GODIF

Tables for minimum fluid overload on inclusion and goal for fluid removal

Fluid overload must be estimated according to daily fluid charts, the cumulative fluid balance, development in body weight, and clinical examination (oedemas, congestion on X-ray, e.c.t.). The following table describes the minimum fluid accumulation which must be met on inclusion according to height and sex:

Height in cm	Male	Female
≤ 159 cm	+ 3000 mL	+ 2500 mL
160 – 169 cm	+ 3500 mL	+ 3000 mL
170 – 179 cm	+ 4000 mL	+ 3500 mL
180 – 189 cm	+ 4500 mL	+ 4000 mL
≥ 190 cm	+ 5000 mL	+ 4500 mL

Goal for minimum fluid removal (negative fluid balance) until neutral fluid balance is met is according to height and sex and described in the following table:

Height in cm	Male	Female
≤ 159 cm	-1300 mL/24 hours	-1200 mL/24 hours
160 – 169 cm	-1500 mL/24 hours	-1400 mL/24 hours
170 – 179 cm	-1700 mL/24 hours	-1600 mL/24 hours
180 – 189 cm	-1900 mL/24 hours	-1800 mL/24 hours
≥ 190 cm	-2000 mL/24 hours	-1900 mL/24 hours

Details of estimation of fluid overload:

Estimation of a patient's fluid balance is often difficult, and no exact measures exists to be used bedside. The listed fluid balance is often incorrect because inputs and outputs are not registered in detail on general wards which often precede admittance to ICU. If the fluid balance only is recorded in the ICU, it will be flawed too – because of missing data for the time before referral to the ICU.

Patients can also be dehydrated or with fluid accumulation already on admission to hospital because of their medical or surgical condition.

The habitual weight is often not known, and the actual weight might not represent the habitual weight. This makes the weight unpredictable in estimating the fluid balance alone, but the trend in daily weight can be helpful. If the habitual weight is known at admission, this can be helpful during the first days to estimate fluid balance. However, during critical illness patients quickly lose muscle mass and after some time changes in the body weight will not precisely reflect changes in fluid balance. This is of great importance in the later stage when estimating when to stop the trial intervention. Neutral body weight in this stage will usually indicate a positive fluid balance.

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To estimate the fluid overload in a patient. The clinical team treating the patient must evaluate the fluid status according the following 4 points to achieve the best and most correct assessment of the patient's fluid status:

- The cumulative fluid balance since admittance (if such one is available)
- Daily fluid balances
- The habitual body weight (if known), body weight on admission (or close after), and weight changes during admission
- Clinical examination (peripheral oedemas, congestion on chest X-ray, lung ultrasound e.c.t.)

The treating team must estimate the actual fluid overload/accumulation and state it in the inclusion note for the GODIF trial in the patient file.

The same procedure must be used to assess neutral fluid balance. It must be documented in the patient file that neutral fluid balance is achieved, and the trial drug can be paused. If the patient later accumulate fluid again during the admittance in ICU (maximum 90 days) the trial drug must be restarted.

The fluid status must be assessed according to the 4 points and documented in the patient file daily.