

Title: Screening

Instructions:

[Exit \(no save\)](#)**SCREENING FORM****PATIENT IDENTIFICATION**S1 National identification number [\[info\]](#)**INCLUSION CRITERIA**S2 Acutely admitted to the ICU? Yes No [\[info\]](#)S3 Age \geq 18 years? Yes NoS4 Respiratory support in a **closed system** with an $FiO_2 \geq 0.50$? Yes No [\[info\]](#)S5 Oxygen supplementation through an **open system** with a oxygen flow of ≥ 10 L/min?
(See definition in info-box) Yes No [\[info\]](#)S6 Oxygen supplementation in the ICU expected to last for at least 24 hours?
(If in doubt of this forecast answer 'YES') Yes No [\[info\]](#)S7 Intraarterial catheter in place? Yes No [\[info\]](#)**EXCLUSION CRITERIA**S8 More than 12 hours since admission to the ICU? Yes No [\[info\]](#)S9 Chronic mechanical ventilation? Yes No [\[info\]](#)S10 Use of home oxygen supplementation? Yes No [\[info\]](#)S11 Previously treated with bleomycin? Yes No [\[info\]](#)S12 Solid organ transplant planned or conducted during current hospitalisation? Yes No [\[info\]](#)S13 Withdrawal from active therapy or brain death deemed imminent? Yes NoS14 Known pregnancy? Yes No [\[info\]](#)S15 Poisoned with carbon monoxide, cyanide or paraquat? Yes No [\[info\]](#)S16 Methaemoglobinaemia? Yes No [\[info\]](#)S17 Sickle cell disease? Yes No [\[info\]](#)S18 Condition expected to involve the use of hyperbaric oxygen treatment (HBO)? Yes No [\[info\]](#)S19 Consent according to national regulations NOT obtainable? Yes No [\[info\]](#)

STRATIFICATION VARIABLES

S20	Name of the patient	<input type="text"/>	[info]
S21	Chronic obstructive pulmonary disease (COPD)?	<input type="radio"/> Yes <input type="radio"/> No	[info]
S22	Active haematological malignancy?	<input type="radio"/> Yes <input type="radio"/> No	[info]
S23	Site ID	<input type="text"/>	
S24	Participant randomised to	<input type="text"/>	
S25	Randomisation timestamp	<input type="text"/>	

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Title: Baseline

Instructions:

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
- B5a Type of surgery leading to ICU admission? Elective Acute [\[info\]](#)
- B6 Patient height? cm feet / inches (cm) (feet) (inches) [\[info\]](#)
Choose unit first

Respiratory Support

- B7 Type of closed respiratory support system at randomisation? Invasive MV NIV or CPAP [\[info\]](#)
- B7a TV_{insp} at randomisation? (mL) [\[info\]](#)
- B7b PEEP at randomisation? (cmH₂O) [\[info\]](#)
- B7c P_{peak} at randomisation? (cmH₂O) [\[info\]](#)
- B7d EPAP or CPAP pressure at randomisation? (cmH₂O) [\[info\]](#)

Arterial Blood Gas
before randomisation

- B8 PaO₂ in the last ABG before randomisation? kPa mmHg *Choose unit first* [\[info\]](#) Not Available
- B9 SaO₂ in the last ABG before randomisation? (%) [\[info\]](#) Not Available
- B10 p-lactate in the last ABG before randomisation? (mmol/L) [\[info\]](#) Not Available
- B11 FiO₂ 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?	<input type="radio"/> Yes <input type="radio"/> No [info]
B16 Myocardial infarction?	<input type="radio"/> Yes <input type="radio"/> No [info]
B17 Intestinal ischaemia?	<input type="radio"/> Yes <input type="radio"/> No [info]
B18 ARDS at randomisation?	<input type="radio"/> Yes <input type="radio"/> No [info]

SOFA (Sequential Organ Failure Assessment) Score

B19 Lowest Glasgow coma score in the 24 hours prior to randomisation? <i>If sedated, estimate the last score before sedation. If unknown write 15</i>	<input type="text"/>	[info]
B20 Lowest MAP in 24 hours prior to randomisation?	<input type="text"/>	(mmHg) [info]
B21 Use of dobutamine, milrinone and/or levosimendan within 24 hours before the randomisation?	<input type="radio"/> Yes <input type="radio"/> No [info]	
B22 Use of any continuous infusion of vasopressors in the 24 hours prior to randomisation?	<input type="radio"/> Yes <input type="radio"/> No [info]	
B22a Highest dose of dopamine in the 24 hours prior to randomisation? <i>If dopamine has not been used write 0</i>	<input type="text"/>	($\mu\text{g}/\text{kg}/\text{min}$) [info]
B22b Highest dose of norepinephrine (noradrenalin) in the 24 hours prior to randomisation? <i>If norepinephrine has not been used write 0</i>	<input type="text"/>	($\mu\text{g}/\text{kg}/\text{min}$) [info]
B22c Highest dose of epinephrine (adrenalin) in the 24 hours prior to randomisation? <i>If epinephrine has not been used write 0</i>	<input type="text"/>	($\mu\text{g}/\text{kg}/\text{min}$) [info]
B23 Highest concentration of bilirubin in 24 hours prior to randomisation?	<input type="text"/>	($\mu\text{mol}/\text{L}$) [info] <input type="checkbox"/> Not Available
B24 Lowest concentration of platelets in 24 hours prior to randomisation?	<input type="text"/>	($\times 10^9/\text{L}$) [info] <input type="checkbox"/> Not Available
B25 Urinary output in the 24 hours prior to randomisation? <i>If urine volume is measured for a short period MULTIPLY TO GET TOTAL OUTPUT IN 24 hours!</i>	<input type="text"/>	(mL) [info] <input type="checkbox"/> Not Available
B26 Highest creatinine in the 24 hours prior to randomisation?	<input type="text"/>	($\mu\text{mol}/\text{L}$) [info] <input type="checkbox"/> Not Available

Chronic Co-morbidities

B27 History of ischaemic heart disease?	<input type="radio"/> Yes <input type="radio"/> No [info]
B28 Chronic heart failure?	<input type="radio"/> Yes <input type="radio"/> No [info]
B29 Active metastatic cancer?	<input type="radio"/> Yes <input type="radio"/> No [info]
B30 Chronic dialysis?	<input type="radio"/> Yes <input type="radio"/> No [info]
B30a Habitual creatinine level > 110 $\mu\text{mol}/\text{L}$?	<input type="radio"/> Yes <input type="radio"/> No [info]

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 [\[info\]](#)

06:00h

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_{insp} at 08:00h? (mL) [info]

D7a2PEEP at 08:00h? (cmH₂O) [info]

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]

Withdra...(0/5)

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

Dischar...(0/7)

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	
		<input type="text"/>	<input type="text"/>	<input type="radio"/> General Ward <input type="radio"/> ICU participating in HOT-ICU trial <input type="radio"/> ICU not participating in HOT-ICU trial <input type="radio"/> Home (including nursing homes and similar) <input type="radio"/> Dead	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	X
<input type="text"/>	<input type="text"/>					<input type="text"/>	X
		<input type="text"/>	<input type="text"/>	<input type="radio"/> General Ward <input type="radio"/> ICU participating in HOT-ICU trial <input type="radio"/> ICU not participating in HOT-ICU trial <input type="radio"/> Home (including nursing homes and similar) <input type="radio"/> Dead	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	X
<input type="text"/>	<input type="text"/>					<input type="text"/>	X

Add

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Exit (no save)



Follow-...(0/10)

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)

Follow-...(0/10)

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 discomfort
 The answer is not obtainable

F12 EQ-5D-5L score **Anxiety/depression?**

- I am not anxious or depressed [\[info\]](#)
 I am slightly 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)?

[\[info\]](#)