

## Title: Daily Form

Instructions:

## DAILY FORM

## Time Span

Site ID

Day start date:

Day start time:

Day end date:

Day end time:

## Respiration

D1 Respiratory support on this day?  Yes  No [\[info\]](#)D1a Use of mechanical ventilation in **prone position** in the ICU on this day?  Yes  No [\[info\]](#)D1b Use of **inhaled vasodilators** during mechanical ventilation on this day?  Yes  No [\[info\]](#)D1c Use of **ECMO** in the ICU on this day?  Yes  No [\[info\]](#)

## 06:00h to 18:00h

D2 Highest PaO<sub>2</sub> from 06:00h to 18:00h?  kPa  mmHg  [\[info\]](#)  Not AvailableD2a SaO<sub>2</sub> in the ABG with the **highest** PaO<sub>2</sub> from 06:00h to 18:00h  (%) [\[info\]](#)D2b FiO<sub>2</sub> at the time of the ABG with the **highest** PaO<sub>2</sub> from 06:00h to 18:00h  [\[info\]](#)D3 Lowest PaO<sub>2</sub> from 06:00h to 18:00h?  kPa  mmHg  [\[info\]](#)D3a SaO<sub>2</sub> in the ABG with the **lowest** PaO<sub>2</sub> from 06:00h to 18:00h  (%) [\[info\]](#)D3b FiO<sub>2</sub> at the time of the ABG with the **lowest** PaO<sub>2</sub> from 06:00h to 18:00h  [\[info\]](#)

## 18:00h to 06:00h

D4 Highest PaO<sub>2</sub> from 18:00h to 06:00h?  kPa  mmHg  [\[info\]](#)  Not AvailableD4a SaO<sub>2</sub> in the ABG with the **highest** PaO<sub>2</sub> from 18:00h to 06:00h  (%) [\[info\]](#)D4b FiO<sub>2</sub> at the time of the ABG with the **highest** PaO<sub>2</sub> from 18:00h to 06:00h  [\[info\]](#)D5 Lowest PaO<sub>2</sub> from 18:00h to 06:00h?  kPa  mmHg  [\[info\]](#)D5a SaO<sub>2</sub> in the ABG with the **lowest** PaO<sub>2</sub> from 18:00h to 06:00h?  (%) [\[info\]](#)D5b FiO<sub>2</sub> at the time of the ABG with the **lowest** PaO<sub>2</sub> from 18:00h to 06:00h?  [\[info\]](#)

## ABGs

D6 Total number of ABGs on this day?  [info]

## Respiratory events 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]

D7a1TV<sub>insp</sub> at 08:00h?  (ml) [info]

D7a2PEEP at 08:00h?  (cmH<sub>2</sub>O) [info]

D7a3P<sub>peak</sub> at 08:00h?  (cmH<sub>2</sub>O) [info]

D7a4EPAP or CPAP pressure at 08:00h?  (cmH<sub>2</sub>O) [info]

## Remaining organ systems

D8 Highest 24-hour p-lactate?  (mmol/L) [info]  Not Available

D9 Circulatory support (infusion of vasopressor/inotropes) on this day?  Yes  No [info]

D10 Renal replacement therapy on this day?  Yes  No [info]

D11 Myocardial ischaemia on this day?  Yes  No [info]

D11aWas this myocardial ischaemia related to the allocated oxygenation target?  Yes, related  Possibly related  No, not related

D12 Cerebral CT or MR scan on this day with signs of **new** ischaemic stroke?  Yes  No [info]

D12aWas this ischaemic stroke related to the allocated oxygenation target?  Yes, related  Possibly related  No, not related

D13 Intestinal ischaemia on this day?  Yes  No [info]

D13aWas this intestinal ischaemia related to the allocated oxygenation target?  Yes, related  Possibly related  No, not related

D14 Number of units of red blood cells transfused on this day?  (Units) [info]