Title: Baseline

Exit (no save)

BASELINE FORM

General Patient Information

B1	Sex?	○ Male ○ Female [info]
B2	Hospital admission date?	▦ (dd-mm-yyyy) [info]
B3	ICU admission date?	▦ (dd-mm-yyyy) [info]
B4	ICU admission time?	(hh:mm, 24 hours format) [info]
B5	ICU admission was directly from the operating or recovery room after surgery?	○ Yes ○ No
B6	Patient height? *Choose unit first*	○ cm ○ feet / inches (cm) (feet) (inches) [info]

Respiratory Support

B7	Type of closed respiratory support system?	○ Invasive MV ○ NIV or CPAP [info]
B7a	TV_{insp}?	(mL) [info]
B7b	PEEP?	(cmH_2O) [info]
B7c	P_{peak}?	(cmH_2O) [info]
B7d	EPAP or CPAP pressure?	(cmH_2O) [info]

Arterial Blood Gas
before randomisation

B8	PaO_2 in the last ABG before randomisation?	○ kPa ○ mmHg [info] ☐ Not Available
B9	SaO_2 in the last ABG before randomisation?	(%) [info] ☐ Not Available
B10	p-lactate in the last ABG before randomisation?	(mmol/L) [info] ☐ Not Available
B11	FiO_2 at the time of the last ABG?	[info]

Acute Illness

B12	Pneumonia?	○ Yes ○ No [info]
B13	Multiple trauma?	○ Yes ○ No [info]
B14	Stroke (haemorrhagic or ischaemic)?	○ Yes ○ No [info]
B15	Traumatic brain injury?	○ Yes ○ No [info]
B16	Myocardial infarction?	○ Yes ○ No [info]
B17	Intestinal ischaemia?	○ Yes ○ No [info]
B18	ARDS at randomisation?	○ Yes ○ No [info]

SOFA (Sequential Organ Failure Assessment) Score

B19 Lowest Glasgow coma score in the 24 hours prior to randomisation?

[info]

If sedated, estimate the last score before sedation. If unknown write 15

B20 Lowest MAP in 24 hours prior to randomisation?

(mmHg) [info]

B21 Use of dobutamine, milrinone and/or levosimendan within 24 hours before the randomisation?

○ Yes ○ No [info]

B22 Use of any continuous infusion of vasopressors in the 24 hours prior to randomisation?

○ Yes ○ No [info]

B22a Highest dose of dopamine in the 24 hours prior to randomisation?

(µg/kg/min) [info]

If dopamine has not been used write 0

B22b Highest dose of norepinephrine (noradrenalin) in the 24 hours prior to randomisation?

(µg/kg/min) [info]

If norepinephrine has not been used write 0

B22c Highest dose of epinephrine (adrenalin) in the 24 hours prior to randomisation?

(µg/kg/min) [info]

If epinephrine has not been used write 0

B23 Highest concentration of bilirubin in 24 hours prior to randomisation?

(µmol/L) [info]   ☐ Not Available

B24 Lowest concentration of platelets in 24 hours prior to randomisation?

$(10^9/l)$ [info]   ☐ Not Available

B25 Urinary output in the 24 hours prior to randomisation?

(ml) [info]   ☐ Not Available

If urine volume is measured for a short period MULTIPLY TO GET TOTAL OUTPUT IN 24 hours!

B26 Highest creatinine in the 24 hours prior to randomisation?

(µmol/l) [info]   ☐ Not Available

Chronic Co-morbidities

B27 History of ischaemic heart disease?   ○ Yes ○ No [info]

B28 Chronic heart failure?   ○ Yes ○ No [info]

B29 Active metastatic cancer?   ○ Yes ○ No [info]

B30 Chronic dialysis?   ○ Yes ○ No [info]

B30a Habitual creatinine level > 110 µmol/L?   ○ Yes ○ No [info]

Return to top

Save   Exit (no save)

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 PaO_2 from 06:00h to 18:00h?   ◯ kPa   ◯ mmHg [_____] [info]   ☐ Not Available

    D2a SaO_2 in the ABG with the **highest** PaO_2 from 06:00h to 18:00h [_____] (%) [info]

    D2b FiO_2 at the time of the ABG with the **highest** PaO_2 from 06:00h to 18:00h [_____] [info]

D3   Lowest PaO_2 from 06:00h to 18:00h?   ◯ kPa   ◯ mmHg [_____] [info]

    D3a SaO_2 in the ABG with the **lowest** PaO_2 from 06:00h to 18:00h [_____] (%) [info]

    D3b FiO_2 FiO2 at the time of the ABG with the **lowest** PaO_2 from 06:00h to 18:00h [_____] [info]

18:00h to 06:00h

D4   Highest PaO_2 from 18:00h to 06:00h?   ◯ kPa   ◯ mmHg [_____] [info]   ☐ Not Available

    D4a SaO_2 in the ABG with the **highest** PaO_2 from 18:00h to 06:00h [_____] (%) [info]

    D4b FiO_2 at the time of the ABG with the **highest** PaO_2 from 18:00h to 06:00h [_____] [info]

D5   Lowest PaO_2 from 18:00h to 06:00h   ◯ kPa   ◯ mmHg [_____] [info]

    D5a SaO_2 in the ABG with the **lowest** PaO_2 from 18:00h to 06:00h? [_____] (%) [info]

    D5b FiO_2 at the time of the ABG with the **lowest** PaO_2 from 18:00h to 06:00h? [_____] [info]

ABGs

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

Respiratory events 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]
D7a1	TV_{insp} at 08:00h?	(ml) [info]
D7a2	PEEP at 08:00h?	(cmH_2O) [info]
D7a3	P_{peak} at 08:00h?	(cmH_2O) [info]
D7a4	EPAP or CPAP pressure at 08:00h?	(cmH_2O) [info]

Remaining organ systems

D8	Highest 24-hour p-lactate?	(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	Myocardial ischaemia on this day?	○ Yes ○ No [info]
D11a	Was 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]
D12a	Was this ischaemic stroke related to the allocated oxygenation target?	○ Yes, related ○ Possibly related ○ No, not related
D13	Intestinal ischaemia on this day?	○ Yes ○ No [info]
D13a	Was 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]

Title: Follow-up 90 days

Instructions:

90 DAYS FOLLOW-UP

F0	Date of follow-up		Calculated as 90 days after randomisation

F1 Discharged from hospital within 90 days?
- ○ Yes [info]
- ○ No

F1a Date of discharge from hospital? [_____] 📅 (dd-mm-yyyy)

F1b Readmitted to hospital within 90 days?
- ○ Yes [info]
- ○ No

F1b1 Days in hospital during readmission(s)? [_____] (days) [info]

F2 Renal replacement therapy **outside** the ICU in the 90 days of follow-up?
- ○ Yes [info]
- ○ No

F2a Date of last renal replacement therapy **outside** the ICU? [_____] 📅 (dd-mm-yyyy) [info]

F2a1 ☐ Renal replacement therapy ongoing at 90-day follow-up

F3 Did the patient die within 90 days of follow-up?
- ○ Yes [info]
- ○ No

F3a Date of death? [_____] 📅 (dd-mm-yyyy)

Title: Follow-up 1 year

Instructions:

1 YEAR FOLLOW-UP

F4　Date of follow-up　　　　　　[_____] 🗓

Mortality

F5　Was the patient dead at one-year
follow-up?
　　○ Yes [info]
　　○ No

EuroQol

F6　Lost to EuroQol follow-up?
　　○ Yes [info]
　　○ No

F7　Date of EQ-5D-5L and EQ-vas interviews　[_____] 🗓

F8　EQ-5D-5L score **Mobility**?
　　○ I have no problems in walking about　　[info]
　　○ I have slight problems in walking about
　　○ I have moderate problems in walking about
　　○ I have severe problems in walking about
　　○ I am unable to walk about
　　○ The answer is not obtainable

F9　EQ-5D-5L score **Self-care**?
　　○ I have no problems with washing or dressing myself　　[info]
　　○ I have slight problems with washing or dressing myself
　　○ I have moderate problems with washing or dressing myself
　　○ I have severe problems with washing or dressing myself
　　○ I am unable to wash or dress myself
　　○ The answer is not obtainable

F10　EQ-5D-5L score **Usual activities**?
　　○ I have no problems doing my usual activities　　[info]
　　○ I have slight problems doing my usual activities
　　○ I have moderate problems doing my usual activities
　　○ I have severe problems doing my usual activities
　　○ I am unable to do my usual activities
　　○ The answer is not obtainable

F11　EQ-5D-5L score **Pain/discomfort**?
　　○ I have no pain or discomfort　　[info]
　　○ I have slight pain or discomfort
　　○ I have moderate pain or discomfort
　　○ I have severe pain or discomfort
　　○ I have extreme pain or discomfortf
　　○ The answer is not obtainable

F12　EQ-5D-5L score **Anxiety/depression**?
　　○ I am not anxious or depressed　　[info]
　　○ I am slighty anxious or depressed
　　○ I am moderately anxious or depressed
　　○ I am severely anxious or depressed
　　○ I am extremely anxious or depressed
　　○ The answer is not obtainable

F13　EQ-VAS score (1-100)?　　[_____] [info]

Title: Withdrawal

Instructions:

WITHDRAWAL FORM

WITHDRAWAL FROM INTERVENTION AND/OR DATA REGISTRATION

W1	Date of withdrawal?	[_____] 📅 (dd-mm-yyyy)
W2	Time of withdrawal? (24 hours)	[_____] (hh:mm)
W3	Reason for withdrawal?	⚪ SUSAR [info] ⚪ Consent not given or withdrawn
W3a	Who is not giving or withdrawing consent?	⚪ Relative/next of kin/guardian not giving or withdrawing consent ⚪ Patient not giving or withdrawing consent
W3b	Will further daily data be registered?	⚪ Yes ⚪ No

Title: Withdrawal

Title: Discharge and readmission

Exit (no save)

DISCHARGE AND READMISSION FORM

Date of ICU readmission (dd-mm-yyyy)	Time of ICU readmission (hh:mm, 24 hours format)	Date of ICU discharge (dd-mm-yyyy)	Time of ICU discharge (hh:mm, 24 hours format)	Patient discharged to [info]	Has the patient been enrolled in other interventional trials during this ICU admission	Patient transferred to site Id	
				○ General Ward ○ ICU participating in HOT-ICU trial ○ ICU not participating in HOT-ICU trial ○ Home (including nursing homes and similar) ○ Dead	○ Yes ○ No		X
							X
				○ General Ward ○ ICU participating in HOT-ICU trial ○ ICU not participating in HOT-ICU trial ○ Home (including nursing homes and similar) ○ Dead	○ Yes ○ No		X
							X

Add

Return to top

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