

# Day form version 1.0

<b>Day form (0/42)</b>			
<b>Title: Day form</b>			
Instructions:			
<b>DAY FORM</b>			
<b>Support: mail or +45 2118 2543</b>			
Site ID	<input type="text" value="DK01"/>		
Day start date:	<input type="text" value="18-03-2020"/>	Day start time:	<input type="text" value="06:00"/>
Day end date:	<input type="text" value="18-03-2020"/>	Day end time:	<input type="text" value="12:35"/>
<b>Respiration</b>			
D1	Respiratory support on this day?	<input type="radio"/> Yes <input type="radio"/> No	<a href="#">[info]</a>
D1a	Use of mechanical ventilation in <b>prone position</b> in the ICU on this day?	<input type="radio"/> Yes <input type="radio"/> No	<a href="#">[info]</a>
D1b	Use of <b>inhaled vasodilators</b> during mechanical ventilation on this day?	<input type="radio"/> Yes <input type="radio"/> No	<a href="#">[info]</a>
D1c	Use of <b>ECMO</b> in the ICU on this day?	<input type="radio"/> Yes <input type="radio"/> No	<a href="#">[info]</a>
<b>06:00h to 12:35h</b>			
D2	Highest PaO <sub>2</sub> from 06:00h to 12:35h?	<input type="radio"/> kPa <input type="radio"/> mmHg	<input type="text" value="Choose unit first"/> <input type="checkbox"/> Not Available <a href="#">[info]</a>
D2a	SaO <sub>2</sub> in the ABG with the <b>highest</b> PaO <sub>2</sub> from 06:00h to 12:35h	<input type="text"/>	(%) <a href="#">[info]</a>
D2b	FiO <sub>2</sub> at the time of the ABG with the <b>highest</b> PaO <sub>2</sub> from 06:00h to 12:35h	<input type="text"/>	<a href="#">[info]</a>
D3	Lowest PaO <sub>2</sub> from 06:00h to 12:35h?	<input type="radio"/> kPa <input type="radio"/> mmHg	<input type="text" value="Choose unit first"/> <a href="#">[info]</a>
D3a	SaO <sub>2</sub> in the ABG with the <b>lowest</b> PaO <sub>2</sub> from 06:00h to 12:35h	<input type="text"/>	(%) <a href="#">[info]</a>
D3b	FiO <sub>2</sub> at the time of the ABG with the <b>lowest</b> PaO <sub>2</sub> from 06:00h to 12:35h	<input type="text"/>	<a href="#">[info]</a>

### 18:00h to 12:35h

D4 Highest PaO<sub>2</sub> from 18:00h to 12:35h?  kPa  mmHg   Not Available [\[info\]](#)

D4a SaO<sub>2</sub> in the ABG with the **highest** PaO<sub>2</sub> from 18:00h to 12:35h  (%) [\[info\]](#)

D4b FiO<sub>2</sub> at the time of the ABG with the **highest** PaO<sub>2</sub> from 18:00h to 12:35h  [\[info\]](#)

D5 Lowest PaO<sub>2</sub> from 18:00h to 12:35h?  kPa  mmHg  [\[info\]](#)

D5a SaO<sub>2</sub> in the ABG with the **lowest** PaO<sub>2</sub> from 18:00h to 12:35h  (%) [\[info\]](#)

D5b FiO<sub>2</sub> at the time of the ABG with the **lowest** PaO<sub>2</sub> from 18:00h to 12:35h  [\[info\]](#)

### 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 [\[info\]](#)

D7a1 TV at 08:00h?  (mL) [\[info\]](#)

D7a2 PEEP at 08:00h?  (cmH<sub>2</sub>O)  Not Available [\[info\]](#)

D7a3 P<sub>peak</sub> at 08:00h?  (cmH<sub>2</sub>O) [\[info\]](#)

D7a4 EPAP or CPAP pressure at 08:00h?  (cmH<sub>2</sub>O) [\[info\]](#)

### Remaining organ systems

D8 Highest p-lactate on this day?  (mmol/L)  Not Available [\[info\]](#)

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 [\[info\]](#)

D11a	Was this myocardial ischaemia related to the allocated oxygenation target?	<input type="radio"/> Yes, related <input type="radio"/> Possibly related <input type="radio"/> No, not related
D12	Cerebral CT or MR scan on this day with signs of <b>new</b> ischaemic stroke?	<input type="radio"/> Yes <input type="radio"/> No <a href="#">[info]</a>
D12a	Was this ischaemic stroke related to the allocated oxygenation target?	<input type="radio"/> Yes, related <input type="radio"/> Possibly related <input type="radio"/> No, not related
D13	New intestinal ischaemia on this day?	<input type="radio"/> Yes <input type="radio"/> No <a href="#">[info]</a>
D13a	Was this intestinal ischaemia related to the allocated oxygenation target?	<input type="radio"/> Yes, related <input type="radio"/> Possibly related <input type="radio"/> No, not related
D14	Number of units of red blood cells transfused on this day?	<input type="text"/> (Units) <a href="#">[info]</a>