

Baseline form version 1.0

Baseline (0/50)	
Title: Baseline	
Instructions:	
BASELINE FORM	
Support: mail or +45 2118 2543	
General patient information	
Randomisation timestamp: 15-03-2020 12:44:24	
B1	Sex? <input type="radio"/> Male <input type="radio"/> Female [info]
B2	Hospital admission date? <input type="text"/> (dd-mm-yyyy) [info]
B3	ICU admission date? <input type="text"/> (dd-mm-yyyy) [info]
B4	ICU admission time? <input type="text"/> (hh:mm, 24 hours format) [info]
B5	ICU admission was directly from the operating or recovery room after surgery? <input type="radio"/> Yes <input type="radio"/> No
B5a	Type of surgery leading to ICU admission? <input type="radio"/> Elective <input type="radio"/> Acute [info]
B6	Patient height? <input type="radio"/> cm <input type="radio"/> feet / inches <input type="text"/> (cm) <input type="text"/> (feet) <input type="text"/> (inches) [info] <i>Choose unit first</i>
Oxygen supplementation	
B7	Type of oxygen supplementation system at randomisation? <input type="radio"/> Closed system [info] <input type="radio"/> Open system
<i>Respiratory Support</i>	
B7a	Type of closed respiratory support system at randomisation? <input type="radio"/> Invasive MV <input type="radio"/> NIV or CPAP [info]
B7a1	TV at randomisation? <input type="text"/> (mL) [info]
B7a2	PEEP at randomisation? <input type="text"/> (cmH ₂ O) <input type="checkbox"/> Not Available [info]
B7a3	P _{peak} at randomisation? <input type="text"/> (cmH ₂ O) [info]
B7a4	EPAP or CPAP pressure at randomisation? <input type="text"/> (cmH ₂ O) [info]

Arterial Blood Gas before randomisation

- B8 PaO₂ in the last ABG before randomisation? kPa mmHg Not Available [\[info\]](#)
- B9 SaO₂ in the last ABG before randomisation? (%) Not Available [\[info\]](#)
- B10 p-lactate in the last ABG before randomisation? (mmol/L) Not Available [\[info\]](#)
- 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? Yes No [\[info\]](#)
- B16 Myocardial infarction? Yes No [\[info\]](#)
- EX1 Cardiac arrest before randomisation? 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? [\[info\]](#) Estimated
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 [\[info\]](#)

B23	Highest concentration of bilirubin in 24 hours prior to randomisation?	<input type="text"/>	($\mu\text{mol/L}$)	<input type="checkbox"/> Not Available [info]
B24	Lowest concentration of platelets in 24 hours prior to randomisation?	<input type="text"/>	($\times 10^9/\text{L}$)	<input type="checkbox"/> Not Available [info]
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="radio"/> Estimated < 200 mL <input type="radio"/> Estimated 200-500 mL <input type="radio"/> Estimated > 500 mL
B26	Highest creatinine in the 24 hours prior to randomisation?	<input type="text"/>	($\mu\text{mol/L}$)	<input type="checkbox"/> Not Available [info]

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 $\mu\text{mol/L}$?	<input type="radio"/> Yes <input type="radio"/> No [info] <input type="checkbox"/> Estimated
B31	Chronic obstructive pulmonary disease (COPD)?	<input type="radio"/> Yes <input type="radio"/> No [info]
B32	Active haematological malignancy?	<input type="radio"/> Yes <input type="radio"/> No [info]