

## BASELINE

Hotline: + 45 9357 7750

The registration below is based on information from the first day in ICU.

| #   | Question                 | Answer   | Unit            | Info  | Validation and limits decimals | Further comments for data manager                                    |
|-----|--------------------------|--|-----------------|---|--------------------------------|--|
| BL1 | Sex?                     | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |                 |   | Single select<br>Required      |  |
| BL2 | Hospital admission date? | _ _ - _ _ - _ _ _ _  | dd-mm-yyyy      | If the patient was transferred directly from another hospital, report the date of admission to the first hospital | Required                       | Date and time must be prior to randomisation                         |
| BL3 | Date of ICU admission?   | _ _ - _ _ - _ _ _ _  | dd-mm-yyyy      | If the patient was transferred directly from another ICU, please write the date of admission to the first ICU     | Required                       | ICU admission must be after or on the same day as hospital admission |
| BL4 | Time of ICU admission?   | _ _ - _ _  | 24 hours, hh:mm | If the patient was transferred directly from another ICU, please write the time of admission to the first ICU     | Required                       |  |

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| BL5                   | Did the patient receive <u>elective</u> surgery within the last 7 days prior to ICU admission during current hospital admission? | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  | Elective surgery is defined as surgery scheduled 24 hours or more in advance. Includes surgery at another hospital.                           | Single select<br>Required |  |
| BL6                   | Did the patient receive <u>emergency</u> surgery within the last 24 hours before ICU admission?                                  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  | Emergency surgery is defined as surgery added to operating room plan 24 hours or less prior to surgery. Includes surgery in another hospital. | Single select<br>Required |  |
| <b>Co-morbidities</b> |  |   |  |   |                           |  |
| BL7                   | Does the patient have metastatic cancer?   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  | YES; if proven metastasis of any non-haematological cancer though surgery, CT scan or any other method.                                       | Single select<br>Required |  |
| BL8                   | Does the patient have haematological cancer?   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  | YES, if any of the following:<br>Leukemia:<br>Acute lymphoblastic leukemia (ALL)  | Single select<br>Required |  |

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|  |  |  |  | <p>Acute myelogenous leukemia (AML)<br/>                 Chronic myelogenous leukemia (CML)<br/>                 Chronic lymphocytic leukemia (CLL)</p> <p>Lymphoma:<br/>                 Hodgkin's disease<br/>                 Non-Hodgkin's disease<br/>                 e.g. :<br/>                 small lymphocytic lymphoma (SLL), Diffuse large B-cell lymphoma (DLBCL), Follicular lymphoma (FL), Mantle cell lymphoma (MCL), Hairy cell leukemia (HCL), Marginal zone lymphoma (MZL), Burkitt's lymphoma (BL), Post-transplant lymphoproliferative disorder (PTLD), T-cell prolymphocytic leukemia (T-PLL), B-cell prolymphatic (B-PLL), Waldenström's macroglobulinemia, Other NK- or T-cell lymphomas</p> |  |  |
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|  |   |   |  | Multiple myeloma/plasma cell myeloma   |                        |  |
| <b>Risk factors for delirium prior to hospital/ICU admission</b> |   |   |  |  |                        |  |
| BL9  | Does the patient have a history of traumatic brain injury within the last 6 months? | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  | YES, if the patient has experienced a permanent or temporary brain dysfunction caused by an external force within the last 6 months.   | Single select Required |  |
| BL10   | Does the patient have a history of stroke within the last 6 months?                 | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  | YES, if the patient has experienced an ischemic or haemorrhagic stroke confirmed by CTC or MRI scan within the last 6 months.  | Single select Required |  |
| BL11   | Does the patient have a history of mental illness?                                  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  | Mental illness is defined as schizophrenia (or other psychotic disorder) or major affective disorders (ICD10: F2x or F3x disorders). The diagnosis will be verified by:<br>-Established (previous or current) diagnosis, and/or<br>- Previous or current treatment with psychotropic medication (antipsychotics; | Single select Required |  |

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|      |   |   |  | antidepressants or mood stabilisers).  |                           |  |
| BL12 | Does the patient have a history of neurodegenerative illness?                 | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  | Neurodegenerative disease is defined as an established diagnosis of dementia or Parkinson's disease (ICD10: F02-F04; DG20), and/or previous or current treatment with psychotropic medication (acetylcholinesterase inhibitors, dopamine agonists, or levodopa). | Single select<br>Required |  |
| BL13 | Has the patient received any treatment with haloperidol before ICU admission? | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  | YES, if the patient has received one or more doses of oral or IV haloperidol, before being admitted to the ICU. Only for this hospitalisation.   | Single select<br>Required |  |
| BL14 | Does the patient smoke?   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  | YES, if the patient smokes every day.<br>If pack years are mentioned in the patient journal and the patient still smokes, answer 'YES'.  | Single select<br>Required |  |
| BL15 | Does the patient have any alcohol abuse?                                      | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  | YES, if the patient has alcohol consumption above 21 units of alcohol for men and 14 units of alcohol for women on a weekly basis. (1unit is defined as 12g of alcohol).   | Single select<br>Required |  |

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| BL16  | Does the patient have any other substance abuse?  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |      | YES, if the patient has daily use of <b>opioids, benzodiazepines, barbiturates or other drugs</b> not prescribed by a physician. Or any other use of illegal substances.   | Single select Required  |  |
| BL17  | Does the patient receive benzodiazepines?   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |      | YES, if the patient is being treated with <b>benzodiazepines (N05BA) (N05CD08) at admission or before admission to ICU</b> , such as; Diazepam, Oxazepam, Lorazepam, Bromazepam, Cloxazolam, Midazolam.              | Single select Required  |  |
| <b>SMS-ICU (Simplified Mortality Score for the Intensive Care Unit)</b> |   |   |      |  |   |  |
| BL18  | Lowest systolic blood pressure within the last 24 hours prior to randomisation?                 | _ _   | mmHg |  | Integer numbers only. No negatives allowed. Soft limit 0-200. |  |
| BL19  | Did the patient receive vasopressor/ inotropes within the last 24 hours prior to randomisation? | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |      | Continuous infusion of vasopressor or inotropes (norepinephrine, epinephrine, phenylephrine, vasopressin analogues, dopamine, dobutamin, milrinone or levosemindan) within the last 24 hours prior to randomisation. | Single select Required  |  |
| BL20  | Did the patient receive respiratory   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |      | Invasive or non-invasive mechanical ventilation  | Single select Required  |  |

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|      | support within the last 24 hours prior to randomisation?                  |   |  | including continuous mask CPAP or CPAP via tracheostomy within the last 24 hours prior to randomisation. Intermittent CPAP is NOT considered respiratory support. |                           |  |
| BL21 | Did the patient receive renal replacement therapy prior to randomisation? | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  | Acute or chronic intermittent or continuous renal replacement therapy prior to randomisation.   | Single select<br>Required |  |