

# ARDSNet05 (FACTT) Case Report Forms (CRFs)

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COMPLETE FOR PATIENTS MEETING CRITERIA 1-3 IN DESIGNATED ICU'S	
1. Acute Onset:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <b>scrc1</b>
2. Within past 24 hrs patient had ALL of the following: <ul style="list-style-type: none"> <li>• PaO<sub>2</sub>/FiO<sub>2</sub> less than or equal to 300 mmHg?</li> <li>• Bilateral infiltrates consistent with pulmonary edema on frontal chest radiograph?</li> <li>• Receiving positive pressure ventilation via endotracheal tube?</li> </ul>	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <b>scrc2</b> Date of Qualifying CXR: <input type="text" value="qcxrdt"/> <input type="button" value="Date"/> Time of Qualifying CXR: <input type="text" value="qcxrtm"/> hh:mm
3. No clinical evidence of left atrial hypertension (if measured pulmonary arterial wedge pressure less than or equal to 18 mmHg)?	<input type="radio"/> No Answer <input type="radio"/> Yes (no evidence of LA HTN) (1) <input type="radio"/> No (2) <b>scrc3</b>
4. PaO <sub>2</sub> :	<input type="text" value="pao2"/>
5. FiO <sub>2</sub> :	<input type="text" value="fio2"/>
6. First date that all these criteria exist simultaneously:	<input type="text" value="fdate"/> <input type="button" value="Date"/>
7. Gender:	<input type="radio"/> No Answer <input type="radio"/> Male (1) <input type="radio"/> Female (2) <b>gender</b>
8. Ethnicity:	<input type="radio"/> No Answer <b>ethnic</b> <input type="radio"/> White (1) <input type="radio"/> Black (2) <input type="radio"/> Hispanic (3) <input type="radio"/> Asian/Pacific Islander (4) <input type="radio"/> American Indian/Alaskan Native (5) <input type="radio"/> Other (6)
9. Age:	<input type="text" value="age"/>
10. Location:	<input type="radio"/> No Answer <b>locat</b> <input type="radio"/> MICU (1) <input type="radio"/> SICU (2) <input type="radio"/> Cardiac SICU (3) <input type="radio"/> CCU (4) <input type="radio"/> Neuro ICU (5) <input type="radio"/> Burn (6) <input type="radio"/> Trauma (7) <input type="radio"/> Cancer Unit (8) <input type="radio"/> MICU/SICU (9)

table= ali\_screening

	<input type="radio"/> Other (10)
Other Location:	<input type="text" value="locattxt"/>
11. Regularly Screened ICU:	<input checked="" type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)            rsicu
12a. Reason for Exclusion:	
Not excluded (0):	<input type="checkbox"/> reason0
No central access (1):	<input type="checkbox"/> reason1
No MD intent to place central access (2):	<input type="checkbox"/> reason2
Presence of a PAC since ALI (3):	<input type="checkbox"/> reason3
> 48 hours since ALI onset (4):	<input type="checkbox"/> reason4
Patient <13 years (5):	<input type="checkbox"/> reason5
Burns >=40% (6):	<input type="checkbox"/> reason6
Not committed to full support (7):	<input type="checkbox"/> reason7
Bone Marrow Transplant (8):	<input type="checkbox"/> reason8
Acute Myocardial Infarction last 30 days (9):	<input type="checkbox"/> reason9
Chronic Lung Disease (10):	<input type="checkbox"/> reason10
Neuromuscular Disease (e.g. C5 spinal injury, neuropathy) (11):	<input type="checkbox"/> reason11
Morbid Obesity (12):	<input type="checkbox"/> reason12
Estimated 6 month mortality >50% (13):	<input type="checkbox"/> reason13
Vasculitis/hemorrhage (14):	<input type="checkbox"/> reason14
MD refuses (15):	<input type="checkbox"/> reason15
Patient/Family Refuses (16):	<input type="checkbox"/> reason16
Patient Unable/Surrogate Unable (17):	<input type="checkbox"/> reason17
Patient Pregnant (18):	<input type="checkbox"/> reason18
Renal Failure (19):	<input type="checkbox"/> reason19
Chronic Liver Disease (20):	<input type="checkbox"/> reason20
Lasix (Furosimide) Allergy (21):	<input type="checkbox"/> reason21
Lung Transplant (22):	<input type="checkbox"/> reason22
12b. Not excluded, not enrolled, explain:	<input type="text" value="notexen"/>
12c. If M.D. refuses, reason(s) for M.D. refusal (select ALL that apply):	

table= ali\_screening

12c-1. Unwilling to withhold PAC:	<input type="checkbox"/>	mdno1
12c-2. Unwilling to place PAC:	<input type="checkbox"/>	mdno2
12c-3. Unwilling to use ventilator protocol:	<input type="checkbox"/>	mdno3
12c-4. Unwilling to use fluid management algorithm:	<input type="checkbox"/>	mdno4
12c-5. Other:	<input type="checkbox"/>	mdno5
Other Description:	<input type="text" value="mdno5txt"/>	

13. Lung Injury Category		
Trauma:	<input type="radio"/> No Answer <input type="radio"/> none (0) <input type="radio"/> primary (1) <input type="radio"/> secondary (2)	trauma
Sepsis:	<input type="radio"/> No Answer <input type="radio"/> none (0) <input type="radio"/> primary (1) <input type="radio"/> secondary (2)	sepsis
Multiple Transfusion:	<input type="radio"/> No Answer <input type="radio"/> none (0) <input type="radio"/> primary (1) <input type="radio"/> secondary (2)	multran
Aspiration:	<input type="radio"/> No Answer <input type="radio"/> none (0) <input type="radio"/> primary (1) <input type="radio"/> secondary (2)	aspir
Pneumonia:	<input type="radio"/> No Answer <input type="radio"/> none (0) <input type="radio"/> primary (1) <input type="radio"/> secondary (2)	pneum
Other Lung Injury Category:	<input type="radio"/> No Answer <input type="radio"/> none (0) <input type="radio"/> primary (1) <input type="radio"/> secondary (2)	other
Other Description:	<input type="text" value="othtxt"/>	

13a. If Primary Lung Injury Category = Sepsis, indicate site of infection:	<input type="radio"/> No Answer <input type="radio"/> Skin/soft tissue (1) <input type="radio"/> CNS (2) <input type="radio"/> Lung/pleura (3) <input type="radio"/> Peritoneum (4) <input type="radio"/> GI/biliary tract (5) <input type="radio"/> Urinary tract (6) <input type="radio"/> Female GU tract (7) <input type="radio"/> Vascular line infection (8) <input type="radio"/> Bacteremia, site unknown (9) <input type="radio"/> Sepsis site unknown (10)	infsite
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**FOLLOWING ITEMS ARE FOR SCREENED PATIENTS ONLY - DO NOT COMPLETE FOR ENROLLED PATIENTS**

14. Patient able to sustain a period of continuous unassisted breathing for at least 48 hours during first 60 days:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	sust60
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15a. If yes, enter the first calendar date of the first period of UAB that lasted for >= 48 hours:	<input type="text" value="unassis"/>	<input type="text" value="Date"/>
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16. Was patient discharged from study hospital during first 90 days?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	disch90
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16a. If Yes, date of discharge from study hospital:	<input type="text" value="disch"/>	<input type="text" value="Date"/>
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table= ali\_screening

17. Status at discharge from study hospital:	<input type="radio"/> No Answer <input type="radio"/> Alive (1) <input type="radio"/> Dead (2) <a href="#">disstat</a>
18. If patient was screened for ALVEOLI, please enter ALVEOLI screening number here:	<input type="text" value="alveoli"/>

Enrollment

table= enrollment

Visit Date: visit

1. Has informed consent been obtained:	
a. For the participation in the PAC study?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)                    consent
b. For genetic testing related to ALI/ARDS?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)                    gene1
c. For genetic testing related to future studies?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)                    gene2
d. For participation in the Cost/Effectiveness Study?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)                    cost
<b>If patient is eligible and consent for the study has been obtained, please call for randomization number.</b>	
2. Patient randomization number:	Please enter the enrollment number into the Day0 Subject form.
3. Patient randomized to:	<input type="radio"/> No Answer                    randommtx <input type="radio"/> PAC/Fluid Liberal (1) <input type="radio"/> PAC/Fluid Conservative (2) <input type="radio"/> CVC/Fluid Liberal (3) <input type="radio"/> CVC/Fluid Conservative (4)
4. Date/Time of randomization:	Date: <input type="text" value="randdt"/> <input type="button" value="Date"/> Time: <input type="text" value="randtm"/>
5. Footnote version number:	<input type="text" value="algrthm"/>

1. Hospital Admission date:	<input type="text" value="hasddt"/> <input type="button" value="Date"/>
1a. Hospital Admission Type:	<input type="radio"/> No Answer <span style="float: right;">admtpe</span> <input type="radio"/> Medical (1) <input type="radio"/> Surgical, scheduled (2) <input type="radio"/> Surgical, unscheduled (3) <input type="radio"/> Other (4)
2. ICU Admission date:	<input type="text" value="icudt"/> <input type="button" value="Date"/>
3. Time of ICU Admission:	<input type="text" value="icutm"/> hh:mm
4. Patient Admitted Directly From:	<input type="radio"/> No Answer <span style="float: right;">admfrm</span> <input type="radio"/> OR (1) <input type="radio"/> Recovery Room (2) <input type="radio"/> ER (3) <input type="radio"/> Floor (4) <input type="radio"/> Another Special Care Unit (5) <input type="radio"/> Another Hospital (6) <input type="radio"/> Direct Admit (7) <input type="radio"/> Stepdown Unit (8)
4a. What was the patient's place of residence prior to hospitalization:	<input type="radio"/> No Answer <span style="float: right;">reside</span> <input type="radio"/> Home Independently (1) <input type="radio"/> Home with help (supervision, direction, or personal assistance)(2) <input type="radio"/> Home with professional help (nurse/nursing service)(3) <input type="radio"/> An intermediate care or rehabilitation center (4) <input type="radio"/> Skilled nursing facility (5) <input type="radio"/> Another acute hospital (6) <input type="radio"/> Other (7)
Specify:	<input type="text" value="resothe"/>
5. Is patient immediately post-operative from elective surgery?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <span style="float: right;">surgel</span>
6. ICU Readmit:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <span style="float: right;">icure</span>
7. ICU Readmit within 24 hours:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <span style="float: right;">icure2</span>
8a. Is chronic health information available?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <span style="float: right;">chrnc</span>
8b. Is the patient on chronic dialysis or peritoneal dialysis?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <span style="float: right;">dialy</span>
9a. AIDS (do not include HIV positive without AIDS criteria):	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <span style="float: right;">aids</span>
9b. Leukemia (AML, CML, all lymphocytic leuk., multiple myeloma):	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <span style="float: right;">leuk</span>

table= apache\_demog

9c. Non-Hodgkin's Lymphoma:	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	lymph
9d. Solid tumor with metastasis:	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	tumor
9e. Immune suppression (radiation, chemotherapy, or $\geq 0.3$ mg/kg/day prednisone or equivalent) within the past 6 months:	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	immune
9f. Hepatic failure with coma or encephalopathy:	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	hepa
9g. Cirrhosis:	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	cirr
9h. Diabetes Mellitus:	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	diab
9i. Hypertension	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	hyper
9j. Prior myocardial infarction	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	myocard
9k. Congestive heart failure	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	heart
9l. Peripheral vascular disease	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	vascular
9m. Prior stroke with sequelae	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	stroke
9n. Dementia	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	dementia
9o. Chronic pulmonary disease	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	chripulm
9p. Arthritis	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	arthrit
9q. Peptic ulcer disease	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	ulcer
10. Vasopressors last 24 hours?	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	vasol24
11. Protocol defined ethanol use:	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	ethanol

USE VALUES FROM 24HRS PRECEDING RANDOMIZATION		
VITAL SIGNS	Lowest	Highest
1. Temperature:	<input type="text" value="tempcl"/> C <input type="text" value="tempfl"/> F	<input type="text" value="tempch"/> C <input type="text" value="tempfh"/> F
2. Systolic BP:	<input type="text" value="sysbpl"/> mmHg	<input type="text" value="sysbph"/> mmHg
3. Mean Arterial Pressure:	<input type="text" value="meanapl"/> mmHg	<input type="text" value="meanaph"/> mmHg
4. Heart Rate:	<input type="text" value="hratel"/> beats/min	<input type="text" value="hrateh"/> beats/min
5. Respiratory Rate:	<input type="text" value="respl"/> breaths/min	<input type="text" value="resph"/> breaths/min
6a. Was patient ventilated when the lowest respiratory rate occurred?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="text" value="lvent"/>	
6b. Was patient ventilated when the highest respiratory rate occurred?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="text" value="hvent"/>	
7. Urine output /24 hours:	<input type="text" value="urine"/> ml	
USE VALUES FROM 24HRS PRECEDING RANDOMIZATION		
HEMATOLOGY	Lowest	Highest
8. HCT:	<input type="text" value="hctl"/> %	<input type="text" value="hcth"/> %
9. WBC:	<input type="text" value="wbcl"/> /mm <sup>3</sup>	<input type="text" value="wbch"/> /mm <sup>3</sup>
10. Platelets (lowest):	<input type="text" value="plate"/> X 1000 / mm <sup>3</sup>	
CHEMISTRY	Lowest	Highest
11. Serum Sodium:	<input type="text" value="sodiuml"/> mEq/L	<input type="text" value="sodiumh"/> mEq/L
12. Serum Potassium:	<input type="text" value="potasl"/> mEq/L	<input type="text" value="potash"/> mEq/L
13. Serum BUN (highest):		<input type="text" value="bun"/> mg/dL
14. Serum Creatinine:	<input type="text" value="creatl"/> mg/dL	<input type="text" value="creath"/> mg/dL
15. Serum Glucose:	<input type="text" value="glucl"/> mg/L	<input type="text" value="gluch"/> mg/dL
16. Serum Albumin:	<input type="text" value="albuml"/> g/dL	<input type="text" value="albumh"/> g/dL
17. Serum Bilirubin (highest):		<input type="text" value="bili"/> mg/dL
18. Serum Bicarbonate (lowest):	<input type="text" value="bicar"/> mEq/L	

APACHE - ABG

table= apache\_abg

Visit Date: visit

**METATRIAL**

REPORT ALL ABG'S IN THE 24 HRS PRECEDING INITIAL VENT CHANGE				
FiO2	PaO2 (mmHg)	PaCO2 (mmHg)	pH	Intubated when ABG obtained
<input type="text" value="fio2"/>	<input type="text" value="pao2"/>	<input type="text" value="paco2"/>	<input type="text" value="ph"/>	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)

intubat

RECORD VALUES CLOSEST TO THE TIME PRECEDING RANDOMIZATION	
1. Heart Rate:	<input type="text" value="hrate"/> bpm
2. Systolic BP:	<input type="text" value="sysbp"/> mmHg
3. Diastolic BP:	<input type="text" value="diabp"/> mmHg
4. Mean Arterial Pressure:	<input type="text" value="map"/> mmHg
5. Temperature:	<input type="text" value="tempc"/> C <input type="text" value="tempf"/> F
6. Height:	<input type="text" value="heightc"/> cm <input type="text" value="heighti"/> in
7. Predicted Body Weight:	<input type="text" value="pbw"/> kg
8. Measured Weight:	<input type="text" value="weightk"/> kg <input type="text" value="weightl"/> lbs
9. Anasarca:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <b>edema</b>
10. Fluid intake last 24h:	<input type="text" value="fluidin"/> ml
11. Fluid Output last 24h:	<input type="text" value="fluidout"/> ml
12. Central Venous Pressure:	<input type="text" value="cvp"/> mmHg
13. Vasopressors or Inotropic Agents: If yes, enter the infusion rate at time of randomization for all that apply	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <b>vasopres</b>
13 -1. Dopamine:	<input type="text" value="dopa"/> mcg/kg/min
13-2. Norepinephrine:	<input type="text" value="norepi"/> mcg/min
13-3. Epinephrine:	<input type="text" value="epi"/> mcg/min
13-4. Neosynephrine:	<input type="text" value="neosyn"/> mcg/min
13-5. Dobutamine:	<input type="text" value="dobut"/> mcg/kg/min
13-6. Dopexamine:	<input type="text" value="dopex"/> mcg/kg/min
13-7. Milrinone:	<input type="text" value="milrin"/> mcg/kg/min
13-8. Amrinone:	<input type="text" value="amrin"/> mcg/kg/min
13-9. Vasopressin:	<input type="text" value="vasoprn"/> units/min
13-10. Other:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <b>othvaso</b>
14. Diuretics? If yes, enter total dose administered last 24 hours	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <b>diur</b>

table= pre\_rand\_vs

14-1. Furosemide (Lasix):	<input type="text" value="lasix"/> mg
14-2. Chlorthiazide (Diuril):	<input type="text" value="diuril"/> mg
14-3. Ethacrynic acid (Edecrin):	<input type="text" value="edecrine"/> mg
14-4. Other:	<input checked="" type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="text" value="othdiur"/>

Date/Time of Initial Vent Change:	Date: <input type="text" value="ventchdt"/> <input type="text" value="Date"/>	Time: <input type="text" value="ventchtm"/>
Date/Time of Current Intubation:	Date: <input type="text" value="intubdt"/> <input type="text" value="Date"/>	Time: <input type="text" value="intubtm"/>
<b>MOST RECENT VALUES PRIOR TO RANDOMIZATION</b>		
1. Ventilator Mode (check all that apply)		
1.1 SIMV:	<input type="checkbox"/>	simv
1.2 Pressure Support:	<input type="checkbox"/>	psvp
1.3 Assist/Control:	<input type="checkbox"/>	assistvp
1.4 Pressure Control:	<input type="checkbox"/>	pcvp
1.5 PC IRV:	<input type="checkbox"/>	pcirv
1.6 Other: <input type="text" value="othersp"/>	<input type="checkbox"/>	othvp
2. Calculated Delivered Tidal Volume:	<input type="text" value="tidal"/> ml	
3. Pressure Control level (If on Pressure Control Ventilation):	<input type="text" value="pcvpl"/> cm H <sub>2</sub> O	
4. Pressure Support level (If on Pressure Support Ventilation):	<input type="text" value="psvpl"/> cm H <sub>2</sub> O	
5. Set Rate:	<input type="text" value="srate"/> breaths/min.	
6. Total Respiratory Rate:	<input type="text" value="trespr"/> breaths/min.	
7. Total Minute Ventilation:	<input type="text" value="tmnvnt"/> L/min	
8. PEEP:	<input type="text" value="peep"/> cm H <sub>2</sub> O	
9. Plateau Pressure:	<input type="text" value="pstat1"/> cm H <sub>2</sub> O	
10. Peak Inspiratory Pressure:	<input type="text" value="peak"/> cm H <sub>2</sub> O	
11. I:E Ratio a. Set I:E 1:	<input type="text" value="eratio"/>	b. True I:E 1: <input type="text" value="teratio"/>
12. Mean Airway Pressure:	<input type="text" value="mapres"/> cm H <sub>2</sub> O	
13. FiO <sub>2</sub> :	<input type="text" value="fio2"/>	
14. PaO <sub>2</sub> :	<input type="text" value="pao2"/> mmHg	
15. PaCO <sub>2</sub> :	<input type="text" value="paco2"/> mmHg	
16. Arterial pH:	<input type="text" value="artph"/>	
17. SpO <sub>2</sub> :	<input type="text" value="spo2"/> %	

table= base\_vent

AFTER INITIAL VENT CHANGE, IF ANY, ON A TIDAL VOLUME OF 6 TO 8 ML/KG PBW	
18. Calculated Delivered Tidal Volume:	<input type="text" value="tidalvc"/> ml
19. Plateau Pressure:	<input type="text" value="pstatvc"/> cm H <sub>2</sub> O
20. PEEP:	<input type="text" value="peepvc"/> cm H <sub>2</sub> O

USE MOST RECENT CXR PRIOR TO TIME OF RANDOMIZATION	
1. Number of quadrants with infiltrates:	<input type="text" value="nquad"/>
2. Barotrauma:	
Pneumothoraces:	<input type="radio"/> No Answer <input type="radio"/> Right (1) <input type="radio"/> Left (2) <input type="radio"/> Bilateral (3) <input type="radio"/> None (4)
Subcutaneous emphysema:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)
Pneumomediastinum:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)
Pneumatoceles > 2 cm diam:	<input type="radio"/> No Answer <input type="radio"/> Right (1) <input type="radio"/> Left (2) <input type="radio"/> Bilateral (3) <input type="radio"/> None (4)
3. Chest tube:	<input type="radio"/> No Answer <input type="radio"/> Right (1) <input type="radio"/> Left (2) <input type="radio"/> Bilateral (3) <input type="radio"/> None (4)

baro1

baro2

baro3

baro4

ctube

RECORD VALUES CLOSEST TO THE TIME PRECEDING RANDOMIZATION	
1. Hgb:	<input type="text" value="hgb"/> g/dL
2. WBC:	<input type="text" value="wbc"/> /mm <sup>3</sup>
3. Platelets:	<input type="text" value="plate"/> x 1000 /mm <sup>3</sup>
4. Sodium:	<input type="text" value="sodium"/> mEq/L
5. Potassium:	<input type="text" value="potas"/> mEq/L
6. Glucose:	<input type="text" value="gluc"/> mg/dL
7. Creatinine:	<input type="text" value="creat"/> mg/dL
8. BUN:	<input type="text" value="bun"/> mg/dL
9. Chloride:	<input type="text" value="chlor"/> mEq/L
10. Serum Bicarbonate:	<input type="text" value="bicarb"/> mEq/L
11. Total Protein:	<input type="text" value="tprot"/> g/dL
12. Albumin:	<input type="text" value="album"/> g/dL
<b>FOR ITEMS 13-20, ENTER VALUES CLOSEST TO THE TIME PRECEDING THE INITIAL FLUID MANAGEMENT INSTRUCTION</b>	
<b>MIXED VENOUS (mv) BLOOD GASES (from distal PA port)</b>	
13. PmvO <sub>2</sub> :	<input type="text" value="pmvo2b"/> mmHg
14. PmvCO <sub>2</sub> :	<input type="text" value="pmvco2b"/> mmHg
15. mv pH:	<input type="text" value="mvphb"/>
16. mvO <sub>2</sub> Sat (from blood sample):	<input type="text" value="bmvo2sat"/> %
<b>CENTRAL VENOUS (cv) BLOOD GASES (from CVP or RA port)</b>	
17. PcvO <sub>2</sub> :	<input type="text" value="pcvo2b"/> mmHg
18. PcvCO <sub>2</sub> :	<input type="text" value="pcvco2b"/> mmHg
19. cv pH:	<input type="text" value="cvphb"/>
20. cvO <sub>2</sub> Sat:	<input type="text" value="cvo2sat"/> %

RECORD VALUES CLOSEST TO THE TIME PRECEDING THE FIRST FLUID MANAGEMENT PROTOCOL INSTRUCTION	
1. Date/Time of first fluid management instruction:	Date: <input type="text" value="ffmidt"/> <input type="button" value="Date"/> Time: <input type="text" value="ffmitm"/>
2. Mean Arterial Pressure:	<input type="text" value="map"/> mmHg
3. Temperature:	<input type="text" value="tempc"/> C <input type="text" value="tempf"/> F
4. Capillary refill time:	<input checked="" type="radio"/> No Answer <input type="radio"/> <= 2 sec (1) <input type="radio"/> > 2 sec (2)
5. Knee mottling:	<input checked="" type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)
6. Cold extremities:	<input checked="" type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)
7. Fluid in since randomization:	<input type="text" value="fluidir"/> ml
8. Fluid out since randomization:	<input type="text" value="fluidor"/> ml
9. Central Venous Pressure:	<input type="text" value="cvp"/> mmHg
10. Pulmonary Artery Systolic:	<input type="text" value="pas"/> mmHg
11. Pulmonary Artery Diastolic:	<input type="text" value="pad"/> mmHg
12. Pulmonary Artery Occlusion Pressure:	<input type="text" value="paop"/> mmHg
13. Cardiac Index:	<input type="text" value="ci"/> L/min/m2
14. Mixed venous O2 sat (if applicable):	<input type="text" value="mvo2sat"/> %
15. Average 4 hour urine output prior to time of data collection:	<input type="text" value="urnout4"/> ml/kg/hr
16. Vasopressors or Inotropic Agents?	<input checked="" type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)
16-1. Dopamine:	<input type="text" value="dopa"/> mcg/kg/min
16-2. Norepinephrine:	<input type="text" value="norepi"/> mcg/min
16-3. Epinephrine:	<input type="text" value="epi"/> mcg/min
16-4. Neosynephrine:	<input type="text" value="neosyn"/> mcg/min
16-5. Dobutamine:	<input type="text" value="dobut"/> mcg/kg/min
16-6. Dopexamine:	<input type="text" value="dopex"/> mcg/kg/min
16-7. Milrinone:	<input type="text" value="milrin"/> mcg/kg/min
16-8. Amrinone:	<input type="text" value="amrin"/>

caprtm  
kneemot  
extrem

vasopres

table= pre\_flu\_man\_vit

	<input type="text" value="amrin"/> mcg/kg/min	
16-9. Vasopressin:	<input type="text" value="vasoprn"/> units/min	
Other:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	othvaso
17. Diuretics given since randomization? If yes, enter total dose administered since randomization.	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	diur
17-1. Furosemide (Lasix):	<input type="text" value="lasix"/> mg	
17-2. Chlorthiazide (Diuril):	<input type="text" value="diuril"/> mg	
17-3. Ethacrynic acid (Edecrin):	<input type="text" value="edecrine"/> mg	
17-4. Other:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	othdiur

COMPLETE THIS FORM FOR ALL PAC OR CVC INSERTION/CHANGES TO DAY 7. USE ONLY ONE FORM FOR EACH CATHETER.	
1. Catheter Number (First study catheter = number 1):	<input type="text" value="cathnum"/>
2. Catheter type:	<input type="radio"/> No Answer <input type="radio"/> PAC (1) <input type="radio"/> CVC (2) <input type="radio"/> Introducer (3) <input type="radio"/> PICC (4)
3. Date and Time catheter inserted:	Date: <input type="text" value="cathdti"/> <input type="button" value="Date"/> Time: <input type="text" value="cathtmi"/>
4. CVC/PAC placed through existing vascular access site:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="text" value="placeex"/>
5. CVC/PAC placed through new vascular access site:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="text" value="placenew"/>
6. Catheter antibiotic coated?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="text" value="antibio"/>
7. Number of lumens:	<input type="text" value="lumens"/>
8a. Manufacturer:	<input type="text" value="pacmake"/>
8b. Model number:	<input type="text" value="pacmod"/>
9. Location of catheter:	<input type="radio"/> No Answer <input type="radio"/> subclavian (1) <input type="radio"/> internal jugular (2) <input type="radio"/> antecubital (3) <input type="radio"/> femoral (4) <input type="radio"/> other (5) <input type="text" value="paclocat"/>
10. Date/Time catheter removed:	Date: <input type="text" value="cathdtrm"/> <input type="button" value="Date"/> Time: <input type="text" value="cathtrm"/>
11. Reason catheter removed:	<input type="radio"/> No Answer <input type="radio"/> catheter complication (1) <input type="radio"/> catheter malfunction (2) <input type="radio"/> routine line change (3) <input type="radio"/> PAC removed per study protocol (4) <input type="radio"/> central access no longer needed (5) <input type="radio"/> other (6) <input type="text" value="rcathrm"/>
11a. Other Specify:	<input type="text" value="rcathrmtxt"/>
None:	12. Insertion Complications (check all that apply): <input type="checkbox"/> <input type="text" value="complt0"/>
	13. Late Complications (>24 hours from placement to 3 days after removal; check all that apply): <input type="checkbox"/> <input type="text" value="compltl0"/>

cathtype

table= pac\_cvc

Atrial arrhythmia requiring Rx:	<input type="checkbox"/> complct1	<input type="checkbox"/> complct1
PVCs requiring Rx:	<input type="checkbox"/> complct2	<input type="checkbox"/> complct2
ventricular tachycardia:	<input type="checkbox"/> complct3	<input type="checkbox"/> complct3
ventricular fibrillation:	<input type="checkbox"/> complct4	<input type="checkbox"/> complct4
right bundle branch block:	<input type="checkbox"/> complct5	<input type="checkbox"/> complct5
complete heart block:	<input type="checkbox"/> complct6	<input type="checkbox"/> complct6
pneumothorax:	<input type="checkbox"/> complct7	<input type="checkbox"/> complct7
hemothorax:	<input type="checkbox"/> complct8	<input type="checkbox"/> complct8
hemoptysis:	<input type="checkbox"/> complct9	<input type="checkbox"/> complct9
inadvertent arterial puncture:	<input type="checkbox"/> complct10	<input type="checkbox"/> complct10
excessive bleeding at insertion site:	<input type="checkbox"/> complct11	<input type="checkbox"/> complct11
local site infection:	<input type="checkbox"/> complct12	<input type="checkbox"/> complct12
local venous thrombosis:	<input type="checkbox"/> complct13	<input type="checkbox"/> complct13
venous thromboembolism:	<input type="checkbox"/> complct14	<input type="checkbox"/> complct14
air embolism:	<input type="checkbox"/> complct15	<input type="checkbox"/> complct15
other:	<input type="checkbox"/> complct16	<input type="checkbox"/> complct16
14. Catheter tip cultured?	<input checked="" type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	
	paccltrd	
15. If yes, catheter tip culture results:	Organism 1 <b>tiporg1</b>	Organism 2 <b>tiporg2</b>
	<input checked="" type="radio"/> No Answer <input type="radio"/> Staph aureus (1) <input type="radio"/> Staph epidermis (2) <input type="radio"/> Strep pneumoniae (3) <input type="radio"/> Enterococcus (4) <input type="radio"/> Other Gram Positive coccus (5) <input type="radio"/> Pseudomonas Species (6) <input type="radio"/> Hemophilus influenza (7) <input type="radio"/> Other Gram Negative rod (8) <input type="radio"/> Candida or Torulopsis Species (9) <input type="radio"/> Aspergillus Species (10) <input type="radio"/> Other (11) <input type="radio"/> No Growth (12)	<input checked="" type="radio"/> No Answer <input type="radio"/> Staph aureus (1) <input type="radio"/> Staph epidermis (2) <input type="radio"/> Strep pneumoniae (3) <input type="radio"/> Enterococcus (4) <input type="radio"/> Other Gram Positive coccus (5) <input type="radio"/> Pseudomonas Species (6) <input type="radio"/> Hemophilus influenza (7) <input type="radio"/> Other Gram Negative rod (8) <input type="radio"/> Candida or Torulopsis Species (9) <input type="radio"/> Aspergillus Species (10) <input type="radio"/> Other (11) <input type="radio"/> No Growth (12)

table= pac\_cvc

CFU/ml (if available):	org1	org2
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Enter Date for all Diagnostic Cardiovascular Studies Performed on the day of study entry and in the two days prior to randomization.	
1. Trans-thoracic Cardiac Ultrasound?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <a href="#">bdiag1</a>
If yes, Date:	<input type="text" value="bdiagdt1"/> <input type="button" value="Date"/>
2. Transesophageal Cardiac Ultrasound?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <a href="#">bdiag2</a>
If yes, Date:	<input type="text" value="bdiagdt2"/> <input type="button" value="Date"/>
3. Radionuclide Ventriculography?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <a href="#">bdiag3</a>
If yes, Date:	<input type="text" value="bdiagdt3"/> <input type="button" value="Date"/>
4. Left Heart Cardiac Catheterization?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <a href="#">bdiag4</a>
If yes, Date:	<input type="text" value="bdiagdt4"/> <input type="button" value="Date"/>
5. Greene Dye Cardiac Output?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <a href="#">bdiag5</a>
If yes, Date:	<input type="text" value="bdiagdt5"/> <input type="button" value="Date"/>
6. Bioimpedance Cardiac Output?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <a href="#">bdiag6</a>
If yes, Date:	<input type="text" value="bdiagdt6"/> <input type="button" value="Date"/>
7. Other?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <a href="#">bdiag7</a>
If yes, Date:	<input type="text" value="bdiagdt7"/> <input type="button" value="Date"/>

Day 0 Random Protocol Check

table= rand\_pro\_day0

Visit Date: visit

2. Record <b>SEQUENCE</b> of all cells identified by ICU team this calendar date: (begin with first cell identified <b>after</b> midnight)	<a href="#">cell1</a>	<a href="#">cell2</a>	<a href="#">cell3</a>	<a href="#">cell4</a>	<a href="#">cell5</a>	<a href="#">cell6</a>	<a href="#">cell7</a>
	1st Cell	2nd Cell	3rd Cell	4th Cell	5th Cell	6th Cell	7th Cell
	<a href="#">cell8</a>	<a href="#">cell9</a>	<a href="#">cell10</a>	<a href="#">cell11</a>	<a href="#">cell12</a>	<a href="#">cell13</a>	<a href="#">cell14</a>
	8th Cell	9th Cell	10th Cell	11th Cell	12th Cell	13th Cell	14th Cell

RECORD VALUES CLOSEST TO 8 A.M.	
1. Heart Rate:	<input type="text" value="hrate"/> bpm
2a. Systolic BP:	<input type="text" value="sysbp"/> mmHg
2b. Diastolic BP:	<input type="text" value="diabp"/> mmHg
3. Mean Arterial Pressure:	<input type="text" value="map"/> mmHg
4. Temperature:	<input type="text" value="tempc"/> C <input type="text" value="tempf"/> F
5. Measured weight:	<input type="text" value="weightk"/> kg <input type="text" value="weightl"/> lbs
6. Has patient achieved protocol-specified hemodynamic stability this calendar date?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Not Applicable (3)
<b>If patient is still on fluid management portion of Protocol, complete items 7-10.</b>	
7. Capillary Refill Time:	<input type="radio"/> No Answer <input type="radio"/> <= 2 sec (1) <input type="radio"/> >2 sec (2) <input type="text" value="caprtm"/>
8. Knee mottling:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="text" value="kneemot"/>
9. Cold extremities:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="text" value="extrem"/>
10. Anasarca:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="text" value="edema"/>
11. Fluid Intake last 24h:	<input type="text" value="fluid"/> ml
11-1. PRBC:	<input type="text" value="prbc"/> units
11-2. FFP:	<input type="text" value="ffp"/> units
11-3. 25% Albumin:	<input type="text" value="album25"/> ml
11-4. 5% Albumin:	<input type="text" value="album5"/> ml
11-5. Other colloid (specify):	<input type="text" value="othcoll"/> ml
11-6. Enteral:	<input type="text" value="enteral"/> ml
12. Fluid Output last 24h:	<input type="text" value="fluidout24"/> ml
13. Central Venous Pressure:	<input type="text" value="cvp"/> mmHg
14. Pulmonary Artery Systolic:	<input type="text" value="pas"/> mmHg
15. Pulmonary Artery Diastolic:	<input type="text" value="pad"/> mmHg
16. Pulmonary Artery Occlusion Pressure:	<input type="text" value="paop"/> mmHg

hemo

table= os\_vitals

17. Cardiac Index:	<input type="text" value="ci"/> L/min/m2
18. Mixed venous O2 sat (if available):	<input type="text" value="mvo2sat"/> %
19. Vasopressors or Inotropic Agents? If yes, enter infusion rate at 8 a.m.:	<input checked="" type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <span style="float: right;">vasopres</span>
19-1. Dopamine:	<input type="text" value="dopa"/> mcg/kg/min
19-2. Norepinephrine:	<input type="text" value="norepi"/> mcg/min
19-3. Epinephrine:	<input type="text" value="epi"/> mcg/min
19-4. Neosynephrine:	<input type="text" value="neosyn"/> mcg/min
19-5. Dobutamine:	<input type="text" value="dobut"/> mcg/kg/min
19-6. Dopexamine:	<input type="text" value="dopex"/> mcg/kg/min
19-7. Milrinone:	<input type="text" value="milrin"/> mcg/kg/min
19-8. Amrinone:	<input type="text" value="amrin"/> mcg/kg/min
19-9. Vasopressin:	<input type="text" value="vasoprn"/> units/min
19-10. Other:	<input checked="" type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <span style="float: right;">othvaso</span>
20. Diuretics given this calendar date? If yes, enter total dose administered this calendar day:	<input checked="" type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <span style="float: right;">diur</span>
20-1. Furosemide (Lasix):	<input type="text" value="lasix"/> mg
20-2. Chlorthiazide (Diuril):	<input type="text" value="diuril"/> mg
20-3. Ethacrynic acid (Edecrin):	<input type="text" value="edecrine"/> mg
20-4. Other:	<input checked="" type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <span style="float: right;">othdiur</span>
21. Recombinant human APC (xigris or drotrecogin alfa) administered this calendar date?	<input checked="" type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <span style="float: right;">apc</span>

SELECTED LABS required day 1, 3, 5, and 7; enter if available days 2, 4, and 6.	
1. Hgb:	<input type="text" value="hgb"/> g/dL
2. Sodium:	<input type="text" value="sodium"/> mEq/L
3. Potassium:	<input type="text" value="potas"/> mEq/L
4. Glucose:	<input type="text" value="gluc"/> mg/dL
5. Creatinine:	<input type="text" value="creat"/> mg/dL
6. BUN:	<input type="text" value="bun"/> mg/dL
7. Chloride:	<input type="text" value="chlor"/> mEq/L
8. Serum Bicarbonate:	<input type="text" value="bicarb"/> mEq/L
9. Total Protein:	<input type="text" value="tprot"/> g/dL
10. Albumin:	<input type="text" value="album"/> g/dL

IF ON ASSISTED BREATHING DURING REFERENCE PERIOD 0600 -1000. IF MORE THAN ONE VALUE, USE VALUES CLOSEST TO 0800. IF BLOOD GASES NOT AVAILABLE IN REFERENCE PERIOD, USE CLOSEST TO REFERENCE PERIOD ON SAME CALENDAR DATE.	
1. Calculated Delivered Tidal Volume (If on Assist/Control):	<input type="text" value="tidal"/> ml
2. Pressure Support level (If on Pressure Support Ventilation):	<input type="text" value="psvpl"/> cm H <sub>2</sub> O
3. Set Rate:	<input type="text" value="srate"/> breaths/min.
4. Total Respiratory Rate:	<input type="text" value="trespr"/> breaths/min.
5. Total Minute Ventilation:	<input type="text" value="tmnvnt"/> L/min
6. PEEP:	<input type="text" value="peep"/> cm H <sub>2</sub> O
7. Plateau Pressure (0.5 second end-inspiratory pause):	<input type="text" value="pstat1"/> cm H <sub>2</sub> O
8. Peak Inspiratory Pressure:	<input type="text" value="peak"/> cm H <sub>2</sub> O
9. I:E Ratio:      a. Set I:E 1:	<input type="text" value="eratio"/> or b. True I:E 1: <input type="text" value="teratio"/>
10. Mean Airway Pressure:	<input type="text" value="mapres"/> cm H <sub>2</sub> O
<b>ARTERIAL BLOOD GASES</b>	
11. FiO <sub>2</sub> :	<input type="text" value="fio2"/>
12. PaO <sub>2</sub> :	<input type="text" value="pao2"/> mmHg
13. PaCO <sub>2</sub> :	<input type="text" value="paco2"/> mmHg
14. Arterial pH:	<input type="text" value="artph"/>
15. SpO <sub>2</sub> :	<input type="text" value="spo2"/> %
<b>MIXED VENOUS (mv) BLOOD GASES (from distal PA port)</b>	
16. PmvO <sub>2</sub> :	<input type="text" value="pmvo2"/> mmHg
17. PmvCO <sub>2</sub> :	<input type="text" value="pmvco2"/> mmHg
18. mv pH:	<input type="text" value="mvph"/>
19. mvO <sub>2</sub> Sat:	<input type="text" value="mvo2sat"/> %
<b>CENTRAL VENOUS (cv) BLOOD GASES (from CVP or RA port)</b>	
20. PcvO <sub>2</sub> :	<input type="text" value="pcvo2"/> mmHg
21. PcvCO <sub>2</sub> :	<input type="text" value="pcvco2"/> mmHg

table= os\_vent

22. cv pH:	<input type="text" value="cvph"/>
23. cvO2 sat:	<input type="text" value="cvo2sat"/> %

<p align="center"><b>USE FIRST CXR IN THE REFERENCE PERIOD 04:00-10:00.</b>  <b>If unavailable in the reference period, use first CXR this calendar day.</b></p>	
1. Number of quadrants with infiltrates:	<input type="text" value="nquad"/>
2. Barotrauma:	
Pneumothoraces:	<input type="radio"/> No Answer <input type="radio"/> Right (1) <input type="radio"/> Left (2) <input type="radio"/> Bilateral (3) <input type="radio"/> None (4)
Subcutaneous emphysema:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)
Pneumomediastinum:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)
Pneumatoceles > 2 cm diam:	<input type="radio"/> No Answer <input type="radio"/> Right (1) <input type="radio"/> Left (2) <input type="radio"/> Bilateral (3) <input type="radio"/> None (4)
3. Chest tube:	<input type="radio"/> No Answer <input type="radio"/> Right (1) <input type="radio"/> Left (2) <input type="radio"/> Bilateral (3) <input type="radio"/> None (4)

baro1

baro2

baro3

baro4

ctube

Indicate all Diagnostic Cardiovascular Studies performed on this calendar date.			
1. Trans-thoracic Cardiac Ultrasound?	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2) <span style="float: right;">diag1</span>
2. Transesophageal Cardiac Ultrasound?	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2) <span style="float: right;">diag2</span>
3. Radionuclide Ventriculography?	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2) <span style="float: right;">diag3</span>
4. Left Heart Cardiac Catheterization?	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2) <span style="float: right;">diag4</span>
5. Greene Dye Cardiac Output?	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2) <span style="float: right;">diag5</span>
6. Bioimpedance Cardiac Output?	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2) <span style="float: right;">diag6</span>
7. Other?	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2) <span style="float: right;">diag7</span>

Time of random cath check:	<input type="text" value="rcathchk"/>					
1. Fluid management protocol still in effect?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)					fmprotin
1a. If no, give reason:	<input type="radio"/> No Answer <input type="radio"/> Achieved 12 hours of UAB (1) <input type="radio"/> Withdrawn from fluid management arm of the protocol (2) <input type="radio"/> Other (3)					fmreason
Other specify:	<input type="text" value="fmreasontxt"/>					
2. Record <b>SEQUENCE</b> of all cells identified by ICU team this calendar date: (begin with first cell identified <b>after</b> midnight)	<input type="text" value="cell1"/> 1st Cell	<input type="text" value="cell2"/> 2nd Cell	<input type="text" value="cell3"/> 3rd Cell	<input type="text" value="cell4"/> 4th Cell	<input type="text" value="cell5"/> 5th Cell	<input type="text" value="cell6"/> 6th Cell
	<input type="text" value="cell8"/> 8th Cell	<input type="text" value="cell9"/> 9th Cell	<input type="text" value="cell10"/> 10th Cell	<input type="text" value="cell11"/> 11th Cell	<input type="text" value="cell12"/> 12th Cell	<input type="text" value="cell13"/> 13th Cell
3. Was free water ( <b>PO or IV</b> ) administered to treat hypernatremia on this calendar date?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)					freeh2o
<b>ENTER VALUES CLOSEST TO THE TIME PRECEDING THE RANDOM CATH CHECK.</b>						
4. Time of data collection:	<input type="text" value="datatm"/> (closest to computer-selected time of random cath check)					
5. MAP:	<input type="text" value="map"/> mmHg					
5a. On vasopressor?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)					onvasop
6. Adequate circulation?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)					circ
7. CVP:	<input type="text" value="cvp"/> mmHg					
8. PAOP:	<input type="text" value="paop"/> mmHg					
9. If PAOP invalid, enter assumed PAOP based on PAD:	<input type="text" value="paoppad"/> mmHg					
10. PAD:	<input type="text" value="pad"/> mmHg					
11. CI:	<input type="text" value="ci"/> L/min/m2					
12. Mixed venous O2 sat:	<input type="text" value="mvo2sat"/> %					
13. PEEP:	<input type="text" value="peep"/> cm/H2O					
14. Average 4 hour urine output prior to time of data collection:	<input type="text" value="urnout4"/> ml/kg/hr					
15. Fluid Management Algorithm Cell Number Selected by ICU team from above data:	<input type="text" value="algotcell"/> (range 1-20)					

table= rand\_pro\_chk

16. Enter treatments given in response to the data in 5-11, 14

16-1. Vasopressor given?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	vasop1
vasop5      If not given, why not?	<input type="radio"/> No Answer <input type="radio"/> b/o footnote (1) <input type="radio"/> Declined (2) <input type="radio"/> Not in cell (3)	
Please select specific reason not given:	<input type="text" value="No Answer"/>	vasop3
Other:	<input type="text"/>	vasop4
16-2. Fluid bolus given?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	fldb1
fldb5      If not given, why not?	<input type="radio"/> No Answer <input type="radio"/> b/o footnote (1) <input type="radio"/> Declined (2) <input type="radio"/> Not in cell (3)	
Please select specific reason not given:	<input type="text" value="No Answer"/>	fldb3
Other:	<input type="text"/>	fldb4
16-3. Dobutamine given?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	dobut1
dobut5      If not given, why not?	<input type="radio"/> No Answer <input type="radio"/> b/o footnote (1) <input type="radio"/> Declined (2) <input type="radio"/> Not in cell (3)	
Please select specific reason not given:	<input type="text" value="No Answer"/>	dobut3
Other:	<input type="text"/>	dobut4
16-4. Lasix given?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	lasix1
lasix5      If not given, why not?	<input type="radio"/> No Answer <input type="radio"/> b/o footnote (1) <input type="radio"/> Declined (2) <input type="radio"/> Not in cell (3)	
Please select specific reason not given:	<input type="text" value="No Answer"/>	lasix3
Other:	<input type="text"/>	lasix4

**Footnote/Reason-Declined Code**

1=Ineffective circulation reversed; dobutamine being weaned 2=Vasopressor or fluid bolus given last 12 hrs 3= Renal  
4= Oliguria with creatinine >3mg/dL 5= Oliguria with creatinine <= 3mg/dL and urinary studies indicate acute renal  
response to maximum dose furosemide 7= Three fluid boluses given this day 8= Fluid bolus did not produce sustained  
filling pressure last 24 hrs 11= Arrhythmia/tachycardia 12= Out of ICU/diagnostic testing 13= Cardiac output read  
14= Declined because of noninvasive cardiovascular test results 15= Declined because mixed venous O2 sat normal/hi  
because mixed venous O2 sat low 17= PAOP reading questioned 18= CVP reading questioned 19= Active GI bleed  
MI  
21= Suspected myocardial ischemia 22= Acute PE 23= Pericardial disease 24= Other emergency 25= Other 26= C  
27= FiO2 ≥ 0.7 28= wrong cell identified 29= nursing/physician error (pure mistake) 30= elevated sodium 31= UOF  
32=optional (in shock cell) 33=not in cell

Items that were only on the earliest version of this form:

- ninst: Number of instructions this date.
- instrtno: Number of instructions declined this date.
- vasop2: Vasopressor not given b/o footnote? (yes/no)
- fldb2: Fluid bolus not given b/o footnote? (yes/no)
- dobut2: Dobutamine not given b/o footnote? (yes/no)
- lasix2: Lasix not given b/o footnote? (yes/no)
- kvoiv1: KVO IV given? (yes/no/not in cell)
- kvoiv2: KVO IV not given b/o footnote? (yes/no)
- kvoiv3: If KVO IV not given b/o footnote...select reason (choices 1-25)
- kvoiv4: KVO IV other reason

<p>1. Date/Time of data collection:</p>	<p>Date: <input type="text" value="datadt"/> <input type="button" value="Date"/> Time: <input type="text" value="datatm"/></p>
<p>2. Fluid algorithm cell number chosen:</p>	<p><input type="text" value="cellno"/> (range 1 -19)</p>
<p>3. Vasopressor given?</p>	<p> <input checked="" type="radio"/> No Answer                   <input type="radio"/> Yes (1)                   <input type="radio"/> No (2)                   <input type="radio"/> Not in cell (3)             </p> <p style="text-align: right;"><a href="#">vasop1</a></p>
<p>Not given b/o footnote?</p>	<p> <input checked="" type="radio"/> No Answer                   <input type="radio"/> Yes (1)                   <input type="radio"/> No (2)             </p> <p style="text-align: right;"><a href="#">vasop2</a></p>
<p>If not given b/o footnote, or if declined, select reason declined:</p>	<p><input type="text" value="No Answer"/> <a href="#">vasop3</a> <input type="button" value="v"/></p>
<p>Other:</p>	<p><input type="text"/> <a href="#">vasop4</a></p>
<p>4. Fluid bolus given?</p>	<p> <input checked="" type="radio"/> No Answer                   <input type="radio"/> Yes (1)                   <input type="radio"/> No (2)                   <input type="radio"/> Not in cell (3)             </p> <p style="text-align: right;"><a href="#">fldbol1</a></p>
<p>Not given b/o footnote?</p>	<p> <input checked="" type="radio"/> No Answer                   <input type="radio"/> Yes (1)                   <input type="radio"/> No (2)             </p> <p style="text-align: right;"><a href="#">fldbol2</a></p>
<p>If not given b/o footnote, or if declined, select reason declined:</p>	<p><input type="text" value="No Answer"/> <a href="#">fldbol3</a> <input type="button" value="v"/></p>
<p>Other:</p>	<p><input type="text"/> <a href="#">fldbol4</a></p>
<p>5. Dobutamine given?</p>	<p> <input checked="" type="radio"/> No Answer                   <input type="radio"/> Yes (1)                   <input type="radio"/> No (2)                   <input type="radio"/> Not in cell (3)             </p> <p style="text-align: right;"><a href="#">dobut1</a></p>
<p>Not given b/o footnote?</p>	<p> <input checked="" type="radio"/> No Answer                   <input type="radio"/> Yes (1)                   <input type="radio"/> No (2)             </p> <p style="text-align: right;"><a href="#">dobut2</a></p>
<p>If not given b/o footnote, or if declined, select reason declined:</p>	<p><input type="text" value="No Answer"/> <a href="#">dobut3</a> <input type="button" value="v"/></p>

table= protocol\_valid\_form

Other:	<input type="text"/>	dobut4
6. KVO IV given?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Not in cell (3)	kvoiv1
Not given b/o footnote?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	kvoiv2
If not given b/o footnote, or if declined, select reason declined:	<input type="text" value="No Answer"/>	kvoiv3
Other:	<input type="text"/>	kvoiv4
7. Lasix given?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Not in cell (3)	lasix1
Not given b/o footnote?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	lasix2
If not given b/o footnote, or if declined, select reason declined:	<input type="text" value="No Answer"/>	lasix3
Other:	<input type="text"/>	lasix4
<b><u>Footnote/Reason-Declined Code</u></b>		
<p>1=Ineffective circulation reversed; dobutamine being weaned 2=Vasopressor or fluid bolus given last 24hr 3=Renal failure present 4=Oliguria with creatinine &gt;3mg/dL 5=Oliguria with creatinine &lt;=3mg/dL and urinary studies indicate acute renal failure 6=No response to maximum dose furosemide after 1 hour 7=Three fluid boluses given this day 8=Fluid bolus did not produce sustained increase in filling pressure last 24 hrs 11=Arrhythmia/tachycardia 12=Out of ICU/diagnostic testing 13=Cardiac output reading questioned 14=Declined because of noninvasive cardiovascular test results 15=Declined because mixed venous O2 sat normal/high 16=Declined because mixed venous O2 sat low 17=PAOP reading questioned 18=CVP reading questioned 19=Active GI bleeding 20=Acute MI 21=Suspected myocardial ischemia 22=Acute PE 23=Pericardial disease 24=Other emergency 25=Other</p>		

FOR THIS CALENDAR DATE	
1. Did patient meet weaning evaluation criteria?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Not applicable or undergoing PSV wean (3)
	weaneval
2. If 1 is yes, did patient pass 5 min CPAP trial?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Not tried/not indicated (3)
	cpap5
3. Did patient tolerate a trial of spontaneous breathing > 2 hours?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Not tried/not indicated (3)
	breath2h
4. Did patient complete 48 hours of unassisted breathing on this calendar date?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)
	uab48
5. IV or PO Corticosteroids given this calendar date?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)
	methyl
If yes, total daily dose:	<input type="text" value="methy1mg"/> mg (methylprednisone equivalent)
6. Experimental therapies? If yes, check experimental therapies:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)
Nitric Oxide:	<input type="checkbox"/> nitric
Surfactant:	<input type="checkbox"/> surf
Partial Liquid Ventilation:	<input type="checkbox"/> partlv
ECMO:	<input type="checkbox"/> ecmo
IVOX:	<input type="checkbox"/> ivox
HFV or HFO:	<input type="checkbox"/> hfvhfo
Prone Positioning:	<input type="checkbox"/> prone
Inhaled PGI or PGE:	<input type="checkbox"/> inpggepgi
Intravenous PGI or PGE:	<input type="checkbox"/> ivpgepgi

ENTER ALL POSITIVE BLOOD CULTURES	
Organism:	<p><input type="radio"/> No Answer</p> <p><input type="radio"/> Staph aureus (1) <span style="float: right;">bcorg1</span></p> <p><input type="radio"/> Staph epidermidis (2)</p> <p><input type="radio"/> Strep pneumoniae (3)</p> <p><input type="radio"/> Enterococcus (4)</p> <p><input type="radio"/> Other Gram Positive coccus (5)</p> <p><input type="radio"/> Pseudomonas Species (6)</p> <p><input type="radio"/> Hemophilus influenza (7)</p> <p><input type="radio"/> Other Gram Negative rod (8)</p> <p><input type="radio"/> Candida or Torulopsis Species (9)</p> <p><input type="radio"/> Aspergillus Species (10)</p> <p><input type="radio"/> Other (11)</p>
Date:	<input type="text" value="bcdt1"/> <input type="button" value="Date"/>
Time:	<input type="text" value="bctm1"/>

Complete this form on study days 0, 7, and study hospital discharge.	
1. Is patient on a sedative or neuromuscular blocker?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <span style="float: right;">sedate</span>
2. Eye Opening Score:	<input type="radio"/> No Answer <input type="radio"/> Spontaneous (4) <span style="float: right;">eye</span> <input type="radio"/> To voice (3) <input type="radio"/> To pain (2) <input type="radio"/> none (1)
3. Motor Response Score:	<input type="radio"/> No Answer <span style="float: right;">motor</span> <input type="radio"/> Obeys commands (6) <input type="radio"/> Localizes to pain (5) <input type="radio"/> Flexor withdrawal (4) <input type="radio"/> Abnormal flexion (3) <input type="radio"/> Extension (2) <input type="radio"/> Flaccid (1)
4. Verbal Response Score:	<input type="radio"/> No Answer <span style="float: right;">verbal</span> <input type="radio"/> Oriented, or if on ventilator, appears oriented (5) <input type="radio"/> Confused (4) <input type="radio"/> Inappropriate, or if on ventilator, questionable oriented (3) <input type="radio"/> Incomprehensible (2) <input type="radio"/> None, or if on ventilator generally unresponsive (1)
Total:	<input type="text"/> <span style="float: right;">total</span>

**Brussels Table 1**    table= brussels

Visit Date: visit

Study Day	Date	Systolic BP	PaO2/ FiO2	Platelets X1000	Creatinine	Bilirubin	Vasopressor
Day 0							<input type="radio"/> No Answer <input type="radio"/> Yes (1)
Day 1							<input type="radio"/> No Answer <input type="radio"/> Yes (1)
Day 2							<input type="radio"/> No Answer <input type="radio"/> Yes (1)
Day 3							<input type="radio"/> No Answer <input type="radio"/> Yes (1)
Day 4							<input type="radio"/> No Answer <input type="radio"/> Yes (1)
Day 5							<input type="radio"/> No Answer <input type="radio"/> Yes (1)
Day 6							<input type="radio"/> No Answer <input type="radio"/> Yes (1)
Day 7							<input type="radio"/> No Answer <input type="radio"/> Yes (1)

startdate

sysbp0

pafi0

plate0

creat0

bili0

vaso0

Brussels Table 2

table= brussels

Visit Date: visit

Study Day	Date	Systolic BP	PaO2/ FiO2	Platelets X1000	Creatinine	Bilirubin	Vasopressor
Day 8							<input type="radio"/> No Answer <input type="radio"/> Yes (1)
Day 9							<input type="radio"/> No Answer <input type="radio"/> Yes (1)
Day 10							<input type="radio"/> No Answer <input type="radio"/> Yes (1)
Day 11							<input type="radio"/> No Answer <input type="radio"/> Yes (1)
Day 12							<input type="radio"/> No Answer <input type="radio"/> Yes (1)
Day 13							<input type="radio"/> No Answer <input type="radio"/> Yes (1)
Day 14							<input type="radio"/> No Answer <input type="radio"/> Yes (1)

startdate

sysbp0

pafi0

plate0

creat0

bili0

vaso0

Brussels Table 3

table= brussels

Visit Date: visit

Study Day	Date	Systolic BP	PaO2/ FiO2	Platelets X1000	Creatinine	Bilirubin	Vasopressor
Day 15							<input type="radio"/> No Answer <input type="radio"/> Yes (1)
Day 16							<input type="radio"/> No Answer <input type="radio"/> Yes (1)
Day 17							<input type="radio"/> No Answer <input type="radio"/> Yes (1)
Day 18							<input type="radio"/> No Answer <input type="radio"/> Yes (1)
Day 19							<input type="radio"/> No Answer <input type="radio"/> Yes (1)
Day 20							<input type="radio"/> No Answer <input type="radio"/> Yes (1)
Day 21							<input type="radio"/> No Answer <input type="radio"/> Yes (1)

startdate

sysbp0

pafi0

plate0

creat0

bili0

vaso0

Brussels Table 4

table= brussels

Visit Date: visit

Study Day	Date	Systolic BP	PaO2/ FiO2	Platelets X1000	Creatinine	Bilirubin	Vasopressor
Day 22							<input type="radio"/> No Answer <input type="radio"/> Yes (1)
Day 23							<input type="radio"/> No Answer <input type="radio"/> Yes (1)
Day 24							<input type="radio"/> No Answer <input type="radio"/> Yes (1)
Day 25							<input type="radio"/> No Answer <input type="radio"/> Yes (1)
Day 26							<input type="radio"/> No Answer <input type="radio"/> Yes (1)
Day 27							<input type="radio"/> No Answer <input type="radio"/> Yes (1)
Day 28							<input type="radio"/> No Answer <input type="radio"/> Yes (1)

startdate

sysbp0

pafi0

plate0

creat0

bili0

vaso0

CALL CCC IMMEDIATELY FOR SERIOUS, UNEXPECTED AND STUDY RELATED EVENTS	
1. Date of event:	<input type="text" value="startdate"/> <input type="button" value="Date"/>
2. Time of event:	<input type="text" value="evtime"/>
3. Name of event:	<input type="text" value="spevnt"/>
4. Describe event or problem:	<input type="text" value="desc1"/>
5. Severity of event:	<input type="radio"/> No Answer <input type="radio"/> Mild (1) <input type="radio"/> Moderate (2) <input type="radio"/> Serious (3)
6. Did AE require therapeutic intervention to prevent permanent impairment/damage?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="text" value="thera"/>
7. Was the patient in immediate risk of death due to the event?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="text" value="riskde"/>
8. Was the event unexpected or more severe or frequent than expected in CVC/PAC managed ALI/ARDS?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3) <input type="text" value="expect"/>
9. Causal relationship to PAC/CVC:	<input type="radio"/> No Answer <input type="radio"/> definitely associated (1) <input type="radio"/> probably associated (2) <input type="radio"/> possible association (3) <input type="radio"/> probably not associated (4) <input type="radio"/> definitely not associated (5) <input type="radio"/> uncertain association (6) <input type="text" value="causpac"/>
10. Causal relationship to fluid management protocol:	<input type="radio"/> No Answer <input type="radio"/> definitely associated (1) <input type="radio"/> probably associated (2) <input type="radio"/> possible association (3) <input type="radio"/> probably not associated (4) <input type="radio"/> definitely not associated (5) <input type="radio"/> uncertain association (6) <input type="text" value="causfm"/>
11. Was patient withdrawn from the study because of this event? If yes, check all that apply:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="text" value="wdraw"/>
1= PAC vs CVC Trial:	<input type="checkbox"/> <input type="text" value="wdraw1a"/>
2= Fluid Management Algorithm:	<input type="checkbox"/> <input type="text" value="wdraw1b"/>
12. Status of this adverse event at the time of initial AE report:	<input type="radio"/> No Answer <input type="radio"/> Recovered (1) <input type="text" value="outcome"/>

sever

table= ae

	<ul style="list-style-type: none"><li><input type="radio"/> AE Present, no treatment (2)</li><li><input type="radio"/> AE Present, being treated (3)</li><li><input type="radio"/> Residual effect, no treatment (4)</li><li><input type="radio"/> Residual effect, being treated (5)</li><li><input type="radio"/> Deceased as a result of this AE (6)</li></ul>
12.1 Date of recovery:	<input type="text" value="recdt"/> <input type="button" value="Date"/>
13. Final outcome of this adverse event (until resolution or stabilization):	<ul style="list-style-type: none"><li><input type="radio"/> No Answer</li><li><input type="radio"/> Recovered (1)</li><li><input type="radio"/> AE Present, no treatment (2)</li><li><input type="radio"/> AE Present, being treated (3)</li><li><input type="radio"/> Residual effect, no treatment (4)</li><li><input type="radio"/> Residual effect, being treated (5)</li><li><input type="radio"/> Deceased as a result of this AE (6)</li></ul> <p style="text-align: right; color: blue;">foutcome</p>
13.1 Date of recovery:	<input type="text" value="enddate"/> <input type="button" value="Date"/>

Note: Derived variable "ccc\_body\_system" has been added to assist in analysis.

Day 0	
Blood for Cytokine:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) If no, enter reason in comment to field.
Date of Blood Draw:	<input type="text" value="bltd1"/> <input type="button" value="Date"/>
Day 1	
Blood for Cytokine:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) If no, enter reason in comment to field.
Date of Blood Draw:	<input type="text" value="bltd2"/> <input type="button" value="Date"/>
Day 3	
Blood for Cytokine:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) If no, enter reason in comment to field.
Date of Blood Draw:	<input type="text" value="bltd3"/> <input type="button" value="Date"/>
Day 7	
Blood for Cytokine:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) If no, enter reason in comment to field.
Date of Blood Draw:	<input type="text" value="bltd7"/> <input type="button" value="Date"/>
Genetics	
Whole Blood :	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) If no, enter reason in comment to field.
Date for Whole Blood:	<input type="text" value="wbldt"/> <input type="button" value="Date"/>
Buccal Smear:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) If no, enter reason in comment to field.
Date of Buccal Smear:	<input type="text" value="buccaldt"/> <input type="button" value="Date"/>

blood1

blood2

blood3

blood7

wblood

buccal

Study Termination **table= study\_term**

Visit Date: **visit**

<b>Begin completion of this form by Day 28. Patients not yet home with unassisted breathing (UAB) should be followed through Day 90.</b>	
1. Patient status (through Day 90):	<input type="radio"/> No Answer <span style="float: right;"><b>status</b></span> <input type="radio"/> Home with unassisted breathing (1) <input type="radio"/> Dead prior to discharge home with UAB (2) <input type="radio"/> Other (3)
1a. If 1, date home with UAB:	<input type="text"/> <input type="button" value="Date"/> <span style="float: right;"><b>st1dt</b></span>
1b. If 2, date of death prior to home with UAB:	<input type="text"/> <input type="button" value="Date"/> <span style="float: right;"><b>st2dt</b></span>
1c. Date of last known patient status if not home with UAB and not dead:	<input type="text"/> <input type="button" value="Date"/> <span style="float: right;"><b>st3dt</b></span>
2. Was patient permanently withdrawn from the fluid management arm of the FACTT trial?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <span style="float: right;"><b>pwdraw</b></span>
2a. If yes, give date PAC withdrawal:	<input type="text"/> <input type="button" value="Date"/> <span style="float: right;"><b>pwdrawdt</b></span>
3. Was patient discharged alive from study hospital (through Day 90)?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <span style="float: right;"><b>hospcd</b></span>
3a. If yes, give date:	<input type="text"/> <input type="button" value="Date"/> <span style="float: right;"><b>hospcdct</b></span>
3b. If alive, destination at discharge from study hospital:	<input type="radio"/> No Answer <span style="float: right;"><b>hospcdal</b></span> <input type="radio"/> Home (1) <input type="radio"/> Home with paid or unpaid help (2) <input type="radio"/> Rehab facility (3) <input type="radio"/> Another acute care facility (4)
<b>item from previous version:</b> - <b>hospcdst: Status at discharge... (alive/dead)</b>	
<b>ICU HISTORY</b>	
ICU days during study hospitalization to day 90 (days in which patient spent any time in an ICU during study hospitalization).	
4a. Discharged from ICU?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3) <span style="float: right;"><b>icudc1</b></span>
Date of ICU discharge:	<input type="text"/> <input type="button" value="Date"/> <span style="float: right;"><b>icucdt1</b></span>
4b. Readmitted to ICU?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3) <span style="float: right;"><b>icuadm2</b></span>
Date of ICU readmission:	<input type="text"/> <input type="button" value="Date"/> <span style="float: right;"><b>icuaddt2</b></span>
Discharged from ICU?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3) <span style="float: right;"><b>icudc2</b></span>
Date of ICU discharge:	<input type="text"/> <input type="button" value="Date"/> <span style="float: right;"><b>icudcdt2</b></span>
4c. Readmitted to ICU?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3) <span style="float: right;"><b>icuadm3</b></span>

table= study\_term

Date of ICU readmission:	<input type="text" value="icuaddt3"/> <input type="button" value="Date"/>	
Discharged from ICU?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3)	icudc3
Date of ICU discharge:	<input type="text" value="icudcdt3"/> <input type="button" value="Date"/>	
4d. Readmitted to ICU?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3)	icudm4
Date of ICU readmission:	<input type="text" value="icuaddt4"/> <input type="button" value="Date"/>	
Discharged from ICU?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3)	icudc4
Date of ICU discharge:	<input type="text" value="icudcdt4"/> <input type="button" value="Date"/>	
4e. Readmitted to ICU?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3)	icudm5
Date of ICU readmission:	<input type="text" value="icuaddt5"/> <input type="button" value="Date"/>	
Discharged from ICU?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3)	icudc5
Date of ICU discharge:	<input type="text" value="icudcdt5"/> <input type="button" value="Date"/>	
<b>HISTORY ON VENTILATOR</b>		
<b>Ventilator days until UAB at home, death, or day 90. (A ventilator day is any day in which the patient received assisted breathing (AB), except for AB for &lt; 24 hours for a procedure or surgery).</b>		
5a. Patient achieved unassisted breathing:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3)	uab1
Date of first UAB (first date with no AB; midnight to midnight):	<input type="text" value="uabdt1"/> <input type="button" value="Date"/>	
5b. Patient returned to assisted breathing:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3)	retab1
Date of return to AB:	<input type="text" value="retabdt1"/> <input type="button" value="Date"/>	
5c. Patient achieved unassisted breathing again?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3)	uab2
Date of UAB (2nd date with no AB; midnight to midnight):	<input type="text" value="uabdt2"/> <input type="button" value="Date"/>	
5d. Patient returned to assisted breathing:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3)	retab2
Date of return to AB:	<input type="text" value="retabdt2"/> <input type="button" value="Date"/>	
5e. Patient achieved unassisted breathing again?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3)	uab3
Date of UAB:	<input type="text" value="uabdt3"/> <input type="button" value="Date"/>	
5f. Patient returned to assisted breathing:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3)	retab3
Date of return to AB:	<input type="text" value="retabdt3"/> <input type="button" value="Date"/>	
5g. Patient achieved unassisted	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3)	uab4

table= study\_term

breathing again?	
Date of UAB:	<input type="text" value="uabdt4"/> <input type="button" value="Date"/>
6. Did patient require dialysis during study hospitalization?	<input checked="" type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <b>dial</b>
If yes, date of first dialysis:	<input type="text" value="dialdt"/> <input type="button" value="Date"/>
Date of last dialysis during study hospitalization:	<input type="text" value="dialday"/> <input type="button" value="Date"/>
7. End of Life Decision Making:	<input checked="" type="radio"/> No Answer <b>eldm</b> <input type="radio"/> No DNR decision made (1) <input type="radio"/> DNR decision made: withhold only CPR (2) <input type="radio"/> DNR decision made: withhold life support in addition to CPR (3) <input type="radio"/> DNR decision made: withdraw life support (4) <input type="radio"/> Diagnosis of brain death (5) <input type="radio"/> Unknown/can't tell (6)