Highest p-lactate on this day? (mmol/L) [info] Not Available

D9 Circulatory support (infusion of vasopressor/inotropes) on this day? Yes No [info]

D10 Renal replacement therapy on this day? Yes No [info]

D11 New myocardial ischaemia on this day? Yes No [info]

D11aWas this myocardial ischaemia related to the allocated oxygenation target? Yes, related Possibly related No, not related

D12 Cerebral CT or MR scan on this day with signs of **new** ischaemic stroke? Yes No [info]

D12aWas this ischaemic stroke related to the allocated oxygenation target? Yes, related Possibly related No, not related

D13 New intestinal ischaemia on this day? Yes No [info]

D13aWas this intestinal ischaemia related to the allocated oxygenation target? Yes, related Possibly related No, not related

D14 Number of units of red blood cells transfused on this day? (Units) [info]