



Day number: |_|_|

Date |_|_| - |_|_| - |_|_|_|_|

#	Question	Answer	Unit	Info	Validation and limits	Further comments for data manager
Fluid input and output						
IV crystalloids						
<u>NB!</u> All fluid data must be entered in <u>mL</u>						
D1	How much IV isotonic saline did the patient receive this day?	_ _ _ _ _ _ _ mL		Total volume of isotonic saline. If the patient did not receive isotonic saline, please fill in "0"mL.	Required No negative value allowed. No upper limit, but if value ≥ 9999mL give warning: "Are you sure this is the correct amount of fluid?" – YES to proceed	
D2	How much IV Ringer's lactate did the patient receive this day?	_ _ _ _ _ _ _ mL		Total volume of Ringer's lactate (incl. Hartmann's). If the patient did not receive Ringer's lactate, please fill in "0"mL.	Required No negative value allowed. No upper limit, but if value ≥	



				9999mL give warning: "Are you sure this is the correct amount of fluid?" – YES to proceed	
D3	How much IV Ringer's acetate did the patient receive this day?	_ _ _ _ _ _ _ mL	Total volume of Ringer's acetate (incl. Ringerfundin). If the patient did not receive Ringer's acetate, please fill in "0" mL.	Required No negative value allowed. No upper limit, but if value ≥ 9999mL give warning: "Are you sure this is the correct amount of fluid?" – YES to proceed	
D4	How much IV Plasmalyte™ did the patient receive this day?	_ _ _ _ _ _ _ mL	Total volume of PlasmaLyte™. If the patient did not receive Plasmalyte™, please fill in "0" mL.	Required No negative value allowed. No upper limit, but if value ≥ 9999mL give warning: "Are you sure this is the correct amount of fluid?" – YES to proceed	



Other fluid input and output

<p>D5</p>	<p>How much IV fluid of other types did the patient receive this day?</p>	<p> _ _ _ _ mL</p>	<p>Total volume of other IV fluids: e.g. <10% glucose, glucose-potassium, sodium-potassium-chloride, half-saline. If the patient did not receive any other type of fluid, please fill in "0"mL</p>	<p>Required No negative value allowed. No upper limit, but if value ≥ 9999mL give warning: "Are you sure this is the correct amount of fluid?" – YES to proceed</p>	
<p>D6</p>	<p>How much IV albumin did the patient receive this day?</p>	<p> _ _ _ _ mL</p>	<p>Total volume of albumin (4, 5 or 20% solutions combined). If the patient did not receive albumin this day, please type "0".</p>	<p>Required No negative value allowed. No upper limit, but if value ≥ 9999mL give warning: "Are you sure this is the correct amount of fluid?" – YES to proceed</p>	
<p>D7a</p>	<p>How much IV fluid did the patient receive with medications this day?</p>	<p> _ _ _ _ mL</p>	<p>Total volume of parenteral fluids with medications. If the patient did not receive fluids with medication this day, please type "0".</p>	<p>Required No negative value allowed. No upper limit, but if value ≥</p>	



				9999mL give warning: "Are you sure this is the correct amount of fluid?" – YES to proceed	
D7b	How much enteral/oral fluid did the patient receive with medications this day?	_ _ _ _ mL	Total volume of enteral fluids with medications. If the patient did not receive fluids with medication this day, please type "0".	Required No negative value allowed. No upper limit, but if value ≥ 9999mL give warning: "Are you sure this is the correct amount of fluid?" – YES to proceed	
D8a	How much IV fluid with nutrition did the patient receive this day?	_ _ _ _ mL	Total volume of fluids with parenteral nutrition: >10% glucose, protein or lipid solutions given parenterally. If the patient did not receive fluids with nutrition this day, please type "0".	Required No negative value allowed. No upper limit, but if value ≥ 9999mL give warning: "Are you sure this is the correct amount of fluid?" – YES	



				to proceed	
D8b	How much fluid with enteral nutrition did the patient receive this day?	_ _ _ _ mL	Total volume of fluids with enteral nutrition: e.g. enteral nutrition solutions and >10% glucose, protein or lipid solutions given enterally . If the patient did not receive fluids with nutrition this day, please type "0".	Required No negative value allowed. No upper limit, but if value ≥ 9999mL give warning: "Are you sure this is the correct amount of fluid?" – YES to proceed	
D9	How much non-nutritional enteral/oral fluid did the patient receive this day?	_ _ _ _ mL	Total volume of non-nutritional enteral/oral fluids: e.g. water or soft drinks. NB! Enteral/oral fluid with medication is covered by D7b. If the patient did not receive non-nutritional fluids this day, please type "0".	Required No negative value allowed. No upper limit, but if value ≥ 9999mL give warning: "Are you sure this is the correct amount of fluid?" – YES to proceed	
D10	What volume of blood products did the patient receive this day? <i>NB! Enter the value in mL</i>	_ _ _ _ mL	Total volume of blood products (mL of red cells, plasma or platelets). If the patient did not receive blood products this day, please type "0".	Required No negative value allowed. No upper limit, but if value ≥	



				9999mL give warning: "Are you sure this is the correct amount of fluid?" – YES to proceed	
D11	Urinary output on this day?	_ _ _ _ mL	If the patient did not have any urinary output on this day type "0".	Required No negative value allowed. No upper limit, but if value ≥ 9999mL give warning: "Are you sure this is the correct amount of fluid?" – YES to proceed	
D12	Did the patient receive renal replacement therapy on this day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any form of renal replacement therapy (e.g. dialysis, hemofiltration or hemodiafiltration) at any rate on this day. Including days between intermittent renal replacement therapy.	Required	
D12a	If YES, what is the volume of fluid removal?	_ _ _ _ mL	If the patient did not have fluid removal by RRT, please type "0".	Required No negative value allowed. No upper limit, but if value ≥ 9999mL give warning: "Are you	D9a only available if D9 = YES



				sure this is the correct amount of fluid?" – YES to proceed	
D13	How much fluid did the patient lose through other losses on this day?	_ _ _ _ mL	Total volume of other losses on this day including drainage, aspirates, stools and bleeding. If no other losses, please type "0". Perspiration is not considered a loss.	Required No negative value allowed. No upper limit, but if value ≥ 9999mL give warning: "Are you sure this is the correct amount of fluid?" – YES to proceed	
D14	Did the patient receive IV fluids during surgery on this day?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Required	
D14a	If YES, how much fluid did the patient receive during surgery?	_ _ _ _ mL	Total volume of all types of IV fluid given during surgery. NB! IV fluids given during surgery should only be entered here and not in D1-D13. If uncertain about the amount of fluids given during surgery, give best estimate.	Only visible if D14 =yes Required if D14=YES No negative value allowed. No upper limit, but if value ≥ 9999mL give warning: "Are you sure this is	



				the correct amount of fluid?" – YES to proceed	
Major protocol violations on this day					
D15	<p>Restrictive group: Were any IV fluids given without the occurrence one of the extenuating circumstances (CLASSIC criteria)?</p> <p>Click here to see the CLASSIC criteria</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<p>Required if patient is randomised to restrictive group</p> <p>If click on 'here' display CLASSIC criteria:</p> <p>NO IV fluids unless one of the below extenuating circumstances occurs:</p> <p>1)In case of severe hypoperfusion or severe circulatory impairment:</p> <p>- Lactate ≥4 mmol/l</p> <p>- MAP <50</p>	<p>Not available (grey) if patient is randomised to standard-care group</p>



				<p>mmHg (+/- vasopressor/ inotrope)</p> <p>- Mottling beyond edge of kneecap (mottling score>2)</p> <p>- Urinary output <0,1ml/kg/bodyweight/h (only first 2 hrs after randomisation)</p> <p>2) In case of overt fluid losses (e.g. vomiting) IV fluid may be given to correct for the loss, but not above the volume lost</p> <p>3) In case the oral/enteral route for water or electrolyte solutions is</p>	
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				<p>contraindicated or has failed, IV fluids may be given to:</p> <ul style="list-style-type: none"> - Correct dehydration or electrolyte deficiencies - Ensure a total fluid input of 1 L per 24 h (incl fluid with medication and nutrition) 	
D15a	If YES, how much fluid was given for each indication?	<p>Improved circulation _ _ _ _ mL</p> <p>Ensure fluid intake _ _ _ _ mL</p> <p>Other _ _ _ _ mL</p>	All fields required. If the patient did not receive fluids for a certain indication, please enter the value "0".	<p>Required if D14=YES. No negative value allowed. No upper limit, but if value ≥ 9999mL give warning: "Are you sure this is the correct amount of fluid?" – YES to proceed</p>	D11a only available if D11 = YES



Co-interventions

D16	Did the patient receive infusion of vasopressors or inotropes on this day?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Vasopressor/inotrope agents: norepinephrine, epinephrine, phenylephrine, vasopressin analogues, angiotensin, dopamine, dobutamine, milrinone or levosimendan.	Required	
D17	Did the patient receive systemic corticosteroids on this day?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Use of systemic (IV, IM or oral/per GI tube) corticosteroids including any dose of hydrocortisone, methylprednisolone, dexamethasone or prednisolone	Required	
D18	Did the patient receive invasive mechanical ventilation on this day?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Invasive mechanical ventilation is defined as the use of positive pressure ventilation using a ventilator via a cuffed tube (oral, nasal or tracheostomy). CPAP is NOT invasive mechanical ventilation.	Required	

Outcomes

D19	Plasma concentration of creatinine in $\mu\text{mol/L}$ on this day	Select unit: $\mu\text{mol/L}$ <input type="checkbox"/> _ _ _ _ mg/dL <input type="checkbox"/> _ _ _ _ _ _ _ _	- If several measures of creatinine use highest value.	Required Limits 40-999 No decimals	Data entry only possible when a unit has been selected (single select only) and only in the field corresponding to selected unit. System will automatically convert between units (To convert from mg/dL multiply with 88.4). The value of both units will be visible, but only the selected unit can
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					be corrected. Both values will be transcribed to database.
D20	Did the patient have cerebral ischemia on this day?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Defined as any form of cerebral ischemia on a CT- OR MRI scan on this day?	Required	
D21	Did the patient have acute myocardial ischemia on this day?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Defined as participant with acute myocardial infarction (ST-elevation myocardial infarction or non-ST elevation myocardial infarction) or unstable angina pectoris according to the criteria in the clinical setting in question (e.g. elevated biomarkers, ischemic signs on ECG and clinical presentation) AND the participant received treatment as a consequence of this (reperfusion strategies (PCI/thrombolysis) OR initiation/increased antithrombotic treatment).	Required	



D22	Did the patient have intestinal ischemia on this day?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Defined as ischemia verified by endoscopy OR open surgery on this day?	Required	
D23	Did the patient have limb ischemia on this day?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Defined as clinical signs AND need of open/percutaneous vascular intervention, amputation OR initiation/increased antithrombotic treatment on this day?	Required	
Serious Adverse Reactions If the patient experiences a SAR, the coordinating center has to be contacted by e-mail classic@cric.nu or phone +45 3545 0606 without undue delay.					
SAR1	Anaphylactic reaction on this day?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Urticaria and at least one of the following: - Worsened circulation (> 20% decrease in blood pressure or > 20% increase in vasopressor dose) - Increased airway resistance (>20% increase in the peak pressure on the ventilation) - Clinical stridor or bronchospasm - Subsequent treatment with bronchodilators	Required	WARNING if YES Remember to contact the coordinating centre without undue delay at classic@cric.nu or +45 3545 0606

SAR2	General tonic-clonic seizures on this day?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Stiffening and/or jerking movements of all 4 extremities in a patient who becomes or is unconscious in the ICU after randomisation	Required	WARNING if YES Remember to contact the coordinating centre without undue delay at classic@cric.nu or +45 3545 0606
SAR3	Central pontine myelinolysis on this day?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Central pontine myelinolysis seen on CT or MRI scan	Required	WARNING if YES Remember to contact the coordinating centre without undue delay at classic@cric.nu or +45 3545 0606
SAR4	Hypernatremia (p-Na > 159 mmol/L) on this day?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Hypernatremia defined as p-Na > 159 mmol/L on any plasma sample, including point-of-care testing, done in the ICU on this day	Required	WARNING if YES Remember to contact the coordinating centre without undue delay at classic@cric.nu or +45 3545 0606
SAR5	Severe hyperchloremic acidosis (pH < 7.15 AND p-chloride > 115 mmol/L) on this day?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Severe hyperchloreaemic acidosis defined as pH < 7.15 AND p-chloride > 115 mmol/L on any plasma sample, including point-of-care testing, done in the ICU on this day	Required	WARNING if YES Remember to contact the coordinating centre without undue delay at classic@cric.nu or +45 3545 0606
SAR6	Severe metabolic alkalosis (pH > 7.59 AND SBE > 9 mmol/L) on this day?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Severe metabolic alkalosis defined as pH > 7.59 AND SBE > 9 mmol/L on any plasma sample, including point-of-care testing, done in the ICU on this day	Required	WARNING if YES Remember to contact the coordinating centre without undue delay at classic@cric.nu or +45 3545 0606

CLASSIC

DAY FORM

Participant ID: |_|_|_|_|_|_|_|_|

