Title: Day form

Instructions:

DAY FORM #0

Support: mail or +45 3545 7237

Site ID: COVID STEROI

Day start date: | Day start time:

Day end date: | Day end time:

Major protocol violations on this day

MPV1 Treatment with open-label systemic corticosteroids on this day? — Yes [info] / No

Interventions

D1 Did the patient receive renal replacement therapy on this day? — Yes [info] / No

D2 Did the patient receive infusion of vasopressors or inotropes for at least one hour on this day? — Yes [info] / No

D3 Did the patient receive invasive mechanical ventilation on this day? — Yes [info] / No

Serious Adverse Reactions

SAR1 Clinically important gastrointestinal bleeding on this day? — Yes [info] / No

SAR2 New onset septic shock on this day? — Yes [info] / No

SAR3 Invasive fungal infection on this day? — Yes [info] / No

SAR4 Anaphylactic reaction to dexamethasone? — Yes [info] / No