

Appendix B: Data Collection Form ECMOCARD

CORE CASE RECORD FORM (EOT ICU Admis)

1. UPON ICU ADMISSION – Please complete the below data as of the date and time of the patient's admission to the ICU

Is this patient's data collected using Full or Basic daily data forms?

- Full
- Basic (reduced frequency of daily data collection)

Patient's UK CCP ID Number: _____

DATE OF ICU ADMISSION: ____ / ____ / ____ (ONLY DATE, FROM 14/12/2019)

1.1 HEIGHT (cm): _____

If this data has already been entered into the 'Signs and Symptoms' section of the UK CCP CRF, please DO NOT re-enter the data here. Leave this '1.1 Height' box blank.

1.2 BODY WEIGHT (Kg): _____

If this data has already been entered into the 'Signs and Symptoms' section of the UK CCP CRF, please DO NOT re-enter the data here. Leave this '1.2 Body Weight' box blank.

1.3 Arterial Hypertension

- Yes
- No

If this data has already been entered into the 'Co-Morbidities & Risk Factors' section of the UK CCP CRF, please DO NOT re-enter the data here. Leave this '1.3 Hypertension' box blank.

1.3a Chronic anti-hypertensive therapy?

- Yes
- No

1.3b Chronic anti-hypertensive therapy (if 'Yes' to 1.3. Please select up to three)

- Diuretics
- Calcium channel blockers
- ACE inhibitors

If this data has already been entered in the 'Pre-Admission Medication' section of the UK CCP CRF, please DO NOT re-enter the data here. Leave this 'ACE inhibitors' box blank.

- Angiotensin II receptor antagonists

If this data has already been entered in the 'Pre-Admission Medication' section of the UK CCP CRF, please DO NOT re-enter the data here. Leave this 'Angiotensin II receptor antagonists' box blank.

- Renin inhibitors
- Beta blockers
- Alpha blockers
- Vasodilators
- Aldosterone receptor antagonist
- Alpha-2 adrenergic receptor agonists
- Not applicable

1.4 PRE HOSPITAL ADMISSION CREATININE AVAILABLE?

- Yes
- No

1.4a PRE-HOSPITAL ADMISSION CREATININE: _____

1.4a Creatinine units

- mg/Dl
- umol/L

1.5 GASTROINTESTINAL AND PANCREATIC COMORBIDITIES

- Yes
- No

1.6 HEPATIC AND BILIARY COMORBIDITIES

- Yes
- No

1.7 HAEMATOLOGIC AND SPLEEN COMORBIDITIES

- Yes
- No

1.8 IMMUNOLOGICAL AND TRANSPLANT COMORBIDITIES

- Yes
- No

1.9 ENDOCRINOLOGICAL COMORBIDITIES

- Yes
- No

1.10 GENITO-URINARY COMORBIDITIES

- Yes
- No
-

1.11 CHRONIC ALCOHOL ABUSE

- Yes
- No

1.12 INTRAVENOUS DRUGS ABUSE

- Yes
- No

1.13 IMMUNO-COMPETENT

- Yes
- No

1.14 APACHE II SCORE: _____ (ONLY NUMBERS FROM 0 to 71)

APACHE II score can be calculated at the following link <https://www.mdcalc.com/apache-ii-score>

- Not available

1.15 SOFA SCORE: _____ (ONLY NUMBERS FROM 0 to 24)

SOFA score can be calculated at the following link <https://www.mdcalc.com/sequential-organ-failure-assessment-sofa-score>

- Not available

BLOOD GAS ANALYSIS (Qs 1.15 – 1.20) – Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to ICU admission. ‘Worst’ blood gas is defined as the blood gas with the lowest PaO₂/FiO₂ ratio.

1.16 ARTERIAL pH IN THE LAST 6h: _____ (ONLY NUMBERS FROM 6.500 TO 7.600)

Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to ICU admission. ‘Worst’ is defined as the blood gas with the lowest PaO₂/FiO₂ ratio. Not available

1.17 ARTERIAL PARTIAL PRESSURE OF OXYGEN IN THE LAST 6h (mmHg): _____ (ONLY NUMBERS FROM 20 TO 500)

Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to ICU admission. ‘Worst’ is defined as the blood gas with the lowest PaO₂/FiO₂ ratio. Not available

1.18 ARTERIAL PARTIAL PRESSURE OF CARBON DIOXIDE IN THE LAST 6h (mmHg): _____ (ONLY NUMBERS FROM 10 TO 100)

Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to ICU admission. ‘Worst’ is defined as the blood gas with the lowest PaO₂/FiO₂ ratio. Not available

1.19 ARTERIAL BICARBONATE (HCO₃⁻) IN THE LAST 6h _____ mEq/L

Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to ICU admission. ‘Worst’ is defined as the blood gas with the lowest PaO₂/FiO₂ ratio.

Not available

1.20 ARTERIAL Base excess IN THE LAST 6h _____ mmol/L

Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to ICU admission. ‘Worst’ is defined as the blood gas with the lowest PaO₂/FiO₂ ratio.

Not available

1.21 Lactate IN THE LAST 6h _____ mmol/L

Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to ICU admission. ‘Worst’ is defined as the blood gas with the lowest PaO₂/FiO₂ ratio. Not available

1.22 Troponin in the last 12 hours:

- Troponin T: _____ (ng/mL or ng/L)
- Troponin I: _____ (ng/mL or ng/L)
- High sensitivity troponin T: _____ (ng/mL or ng/L)

- High sensitivity troponin I: _____ (ng/mL or ng/L)
- Not available

1.23 Cardiac BNP in the last 12 hours:

_____ (picograms/mL)

Only numbers between 0-1000

- Not available

1.24 Upon ICU admission, did the patient present with cutaneous manifestations?

- Yes
- No
- Not available

If yes to 1.24, type of cutaneous manifestations (please select up to three (3) options)

- Bullae
- Macules
- Nodules
- Papules
- Plaques
- Purpura
- Pustules
- Rash
- Scale
- Urticaria
- Vesicles
- Other: _____

If yes to 1.24, specify the involved regions (please select up to three (3) options):

- Face
- Trunk
- Upper limbs
- Hands
- Lower limbs
- Feet

CORE CASE RECORD FORM (EOT Mech Vent)

2. UPON COMMENCEMENT OF MECHANICAL VENTILATION - 'Mechanical ventilation' includes invasive mechanical ventilation via an endotracheal tube or tracheostomy only.

2.1 DATE OF START OF MECHANICAL VENTILATION: ____ / ____ / ____ (ONLY DATE, FROM 14/12/2019)

2.2 SITE OF INTUBATION

- Outside hospital
- Intensive Care Unit
- Emergency Department
- Hospital Ward
- Different hospital, then patient was transferred
- Other

2.3 TYPE OF INTUBATION

- Elective
- Emergent

2.4 CARDIAC ARREST

- Yes
- No

2.5 VENTILATORY SUPPORT BEFORE INTUBATION

- High-Flow Oxygen Ventilation
- Mask non-invasive ventilation
- Full Face-mask non-invasive ventilation
- Helmet non-invasive ventilation
- Simple face mask oxygen therapy
- Venturi mask oxygen therapy
- Non re-breather face mask oxygen therapy
- Nasal prongs oxygen therapy
- Other
- Not available

BLOOD GAS ANALYSIS (Qs 2.6 – 2.11) – Please document the values associated with the 'worst' blood gas analysis in the 6 hours prior to commencement of mechanical ventilation. 'Worst' blood gas is defined as the blood gas with the lowest PaO₂/FiO₂ ratio.

2.6 ARTERIAL pH IN THE 6 HOURS BEFORE START OF MV: _____ (ONLY NUMBERS FROM 6.500 TO 7.600)

Please document the values associated with the 'worst' blood gas analysis in the 6 hours prior to commencement of mechanical ventilation. 'Worst' is defined as the blood gas with the lowest PaO₂/FiO₂ ratio.

Not available

2.7 ARTERIAL PARTIAL PRESSURE OF OXYGEN IN THE 6 HOURS BEFORE START OF MV Before Start MV Please document the values associated with the 'worst' blood gas analysis in the 6 hours prior to commencement of mechanical ventilation. 'Worst' is defined as the blood gas with the lowest PaO₂/FiO₂ ratio

Partial pressure O₂: _____ Units:mmHg kPa

Not available

2.8 .ARTERIAL PARTIAL PRESSURE OF CARBON DIOXIDE IN THE 6 HOURS BEFORE START OF MV Please document the values associated with the 'worst' blood gas analysis in the 6 hours prior to commencement of mechanical ventilation. 'Worst' is defined as the blood gas with the lowest PaO₂/FiO₂ ratio

Partial pressure CO₂_____ Units:mmHg kPa

Not available

2.9 ARTERIAL HCO₃⁻ IN THE 6 HOURS BEFORE START OF MV _____mEq/L

Please document the values associated with the 'worst' blood gas analysis in the 6 hours prior to commencement of mechanical ventilation. 'Worst' is defined as the blood gas with the lowest PaO₂/FiO₂ ratio.

Not available

2.10 ARTERIAL Base excess IN THE 6 HOURS BEFORE START OF MV _____ mmol/L

Please document the values associated with the 'worst' blood gas analysis in the 6 hours prior to commencement of mechanical ventilation. 'Worst' is defined as the blood gas with the lowest PaO₂/FiO₂ ratio.

Not available

2.11 Lactate IN THE 6 HOURS BEFORE START OF MV _____ mmol/L

Please document the values associated with the 'worst' blood gas analysis in the 6 hours prior to commencement of mechanical ventilation. 'Worst' is defined as the blood gas with the lowest PaO₂/FiO₂ ratio.

Not available

2.12 USE OF CONTINUOUS RENAL REPLACEMENT THERAPY BEFORE START OF MV

- Yes
- No

2.13 USE OF VASOACTIVE DRUGS BEFORE START OF MV

- Yes
- No

2.14 USE OF CARDIAC ASSIST DEVICES BEFORE START OF MV

- Yes
- No

2.15 ANTIBIOTICS BEFORE START OF MV

- | | | |
|--|--|---|
| <input type="checkbox"/> Amikacin | <input type="checkbox"/> Ceftibuten | <input type="checkbox"/> Imiquimod |
| <input type="checkbox"/> Amoxicillin | <input type="checkbox"/> Ceftizoxime | <input type="checkbox"/> Kanamycin |
| <input type="checkbox"/> Amoxicillin +
Clavulanate | <input type="checkbox"/> Ceftobiprole | <input type="checkbox"/> Levofloxacin |
| <input type="checkbox"/> Ampicillin | <input type="checkbox"/> Ceftriaxone | <input type="checkbox"/> Lincomycin |
| <input type="checkbox"/> Ampicillin + Sulbactam | <input type="checkbox"/> Cefuroxime | <input type="checkbox"/> Linezolid |
| <input type="checkbox"/> Atovaquone | <input type="checkbox"/> Cephalexin | <input type="checkbox"/> Lomefloxacin |
| <input type="checkbox"/> Azithromycin | <input type="checkbox"/> Cephalothin | <input type="checkbox"/> Loracarbef |
| <input type="checkbox"/> Aztreonam | <input type="checkbox"/> Cephapirin | <input type="checkbox"/> Mafenide |
| <input type="checkbox"/> Bacampicillin | <input type="checkbox"/> Cephadrine | <input type="checkbox"/> Meropenem |
| <input type="checkbox"/> Bacitracin | <input type="checkbox"/> Chloramphenicol | <input type="checkbox"/> Methenamine hippurate |
| <input type="checkbox"/> Capreomycin | <input type="checkbox"/> Cinoxacin | <input type="checkbox"/> Methicillin |
| <input type="checkbox"/> Carbenicillin indanyl
sodium | <input type="checkbox"/> Ciprofloxacin | <input type="checkbox"/> Metronidazole |
| <input type="checkbox"/> Cefaclor | <input type="checkbox"/> Clarithromycin | <input type="checkbox"/> Mezlocillin |
| <input type="checkbox"/> Cefadroxil | <input type="checkbox"/> Clindamycin | <input type="checkbox"/> Minocycline |
| <input type="checkbox"/> Cefamandole | <input type="checkbox"/> Cloxacillin | <input type="checkbox"/> Moxifloxacin |
| <input type="checkbox"/> Cefazolin | <input type="checkbox"/> Colistimethate | <input type="checkbox"/> Mupirocin |
| <input type="checkbox"/> Cefdinir | <input type="checkbox"/> Cycloserine | <input type="checkbox"/> Nafcillin |
| <input type="checkbox"/> Cefditoren | <input type="checkbox"/> Daptomycin | <input type="checkbox"/> Nalidixic Acid |
| <input type="checkbox"/> Cefepime | <input type="checkbox"/> Demeclocycline | <input type="checkbox"/> Neomycin |
| <input type="checkbox"/> Cefixime | <input type="checkbox"/> Dicloxacillin | <input type="checkbox"/> Netilmicin |
| <input type="checkbox"/> Cefmetazole | <input type="checkbox"/> Dirithromycin | <input type="checkbox"/> Nitrofurantoin |
| <input type="checkbox"/> Cefonicid | <input type="checkbox"/> Doripenem | <input type="checkbox"/> Nitrofurazone |
| <input type="checkbox"/> Cefoperazone | <input type="checkbox"/> Doxycycline | <input type="checkbox"/> Norfloxacin |
| <input type="checkbox"/> Cefotaxime | <input type="checkbox"/> Enoxacin | <input type="checkbox"/> Novobiocin |
| <input type="checkbox"/> Cefotetan | <input type="checkbox"/> Ertapenem | <input type="checkbox"/> Ofloxacin |
| <input type="checkbox"/> Cefoxitin | <input type="checkbox"/> Erythromycin | <input type="checkbox"/> Oxacillin |
| <input type="checkbox"/> Cefpodoxime Proxetil | <input type="checkbox"/> Fosfomycin | <input type="checkbox"/> Oxytetracycline |
| <input type="checkbox"/> Cefprozil | <input type="checkbox"/> Gatifloxacin | <input type="checkbox"/> Penicillin |
| <input type="checkbox"/> Ceftaroline | <input type="checkbox"/> Gemifloxacin | <input type="checkbox"/> Piperacillin |
| <input type="checkbox"/> Ceftazidime | <input type="checkbox"/> Gentamicin | <input type="checkbox"/> Piperacillin +
Tazobactam |
| | <input type="checkbox"/> Grepafloxacin | <input type="checkbox"/> Podofilox |
| | <input type="checkbox"/> Imipenem/Cilastatin | |

- Polymyxin B
- Quinupristin +
Dalfopristin
- Retapamulin
- Rifapentine
- Rifaximin
- Saturated Solution of
Potassium Iodide (SSKI)
- Sparfloxacin
- Spectinomycin
- Streptomycin
- Sulfadiazine
- Sulfamethoxazole
- Sulfoxazole
- Sulphur, precipitated in
petrolatum
- TCA (trichloroacetic
acid), BCA
(bichloroacetic acid).
- Teicoplanin
- Telavancin
- Telithromycin
- Terbinafine
- Tetracycline
- Ticarcillin
- Ticarcillin + Clavulanic
Acid
- Tigecycline
- Tobramycin
- Trimethoprim
- Trimethoprim +
Sulfamethoxazole
- Trovafloxacin
- Vancomycin

CORE CASE RECORD FORM (EOT Start ECMO)

3. UPON COMMENCEMENT OF ECMO

3.1 DATE OF START OF ECMO: ___/___/___ (ONLY DATE FROM 14/12/2019)

3.2 Is this patient enrolled in the EXCEL study?

- Yes
 No

3.3 If Yes, what is the patients EXCEL study number _____

3.4 Is this patient enrolled in the ELSO Registry?

- Yes
 No

3.5 If yes, what is the patient's ELSO Registry number: _____

3.6 LOCATION OF ECMO CANNULATION:

- Same Hospital
 Other Hospital, then patient was retrieved and transferred

3.7 Type and Manufacturer of centrifugal blood pump driven circuit: _____ (TEXT)

3.8 Type and Manufacturer of low-resistance oxygenator: _____ (TEXT)

3.9 TYPE OF ECMO:

- Venous-venous
 Venous-arterial

3.10 DRAINAGE CANNULA INSERTION SITE:

- Left femoral vein
 Left internal jugular vein
 Right femoral vein
 Right internal jugular vein

3.10a DRAINAGE CANNULA SIZE

- Yes
- No

3.10b DRAINAGE CANNULA SIZE

_____ Fr (ONLY NUMBERS, BETWEEN 5 and 30)

3.11 RETURN CANNULA INSERTION SITE:

- Left femoral vein
- Left internal jugular vein
- Right femoral vein
- Right internal jugular vein
- Left femoral artery
- Right femoral artery

3.12 CARDIAC ARREST BEFORE START OF ECMO

- Yes
- No

3.13 USE OF PRONE POSITION BEFORE START OF ECMO:

- Yes
- No

3.14 USE OF NEUROMUSCULAR BLOCKADE BEFORE START OF ECMO:

- Yes
- No

3.15 USE OF RECRUITMENT MANOEUVRES BEFORE START OF ECMO:

- Yes
- No

3.16 USE OF INHALED NITRIC OXIDE BEFORE START OF ECMO:

- Yes
- No

3.17 USE OF BICARBONATE BEFORE START OF ECMO

- Yes
- No

3.18 VENTILATORY MODE BEFORE START OF ECMO:

- Synchronized Intermittent Mandatory Ventilation – Volume-Controlled (SIMV-V)
- Synchronized Intermittent Mandatory Ventilation – Pressure-Controlled (SIMV-P)

- Volume Controlled Ventilation
- Pressure Controlled Ventilation
- Pressure Regulated Volume Control (PRVC)
- Airway Pressure Release Ventilation (APRV)
- Pressure Support Ventilation (PSV)
- Volume Support Ventilation (VSV)
- High Frequency Oscillatory (HFO)
- Bylevel Positive Airway Pressure (BiPAP)
- Continuous Positive Airway Pressure (CPAP)
- Proportional Assist Ventilation (PAV)
- Neurally Adjusted Ventilatory Assist (NAVA)
- Other: _____ (TEXT)

MECHANICAL VENTILATION & BLOOD GAS ANALYSIS (Qs 3.17- 3.28) – Please document the ‘worst’ value in the 6 hours before the commencement of ECMO. ‘Worst’ means the values associated with the arterial blood gas with the lowest PaO₂/FiO₂ ratio. Please report ventilatory settings associated with the worst arterial blood gas.

3.19 INSPIRATORY FRACTION OF OXYGEN IN THE 6 HOURS BEFORE START OF ECMO: _____ (ONLY NUMBERS, BETWEEN 21 and 100)

Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to commencement of ECMO. ‘Worst’ is defined as the blood gas with the lowest PaO₂/FiO₂ ratio.

Not available

3.20 RESPIRATORY RATE IN THE 6 HOURS BEFORE START OF ECMO (breaths/min): _____ (ONLY NUMBERS, BETWEEN 2 and 60)

Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to commencement of ECMO. ‘Worst’ is defined as the blood gas with the lowest PaO₂/FiO₂ ratio.

Not available

3.21 TIDAL VOLUME (ml/Kg of Ideal Body Weight): _____ (ONLY NUMBERS, BETWEEN 1 and 14)

Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to commencement of ECMO. ‘Worst’ is defined as the blood gas with the lowest PaO₂/FiO₂ ratio.

Ideal Body Weight formula:

Male patients: $50 + (0.91 \times [\text{height in cm} - 152.4])$

Female patients: $45.5 + (0.91 \times \{\text{height in cm} - 152.4\})$

Not available

3.22 POSITIVE END EXPIRATORY PRESSURE IN THE 6 HOURS BEFORE START OF ECMO (cmH₂O): _____ (ONLY NUMBERS, BETWEEN 0 and 25)

Please document the values associated with the 'worst' blood gas analysis in the 6 hours prior to commencement of ECMO. 'Worst' is defined as the blood gas with the lowest PaO₂/FiO₂ ratio.

Not available

3.23 PEAK AIRWAY PRESSURE IN THE 6 HOURS BEFORE START OF ECMO (cmH₂O): _____ (ONLY NUMBERS, BETWEEN 0 and 85)

Please document the values associated with the 'worst' blood gas analysis in the 6 hours prior to commencement of ECMO. 'Worst' is defined as the blood gas with the lowest PaO₂/FiO₂ ratio.

Not available

3.24 AIRWAY PLATEAU PRESSURE IN THE 6 HOURS BEFORE START OF ECMO (cmH₂O): _____ (ONLY NUMBERS, BETWEEN 0 and 50)

Please document the values associated with the 'worst' blood gas analysis in the 6 hours prior to commencement of ECMO. 'Worst' is defined as the blood gas with the lowest PaO₂/FiO₂ ratio.

Not available

3.25 ARTERIAL pH IN THE 6 HOURS BEFORE START OF ECMO: _____ (ONLY NUMBERS FROM 6.500 TO 7.600)

Please document the values associated with the 'worst' blood gas analysis in the 6 hours prior to commencement of ECMO. 'Worst' is defined as the blood gas with the lowest PaO₂/FiO₂ ratio.

Not available

3.26

ARTERIAL PARTIAL PRESSURE OF OXYGEN IN THE 6 HOURS BEFORE START OF ECMO Please document the values associated with the 'worst' blood gas analysis in the 6 hours prior to commencement of ECMO. 'Worst' is defined as the blood gas with the lowest PaO₂/FiO₂ ratio

Partial pressure O₂: _____ Units:mmHg kPa

Not available

3.27 ARTERIAL PARTIAL PRESSURE OF CARBON DIOXIDE IN THE 6 HOURS BEFORE START OF ECMO

Please document the values associated with the 'worst' blood gas analysis in the 6 hours prior to commencement of ECMO. 'Worst' is defined as the blood gas with the lowest PaO₂/FiO₂ ratio.

Partial pressure CO₂: _____ Units:mmHg kPa

Not available

3.28 ARTERIAL HCO₃⁻ IN THE 6 HOURS BEFORE START OF ECMO _____ mEq/L

Please document the values associated with the 'worst' blood gas analysis in the 6 hours prior to commencement of ECMO. 'Worst' is defined as the blood gas with the lowest PaO₂/FiO₂ ratio.

Not available

3.29 ARTERIAL Base excess IN THE 6 HOURS BEFORE START OF ECMO _____ mmol/L

Please document the values associated with the 'worst' blood gas analysis in the 6 hours prior to commencement of ECMO. 'Worst' is defined as the blood gas with the lowest PaO₂/FiO₂ ratio.

Not available

3.30 Lactate IN THE 6 HOURS BEFORE START OF ECMO _____ mmol/L

Please document the values associated with the 'worst' blood gas analysis in the 6 hours prior to commencement of ECMO. 'Worst' is defined as the blood gas with the lowest PaO₂/FiO₂ ratio.

Not available

3.31 USE OF CONTINUOUS RENAL REPLACEMENT THERAPY BEFORE START OF ECMO:

- Yes
- No

3.32 USE OF VASOACTIVE DRUGS BEFORE START OF ECMO:

- Yes
- No

3.33 USE OF CARDIAC ASSIST DEVICE BEFORE START OF ECMO:

- Yes
- No

3.34 USE OF ANTIBIOTICS BEFORE START OF ECMO:

- Yes
- No

3.35 ANTIBIOTICS BEFORE START OF ECMO:

- Yes
- No

- | | | |
|--|---|--|
| <input type="checkbox"/> Amikacin | <input type="checkbox"/> Cefepime | <input type="checkbox"/> Ceftriaxone |
| <input type="checkbox"/> Amoxicillin | <input type="checkbox"/> Cefixime | <input type="checkbox"/> Cefuroxime |
| <input type="checkbox"/> Amoxicillin +
Clavulanate | <input type="checkbox"/> Cefmetazole | <input type="checkbox"/> Cephalexin |
| <input type="checkbox"/> Ampicillin | <input type="checkbox"/> Cefonicid | <input type="checkbox"/> Cephalothin |
| <input type="checkbox"/> Ampicillin + Sulbactam | <input type="checkbox"/> Cefoperazone | <input type="checkbox"/> Cephapirin |
| <input type="checkbox"/> Atovaquone | <input type="checkbox"/> Cefotaxime | <input type="checkbox"/> Cephadrine |
| <input type="checkbox"/> Azithromycin | <input type="checkbox"/> Cefotetan | <input type="checkbox"/> Chloramphenicol |
| <input type="checkbox"/> Aztreonam | <input type="checkbox"/> Cefoxitin | <input type="checkbox"/> Cinoxacin |
| <input type="checkbox"/> Bacampicillin | <input type="checkbox"/> Cefpodoxime Proxetil | <input type="checkbox"/> Ciprofloxacin |
| <input type="checkbox"/> Bacitracin | <input type="checkbox"/> Cefprozil | <input type="checkbox"/> Clarithromycin |
| <input type="checkbox"/> Capreomycin | <input type="checkbox"/> Ceftaroline | <input type="checkbox"/> Clindamycin |
| <input type="checkbox"/> Carbenicillin indanyl
sodium | <input type="checkbox"/> Ceftazidime | <input type="checkbox"/> Cloxacillin |
| <input type="checkbox"/> Cefaclor | <input type="checkbox"/> Ceftazidime/Avibactam | <input type="checkbox"/> Colistimethate |
| <input type="checkbox"/> Cefadroxil | <input type="checkbox"/> Ceftibuten | <input type="checkbox"/> Cycloserine |
| <input type="checkbox"/> Cefamandole | <input type="checkbox"/> Ceftizoxime | <input type="checkbox"/> Daptomycin |
| <input type="checkbox"/> Cefazolin | <input type="checkbox"/> Ceftobiprole | <input type="checkbox"/> Demeclocycline |
| <input type="checkbox"/> Cefdinir | <input type="checkbox"/> Ceftolozane/Tazobacta
m | <input type="checkbox"/> Dicloxacillin |
| <input type="checkbox"/> Cefditoren | <input type="checkbox"/> | <input type="checkbox"/> Dirithromycin |
| | | <input type="checkbox"/> Doripenem |
| | | <input type="checkbox"/> Doxycycline |

- | | |
|--|---|
| <input type="checkbox"/> Enoxacin | <input type="checkbox"/> Saturated Solution of Potassium Iodide (SSKI) |
| <input type="checkbox"/> Ertapenem | <input type="checkbox"/> Sparfloxacin |
| <input type="checkbox"/> Erythromycin | <input type="checkbox"/> Spectinomycin |
| <input type="checkbox"/> Fosfomycin | <input type="checkbox"/> Streptomycin |
| <input type="checkbox"/> Gatifloxacin | <input type="checkbox"/> Sulfadiazine |
| <input type="checkbox"/> Gemifloxacin | <input type="checkbox"/> Sulfamethoxazole |
| <input type="checkbox"/> Gentamicin | <input type="checkbox"/> Sulfisoxazole |
| <input type="checkbox"/> Grepafloxacin | <input type="checkbox"/> Sulphur, precipitated in petrolatum |
| <input type="checkbox"/> Imipenem/Cilastatin | <input type="checkbox"/> TCA (trichloroacetic acid), BCA (bichloroacetic acid). |
| <input type="checkbox"/> Imiquimod | <input type="checkbox"/> Teicoplanin |
| <input type="checkbox"/> Kanamycin | <input type="checkbox"/> Telavancin |
| <input type="checkbox"/> Levofloxacin | <input type="checkbox"/> Telithromycin |
| <input type="checkbox"/> Lincomycin | <input type="checkbox"/> Terbinafine |
| <input type="checkbox"/> Linezolid | <input type="checkbox"/> Tetracycline |
| <input type="checkbox"/> Lomefloxacin | <input type="checkbox"/> Ticarcillin |
| <input type="checkbox"/> Loracarbef | <input type="checkbox"/> Ticarcillin + Clavulanic Acid |
| <input type="checkbox"/> Mafenide | <input type="checkbox"/> Tigecycline |
| <input type="checkbox"/> Meropenem | <input type="checkbox"/> Tobramycin |
| <input type="checkbox"/> Methenamine hippurate | <input type="checkbox"/> Trimethoprim |
| <input type="checkbox"/> Methicillin | <input type="checkbox"/> Trimethoprim + Sulfamethoxazole |
| <input type="checkbox"/> Metronidazole | <input type="checkbox"/> Trovafloxacin |
| <input type="checkbox"/> Mezlocillin | <input type="checkbox"/> Vancomycin |
| <input type="checkbox"/> Minocycline | |
| <input type="checkbox"/> Moxifloxacin | |
| <input type="checkbox"/> Mupirocin | |
| <input type="checkbox"/> Nafcillin | |
| <input type="checkbox"/> Nalidixic Acid | |
| <input type="checkbox"/> Neomycin | |
| <input type="checkbox"/> Netilmicin | |
| <input type="checkbox"/> Nitrofurantoin | |
| <input type="checkbox"/> Nitrofurazone | |
| <input type="checkbox"/> Norfloxacin | |
| <input type="checkbox"/> Novobiocin | |
| <input type="checkbox"/> Ofloxacin | |
| <input type="checkbox"/> Oxacillin | |
| <input type="checkbox"/> Oxytetracycline | |
| <input type="checkbox"/> Penicillin | |
| <input type="checkbox"/> Piperacillin | |
| <input type="checkbox"/> Piperacillin + Tazobactam | |
| <input type="checkbox"/> Podofilox | |
| <input type="checkbox"/> Polymyxin B | |
| <input type="checkbox"/> Quinupristin + Dalfopristin | |
| <input type="checkbox"/> Retapamulin | |
| <input type="checkbox"/> Rifapentine | |
| <input type="checkbox"/> Rifaximin | |

3.36 CHEST X-RAY WITHIN 24h

PRE or POST- ECMO

CANNULATION:

- Yes
 No

3.36a If yes to 3.36, Number of

CHEST X-RAY quadrants with

infiltrates:

- 0
 1
 2
 3
 4
 Unknown

4. DAILY CASE RECORD FORM

Complete one form 24 hours after commencement of mechanical ventilation, and daily up to discontinuation of mechanical ventilation or death, whichever occurs first.

4. Daily Data4. DAILY CASE RECORD FORM

Option 1: 'FULL' daily data

Complete the daily form every day of mechanical ventilation (ie. from mechanical ventilation commencement (intubation) to discontinuation of mechanical ventilation (extubation)).

Please commence this data the day after the patient is intubated.

Please collect all daily data retrospectively, at least 24h after the day of assessment, since the worst parameters of the 24-h period of assessment need to be identified.

Option 2: 'BASIC' daily data

Complete this daily form:

1. Four (4) days after ICU admission (only if the patient is mechanically ventilated at that time)
2. Upon commencement of mechanical ventilation
3. Upon ECMO commencement
4. Upon ECMO discontinuation
5. Upon mechanical ventilation discontinuation.

Please collect all daily data retrospectively, at least 24h after the day of assessment, since the worst parameters of the 24-h period of assessment need to be identified.

Importantly, parameters related to mechanical ventilation or ECMO will be active only when you click 'YES' in the field '1.17 Invasive ventilation?' or when you click 'YES' in the field '1.18 ECLS?', respectively, of the SPRINT-SARI form.

4.1 DATE: _____ (ONLY DATE, FROM 14/12/2019)

4.2 PATIENT POSITION

'Full' daily data collection: Patient position applied most predominantly in the last 24 hours

'Basic' daily data collection: Patient position applied most predominantly since the last EOT Daily form

- *If this is the 'Four days after ICU admission' timepoint, please collect the position applied most predominantly in the last 24 hours.*

- Supine
 Prone

4.3 HIGHEST ECMO FLOW RATE IN THE LAST 24h (L/min): _____

4.4 HIGHEST ECMO GAS FLOW RATE IN THE LAST 24h (L/min): _____

4.5 ECMO CIRCUIT CHANGE

*'Full' daily data collection: Circuit change **in the last 24 hours***

*'Basic' daily data collection: Circuit change **since the last EOT Daily form***

- *If this is the 'Four days after ICU admission' timepoint, please answer with reference to the last 24 hours.*

- Yes
 No

4.6 USE OF NEUROMUSCOLAR BLOCKADE

*'Full' daily data collection: Neuromuscular blockade **in the last 24 hours***

*'Basic' daily data collection: Neuromuscular blockade **since the last EOT Daily form***

- *If this is the 'Four days after ICU admission' timepoint, please answer with reference to the last 24 hours.*

- Yes
 No

4.7 USE OF RECRUITMENT MANOEUVRES

*'Full' daily data collection: Recruitment manoeuvres **in the last 24 hours***

*'Basic' daily data collection: Recruitment manoeuvres **since the last EOT Daily form***

- *If this is the 'Four days after ICU admission' timepoint, please answer with reference to the last 24 hours.*

- Yes
 No

4.8 USE OF INHALED NITRIC OXIDE

*'Full' daily data collection: Inhaled nitric oxide **in the last 24 hours***

*'Basic' daily data collection: Inhaled nitric oxide **since the last EOT Daily form***

- *If this is the 'Four days after ICU admission' timepoint, please answer with reference to the last 24 hours.*

- Yes
 No

4.9 MOST FREQUENT VENTILATORY MODE IN THE LAST 24h:

- Synchronized Intermittent Mandatory Ventilation – Volume-Controlled (SIMV-V)
 Synchronized Intermittent Mandatory Ventilation – Pressure-Controlled (SIMV-P)
 Volume Controlled Ventilation
 Pressure Controlled Ventilation

- Pressure Regulated Volume Control (PRVC)
- Airway Pressure Release Ventilation (APRV)
- Pressure Support Ventilation (PSV)
- Volume Support Ventilation (VSV)
- High Frequency Oscillatory (HFO)
- Bylevel Positive Airway Pressure (BiPAP)
- Continuous Positive Airway Pressure (CPAP)
- Proportional Assist Ventilation (PAV)
- Neurally Adjusted Ventilatory Assist (NAVA)
- Other: _____ (TEXT)

MECHANICAL VENTILATION & BLOOD GAS ANALYSIS (Qs 4.10 – 4.21) – Please document the ‘worst’ value in the last 24 hours. ‘Worst’ means the values associated with the arterial blood gas with the lowest PaO₂/FiO₂ ratio. Please report ventilatory settings associated with the worst arterial blood gas.

4.10 INSPIRATORY FRACTION OF OXYGEN IN THE LAST 24h: _____ (ONLY NUMBERS, BETWEEN 21 and 100)

Please document the values associated with the ‘worst’ blood gas analysis in the last 24 hours. ‘Worst’ is defined as the blood gas with the lowest PaO₂/FiO₂ ratio.

Not available

4.11 RESPIRATORY RATE IN THE LAST 24h (breaths/min): _____ (ONLY NUMBERS, BETWEEN 2 and 60)

Please document the values associated with the ‘worst’ blood gas analysis in the last 24 hours. ‘Worst’ is defined as the blood gas with the lowest PaO₂/FiO₂ ratio. Not available

4.12 TIDAL VOLUME IN THE LAST 24h (ml/Kg of Ideal Body Weight): _____ (ONLY NUMBERS, BETWEEN 1 and 14)

Please document the values associated with the ‘worst’ blood gas analysis in the last 24 hours. ‘Worst’ is defined as the blood gas with the lowest PaO₂/FiO₂ ratio. Ideal Body Weight formula:

Male patients: $50 + (0.91 \times [\text{height in cm} - 152.4])$

Female patients: $45.5 + (0.91 \times \{\text{height in cm} - 152.4\})$

Not available

4.13 POSITIVE END EXPIRATORY PRESSURE IN THE LAST 24h (cmH₂O): _____ (ONLY NUMBERS, BETWEEN 0 and 25)

Please document the values associated with the ‘worst’ blood gas analysis in the last 24 hours. ‘Worst’ is defined as the blood gas with the lowest PaO₂/FiO₂ ratio. Not available

4.14 AIRWAY PLATEAU PRESSURE IN THE LAST 24h (cmH₂O): _____ (ONLY NUMBERS, BETWEEN 0 and 50)

Please document the values associated with the 'worst' blood gas analysis in the last 24 hours. 'Worst' is defined as the blood gas with the lowest PaO₂/FiO₂ ratio. Not available

4.15 ARTERIAL pH IN THE LAST 24h: _____ (ONLY NUMBERS FROM 6.500 TO 7.600)

Please document the values associated with the 'worst' blood gas analysis in the last 24 hours. 'Worst' is defined as the blood gas with the lowest PaO₂/FiO₂ ratio. Not available

4.16 ARTERIAL PARTIAL PRESSURE OF OXYGEN IN THE LAST 24h: (mmHg): _____ (ONLY NUMBERS FROM 20 TO 500)

Please document the values associated with the 'worst' blood gas analysis in the last 24 hours. 'Worst' is defined as the blood gas with the lowest PaO₂/FiO₂ ratio. Not available

4.17 ARTERIAL PARTIAL PRESSURE OF CARBON DIOXIDE IN THE LAST 24h: (mmHg): _____ (ONLY NUMBERS FROM 10 TO 100)

Please document the values associated with the 'worst' blood gas analysis in the last 24 hours. 'Worst' is defined as the blood gas with the lowest PaO₂/FiO₂ ratio. Not available

4.18 ARTERIAL HCO₃⁻ IN THE LAST 24h: _____ mEq/L

Please document the values associated with the 'worst' blood gas analysis in the last 24 hours. 'Worst' is defined as the blood gas with the lowest PaO₂/FiO₂ ratio. Not available

4.19 ARTERIAL Base excess IN THE LAST 24h: _____ mmol/L

Please document the values associated with the 'worst' blood gas analysis in the last 24 hours. 'Worst' is defined as the blood gas with the lowest PaO₂/FiO₂ ratio. Not available

4.20 Lactate IN THE LAST 24h: _____ mmol/L

Please document the values associated with the 'worst' blood gas analysis in the last 24 hours. 'Worst' is defined as the blood gas with the lowest PaO₂/FiO₂ ratio.

Not available

If this data has already been entered in the 'Daily Case Report Form – Laboratory Results' section of the ISARIC CRF, please DO NOT re-enter the data here. Please leave '4.20 Lactate' blank.

4.21 CREATININE IN THE LAST 24h (mg/dL): _____

Please document the values associated with the 'worst' blood gas analysis in the last 24 hours. 'Worst' is defined as the blood gas with the lowest PaO₂/FiO₂ ratio.

Not available

If this data has already been entered in the 'Daily Case Report Form – Laboratory Results' section of the ISARIC CRF, please DO NOT re-enter the data here. Please leave '4.21 Creatinine' blank.

4.22 USE OF CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT)

'Full' daily data collection: CRRT in the last 24 hours

'Basic' daily data collection: CRRT since the last EOT Daily form

- *If this is the 'Four days after ICU admission' timepoint, please answer with reference to the last 24 hours.*

Yes
 No

4.23 USE OF VASOACTIVE DRUGS IN THE LAST 24h:

Yes
 No

4.24 TYPE OF VASOACTIVE DRUG 1:

- Dobutamine
 Dopamine
 Enoximone
 Epinephrine: YES NO
 Esmolol
 Levosimendan
 Metaraminol
 Metoprolol
 Milrinone
 Nicardipine
 Nitroglycerin
 Nitroprusside
 Norepinephrine: YES NO
 Phenylephrine

- Tolazoline
- Vasopressin

4.25 HIGHEST DOSE OF VASOACTIVE DRUG 1 IN THE LAST 24h (mcg/Kg/min): _____

4.26 TYPE OF VASOACTIVE DRUG 2:

- Dobutamine
- Dopamine
- Enoximone
- Epinephrine: YES NO
- Esmolol
- Levosimendan
- Metaraminol
- Metoprolol
- Milrinone
- Nicardipine
- Nitroglycerin
- Nitroprusside
- Norepinephrine: YES NO
- Phenylephrine
- Tolazoline
- Vasopressin

4.27 HIGHEST DOSE OF VASOACTIVE DRUG 2 IN THE LAST 24h (mcg/Kg/min): _____

4.28 TYPE OF VASOACTIVE DRUG 3:

- Dobutamine
- Dopamine
- Enoximone
- Epinephrine: YES NO
- Esmolol
- Levosimendan
- Metaraminol
- Metoprolol
- Milrinone
- Nicardipine
- Nitroglycerin
- Nitroprusside
- Norepinephrine: YES NO
- Phenylephrine
- Tolazoline
- Vasopressin

4.29 HIGHEST DOSE OF VASOACTIVE DRUG 3 IN THE LAST 24h (mcg/Kg/min): _____

4.30 USE OF CARDIAC ASSIST DEVICES

'Full' daily data collection: Cardiac assist device use **in the last 24 hours**

'Basic' daily data collection: Cardiac assist device use **since the last EOT Daily form**

- If this is the 'Four days after ICU admission' timepoint, please answer with reference to the last 24 hours.

- Yes
 No

4.31 USE OF ANTIBIOTICS

'Full' daily data collection: Antibiotics administered **in the last 24 hours**

'Basic' daily data collection: Antibiotics administered **since the last EOT Daily form**

- If this is the 'Four days after ICU admission' timepoint, please answer with reference to the last 24 hours.

- Yes
 No

ANTIBIOTICS:

- | | | |
|---|---|--|
| <input type="checkbox"/> Amikacin | <input type="checkbox"/> Cefonicid | <input type="checkbox"/> Ciprofloxacin |
| <input type="checkbox"/> Amoxicillin | <input type="checkbox"/> Cefoperazone | <input type="checkbox"/> Clarithromycin |
| <input type="checkbox"/> Amoxicillin + Clavulanate | <input type="checkbox"/> Cefotaxime | <input type="checkbox"/> Clindamycin |
| <input type="checkbox"/> Ampicillin | <input type="checkbox"/> Cefotetan | <input type="checkbox"/> Cloxacillin |
| <input type="checkbox"/> Ampicillin + Sulbactam | <input type="checkbox"/> Cefoxitin | <input type="checkbox"/> Colistimethate |
| <input type="checkbox"/> Atovaquone | <input type="checkbox"/> Cefpodoxime Proxetil | <input type="checkbox"/> Cycloserine |
| <input type="checkbox"/> Azithromycin | <input type="checkbox"/> Cefprozil | <input type="checkbox"/> Daptomycin |
| <input type="checkbox"/> Aztreonam | <input type="checkbox"/> Ceftaroline | <input type="checkbox"/> Demeclocycline |
| <input type="checkbox"/> Bacampicillin | <input type="checkbox"/> Ceftazidime | <input type="checkbox"/> Dicloxacillin |
| <input type="checkbox"/> Bacitracin | <input type="checkbox"/> Ceftazidime/Avibactam | <input type="checkbox"/> Dirithromycin |
| <input type="checkbox"/> Capreomycin | <input type="checkbox"/> Ceftibuten | <input type="checkbox"/> Doripenem |
| <input type="checkbox"/> Carbenicillin indanyl sodium | <input type="checkbox"/> Ceftizoxime | <input type="checkbox"/> Doxycycline |
| <input type="checkbox"/> Cefaclor | <input type="checkbox"/> Ceftobiprole | <input type="checkbox"/> Enoxacin |
| <input type="checkbox"/> Cefadroxil | <input type="checkbox"/> Ceftolozane/Tazobactam | <input type="checkbox"/> Ertapenem |
| <input type="checkbox"/> Cefamandole | <input type="checkbox"/> Ceftriaxone | <input type="checkbox"/> Erythromycin |
| <input type="checkbox"/> Cefazolin | <input type="checkbox"/> Cefuroxime | <input type="checkbox"/> Fosfomycin |
| <input type="checkbox"/> Cefdinir | <input type="checkbox"/> Cephalixin | <input type="checkbox"/> Gatifloxacin |
| <input type="checkbox"/> Cefditoren | <input type="checkbox"/> Cephalothin | <input type="checkbox"/> Gemifloxacin |
| <input type="checkbox"/> Cefditoren | <input type="checkbox"/> Cephapirin | <input type="checkbox"/> Gentamicin |
| <input type="checkbox"/> Cefepime | <input type="checkbox"/> Cephadrine | <input type="checkbox"/> Grepafloxacin |
| <input type="checkbox"/> Cefixime | <input type="checkbox"/> Chloramphenicol | <input type="checkbox"/> Imipenem/Cilastatin |
| <input type="checkbox"/> Cefmetazole | <input type="checkbox"/> Cinoxacin | <input type="checkbox"/> Imiquimod |

- | | | |
|--|--|---|
| <input type="checkbox"/> Kanamycin | <input type="checkbox"/> Norfloxacin | <input type="checkbox"/> Sulfamethoxazole |
| <input type="checkbox"/> Levofloxacin | <input type="checkbox"/> Novobiocin | <input type="checkbox"/> Sulfisoxazole |
| <input type="checkbox"/> Lincomycin | <input type="checkbox"/> Ofloxacin | <input type="checkbox"/> Sulphur, precipitated in petrolatum |
| <input type="checkbox"/> Linezolid | <input type="checkbox"/> Oxacillin | <input type="checkbox"/> TCA (trichloroacetic acid), BCA (bichloroacetic acid). |
| <input type="checkbox"/> Lomefloxacin | <input type="checkbox"/> Oxytetracycline | <input type="checkbox"/> Teicoplanin |
| <input type="checkbox"/> Loracarbef | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Telavancin |
| <input type="checkbox"/> Mafenide | <input type="checkbox"/> Piperacillin | <input type="checkbox"/> Telithromycin |
| <input type="checkbox"/> Meropenem | <input type="checkbox"/> Piperacillin + Tazobactam | <input type="checkbox"/> Terbinafine |
| <input type="checkbox"/> Methenamine hippurate | <input type="checkbox"/> Podofilox | <input type="checkbox"/> Tetracycline |
| <input type="checkbox"/> Methicillin | <input type="checkbox"/> Polymyxin B | <input type="checkbox"/> Ticarcillin |
| <input type="checkbox"/> Metronidazole | <input type="checkbox"/> Quinupristin + Dalfopristin | <input type="checkbox"/> Ticarcillin + Clavulanic Acid |
| <input type="checkbox"/> Mezlocillin | <input type="checkbox"/> Retapamulin | <input type="checkbox"/> Tigecycline |
| <input type="checkbox"/> Minocycline | <input type="checkbox"/> Rifapentine | <input type="checkbox"/> Tobramycin |
| <input type="checkbox"/> Moxifloxacin | <input type="checkbox"/> Rifaximin | <input type="checkbox"/> Trimethoprim |
| <input type="checkbox"/> Mupirocin | <input type="checkbox"/> Saturated Solution of Potassium Iodide (SSKI) | <input type="checkbox"/> Trimethoprim + Sulfamethoxazole |
| <input type="checkbox"/> Nafcillin | <input type="checkbox"/> Sparfloxacin | <input type="checkbox"/> Trovafloxacin |
| <input type="checkbox"/> Nalidixic Acid | <input type="checkbox"/> Spectinomycin | <input type="checkbox"/> Vancomycin |
| <input type="checkbox"/> Neomycin | <input type="checkbox"/> Streptomycin | |
| <input type="checkbox"/> Netilmicin | <input type="checkbox"/> Sulfadiazine | |
| <input type="checkbox"/> Nitrofurantoin | | |
| <input type="checkbox"/> Nitrofurazone | | |

4.32 Haemoglobin IN THE LAST 24h g/dL _____

- Not available

If this data has already been entered in the 'Daily Case Report Form – Laboratory Results' section of the ISARIC CRF, please DO NOT re-enter the data here. Please leave '4.32 Haemoglobin' blank.

4.33 White Blood Cells IN THE LAST 24h

- Not available

If this data has already been entered in the 'Daily Case Report Form – Laboratory Results' section of the ISARIC CRF, please DO NOT re-enter the data here. Please leave '4.33 White Blood Cells' blank.

4.34 White Blood Cells Unit

- X 10⁹/L
 X 10³/microL

4.35 AST/SGOT IN THE LAST 24h U/L _____

- Not available

If this data has already been entered in the 'Daily Case Report Form – Laboratory Results' section of the ISARIC CRF, please DO NOT re-enter the data here. Please leave '4.34 AST' blank.

4.36 ALT/SGPT IN THE LAST 24h U/L _____

- Not available

If this data has already been entered in the 'Daily Case Report Form – Laboratory Results' section of the ISARIC CRF, please DO NOT re-enter the data here. Please leave '4.36 ALT' blank.

4.37 ANTICOAGULANTS

*'Full' daily data collection: Anticoagulants administered **in the last 24 hours***

*'Basic' daily data collection: Anticoagulants administered **since the last EOT Daily form***

- If this is the 'Four days after ICU admission' timepoint, please answer with reference to the last 24 hours.

- Yes
- No

4.38 TYPE OF ANTICOAGULANTS

'Full' daily data collection: Anticoagulants administered **in the last 24 hours**

'Basic' daily data collection: Anticoagulants administered **since the last EOT Daily form**

- If this is the 'Four days after ICU admission' timepoint, please answer with reference to the last 24 hours.

- Continuous infusion of unfractionated heparin
- Subcutaneous unfractionated heparin only
- Low molecular heparin
- Danaparoid Lepirudin
- Argatroban
- Hirulog and bivalirudin
- Desirudin
- Nafamostat Mesilate
- Other

4.39 TRANSFUSED PACKED RED BLOOD CELL (PRBC) CONCENTRATE

'Full' daily data collection: PRBCs administered **in the last 24 hours**

'Basic' daily data collection: PRBCs administered **since the last EOT Daily form**

- If this is the 'Four days after ICU admission' timepoint, please answer with reference to the last 24 hours

- Yes
- No

4.40 TRANSFUSED PLATELETS CONCENTRATE

'Full' daily data collection: Platelets administered **in the last 24 hours**

'Basic' daily data collection: Platelets administered **since the last EOT Daily form**

If this is the 'Four days after ICU admission' timepoint, please answer with reference to the last 24 hours

- Yes
- No

4.41 TRANSFUSED FRESH FROZEN PLASMA (FFP)

'Full' daily data collection: FFP administered **in the last 24 hours**

'Basic' daily data collection: FFP administered **since the last EOT Daily form**

- If this is the 'Four days after ICU admission' timepoint, please answer with reference to the last 24 hours
- Yes
 No

4.42 TRANSFUSED CRYOPRECIPITATES

'Full' daily data collection: Cryoprecipitate administered **in the last 24 hours**

'Basic' daily data collection: Cryoprecipitate administered **since the last EOT Daily form**

- If this is the 'Four days after ICU admission' timepoint, please answer with reference to the last 24 hours
- Yes
 No

4.43 INFECTION COMPLICATION 1

'Full' daily data collection: Infectious complications diagnosed **in the last 24 hours**

'Basic' daily data collection: Infectious complications diagnosed **since the last EOT Daily form**

- If this is the 'Four days after ICU admission' timepoint, please answer with reference to the last 24 hours
- Yes
 No

4.44 INFECTION COMPLICATION 1 DATE OF DIAGNOSIS:

___ / ___ / ____ (DD/MM/YYYY)

4.45 SOURCE OF INFECTIOUS COMPLICATION 1

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Lungs | <input type="checkbox"/> Central nervous system | <input type="checkbox"/> Cardiac |
| <input type="checkbox"/> Gastro-intestinal | <input type="checkbox"/> Osteoarticular and bone | <input type="checkbox"/> Bloodstream |
| <input type="checkbox"/> Genito-urinary | | <input type="checkbox"/> Not known |
| <input type="checkbox"/> Skin and soft tissue | | |

4.46 CAUSATIVE PATHOGEN 1:

- | | | |
|--|--|---|
| <input type="checkbox"/> Acinetobacter baumannii | <input type="checkbox"/> Haemophilus influenzae | <input type="checkbox"/> Neisseria gonorrhoeae |
| <input type="checkbox"/> Actinomyces | <input type="checkbox"/> Helicobacter cinaedi and related species | <input type="checkbox"/> Neisseria meningitidis |
| <input type="checkbox"/> Aeromonas | <input type="checkbox"/> Helicobacter pylori | <input type="checkbox"/> Nocardia |
| <input type="checkbox"/> Bacillus anthracis | <input type="checkbox"/> Helicobacter pylori | <input type="checkbox"/> Other atypical mycobacteria |
| <input type="checkbox"/> Bacillus species | <input type="checkbox"/> Klebsiella granulomatis (Antibiotic Guide) | <input type="checkbox"/> Pasteurella multocida |
| <input type="checkbox"/> Bacteroides fragilis | <input type="checkbox"/> Klebsiella species | <input type="checkbox"/> Peptostreptococcus/Peptococcus |
| <input type="checkbox"/> Bacteroides species | <input type="checkbox"/> ESBL Klebsiella pneumoniae | <input type="checkbox"/> Plesiomonas |
| <input type="checkbox"/> Bartonella species | <input type="checkbox"/> Lactobacillus | <input type="checkbox"/> Propionibacterium species |
| <input type="checkbox"/> Bordetella species | <input type="checkbox"/> Legionella pneumophila | <input type="checkbox"/> Proteus species |
| <input type="checkbox"/> Borrelia burgdorferi | <input type="checkbox"/> Legionella species | <input type="checkbox"/> Providencia |
| <input type="checkbox"/> Borrelia species | <input type="checkbox"/> Leptospira interrogans | <input type="checkbox"/> Pseudomonas aeruginosa |
| <input type="checkbox"/> Brucella Species | <input type="checkbox"/> Listeria monocytogenes | <input type="checkbox"/> Rhodococcus equi |
| <input type="checkbox"/> Burkholderia cepacia | <input type="checkbox"/> Lymphogranuloma venereum (LGV) | <input type="checkbox"/> Rickettsia rickettsii |
| <input type="checkbox"/> Burkholderia mallei | <input type="checkbox"/> Methicillin Resistant Staphylococcus aureus | <input type="checkbox"/> Rickettsia species |
| <input type="checkbox"/> Burkholderia pseudomallei | <input type="checkbox"/> Moraxella catarrhalis | <input type="checkbox"/> Salmonella species |
| <input type="checkbox"/> Campylobacter and related species | <input type="checkbox"/> Morganella | <input type="checkbox"/> Serratia species |
| <input type="checkbox"/> Campylobacter jejuni | <input type="checkbox"/> Mycobacterium abscessus | <input type="checkbox"/> Shigella dysenteriae |
| <input type="checkbox"/> Capnocytophaga canimorsus | <input type="checkbox"/> Mycobacterium avium-complex (MAC, MAI, non-HIV) | <input type="checkbox"/> Shigella species |
| <input type="checkbox"/> Chlamydia trachomatis | <input type="checkbox"/> Mycobacterium chelonae | <input type="checkbox"/> Staphylococci, coagulase negative |
| <input type="checkbox"/> Chlamydia pneumoniae | <input type="checkbox"/> Mycobacterium chelonae | <input type="checkbox"/> Staphylococcus aureus |
| <input type="checkbox"/> Chlamydia psittaci | <input type="checkbox"/> Mycobacterium fortuitum | <input type="checkbox"/> Stenotrophomonas maltophilia |
| <input type="checkbox"/> Citrobacter species | <input type="checkbox"/> Mycobacterium gordonae | <input type="checkbox"/> Streptobacillus moniliformis |
| <input type="checkbox"/> Clostridium botulinum | <input type="checkbox"/> Mycobacterium kansasii | <input type="checkbox"/> Streptococcus pneumoniae |
| <input type="checkbox"/> Clostridium difficile | <input type="checkbox"/> Mycobacterium leprae | <input type="checkbox"/> Streptococcus pyogenes (Group A) |
| <input type="checkbox"/> Clostridium species | <input type="checkbox"/> Mycobacterium marinum | <input type="checkbox"/> Streptococcus species |
| <input type="checkbox"/> Clostridium tetani (Tetanus) | <input type="checkbox"/> Mycobacterium scrofulaceum | <input type="checkbox"/> Treponema pallidum (syphilis) |
| <input type="checkbox"/> Corynebacterium diphtheriae | <input type="checkbox"/> Mycobacterium tuberculosis | <input type="checkbox"/> Tropheryma whipplei |
| <input type="checkbox"/> Coxiella burnetii | <input type="checkbox"/> Mycobacterium ulcerans | <input type="checkbox"/> Vancomycin Resistant Enterococcus species |
| <input type="checkbox"/> Ehrlichia species | <input type="checkbox"/> Mycobacterium xenopi | <input type="checkbox"/> Vancomycin Resistant Staphylococcus aureus |
| <input type="checkbox"/> Eikenella corrodens | <input type="checkbox"/> Mycoplasma pneumoniae (Antibiotic Guide) | <input type="checkbox"/> Vibrio cholerae |
| <input type="checkbox"/> Enterobacter species | | <input type="checkbox"/> Vibrio species (noncholera) |
| <input type="checkbox"/> Enterococcus | | |
| <input type="checkbox"/> Erysipelothrix rhusiopathiae | | |
| <input type="checkbox"/> Escherichia coli | | |
| <input type="checkbox"/> Francisella tularensis | | |
| <input type="checkbox"/> Haemophilus ducreyi (Chancroid) | | |

- | | | |
|--|--|--|
| <input type="checkbox"/> Yersinia pestis | <input type="checkbox"/> Candida lusitanae | <input type="checkbox"/> Histoplasma capsulatum |
| <input type="checkbox"/> Yersinia species (non-plague) | <input type="checkbox"/> Candida parapsilosis | <input type="checkbox"/> Mucor |
| <input type="checkbox"/> Absidia | <input type="checkbox"/> Candida species | <input type="checkbox"/> Mycetoma |
| <input type="checkbox"/> Aspergillus | <input type="checkbox"/> Candida tropicalis | <input type="checkbox"/> Pneumocystis carinii |
| <input type="checkbox"/> Basidiobolomyces | <input type="checkbox"/> Chromomycosis | <input type="checkbox"/> Pneumocystis jirovecii |
| <input type="checkbox"/> Blastomyces dermatitidis | <input type="checkbox"/> Coccidioides immitis | <input type="checkbox"/> Pseudallescheria boydii |
| <input type="checkbox"/> Candida albicans | <input type="checkbox"/> Cryptococcus neoformans | <input type="checkbox"/> Rhizomucor |
| <input type="checkbox"/> Candida glabrata | <input type="checkbox"/> Cunninghamella | <input type="checkbox"/> Rhizopus |
| <input type="checkbox"/> Candida guilliermondii | <input type="checkbox"/> Dermatophytes | <input type="checkbox"/> Saksanea |
| <input type="checkbox"/> Candida krusei | <input type="checkbox"/> Fusarium | <input type="checkbox"/> Sporothrix schenckii |
| | | <input type="checkbox"/> Zygomycetes |

4.47 INFECTION COMPLICATION 2

'Full' daily data collection: Infectious complications diagnosed in the last 24 hours

'Basic' daily data collection: Infectious complications diagnosed since the last EOT Daily form

- *If this is the 'Four days after ICU admission' timepoint, please answer with reference to the last 24 hours*

- Yes
 No

4.48 INFECTION COMPLICATION 2 DATE OF DIAGNOSIS:

___ / ___ / ____ (DD/MM/YYYY)

4.49 SOURCE OF INFECTIOUS COMPLICATION 2:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Lungs | <input type="checkbox"/> Central nervous system | <input type="checkbox"/> Cardiac |
| <input type="checkbox"/> Gastro-intestinal | <input type="checkbox"/> Osteoarticular and bone | <input type="checkbox"/> Bloodstream |
| <input type="checkbox"/> Genito-urinary | | <input type="checkbox"/> Not known |
| <input type="checkbox"/> Skin and soft tissue | | |

4.50 CAUSATIVE PATHOGEN 2:

- | | | |
|--|--|--|
| <input type="checkbox"/> Acinetobacter baumannii | <input type="checkbox"/> Bordetella species | <input type="checkbox"/> Campylobacter and related species |
| <input type="checkbox"/> Actinomyces | <input type="checkbox"/> Borrelia burgdorferi | <input type="checkbox"/> Campylobacter jejuni |
| <input type="checkbox"/> Aeromonas | <input type="checkbox"/> Borrelia species | <input type="checkbox"/> Capnocytophaga canimorsus |
| <input type="checkbox"/> Bacillus anthracis | <input type="checkbox"/> Brucella Species | <input type="checkbox"/> Chlamydia trachomatis |
| <input type="checkbox"/> Bacillus species | <input type="checkbox"/> Burkholderia cepacia | <input type="checkbox"/> Chlamydomydia pneumoniae |
| <input type="checkbox"/> Bacteroides fragilis | <input type="checkbox"/> Burkholderia mallei | |
| <input type="checkbox"/> Bacteroides species | <input type="checkbox"/> Burkholderia pseudomallei | |
| <input type="checkbox"/> Bartonella species | | |

- | | | |
|--|---|---|
| <input type="checkbox"/> Chlamydomphila psittaci | <input type="checkbox"/> Mycobacterium fortuitum | <input type="checkbox"/> Streptococcus pneumoniae |
| <input type="checkbox"/> Citrobacter species | <input type="checkbox"/> Mycobacterium gordonae | <input type="checkbox"/> Streptococcus pyogenes (Group A) |
| <input type="checkbox"/> Clostridium botulinum | <input type="checkbox"/> Mycobacterium kansasii | <input type="checkbox"/> Streptococcus species |
| <input type="checkbox"/> Clostridium difficile | <input type="checkbox"/> Mycobacterium leprae | <input type="checkbox"/> Treponema pallidum (syphilis) |
| <input type="checkbox"/> Clostridium species | <input type="checkbox"/> Mycobacterium marinum | <input type="checkbox"/> Tropheryma whipplei |
| <input type="checkbox"/> Clostridium tetani (Tetanus) | <input type="checkbox"/> Mycobacterium scrofulaceum | <input type="checkbox"/> Vancomycin Resistant Enterococcus species |
| <input type="checkbox"/> Corynebacterium diphtheriae | <input type="checkbox"/> Mycobacterium tuberculosis | <input type="checkbox"/> Vancomycin Resistant Staphylococcus aureus |
| <input type="checkbox"/> Coxiella burnetii | <input type="checkbox"/> Mycobacterium ulcerans | <input type="checkbox"/> Vibrio cholerae |
| <input type="checkbox"/> Ehrlichia species | <input type="checkbox"/> Mycobacterium xenopi | <input type="checkbox"/> Vibrio species (noncholera) |
| <input type="checkbox"/> Eikenella corrodens | <input type="checkbox"/> Mycoplasma pneumoniae (Antibiotic Guide) | <input type="checkbox"/> Yersinia pestis |
| <input type="checkbox"/> Enterobacter species | <input type="checkbox"/> Neisseria gonorrhoeae | <input type="checkbox"/> Yersinia species (non-plague) |
| <input type="checkbox"/> Enterococcus | <input type="checkbox"/> Neisseria meningitidis | <input type="checkbox"/> Absidia |
| <input type="checkbox"/> Erysipelothrix rhusiopathiae | <input type="checkbox"/> Nocardia | <input type="checkbox"/> Aspergillus |
| <input type="checkbox"/> Escherichia coli | <input type="checkbox"/> Other atypical mycobacteria | <input type="checkbox"/> Basidiobolomycosis |
| <input type="checkbox"/> Francisella tularensis | <input type="checkbox"/> Pasteurella multocida | <input type="checkbox"/> Blastomyces dermatitidis |
| <input type="checkbox"/> Haemophilus ducreyi (Chancroid) | <input type="checkbox"/> Peptostreptococcus/Peptococcus | <input type="checkbox"/> Candida albicans |
| <input type="checkbox"/> Haemophilus influenzae | <input type="checkbox"/> Plesiomonas | <input type="checkbox"/> Candida glabrata |
| <input type="checkbox"/> Helicobacter cinaedi and related species | <input type="checkbox"/> Propionibacterium species | <input type="checkbox"/> Candida guilliermondii |
| <input type="checkbox"/> Helicobacter pylori | <input type="checkbox"/> Proteus species | <input type="checkbox"/> Candida krusei |
| <input type="checkbox"/> Klebsiella granulomatis (Antibiotic Guide) | <input type="checkbox"/> Providencia | <input type="checkbox"/> Candida lusitaniae |
| <input type="checkbox"/> Klebsiella species | <input type="checkbox"/> Pseudomonas aeruginosa | <input type="checkbox"/> Candida parapsilosis |
| <input type="checkbox"/> ESBL Klebsiella pneumoniae | <input type="checkbox"/> Rhodococcus equi | <input type="checkbox"/> Candida species |
| <input type="checkbox"/> Lactobacillus | <input type="checkbox"/> Rickettsia rickettsii | <input type="checkbox"/> Candida tropicalis |
| <input type="checkbox"/> Legionella pneumophila | <input type="checkbox"/> Rickettsia species | <input type="checkbox"/> Chromomycosis |
| <input type="checkbox"/> Legionella species | <input type="checkbox"/> Salmonella species | <input type="checkbox"/> Coccidioides immitis |
| <input type="checkbox"/> Leptospira interrogans | <input type="checkbox"/> Serratia species | <input type="checkbox"/> Cryptococcus neoformans |
| <input type="checkbox"/> Listeria monocytogenes | <input type="checkbox"/> Shigella dysenteriae | <input type="checkbox"/> Cunninghamella |
| <input type="checkbox"/> Lymphogranuloma venereum (LGV) | <input type="checkbox"/> Shigella species | <input type="checkbox"/> Dermatophytes |
| <input type="checkbox"/> Methicillin Resistant Staphylococcus aureus | <input type="checkbox"/> Staphylococci, coagulase negative | <input type="checkbox"/> Fusarium |
| <input type="checkbox"/> Moraxella catarrhalis | <input type="checkbox"/> Staphylococcus aureus | <input type="checkbox"/> Histoplasma capsulatum |
| <input type="checkbox"/> Morganella | <input type="checkbox"/> Stenotrophomonas maltophilia | <input type="checkbox"/> Mucor |
| <input type="checkbox"/> Mycobacterium abscessus | <input type="checkbox"/> Streptobacillus moniliformis | <input type="checkbox"/> Mycetoma |
| <input type="checkbox"/> Mycobacterium avium-complex (MAC, MAI, non-HIV) | | <input type="checkbox"/> Pneumocystis carinii |
| <input type="checkbox"/> Mycobacterium chelonae | | <input type="checkbox"/> Pneumocystis jirovecii |
| | | <input type="checkbox"/> Pseudallescheria boydii |
| | | <input type="checkbox"/> Rhizomucor |
| | | <input type="checkbox"/> Rhizopus |
| | | <input type="checkbox"/> Saksanea |
| | | <input type="checkbox"/> Sporothrix schenckii |

- Zygomycetes

4.51 INFECTION COMPLICATION 3:

'Full' daily data collection: Infectious complications diagnosed **in the last 24 hours**

'Basic' daily data collection: Infectious complications diagnosed **since the last EOT Daily form**

- If this is the 'Four days after ICU admission' timepoint, please answer with reference to the last 24 hours

- Yes
 No

4.52 INFECTION COMPLICATION 3 DATE OF DIAGNOSIS:

___ / ___ / ____ (DD/MM/YYYY)

4.53 SOURCE OF INFECTIOUS COMPLICATION 3:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Lungs | <input type="checkbox"/> Central nervous system | <input type="checkbox"/> Cardiac |
| <input type="checkbox"/> Gastro-intestinal | <input type="checkbox"/> Osteoarticular and bone | <input type="checkbox"/> Bloodstream |
| <input type="checkbox"/> Genito-urinary | | <input type="checkbox"/> Not known |
| <input type="checkbox"/> Skin and soft tissue | | |

4.54 CAUSATIVE PATHOGEN 3:

- | | | |
|--|--|--|
| <input type="checkbox"/> Acinetobacter baumannii | <input type="checkbox"/> Chlamydia trachomatis | <input type="checkbox"/> Haemophilus influenzae |
| <input type="checkbox"/> Actinomyces | <input type="checkbox"/> Chlamydomphila pneumoniae | <input type="checkbox"/> Helicobacter cinaedi and related species |
| <input type="checkbox"/> Aeromonas | <input type="checkbox"/> Chlamydomphila psittaci | <input type="checkbox"/> Helicobacter pylori |
| <input type="checkbox"/> Bacillus anthracis | <input type="checkbox"/> Citrobacter species | <input type="checkbox"/> Klebsiella granulomatis (Antibiotic Guide) |
| <input type="checkbox"/> Bacillus species | <input type="checkbox"/> Clostridium botulinum | <input type="checkbox"/> Klebsiella species |
| <input type="checkbox"/> Bacteroides fragilis | <input type="checkbox"/> Clostridium difficile | <input type="checkbox"/> Klebsiella pneumoniae |
| <input type="checkbox"/> Bacteroides species | <input type="checkbox"/> Clostridium species | <input type="checkbox"/> Lactobacillus |
| <input type="checkbox"/> Bartonella species | <input type="checkbox"/> Clostridium tetani (Tetanus) | <input type="checkbox"/> Legionella pneumophila |
| <input type="checkbox"/> Bordetella species | <input type="checkbox"/> Corynebacterium diphtheriae | <input type="checkbox"/> Legionella species |
| <input type="checkbox"/> Borrelia burgdorferi | <input type="checkbox"/> Coxiella burnetii | <input type="checkbox"/> Leptospira interrogans |
| <input type="checkbox"/> Borrelia species | <input type="checkbox"/> Ehrlichia species | <input type="checkbox"/> Listeria monocytogenes |
| <input type="checkbox"/> Brucella Species | <input type="checkbox"/> Eikenella corrodens | <input type="checkbox"/> Lymphogranuloma venereum (LGV) |
| <input type="checkbox"/> Burkholderia cepacia | <input type="checkbox"/> Enterobacter species | <input type="checkbox"/> Methicillin Resistant Staphylococcus aureus |
| <input type="checkbox"/> Burkholderia mallei | <input type="checkbox"/> Enterococcus | <input type="checkbox"/> Moraxella catarrhalis |
| <input type="checkbox"/> Burkholderia pseudomallei | <input type="checkbox"/> Erysipelothrix rhusiopathiae | <input type="checkbox"/> Morganella |
| <input type="checkbox"/> Campylobacter and related species | <input type="checkbox"/> Escherichia coli | <input type="checkbox"/> Mycobacterium abscessus |
| <input type="checkbox"/> Campylobacter jejuni | <input type="checkbox"/> Francisella tularensis | |
| <input type="checkbox"/> Capnocytophaga canimorsus | <input type="checkbox"/> Haemophilus ducreyi (Chancroid) | |

- | | | |
|--|---|---|
| <input type="checkbox"/> Mycobacterium avium-complex (MAC, MAI, non-HIV) | <input type="checkbox"/> Rhodococcus equi | <input type="checkbox"/> Aspergillus |
| <input type="checkbox"/> Mycobacterium chelonae | <input type="checkbox"/> Rickettsia rickettsii | <input type="checkbox"/> Basidiobolomycosis |
| <input type="checkbox"/> Mycobacterium fortuitum | <input type="checkbox"/> Rickettsia species | <input type="checkbox"/> Blastomyces dermatitidis |
| <input type="checkbox"/> Mycobacterium gordonae | <input type="checkbox"/> Salmonella species | <input type="checkbox"/> Candida albicans |
| <input type="checkbox"/> Mycobacterium kansasii | <input type="checkbox"/> Serratia species | <input type="checkbox"/> Candida glabrata |
| <input type="checkbox"/> Mycobacterium leprae | <input type="checkbox"/> Shigella dysenteriae | <input type="checkbox"/> Candida guilliermondii |
| <input type="checkbox"/> Mycobacterium marinum | <input type="checkbox"/> Shigella species | <input type="checkbox"/> Candida krusei |
| <input type="checkbox"/> Mycobacterium scrofulaceum | <input type="checkbox"/> Staphylococci, coagulase negative | <input type="checkbox"/> Candida lusitaniae |
| <input type="checkbox"/> Mycobacterium tuberculosis | <input type="checkbox"/> Staphylococcus aureus | <input type="checkbox"/> Candida parapsilosis |
| <input type="checkbox"/> Mycobacterium ulcerans | <input type="checkbox"/> Stenotrophomonas maltophilia | <input type="checkbox"/> Candida species |
| <input type="checkbox"/> Mycobacterium xenopi | <input type="checkbox"/> Streptobacillus moniliformis | <input type="checkbox"/> Candida tropicalis |
| <input type="checkbox"/> Mycoplasma pneumoniae (Antibiotic Guide) | <input type="checkbox"/> Streptococcus pneumoniae | <input type="checkbox"/> Chromomycosis |
| <input type="checkbox"/> Neisseria gonorrhoeae | <input type="checkbox"/> Streptococcus pyogenes (Group A) | <input type="checkbox"/> Coccidioides immitis |
| <input type="checkbox"/> Neisseria meningitidis | <input type="checkbox"/> Streptococcus species | <input type="checkbox"/> Cryptococcus neoformans |
| <input type="checkbox"/> Nocardia | <input type="checkbox"/> Treponema pallidum (syphilis) | <input type="checkbox"/> Cunninghamella |
| <input type="checkbox"/> Other atypical mycobacteria | <input type="checkbox"/> Tropheryma whipplei | <input type="checkbox"/> Dermatophytes |
| <input type="checkbox"/> Pasteurella multocida | <input type="checkbox"/> Vancomycin Resistant Enterococcus species | <input type="checkbox"/> Fusarium |
| <input type="checkbox"/> Peptostreptococcus/Peptococcus | <input type="checkbox"/> Vancomycin Resistant Staphylococcus aureus | <input type="checkbox"/> Histoplasma capsulatum |
| <input type="checkbox"/> Plesiomonas | <input type="checkbox"/> Vibrio cholerae | <input type="checkbox"/> Mucor |
| <input type="checkbox"/> Propionibacterium species | <input type="checkbox"/> Vibrio species (noncholera) | <input type="checkbox"/> Mycetoma |
| <input type="checkbox"/> Proteus species | <input type="checkbox"/> Yersinia pestis | <input type="checkbox"/> Pneumocystis carinii |
| <input type="checkbox"/> Providencia | <input type="checkbox"/> Yersinia species (non-plague) | <input type="checkbox"/> Pneumocystis jirovecii |
| <input type="checkbox"/> Pseudomonas aeruginosa | <input type="checkbox"/> Absidia | <input type="checkbox"/> Pseudallescheria boydii |
| | | <input type="checkbox"/> Rhizomucor |
| | | <input type="checkbox"/> Rhizopus |
| | | <input type="checkbox"/> Saksanea |
| | | <input type="checkbox"/> Sporothrix schenckii |
| | | <input type="checkbox"/> Zygomycetes |

4.55 HAEMORRHAGIC COMPLICATION 1:

'Full' daily data collection: Haemorrhagic complications diagnosed **in the last 24 hours**

'Basic' daily data collection: Haemorrhagic complications diagnosed **since the last EOT Daily form**

- If this is the 'Four days after ICU admission' timepoint, please answer with reference to the last 24 hours

- Yes
 No

4.56 SOURCE OF HAEMORRHAGIC COMPLICATION 1:

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Lungs | <input type="checkbox"/> Skin and soft tissue | <input type="checkbox"/> Cardiac |
| <input type="checkbox"/> Gastro-intestinal | <input type="checkbox"/> Central nervous system | <input type="checkbox"/> Bloodstream |
| <input type="checkbox"/> Genito-urinary | <input type="checkbox"/> Osteoarticular and bone | <input type="checkbox"/> Not known |

4.57 HAEMORRHAGIC COMPLICATION 2:

'Full' daily data collection: Haemorrhagic complications diagnosed in the last 24 hours

'Basic' daily data collection: Haemorrhagic complications diagnosed since the last EOT Daily form

- *If this is the 'Four days after ICU admission' timepoint, please answer with reference to the last 24 hours*

Yes

No

4.58 SOURCE OF HAEMORRHAGIC COMPLICATION 2:

Lungs

Gastro-intestinal

Genito-urinary

Skin and soft tissue

Central nervous system

Osteoarticular and bone

Cardiac

Bloodstream

Not known

4.59 OTHER NON-HAEMORRHAGIC COMPLICATION

'Full' daily data collection: Haemorrhagic complications diagnosed in the last 24 hours

'Basic' daily data collection: Haemorrhagic complications diagnosed since the last EOT Daily form

- *If this is the 'Four days after ICU admission' timepoint, please answer with reference to the last 24 hours*

(TEXT)

4.60 Troponin in the last 24 hours:

Troponin T: _____ (ng/mL or ng/L)

Troponin I: _____ (ng/mL or ng/L)

If this data has already been entered in the 'Daily Case Report Form – Laboratory Results' section of the ISARIC CRF, please DO NOT re-enter the data here. Please leave '4.59 Troponin I' blank.

High sensitivity troponin T: _____ (ng/mL or ng/L)

High sensitivity troponin I: _____ (ng/mL or ng/L)

Not available

4.61 Cardiac BNP in the last 24 hours:

_____ (picograms/mL)

Only numbers between 0-1000

- Not available

CORE CASE RECORD FORM (EOT Final)

5 OUTCOMES

5.1 DATE OF ECMO DISCONTINUATION: ____ / ____ / ____ (ONLY DATE, FROM 14/12/2019)

5.2 DATE OF INVASIVE MECHANICAL VENTILATION DISCONTINUATION: ____ / ____ / ____ (ONLY DATE, FROM 14/12/2019)

5.3 DATE OF ICU DISCHARGE: ____ / ____ / ____ (ONLY DATE, FROM 01/01/2019)

5.4 DATE OF HOSPITAL DISCHARGE: ____ / ____ / ____ (ONLY DATE, FROM 01/01/2019)

5.5 DATE OF DEATH: ____ / ____ / ____ (ONLY DATE, FROM 01/01/2019)

Not applicable

5.6 SITE OF DEATH

- ICU
- HOSPITAL
- OUTSIDE HOSPITAL
- Not applicable

5.7 MAIN CAUSE OF ICU DEATH

- Respiratory Failure
- Cardiac Failure
- Liver Failure
- Cardio-vascular accident
- Septic shock
- Haemorrhagic shock
- Other
- Not applicable

5.8 ALIVE AT 28 DAYS POST ICU ADMISSION?

- Yes
- No

5.9 FINAL ASSESSMENT NOTES

(T
EXT)

5.10 At any time post ICU admission and until ICU discharge, did the patient present new cutaneous manifestations?

- Yes
- No
- Not available

If yes to 5.10, type of cutaneous manifestations (please select up to three (3) options)

- Bullae
- Macules
- Nodules
- Papules
- Plaques
- Purpura
- Pustules
- Rash
- Scale
- Urticaria
- Vesicles
- Other: _____

If yes to 5.10, specify the involved regions (please select up to three (3) options):

- Face
- Trunk
- Upper limbs
- Hands
- Lower limbs
- Feet

5.11 At any time post ICU admission and until ICU discharge, did the patient have a stroke?

- Yes

- No
- Not available

If yes to 5.11, type of stroke (please select up to two (2) options)

- Ischemic stroke
- Intraparenchymal haemorrhage
- Subarachnoid haemorrhage
- Hypoxic ischemic brain injury/anoxic brain injury
- Cerebral venous sinus thrombosis
- Other
- Unknown

If yes to 5.11, side of stroke (please select only one)

- Right side
- Left side
- Multifocal
- Unknown