

## 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?  
*NB! Enter the value in mL*   (mL) [\[info\]](#)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  [\[info\]](#) (mL)

D15b Ensure fluid intake  [\[info\]](#) (mL)

D15c Other  [\[info\]](#) (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 [\[info\]](#)  Not Available  [\[info\]](#) ( $\mu\text{mol/L}$ )  [\[info\]](#) (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 [\[info\]](#)