Pocket cards

At the following two pages you will find front and back of pocket cards for clinicians screening and randomising patients in the CLASSIC trial. There are two distinct front pages and two distinct back pages.

How to make the cards:

1. Print the two pages
2. Laminate the pages back to back
3. Cut out the cards

# Practical info

1. **Informed consent** must be obtainedin accordance with national regulations
2. **Go to** [**www.cric.nu/classic**](http://www.cric.nu/classic)

* **Choose** ’Screen, randomise, and enter data’
* **Log-in and choose** ’Go to Patient Screening’
* **Complete** in- and exclusion criteria

1. **Note** in the medical record that the patient is enrolled in the CLASSIC trialandnote the trial allocation (IV fluid restriction or standard care group)

**CLASSIC hotline:**

**+45 3545 0606 TURN**

# Inclusion criteria

* **Admitted or planed admission to the ICU**
* **Aged 18 years or above**
* **Septic shock:**
* Suspected or confirmed infection **AND**
* Ongoing infusion of vasopressor/inotrope agent to maintain MAP ≥ 65 mmHg **AND**
* Lactate ≥ 2 mmol/L within the last 3-hrs
* **Has received at least 1L of IV fluid** (crystalloids, colloids and/or blood products) in the last 24-hrs

**CLASSIC hotline:**

**+45 3545 0606 TURN**





# Standard care group

**No upper limit for the administration of fluids. IV fluid should be given in case of…**

* **Hypoperfusion or circulatory impairment** for as long as hemodynamic variables continue to improve
* **As substitution** for expected or observed fluid loss, dehydration or electrolyte derangements
* **If the ICU has a protocol recommending daily fluid administration** (e.g. maintenance fluid)

**CLASSIC hotline:**

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# IV fluid restriction group

**NO IV fluids unless one or more of the CLASSIC criteria are present:**

* **Severe hypoperfusion** IV bolus 250-500mL may be given if…
* Lactate ≥4 mmol/L **OR**
* MAP < 50 mmHg **OR**
* Mottling beyond the kneecap **OR**
* Urinary output < 0.1mL/kg, but only in the first 2 hrs after randomisation
* **Overt fluid loss** (e.g. vomiting, large aspirates, diarrhoea, drain losses, bleeding or ascites tap). IV fluids may be given to correct the loss, but not above the volume lost
* **Failure of the enteral route** IV fluids may be given to…
* Correct electrolyte deficiencies
* Ensure a total input of 1L per day (incl. fluids with medications and nutrition)

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