

## Title: Day form

Instructions:

## DAY FORM

Hotline: +45 35 45 06 06

Site ID

Day start date:

Day start time:

Day end date:

Day end time:

Fluid input and output  
IV crystalloids**NB! All fluid data must be entered in mL**

- D1 How much IV isotonic saline did the patient receive this day?  (mL) [\[info\]](#)
- D2 How much IV Ringer's lactate did the patient receive this day?  (mL) [\[info\]](#)
- D3 How much IV Ringer's acetate did the patient receive this day?  (mL) [\[info\]](#)
- D4 How much IV Plasmalyte™ did the patient receive this day?  (mL) [\[info\]](#)

## Other fluid input and output

**NB! All fluid data must be entered in mL**

- D5 How much IV fluid of other types did the patient receive this day?  (mL) [\[info\]](#)
- D6 How much IV albumin did the patient receive this day?  (mL) [\[info\]](#)
- D7a How much IV fluid did the patient receive with medications this day?  (mL) [\[info\]](#)
- D7b How much enteral/oral fluid did the patient receive with medications this day?  (mL) [\[info\]](#)
- D8a How much IV fluid with parenteral nutrition did the patient receive this day?  (mL) [\[info\]](#)
- D8b How much fluid with enteral nutrition did the patient receive this day?  (mL) [\[info\]](#)
- D9 How much non-nutritional enteral/oral fluid did the patient receive this day?  (mL) [\[info\]](#)
- D10 What volume of blood products did the patient receive this day?  (mL) [\[info\]](#)  
*NB! Enter the value in mL*
- D11 Urinary output on this day?  (mL) [\[info\]](#)
- D12 Did the patient receive renal replacement therapy on this day?  Yes  No [\[info\]](#)
- D12a What is the volume of fluid removal?  (mL) [\[info\]](#)
- D13 How much fluid did the patient lose through other losses on this day?  (mL) [\[info\]](#)
- D14 Did the patient receive IV fluids during surgery on this day?  Yes  No
- D14a How much fluid did the patient receive during surgery?  (mL) [\[info\]](#)

## Major protocol violations on this day

D15 Were any IV fluids given without the occurrence of one of the extenuating circumstances (CLASSIC criteria)? See "Info" for the CLASSIC criteria.  Yes  No [\[info\]](#)

How much fluid was given for each indication?

D15a Improved circulation  (mL)

D15b Ensure fluid intake  (mL)

D15c Other  (mL)

## Co-interventions

D16 Did the patient receive infusion of vasopressors or inotropes on this day?  Yes  No [\[info\]](#)

D17 Did the patient receive systemic corticosteroids on this day?  Yes  No [\[info\]](#)

D18 Did the patient receive invasive mechanical ventilation on this day?  Yes  No [\[info\]](#)

## Outcomes

D19 Plasma concentration of creatinine on this day   $\mu\text{mol/L}$   mg/dL [\[info\]](#)  ( $\mu\text{mol/L}$ )  (mg/dL)

D20 Did the patient have cerebral ischemia on this day?  Yes  No [\[info\]](#)

D21 Did the patient have acute myocardial ischemia on this day?  Yes  No [\[info\]](#)

D22 Did the patient have intestinal ischemia on this day?  Yes  No [\[info\]](#)

D23 Did the patient have limb ischemia on this day?  Yes  No [\[info\]](#)

## Serious Adverse Reactions

If the patient experiences a SAR, the coordinating center has to be contacted by email [classic@cric.nu](mailto:classic@cric.nu) or phone +45 35 45 06 06 **without undue delay**.

SAR1 Anaphylactic reaction on this day?  Yes  No [\[info\]](#)

SAR2 General tonic-clonic seizures on this day?  Yes  No [\[info\]](#)

SAR3 Central pontine myelinolysis on this day?  Yes  No [\[info\]](#)

SAR4 Hyponatremia ( $p\text{-Na} > 159$  mmol/L) on this day?  Yes  No [\[info\]](#)

SAR5 Severe hyperchloremic acidosis ( $\text{pH} < 7.15$  AND  $p\text{-chloride} > 115$  mmol/L) on this day?  Yes  No [\[info\]](#)

SAR6 Severe metabolic alkalosis ( $\text{pH} > 7.59$  AND  $\text{SBE} > 9$  mmol/L) on this day?  Yes  No [\[info\]](#)