

Welcome to the GODIF screening procedure

#	Question	Answer	Info	Validation and limits	Further comments for data manager
Patient identification					
S1	National identification number		<p>For Danish sites: CPR number (10 digits without dash). If the patient has a fictive CPR number, please use the letter D as a prefix, e.g. D1002550JH0 (D followed by 10 characters). If an unknown patient is identified, the fictive CPR number must be changed to the correct CPR number.</p> <p>For non-Danish sites: The national identification number is some identification string which may consist of both numbers and letters. The system uses this identification to check if this patient has previously been screened in CLASSIC.</p>	Required for DK sites	<p>Denmark: RED WARNING A participant with identical CPR number has previously been enrolled in the GODIF trial and cannot be randomised again. If the participant was enrolled at your department, please readmit the patient in the system. If not please contact the coordinating centre for transferal of the patient in the system.</p> <p>contact godif@cric.nu or +45 4829 6773</p> <p>WARNING if CPR is invalid Format of CPR is not correct. It should be 10 digits long. If a fictive CPR is entered, please use the prefix 'D' (capital D) followed by 10 characters. See 'info'.</p> <p>Other countries: RED WARNING: (validating on enrolled</p>

				<p>patients only) The trial participant below with the same national identification number (NIN) has previously been enrolled in the GODIF trial. If the trial participant below is not identical to the one you are trying to screen, please increase the serial number by 1 (e.g. change O1 to O2). If the trial participant has been enrolled previously, please readmit the patient in the system. For further information please</p> <p>contact godif@cric.nu or +45 4829 6773</p> <p>YELLOW WARNING: (Validating on enrolled patients in the same country with the same birthday) The trial participants listed below are potentially identical with the one you are trying to screen. Please check the list below. If the trial participant you are trying to screen is NOT identical to any of the participants below, please press accept to continue. If the patient has been enrolled previously, please readmit the patient in the system. For further information please</p>
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					<p>contact godif@cric.nu or +45 4829 6773</p> <p>Warning if NIN of an excluded patient is entered again: A patient with the same NIN has previously been excluded. If you want to screen the patient again, please press accept. For further information please</p> <p>contact godif@cric.nu or +45 4829 6773</p>
S1a	Sex?	<input type="checkbox"/> male <input type="checkbox"/> female		required	
Inclusion criteria					
S2	Is the patient ≥ 18 years old?	<input type="checkbox"/> YES <input type="checkbox"/> NO		Required	
S3	Is the patient admitted to or planned to be admitted to the ICU?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Patients from other locations in the hospital (e.g. emergency departments, general wards or the recovery room) may be enrolled if the patient for clinical reasons is planned to be admitted to the ICU. High-dependency, step-up or step-down beds are considered as being part of the trial site ICU if staff trained in the protocol look after the patients in these beds.</p>	Required	

S4	Is the patient clinical stable?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Clinical stable is defined as MAP > 50 mmHg with maximum infusion of noradrenaline of 20 µg/kg/min and lactate < 4 mmol/L	Required	
Fluid overload calculations					
FL1	Cumulative fluid balance	_____ mL	All fluid input and output in mL cumulated. This includes all types of IV fluids, blood products, medicines, nutrition products AND oral fluids, nutrition products, and medicine. Daily output as urine, drainage, perspiration, aspirates, stools, bleeding.	Required	All fluid input and output in mL cumulated. This includes all types of IV fluids, medicines, blood products, nutrition products AND oral fluids, nutrition products and medicine. Daily output: diuresis, perspiration, aspirates, stools, bleeding, drainage
FL2	Actual body weight	<input type="checkbox"/> measured <input type="checkbox"/> estimated _____ kg	If it is not possible to obtain a measured weight - the weight can be estimated.	Required	
FL3	Height	<input type="checkbox"/> measured <input type="checkbox"/> estimated _____ cm	If it is not possible to obtain a correct height – the height can be estimated.	Required	
FL4	Ideal body weight	_____ kg	Calculated according to: $22 \times (\text{height in meters})^2$	Required	
FL5	Fluid overload	_____ %	Fluid overload is defined as a positive fluid balance on the fluid charts. The percentage	Required	Formlen: kumuleret VB (KVB) i procent af IBW.

			of fluid overload is according to the ideal body weight.		(KVB/IBW)x100= x % overhydrering
Exclusion criteria					
Please ensure that the patient does not fulfil any criteria below at ICU admission					
S5	Has the patient allergy towards furosemide or sulphonamides	<input type="checkbox"/> YES <input type="checkbox"/> NO		Required	
S6	Has the patient known pre-hospital advanced chronic kidney disease?	<input type="checkbox"/> YES <input type="checkbox"/> NO	eGFR < 30 mL/min/1.73 m ² or chronic renal replacement therapy	Required	
S7	Does the patient receive ongoing renal replacement therapy?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Continuers renal replacement therapy (CRRT) or other form of renal replacement therapy (RRT)	Required	
S8	Anuria for > 6 hours?	<input type="checkbox"/> YES <input type="checkbox"/> NO		Required	
S9	Does the patient have life-threatening bleeding?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Life threatening bleeding (hemorrhagic shock as defined by the clinicians) needing ongoing transfusion of blood products	Required	
S10	Does the patient have acute burn injury of more than 10% of the body surface area leading to the present ICU admission?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Patients with burn injury who are readmitted to the ICU or were initially cared for in a general ward and admitted to the ICU for infection may be included. Use the latest documented estimate of the burn area.	Required	

S11	Does the patient have severe dysnatremia?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Defined as P-natrium < 120 mmol/L or > 155 mmol/L	Required	
S12	Does the patient have severe hepatic failure?	<input type="checkbox"/> YES <input type="checkbox"/> NO		Required	
S13	Is the patient undergoing forced treatment?	<input type="checkbox"/> YES <input type="checkbox"/> NO		Required	
S14	Is the patient pregnant?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Women ≤ 50 years old must be tested for pregnancy with U-hcg or P-hcg.	Required	Hvis den screenede er en kvinde på 50 år eller derunder, så skal S14 spørgsmålene åbne op.
S14a	hCG value obtained by	<input type="checkbox"/> U-hCG <input type="checkbox"/> P-hCG			
S14b	hCG value	_____ ie/L			
S14c	Result	<input type="checkbox"/> negative <input type="checkbox"/> positive			
S15	Consent unobtainable according to national regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO	YES, if the clinician or investigator is unable to obtain necessary consent before inclusion of the patient according to the national regulations.	Required	

If YES to S2-S3 + S9 and S8 is ≥ 5% and NO to S10-S20:

**Trial participant is eligible for inclusion in the GODIF Trial.
Fill in name, and then click the 'Perform randomisation' button.**

If YES to S2-S3 + S9 and S8 is $\geq 5\%$ and YES to one or more of S10-S20:

**The patient fulfils one or more exclusion criteria.
Thus, this patient cannot be randomised in the GODIF trial.
If this is correct, click 'Submit' button to exclude the patient.**

If NO to one or more of S2, S3, S9 and S8 is $\leq 5\%$:

**The inclusion criteria are not fulfilled.
Thus, the patient cannot be randomised in the GODIF trial.
If this is correct, click 'Submit' button to exclude the patient.**

If YES to all inclusion criteria and NO to all exclusion criteria, the patient can be included in the GODIF trial					
Patient					
P1	Name of the patient	_____			
		<input type="checkbox"/> Unknown at admission			
Acute kidney injury					
A1	Habitual plasma creatinine value prior to current hospitalisation	<input type="checkbox"/> measured <input type="checkbox"/> calculated	Use the lowest value 3 months prior to current hospitalization. If no value is available in		Hvis den

			<p>this period, use the lowest value within 6 months. If still no value is available, the habitual value must be calculated. Please mark calculated and the program will take you to the calculation.</p>		
A1a	Habitual plasma creatinine value	<p>Select unit: μmol/L <input type="checkbox"/> <hr/> mg/dL <input type="checkbox"/> <hr/></p>			
A1d	Patient's race?	<input type="checkbox"/> black <input type="checkbox"/> other			
A1e	Calculated habitual plasma creatinine value	<hr/> μmol/L <hr/> mg/dL			Automatically generated
A2	Highest plasma creatinine value within the last 24 hours prior to randomisation	μmol/L <input type="checkbox"/> <hr/> mg/dL <input type="checkbox"/> <hr/>		Required	Limits 30-999 (μmol/L) No decimals If value > 999 μmol/L or <30 μmol/L give warning: "Are you sure this is the

					correct value" – YES to proceed
A3	Diuresis the last 24 hours	Diuresis _____mL			Required
SMS-ICU score (Simplified Mortality Score for the Intensive Care Unit)					
SS1	Lowest systolic blood pressure within the last 24 hours prior to randomisation?	_____ mmHg	In case of cardiac arrest within the 24 hours period type the value 0.		Required
SS2	Use of vasopressors/inotropics	<input type="checkbox"/> YES <input type="checkbox"/> NO	Noradrenaline, adrenaline, phenylephrine, vasopressin analogues, angiotensin, dopamine, dobutamine, milrinone or levosimendan.		Required
SS3	Did the patient receive acute surgery during current hospital admission?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Surgery during current hospital admission added to the operating room schedule.		Required
SS4	Did the patient receive respiratory support within the last 24 hours prior to randomisation?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Invasive or non-invasive mechanical ventilation including continuous mask CPAP or CPAP via tracheostomy within the last 24 hours prior to randomisation. Intermittent CPAP		Required

			and high flow nasal cannula oxygen therapy are NOT considered as respiratory support.		
SS5	Metastatic cancer or hematological malignancy?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Metastatic cancer: proven metastasis by surgery, CT scan or any other method</p> <p>Haematological malignancy includes any of the following:</p> <ul style="list-style-type: none"> - Leukaemia: Acute lymphoblastic leukaemia (ALL), acute myelogenous leukaemia (AML), chronic myelogenous leukaemia (CML), chronic lymphocytic leukaemia (CLL). - Lymphoma: Hodgkin's disease, and Non-Hodgkin lymphoma (e.g. small lymphocytic lymphoma (SLL), diffuse large B-cell lymphoma, follicular lymphoma and mantle cell lymphoma) 	Required	

			<ul style="list-style-type: none">- Hairy cell leukaemia (HCL), marginal zone lymphoma, Burkitt's lymphoma, post-transplant lymphoproliferative disorder (PTLD), T-cell prolymphocytic leukaemia (T-PLL), B-cell prolymphocytic leukaemia (B-PLL), Waldenström's macroglobulinemia and other NK- or T-cell lymphomas- Multiple myeloma/plasma cell myeloma		
Stratification variables					
ST1	Site	_____			Automatically generated

Info box

Randomisation complete

NIN: xxxxxxxxxxxx

Name: xxx

Participant ID: DKxxxxxx

**Participant is randomised:
[Vial-ID]**