

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 If YES, what volume of fluid was removed? (mL) [\[info\]](#)

D13	How much fluid did the patient lose through other losses on this day?	<input type="text"/>	(mL) [info]
D14	Did the patient receive IV fluids during surgery on this day?	<input type="radio"/> Yes <input type="radio"/> No	
D14a	How much fluid did the patient receive during surgery?	<input type="text"/>	(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)? <i>See "Info" for the CLASSIC criteria.</i>	<input type="radio"/> Yes <input type="radio"/> No	[info]
<p><i>How much fluid was given for each indication?</i> NB: Enter the volume both in D15 a-c AND in fluid input (usually D1-6 or D10)</p>			
D15a	Improved circulation	<input type="text"/>	(mL)
D15b	Ensure fluid intake	<input type="text"/>	(mL)
D15c	Other	<input type="text"/>	(mL)
Co-interventions			
D16	Did the patient receive infusion of vasopressors or inotropes on this day?	<input type="radio"/> Yes <input type="radio"/> No	[info]
D17	Did the patient receive systemic corticosteroids on this day?	<input type="radio"/> Yes <input type="radio"/> No	[info]
D18	Did the patient receive invasive mechanical ventilation on this day?	<input type="radio"/> Yes <input type="radio"/> No	[info]
Outcomes			
D19	Plasma concentration of creatinine on this day	<input type="radio"/> $\mu\text{mol/L}$ <input type="radio"/> mg/dL [info] <input type="checkbox"/> Not Available	<input type="text"/> ($\mu\text{mol/L}$) <input type="text"/> (mg/dL)
D20	Did the patient have cerebral ischemia on this day?	<input type="radio"/> Yes <input type="radio"/> No	[info]
D21	Did the patient have acute myocardial ischemia on this day?	<input type="radio"/> Yes <input type="radio"/> No	[info]
D22	Did the patient have intestinal ischemia on this day?	<input type="radio"/> Yes <input type="radio"/> No	[info]
D23	Did the patient have limb ischemia on this day?	<input type="radio"/> Yes <input type="radio"/> No	[info]
Serious Adverse Reactions			
<p>If the patient experiences a SAR, the coordinating center has to be contacted by email classic@cric.nu or phone +45 35 45 06 06 without undue delay.</p>			
SAR1	Anaphylactic reaction on this day?	<input type="radio"/> Yes <input type="radio"/> No	[info]
SAR2	General tonic-clonic seizures on this day?	<input type="radio"/> Yes <input type="radio"/> No	[info]
SAR3	Central pontine myelinolysis on this day?	<input type="radio"/> Yes <input type="radio"/> No	[info]
SAR4	Hyponatremia (p-Na > 159 mmol/L) on this day?	<input type="radio"/> Yes <input type="radio"/> No	[info]
SAR5	Severe hyperchloremic acidosis (pH < 7.15 AND p-chloride > 115 mmol/L) on this day?	<input type="radio"/> Yes <input type="radio"/> No	[info]
SAR6	Severe metabolic alkalosis (pH > 7.59 AND SBE > 9 mmol/L) on this day?	<input type="radio"/> Yes <input type="radio"/> No	[info]