



## BEDSIDE DATA COLLECTION FORM

Please affix a  
patient label here

**Fluid-TRIPS** is a multi-national study collecting data on fluid resuscitation practices in the ICU. It will be conducted on a single 24-hour period beginning on one of seven study days: April 30, May 21, June 11, July 16, August 20, September 17 or October 15, 2014. At our hospital, this will be from

\_\_\_\_\_ to \_\_\_\_\_.

We would like to thank you for your involvement.

Please assist us by recording information on types of **boluses or infusions of fluid given to expand or maintain the intravascular volume** (i.e. fluid given for resuscitation). **A resuscitation episode is defined as: any individual hour when a bolus of crystalloid is given, or a bolus of any colloid is given, or the first hour of any colloid infusion or the first hour of a crystalloid infusion of 5mL/kg/hour or greater.**

Please note we **do not** wish you to record types of fluid given as maintenance or for drug infusions.

For each episode please record the

- 1) reason (indication) the fluid was given
- 2) classification of the staff member who ordered or prescribed the fluid
- 3) type of fluid that was given (crystalloid or colloid)

If you are uncertain about these details, please clarify with the person who ordered or prescribed the fluid or with \_\_\_\_\_.

### Crystalloid solutions include the following

- Normal saline (0.9% saline)
- Hypertonic saline (>0.9% NaCl)
- Hartmann's
- Lactated Ringer's
- Plasmalyte A
- Plasmalyte R
- Plasmalyte 148 Replacement
- Ringer's Acetate
- Balanced glucose (e.g. Plasmalyte solutions with glucose)
- Dextrose (5%D, D5W)
- Dextrose/saline (4%N/5, 3.75%N/4, 2.5%N/2 etc)
- Hypertonic glucose (>5% e.g. 10%, 20%, 50% D)

### Colloid solutions include the following

- Albumin 4-5% or Albumin 20-25%
- 6% HES (130/0.4x) in saline or in balanced salt solution
- 10% HES
- 706 plasma replacement
- Gelofusine
- Haemaccel
- Dextran 40 or Dextran 70

**Please do not file this information in the patient's history. The forms will be collected by the investigators at your hospital ICU.**



# BEDSIDE DATA COLLECTION FORM

Please affix a patient label here

## RESUSCITATION EPISODE

	Episode ____	Episode ____	Episode ____
<b>Q1 Start time</b> of fluid resuscitation episode (24-hr clock)	_ _ : _ _	_ _ : _ _	_ _ : _ _

### Q2 What were the indications for fluid for this resuscitation episode? (more than one box may be ticked)

2.1	Hypotension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Increasing or persisting inotrope or vasopressor requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Low CVP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4	Low PCWP (wedge pressure) or PAOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5	Tachycardia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6	Low urine output	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7	Low measured cardiac output via invasive haemodynamic monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8	Low measured cardiac output via echocardiographic findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.9	Low intravascular volume as assessed by echocardiography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.10	Clinical signs of poor peripheral perfusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.11	Low $S_vO_2/S_{cv}O_2$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.12	Ongoing bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.13	Other ongoing fluid loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.14	Unit protocol or standing orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.15	Increasing or persisting acidosis or lactate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.16	Positive Straight Leg Raise Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.17	Abnormal indices of Pulse Pressure Variation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.18	Other, Specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Q3 Who decided the choice of fluid for this resuscitation episode? (tick one box only per resuscitation episode)

3.1	ICU doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Surgical doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	Medical doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4	Nurse acting independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5	Nurse following unit protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# BEDSIDE DATA COLLECTION FORM

Please affix a  
patient label here

## RESUSCITATION EPISODE CONT.

		Episode ____	Episode ____	Episode ____
<b>Q4 If you chose ICU, surgical or medical doctor on Q. 3, specify the doctor's level (tick one box only per resuscitation episode); Otherwise, go to question Q. 5</b>				
4.1	Specialist/consultant/attending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Registrar/Fellow/Senior Trainee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3	Resident/HMO/Junior Trainee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4	Intern/House officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Q5 Please indicate the type of fluid that was given. Please tick all options that apply</b>				
5.1	Crystalloid solution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	Colloid solution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please print additional forms as needed for patients with further fluid resuscitation episodes.*

**The form is to be kept in your site research files- please do not send to coordinating centre.**