**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.
<table>
<thead>
<tr>
<th>Q1</th>
<th>Start time of fluid resuscitation episode (24-hr clock)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Episode ___</td>
</tr>
<tr>
<td></td>
<td>1__1_:1__1__</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q2</th>
<th>What were the indications for fluid for this resuscitation episode? (more than one box may be ticked)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Hypotension</td>
</tr>
<tr>
<td>2.2</td>
<td>Increasing or persisting inotrope or vasopressor requirements</td>
</tr>
<tr>
<td>2.3</td>
<td>Low CVP</td>
</tr>
<tr>
<td>2.4</td>
<td>Low PCWP (wedge pressure) or PAOP</td>
</tr>
<tr>
<td>2.5</td>
<td>Tachycardia</td>
</tr>
<tr>
<td>2.6</td>
<td>Low urine output</td>
</tr>
<tr>
<td>2.7</td>
<td>Low measured cardiac output via invasive haemodynamic monitoring</td>
</tr>
<tr>
<td>2.8</td>
<td>Low measured cardiac output via echocardiographic findings</td>
</tr>
<tr>
<td>2.9</td>
<td>Low intravascular volume as assessed by echocardiography</td>
</tr>
<tr>
<td>2.10</td>
<td>Clinical signs of poor peripheral perfusion</td>
</tr>
<tr>
<td>2.11</td>
<td>Low S$<em>{\text{v}}$O$</em>{2}$/S$<em>{\text{c}}$O$</em>{2}$</td>
</tr>
<tr>
<td>2.12</td>
<td>Ongoing bleeding</td>
</tr>
<tr>
<td>2.13</td>
<td>Other ongoing fluid loss</td>
</tr>
<tr>
<td>2.14</td>
<td>Unit protocol or standing orders</td>
</tr>
<tr>
<td>2.15</td>
<td>Increasing or persisting acidosis or lactate</td>
</tr>
<tr>
<td>2.16</td>
<td>Positive Straight Leg Raise Test</td>
</tr>
<tr>
<td>2.17</td>
<td>Abnormal indices of Pulse Pressure Variation</td>
</tr>
<tr>
<td>2.18</td>
<td>Other, Specify ________________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q3</th>
<th>Who decided the choice of fluid for this resuscitation episode? (tick one box only per resuscitation episode)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>ICU doctor</td>
</tr>
<tr>
<td>3.2</td>
<td>Surgical doctor</td>
</tr>
<tr>
<td>3.3</td>
<td>Medical doctor</td>
</tr>
<tr>
<td>3.4</td>
<td>Nurse acting independently</td>
</tr>
<tr>
<td>3.5</td>
<td>Nurse following unit protocol</td>
</tr>
<tr>
<td>3.6</td>
<td>Other</td>
</tr>
</tbody>
</table>
**RESUSCITATION EPISODE CONT.**

<table>
<thead>
<tr>
<th>Q4</th>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Episode ___</td>
</tr>
<tr>
<td>4.1</td>
<td>Specialist/consultant/attending</td>
</tr>
<tr>
<td>4.2</td>
<td>Registrar/Fellow/Senior Trainee</td>
</tr>
<tr>
<td>4.3</td>
<td>Resident/HMO/Junior Trainee</td>
</tr>
<tr>
<td>4.4</td>
<td>Intern/House officer</td>
</tr>
</tbody>
</table>

**Q5 Please indicate the type of fluid that was given. Please tick all options that apply**

| 5.1 | Crystalloid solution | ☐ | ☐ | ☐ |
| 5.2 | Colloid solution | ☐ | ☐ | ☐ |

*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.