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ALI Screening -

Visit Date: visday

METATRIAL

COMPLETE FOR PATIENTS MEETING CRITERIA 1-3 IN DESIGNATED ICU'S	
1. Acute Onset:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)
2. Within past 24 hrs patient had ALL of the following:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)
<ul style="list-style-type: none"> PaO2/FiO2 less than or equal to 300 mmHg? Bilateral infiltrates consistent with pulmonary edema on frontal chest radiograph? Receiving positive pressure ventilation via endotracheal tube? 	Date of Qualifying CXR: <input type="text"/> <input type="button" value="Date"/>
	Time: <input type="text"/> hh:mm
3. No clinical evidence of left Atrial hypertension (if measured pulmonary arterial wedge pressure or mmHg):	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)
4. PaO2:	<input type="text"/>
5. FiO2:	<input type="text"/>
6. First date that all these criteria exist simultaneously:	<input type="text"/> <input type="button" value="Date"/>
7. Gender:	<input type="radio"/> No Answer <input type="radio"/> Male (1) <input type="radio"/> Female (2)
8. Ethnicity:	<input type="radio"/> No Answer <input type="radio"/> White, not of Hispanic origin (1) <input type="radio"/> Black, not of Hispanic origin (2) <input type="radio"/> Hispanic (3) <input type="radio"/> Asian/Pacific Islander (4) <input type="radio"/> American Indian/Alaskan Native (5) <input type="radio"/> Other (6)
9. Age:	<input type="text"/> NOTE: ages greater than 89 are reported as 89 to deidentify data
10. Location:	<input type="radio"/> No Answer <input type="radio"/> MICU (1) <input type="radio"/> SICU (2) <input type="radio"/> Cardiac SICU (3) <input type="radio"/> CCU (4) <input type="radio"/> Neuro ICU (5) <input type="radio"/> Burn (6)

scre1

scre2

qcxrdt

qcxrtm

scre3

pao2

fio2

fdate

gender

ethnic

age

locat

	<input type="radio"/> Trauma (7) <input type="radio"/> Cancer Unit (8) <input type="radio"/> MICU/SICU (9) <input type="radio"/> Other (10)
Other Location Description:	<input type="text"/>
11. Regularly Screened ICU:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)
12. Primary Reason for Exclusion:	<input type="radio"/> No Answer <input type="radio"/> Not Excluded (0) <input type="radio"/> MD Refuses (1) <input type="radio"/> Patient/Family Refuses (2) <input type="radio"/> Patient Unable/Surrogate Unavailable (3) <input type="radio"/> Patient < 13 Years (4) <input type="radio"/> Inclusion Criteria > 36 hours (6) <input type="radio"/> Neuromuscular Disease [e.g., C5 Spinal Injury, Neuropathy] (7) <input type="radio"/> Patient Pregnant (8) <input type="radio"/> Increased ICP, TCA OD, Sickle Cell, etc. (9) <input type="radio"/> Chronic Lung Disease (10) <input type="radio"/> Burns >= 30% (11) <input type="radio"/> 6 month mortality >= 50% (12) <input type="radio"/> Bone/Lung Transplant (13) <input type="radio"/> Not Committed to Full Support (14) <input type="radio"/> Chronic Liver Disease (17) <input type="radio"/> Morbid Obesity (19) <input type="radio"/> Vasculitis (23)
12b. If not excluded and not enrolled, explain:	<input type="text"/>
13. If chronic liver disease, enter Child-Pugh (excluded if >= 10):	<input type="text"/>
14. Lung Injury Category	
Trauma:	<input type="radio"/> No Answer <input type="radio"/> None (0) <input type="radio"/> Primary (1) <input type="radio"/> Secondary (2)
Sepsis:	<input type="radio"/> No Answer <input type="radio"/> None (0) <input type="radio"/> Primary (1) <input type="radio"/> Secondary (2)
Multiple Transfusion:	<input type="radio"/> No Answer <input type="radio"/> None (0) <input type="radio"/> Primary (1) <input type="radio"/> Secondary (2)
Aspiration:	<input type="radio"/> No Answer <input type="radio"/> None (0) <input type="radio"/> Primary (1) <input type="radio"/> Secondary (2)
Pneumonia:	<input type="radio"/> No Answer <input type="radio"/> None (0) <input type="radio"/> Primary (1) <input type="radio"/> Secondary (2)
Other:	<input type="radio"/> No Answer <input type="radio"/> None (0) <input type="radio"/> Primary (1) <input type="radio"/> Secondary (2)
Other Description:	<input type="text"/>

locoth
rsicu
reason

notexen
pughtot

trauma
sepsis
multran
aspir
pneum
other
othtxt

FOLLOWING ITEMS ARE FOR SCREENED PATIENTS ONLY - NOT FOR PATIENTS

NOTE: some othtxt entries have been modified to deidentify data

ENROLLED IN ARDSNET04		
15. Patient able to sustain a period of continuous unassisted breathing for at least 48 hours during first 60 days:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	sust60
15a. If Yes, enter the first calendar date of the first period of UAB that lasted for >= 48 hours:	<input type="text"/> <input type="button" value="Date"/>	unassis
16. Was patient discharged from study hospital during first 60 days:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	disch60
16a. If Yes, date of discharge from study hospital:	<input type="text"/> <input type="button" value="Date"/>	disch
17. Status at discharge from study hospital:	<input type="radio"/> No Answer <input type="radio"/> Alive (1) <input type="radio"/> Dead (2)	disstat

Enrollment

Visit Date: visday

METATRIAL

Has informed consent been obtained:	
a. For the participation in ALVEOLI?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)
b. For genetic testing related to ALVEOLI?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)
c. For genetic testing related to future studies?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)
If Patient is eligible and consent for the study has been obtained, please call for randomization number.	
2. Enter randomization number:	<input style="width: 100%;" type="text"/>
3. Patient randomized to:	<input type="radio"/> No Answer <input type="radio"/> lower PEEP (1) <input type="radio"/> higher PEEP: 1, 3 (2) <input type="radio"/> higher PEEP: 2, 4 (3)
4. Date/time of initial ventilator change:	<input style="width: 150px;" type="text"/> <input type="button" value="Date"/> Time: <input style="width: 50px;" type="text"/> <input style="width: 100%;" type="text"/>

excl21

gene1

gene2

ptid

excl22

excl23dt

excl23tm

APACHE III Demographics

Visit Date: [visday](#)

METATRIAL

1. Hospital Admission Date:	<input type="text"/> <input type="button" value="Date"/>	hadmdt
1a. Hospital Admission Type:	<input type="radio"/> No Answer <input type="radio"/> Medical (1) <input type="radio"/> Surgical, scheduled (2) <input type="radio"/> Surgical, unscheduled (3) <input type="radio"/> Other (4)	admtype
2. ICU Admission Date:	<input type="text"/> <input type="button" value="Date"/>	icudt
3. Time of ICU Admission:	<input type="text"/> hh:mm	icutm
4. Patient Admitted Directly From:	<input type="radio"/> No Answer <input type="radio"/> OR (1) <input type="radio"/> Recovery Room (2) <input type="radio"/> ER (3) <input type="radio"/> Floor (4) <input type="radio"/> Another Special Care Unit (5) <input type="radio"/> Another Hospital (6) <input type="radio"/> Direct Admit (7) <input type="radio"/> Stepdown Unit (8)	admfrm
5. Is patient immediately post-operative from elective surgery?:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	surgel
6. ICU Readmit:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	icure
7. ICU Readmit within 24 hours:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	icure2
8a. Is chronic health information available:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	chrnc
8b. Is the patient on chronic dialysis or peritoneal dialysis:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	dialy
9a. AIDS (do not include HIV positive without AIDS criteria):	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	aids
9b. Leukemia (AML,CML,all lymphoytic leuk.,multiple myeloma):	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	leuk
9c. Non-Hodgkin's Lymphoma :	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	lymph
9d. Solid tumor with metastasis:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	tumor
9e. Immune suppression (radiation,chemmotherapy or greater than or equal to 0.3 mg/kg/day prednisone or equivalent) within the past 6 months:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	immune
9f. Hepatic failure with coma or encephalopathy :	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	hepa

9g. Cirrhosis:	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	cirr
9h. Diabetes Mellitus:	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	diab
10. Vasopressors last 24 hours:	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	vasol24
11. Protocol defined ethanol use:	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	ethanol

APACHE III Physiology

Visit Date: visday

METATRIAL

USE VALUES FROM 24 HRS PRECEDING INITIAL VENT CHANGES		
VITAL SIGNS	Lowest	Highest
1. Temperature:	<input type="text"/> C <input type="text"/> F	<input type="text"/> C <input type="text"/> F
2. Systolic BP:	<input type="text"/> mmHg	<input type="text"/> mmHg
3. Mean Arterial Pressure:	<input type="text"/> mmHg	<input type="text"/> mmHg
4. Heart Rate:	<input type="text"/> beats/min	<input type="text"/> beats/min
5. Respiratory Rate:	<input type="text"/> breaths/min	<input type="text"/> breaths/min
6a. Was patient ventilated when the lowest respiratory rate occurred?:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	
6b. Was patient ventilated when the highest respiratory rate occurred?:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	
7. Urine Output/24 hours:	<input type="text"/> ml	
HEMATOLOGY	Lowest	Highest
8. Hct:	<input type="text"/> %	<input type="text"/> %
9. WBC:	<input type="text"/> /mm ³	<input type="text"/> /mm ³
10. Platelets (lowest):	<input type="text"/> X 1000 /mm ³	
CHEMISTRY	Lowest	Highest
11. Serum Sodium:	<input type="text"/> mEq/L	<input type="text"/> mEq/L
12. Serum Potassium:	<input type="text"/> mEq/L	<input type="text"/> mEq/L
13. Serum BUN (highest):		<input type="text"/> mg/dL
14. Serum Creatinine:	<input type="text"/> mg/dL	<input type="text"/> mg/dL
15. Serum Glucose:	<input type="text"/> mg/dL	<input type="text"/> mg/dL
16. Serum Albumin:	<input type="text"/> g/dL	<input type="text"/> g/dL
17. Serum Bilirubin (highest):		<input type="text"/> mg/dL
18. Serum Bicarbonate (lowest):	<input type="text"/> mEq/L	

tempcl tempfl
tempch tempfh
sysbpl sysbph
meanapl meanaph
hratel hrateh
respl resp
lvent
hvent
urine
hctl hcth
wbcl wbch
plate
sodiuml sodiumh
potasl potash
bun
creatl creath
glucl gluch
albuml albumh
bili
bicar

APACHE - ABG

Visit Date: [visday](#)

METATRIAL

REPORT ALL ABG'S IN THE 24 HRS PRECEDING INITIAL VENT CHANGE				
FiO2	PaO2 (mmHg)	PaCO2 (mmHg)	pH	Intubated when ABG obtained
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)

[fio2](#)

[pao2](#)

[paco2](#)

[ph](#)

[intubat](#)

19. Chloride:	<input type="text"/>	mEq/L	chlor		
20. HCO ₃ :	<input type="text"/>	mEq/L	bicar		
21. HCG:	<input checked="" type="radio"/> No Answer	<input type="radio"/> Pos (1)	<input type="radio"/> Neg (2)	<input type="radio"/> N/A (3)	hcg
Collect blood for cytokines prior to initial vent change.					

Ventilator Parameters

Visit Date: visday

METATRIAL

Initial Vent Change Time:	<input type="text"/>	(from Enrollment Form)	ventchtm
1. Ventilator Manufacturer and Model:	<input type="radio"/> No Answer <input type="radio"/> Puritan-Bennett 7200 (1) <input type="radio"/> Servo 9000 (2) <input type="radio"/> Servo 300 (3) <input type="radio"/> Hammilton Veolar/Amadeus (4) <input type="radio"/> Bird 8400 (5) <input type="radio"/> Bear 1000 (6) <input type="radio"/> Other (7) <input type="radio"/> Draeger (8)		vmodel
2. Ventilator Mode (check all that apply)			
2.1 SIMV:	<input type="checkbox"/>		simv
2.2 Pressure Support:	<input type="checkbox"/>		psupp
2.3 Assist/Control:	<input type="checkbox"/>		assistvp
2.4 Pressure Control:	<input type="checkbox"/>		pcon
2.5 PC IRV:	<input type="checkbox"/>		pcirv
2.6 Other:	<input type="text" value="othersp"/>	<input type="checkbox"/>	othervp
3. Calculated Delivered Tidal Volume:	<input type="text"/>	ml	tidal
4. Pressure Control Level (If on Pressure Control Ventilation):	<input type="text"/>	cm H2O	pconl
5. Pressure Support (If on Pressure Support Ventilation):	<input type="text"/>	cm H2O	psupl
6. Set Rate:	<input type="text"/>	breaths/min	srate
7. Total Respiratory Rate:	<input type="text"/>	breaths/min	trespr
8. Total Minute Ventilation:	<input type="text"/>	L/min	tmnvnt
9. PEEP:	<input type="text"/>	cm H2O	peep
10. Plateau Pressure, 0.5 second end-inspiratory pause:	<input type="text"/>	cm H2O	pstat1
11. Peak Inspiratory Pressure:	<input type="text"/>	cm H2O	peak
12. I:E Ratio: a. Set 1:	<input type="text"/>	or b. True I:E 1:	eratio teratio
13. Mean Airway Pressure:	<input type="text"/>	cm H2O	mapres

14. FiO2:	<input type="text"/>	fiO2
15. PaO2:	<input type="text"/> mmHg	pao2
16. PaCO2:	<input type="text"/> mmHg	paco2
17. Arterial pH:	<input type="text"/>	artph
18. SpO2:	<input type="text"/> %	spo2
AFTER INITIAL VENT CHANGE, IF ANY, ON A TIDAL VOLUME OF 6 TO 8 ML/KG PBW BUT BEFORE PROTOCOL DIRECTED CHANGES		
19. Calculated delivered tidal volume:	<input type="text"/> ml	tidalvc
20. Plateau pressure:	<input type="text"/> cm H2O	pstatvc
21. PEEP:	<input type="text"/> cm H2O	peepvc

Baseline Chest X-Ray

Visit Date: visday

METATRIAL

1. Number of quadrants with infiltrates:	<input type="text"/>
2. Barotrauma	
Pneumothoraces:	<input type="radio"/> No Answer <input type="radio"/> Right (1) <input type="radio"/> Left (2) <input type="radio"/> Bilateral (3) <input type="radio"/> None (4)
Subcutaneous emphysema:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)
Pneumomediastinum:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)
Pneumatocoeles > 2 cm diam:	<input type="radio"/> No Answer <input type="radio"/> Right (1) <input type="radio"/> Left (2) <input type="radio"/> Bilateral (3) <input type="radio"/> None (4)
3. Chest Tube:	<input type="radio"/> No Answer <input type="radio"/> Right (1) <input type="radio"/> Left (2) <input type="radio"/> Bilateral (3) <input type="radio"/> None (4)

radlis

baro1

baro2

baro3

baro4

ctube

Medications

Visit Date: visday

METATRIAL

1. Neuromuscular Blocking Agents (24 hours prior to initial vent change):	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	blocker	
Enter the continuous IV infusion rate for the following medications at the time of initial vent change:					
2. Vasopressors:	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)	vasop	
2a. Dopamine >= 6 mcg/kg/min:	<input type="text"/>	mcg/kg/min		dopa	
2b. Norepinephrine:	<input type="text"/>	mcg/min		norep	
2c. Epinephrine:	<input type="text"/>	mcg/min		epinep	
2d. Neosynephrine:	<input type="text"/>	mcg/min		neosyn	
2e. Other:	<input type="text"/>			othmed	
For sedative/analgesics, enter the hourly rate and the total dose given by bolus IV infusion/IM injection in the one hour interval PRIOR TO initial vent change.					
		Infusion Rate		Bolus	
3. Lorazepam (Ativan):	<input type="text"/>	mg/hr	<input type="text"/>	mg	lorazir lorazb
4. Midazolam (Versed):	<input type="text"/>	mg/hr	<input type="text"/>	mg	midazir midazb
5. Diazepam (Valium):	<input type="text"/>	mg/hr	<input type="text"/>	mg	diazir diazb
6. Other benzodiazepine:	<input type="text"/>	mg/hr	<input type="text"/>	mg	othben othbenir othbenb
7. Propofol:	<input type="text"/>	mg/hr	<input type="text"/>	mg	propoir propob
8. Morphine:	<input type="text"/>	mg/hr	<input type="text"/>	mg	morphir morphb
9. Fentanyl:	<input type="text"/>	mcg/hr	<input type="text"/>	mcg	fentir fentb
10. Meperidine (Demerol):	<input type="text"/>	mg/hr	<input type="text"/>	mg	meperir meperb
11. Other narcotic:	<input type="text"/>	mg/hr	<input type="text"/>	mg	othnarc othnarir othnarb
12. Haloperidol:	<input type="text"/>	mg/hr	<input type="text"/>	mg	halopir halopb
13. Droperidol:	<input type="text"/>	mg/hr	<input type="text"/>	mg	dropir dropb
14. Other:	<input type="text"/>	mg/hr	<input type="text"/>	mg	othsed othsedir othsedb

Specimen Collection

Visit Date: visday

METATRIAL

Day 0		
Blood for cytokine:	<input checked="" type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	blood1
Date of blood draw:	<input type="text"/> <input type="button" value="Date"/>	bltd1
Day 1		
Blood for cytokine:	<input checked="" type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	blood2
Date of blood draw:	<input type="text"/> <input type="button" value="Date"/>	bltd2
Day 3		
Blood for cytokine:	<input checked="" type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	blood3
Date of blood draw:	<input type="text"/> <input type="button" value="Date"/>	bltd3
Day 7		
Blood for cytokine:	<input checked="" type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	blood7
Date of blood draw:	<input type="text"/> <input type="button" value="Date"/>	bltd7
Buccal smear:	<input checked="" type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	buccal
Date of buccal smear:	<input type="text"/> <input type="button" value="Date"/>	buccaldt

Glasgow Coma

Visit Date: [visday](#)

METATRIAL

1. Is patient on a sedative or neuromuscular blocker?:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	sedate
2. Eye Opening Score:	<input type="radio"/> No Answer <input type="radio"/> Spontaneous (4) <input type="radio"/> To Voice (3) <input type="radio"/> To Pain (2) <input type="radio"/> None (1)	eye
3. Motor Response Score:	<input type="radio"/> No Answer <input type="radio"/> Obeys Commands (6) <input type="radio"/> Localizes to Pain (5) <input type="radio"/> Flexor Withdrawal (4) <input type="radio"/> Abnormal Flexion (3) <input type="radio"/> Extension (2) <input type="radio"/> Flaccid (1)	motor
4. Verbal Response Score:	<input type="radio"/> No Answer <input type="radio"/> Oriented ,or if on ventilator, appears oriented (5) <input type="radio"/> Confused (4) <input type="radio"/> Inappropriate, or if on ventilator, questionably oriented (3) <input type="radio"/> Incomprehensible (2) <input type="radio"/> None, or if on ventilator, generally unresponsive (1)	verbal
Total:	<input type="text"/>	total

Adverse Events

Visit Date: [visday](#)**METATRIAL**

1. Start Date:	<input type="text"/> <input type="button" value="Date"/>	startdat
2. Time of event:	<input type="text"/> hh:mm	evtime
3. Name of event:	<input type="text"/>	spevnt
4. Describe event or problem:	THIS ITEM HAS BEEN DELETED FROM THE DEIDENTIFIED DATABASE	
5. Severity of event:	<input type="radio"/> No Answer <input type="radio"/> mild (1) <input type="radio"/> moderate (2) <input type="radio"/> serious (3)	sever
6. Did AE require therapeutic intervention to prevent permanent impairment/damage?:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	thera
7. Was the patient in immediate risk of death due to the event?:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	riskde
8. Was the event unexpected or more severe or frequent than expected?:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3)	expect
9. Causal relationship to study procedures:	<input type="radio"/> No Answer <input type="radio"/> definitely associated (1) <input type="radio"/> probably associated (2) <input type="radio"/> possible association (3) <input type="radio"/> probably not associated (4) <input type="radio"/> definitely not associated (5) <input type="radio"/> uncertain association (6)	causal
10. Was patient withdrawn from the study because of this event?:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	wdraw
11. Status of this adverse event at the time of initial AE	<input type="radio"/> No Answer <input type="radio"/> recovered - date: (1)	outcome

report:	<input type="radio"/> AE present, no treatment (2) <input type="radio"/> AE present/being treated (3) <input type="radio"/> residual effect/no treatment (4) <input type="radio"/> residual effect/being treated (5) <input type="radio"/> deceased as a result of this AE (6)	
Recovery Date:	<input type="text"/> <input type="button" value="Date"/>	recdt
12. Final outcome of this adverse event (until resolution or 48hr UAB):	<input type="radio"/> No Answer <input type="radio"/> recovered - date: (1) <input type="radio"/> AE present, no treatment (2) <input type="radio"/> AE present, being treated (3) <input type="radio"/> residual effect/no treatment (4) <input type="radio"/> residual effect/being treated (5) <input type="radio"/> deceased as a result of this AE (6)	foutcome
Final Recovery Date:	<input type="text"/> <input type="button" value="Date"/>	enddate

NOTE: a "costart" field has been added to this table in an effort to create a standardized categorization for Adverse Events.

Brussels Table

Visit Date: [visday](#)

METATRIAL

Date	Systolic BP	PaO2/FiO2	Platelets X 1000	Creatinine	Bilirubin	Vasopressor
<input type="text"/> Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)
Data Entry Grid						

[startdat](#)

[sysbp0](#)

[pafi0](#)

[plate0](#)

[creat0](#)

[bili0](#)

[vaso0](#)

On Study Vital Signs

Visit Date: visday

METATRIAL

<p>For reference period items, use values between 06:00 to 10:00. If more than one value, use the value closest to 08:00. If not available in reference period, use closest to reference period on same calendar day.</p>	
1. Heart Rate:	<input type="text"/> bpm
2. Systolic BP:	<input type="text"/> mmHg
3. Diastolic BP:	<input type="text"/> mmHg
4. Temperature:	<input type="text"/> C <input type="text"/> F
5. Weight:	<input type="text"/> kg <input type="text"/> lbs
6. Fluid Intake/24 hours:	<input type="text"/> ml
7. Urine Output/24 hours:	<input type="text"/> ml
LABS:	
8. Hct:	<input type="text"/> %
9. WBC:	<input type="text"/> /mm ³
<p>Collect blood for cytokines on Days 1, 3, 7</p>	

hrate
 sysbp
 diabp
 tempc tempf
 weightk weightl
 fluidi
 fluido
 hct
 wbc

NOTE: weight outliers were removed to deidentify data.

On Study Ventilator Parameters

Visit Date: [visday](#)

METATRIAL

IF ON POSITIVE PRESSURE VENT DURING REFERENCE PERIOD 0600-1000. IF MORE THAN ONE VALUE USE VALUES CLOSEST TO 0800. IF ABG NOT AVAILABLE IN REFERENCE PERIOD, USE CLOSEST TO REFERENCE PERIOD ON SAME CALENDAR DATE.

1. Calculated Delivered Tidal Volume (If on Assist/Control):	<input type="text"/> ml	tidal	
2. Pressure Support (If on Pressure Support Ventilation):	<input type="text"/> cm H2O	psupl	
3. Set Rate:	<input type="text"/> breaths/min	srate	
4. Total Respiratory Rate:	<input type="text"/> breaths/min	trespr	
5. Total Minute Ventilation:	<input type="text"/> L/min	tmnvnt	
6. PEEP:	<input type="text"/> cm H2O	peep	
7. Plateau Pressure, 0.5 second end-inspiratory pause:	<input type="text"/> cm H2O	pstat1	
8. Peak Inspiratory Pressure:	<input type="text"/> cmH2O	peak	
9. I:E Ratio: a. Set 1:	<input type="text"/>	or b.True I:E 1: <input type="text"/>	eratio teratio
10. Mean Airway Pressure:	<input type="text"/> cm H2O	mapres	
11. FiO2:	<input type="text"/>	fio2	
12. PaO2:	<input type="text"/> mmHg	pao2	
13. PaCO2:	<input type="text"/> mmHg	paco2	
14. Arterial pH:	<input type="text"/>	artph	
15. SpO2:	<input type="text"/> %	spo2	

On Study Medications

Visit Date: visday

METATRIAL

1. Neuromuscular Blocking Agents:	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
2. IV or PO Corticosteroids given this calendar day?	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
2a. If Yes, enter total daily dose:	<input type="text"/> mg (methylprednisolone equivalent)		
3. Experimental therapies:	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
(If yes, check experimental therapies) Nitric oxide:	<input type="checkbox"/>		
Surfactant:	<input type="checkbox"/>		
Partial Liquid Ventilation:	<input type="checkbox"/>		
ECMO:	<input type="checkbox"/>		
IVOX:	<input type="checkbox"/>		
HFV or HFO:	<input type="checkbox"/>		
Prone Positioning:	<input type="checkbox"/>		
Inhaled PGI or PGE:	<input type="checkbox"/>		
Intravenous PGI or PGE:	<input type="checkbox"/>		
Enter the continuous IV infusion rate for the following medications at the random medication check time. For sedative/analgesics, enter the total dose given by bolus IV infusion/IM injection in the one hour interval prior to random medication check.			
Selected time of Medication check:	<input type="text"/> hh:mm		
Has there been a new episode of barotrauma this calendar date?: (This field is currently filled on the Weaning Form)	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
4. Vasopressors (If yes, enter infusion rate for all that apply):	<input type="radio"/> No Answer	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
4a. Dopamine >= 6 mcg/kg/min:	<input type="text"/> mcg/kg/min		
4b. Norepinephrine:	<input type="text"/> mcg/min		
4c. Epinephrine:	<input type="text"/> mcg/min		
4d. Neosynephrine:	<input type="text"/> mcg/min		
4e. Other:	<input type="text"/>		
	Infusion Rate	Bolus	
5. Lorazepam (Ativan):	<input type="text"/> mg/hr	<input type="text"/> mg	
6. Midazolam (Versed):	<input type="text"/> mg/hr	<input type="text"/> mg	

blocker
meth (methyl)
mdose (methylmg)
expt
nitric
surf
partlv
ecmo
ivox
hfvhfo
prone
ingpige
ivpige
medchktm
baroocc
vasop
dopa
norep
epinep
neosyn
othmedos
lorazir lorazb
midazir midazb

7. Diazepam (Valium):	<input type="text"/> mg/hr	<input type="text"/> mg	diazir diazb
8. Other benzodiazepine:	<input type="text"/> mg/hr	<input type="text"/> mg	othben othbenir othbenb
9. Propofol:	<input type="text"/> mg/hr	<input type="text"/> mg	propoir propob
10. Morphine:	<input type="text"/> mg/hr	<input type="text"/> mg	morphir morphb
11. Fentanyl:	<input type="text"/> mcg/hr	<input type="text"/> mcg	fentir fentb
12. Meperidine (Demerol):	<input type="text"/> mg/hr	<input type="text"/> mg	meperir meperb
13. Other narcotic:	<input type="text"/> mg/hr	<input type="text"/> mg	othnarc othnarir othnarb
14. Haloperidol:	<input type="text"/> mg/hr	<input type="text"/> mg	halopir halopb
15. Droperidol:	<input type="text"/> mg/hr	<input type="text"/> mg	dropir dropb
16. Other:	<input type="text"/> mg/hr	<input type="text"/> mg	othsed othsedir othsedb

NOTE: the variable "baroocc" was moved to the Weaning form.

- "baroocc" from both tables (onstudym and weaning) should be combined for a complete set of answers for this variable.

Weaning

Visit Date: visday

METATRIAL

1. At 0600, was patient on:	<input type="radio"/> No Answer <input type="radio"/> Volume Assist/Control Ventilation (1) <input type="radio"/> Pressure Support (2) <input type="radio"/> Unassisted Breathing (3) <input type="radio"/> Other (4)	wea2n																														
Other:	<input type="text"/>	wea2no																														
2. Did patient meet weaning criteria:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Not Tried/Evaluated (3)	wea3n																														
3. If 2 is Yes, did patient pass 5 minute CPAP trial:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Not Tried/Evaluated (3)	wea4n																														
4. Did patient go to Pressure Support:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Not Tried/Evaluated (3)	wea5n																														
If No, why not:	<input type="text"/>	wea5txt																														
<p>WEANING HISTORY: Record initial and subsequent Pressure Support levels along with their corresponding starting times each time the Pressure Support level is changed.</p> <table border="1"> <thead> <tr> <th></th> <th>Pressure Support Level</th> <th>Time</th> <th></th> <th>Pressure Support Level</th> <th>Time</th> </tr> </thead> <tbody> <tr> <td>4a.</td> <td><input type="text" value="levela"/></td> <td><input type="text" value="timea"/></td> <td>4b.</td> <td><input type="text" value="levelb"/></td> <td><input type="text" value="timeb"/></td> </tr> <tr> <td>4c.</td> <td><input type="text" value="levelc"/></td> <td><input type="text" value="timec"/></td> <td>4d.</td> <td><input type="text" value="leveld"/></td> <td><input type="text" value="timed"/></td> </tr> <tr> <td>4e.</td> <td><input type="text" value="levele"/></td> <td><input type="text" value="timee"/></td> <td>4f.</td> <td><input type="text" value="levelf"/></td> <td><input type="text" value="timef"/></td> </tr> <tr> <td>4g.</td> <td><input type="text" value="levelg"/></td> <td><input type="text" value="timeg"/></td> <td>4h.</td> <td><input type="text" value="levelh"/></td> <td><input type="text" value="timeh"/></td> </tr> </tbody> </table>				Pressure Support Level	Time		Pressure Support Level	Time	4a.	<input type="text" value="levela"/>	<input type="text" value="timea"/>	4b.	<input type="text" value="levelb"/>	<input type="text" value="timeb"/>	4c.	<input type="text" value="levelc"/>	<input type="text" value="timec"/>	4d.	<input type="text" value="leveld"/>	<input type="text" value="timed"/>	4e.	<input type="text" value="levele"/>	<input type="text" value="timee"/>	4f.	<input type="text" value="levelf"/>	<input type="text" value="timef"/>	4g.	<input type="text" value="levelg"/>	<input type="text" value="timeg"/>	4h.	<input type="text" value="levelh"/>	<input type="text" value="timeh"/>
	Pressure Support Level	Time		Pressure Support Level	Time																											
4a.	<input type="text" value="levela"/>	<input type="text" value="timea"/>	4b.	<input type="text" value="levelb"/>	<input type="text" value="timeb"/>																											
4c.	<input type="text" value="levelc"/>	<input type="text" value="timec"/>	4d.	<input type="text" value="leveld"/>	<input type="text" value="timed"/>																											
4e.	<input type="text" value="levele"/>	<input type="text" value="timee"/>	4f.	<input type="text" value="levelf"/>	<input type="text" value="timef"/>																											
4g.	<input type="text" value="levelg"/>	<input type="text" value="timeg"/>	4h.	<input type="text" value="levelh"/>	<input type="text" value="timeh"/>																											
5. Did patient tolerate a trial of spontaneous breathing > 2 hours:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Not Tried/Evaluated (3)	wea6n																														
6. Did patient complete 48 hours of unassisted breathing on this calendar day:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	wea7n																														

NOTE: some wea5txt entries have been modified to deidentify data

for items 4a-4h, see left for variable names inside cells

For items 8 through 12 enter first recorded value in 4 hr interval ON or AFTER time of ventilator check.		
Selected Time of ventilator check:	<input type="text"/> hh:mm	ventcktm
7. Was patient on assist/control continuously during 4 hrs preceding and 4 hrs following selected ventilator check time :	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	assist
8. FiO2:	<input type="text"/>	fio2
9a. Calculated Delivered Tidal Volume:	<input type="text"/> ml	tidal
9b. Tidal volume increased because of severe dyspnea:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	volin
10. PEEP:	<input type="text"/> cm H2O	peep
11. Set Rate:	<input type="text"/>	srate
12. Pplat:	<input type="text"/> cm H2O	pplat
For items 13-16 enter last value in the four hour interval PRIOR TO (BUT NOT ON) the randomly selected time for ventilator check. If both SpO2 and PaO2 were available during the four hour interval, enter ONLY the SpO2 or PaO2 (but NOT BOTH) used to set or assess the values of FiO2 or PEEP in items 8 and 10.		
13a. pH:	<input type="text"/>	ph
13b. If pH available, was set rate changed in the interval between measurement and the time set rate (Item 11) recorded:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	setchn
14a. SpO2 (enter corrected SpO2 if adjusted using SaO2):	<input type="text"/> %	spo2
14b. If SpO2 was used, was FiO2 or PEEP changed in the interval between SpO2 measurement and the time FiO2 or PEEP (Items 8 or 10) recorded:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	fiochn
15a. PaO2:	<input type="text"/>	pao2
15b. If PaO2 was used, was FiO2 or PEEP changed in the interval between PaO2 measurement and the time FiO2 or PEEP (Items 8 or 10) recorded:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	peechng
16. If no pH was available for question 13a, then enter most recent:	<input type="text"/>	noph
17. Has there been a new episode of barotrauma this calendar date?	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	baroocc
IF YES, FILL OUT BAROTRAUMA FORM		

Barotrauma

Visit Date: visday

METATRIAL

1. Barotrauma	
Pneumothoraces:	<input type="radio"/> No Answer <input type="radio"/> Right (1) <input type="radio"/> Left (2) <input type="radio"/> Bilateral (3) <input type="radio"/> None (4)
Subcutaneous emphysema:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)
Pneumomediastinum:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)
Pneumatoceles > 2 cm diam:	<input type="radio"/> No Answer <input type="radio"/> Right (1) <input type="radio"/> Left (2) <input type="radio"/> Bilateral (3) <input type="radio"/> None (4)
2. Chest Tube:	<input type="radio"/> No Answer <input type="radio"/> Right (1) <input type="radio"/> Left (2) <input type="radio"/> Bilateral (3) <input type="radio"/> None (4)
3. If chest tube was present, was it for a pneumothorax?:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)

baro1

baro2

baro3

baro4

ctube

pneumo

Study Termination

Visit Date: visday

METATRIAL

Begin completion of this form by Day 28. Patients not yet home with unassisted breathing (UAB) should be FOLLOWED WEEKLY through Day 90.

1. Patient Status:	<input type="radio"/> No Answer <input type="radio"/> Home with unassisted breathing (1) <input type="radio"/> Dead prior to discharge home with UAB or dead prior to achieving UAB for 48 hrs (2) <input type="radio"/> Other (3)	status
1a. If 1, date of discharge home on unassisted breathing:	<input type="text"/> <input type="button" value="Date"/>	st1dt
1b. If 2, date of death:	<input type="text"/> <input type="button" value="Date"/>	st2dt
1c. If 3, date of last patient contact:	<input type="text"/> <input type="button" value="Date"/>	st3dt
2. Was patient permanently withdrawn from the ALVEOLI ventilator procedures (through Day 28):	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	pwdraw
2a. If Yes, give date:	<input type="text"/> <input type="button" value="Date"/>	pwdrawdt
3. Was patient discharged from study hospital (through Day 90):	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	hospdc
3a. If yes, give date:	<input type="text"/> <input type="button" value="Date"/>	hospdcdt
3b. Status at discharge from study hospital:	<input type="radio"/> No Answer <input type="radio"/> Alive (1) <input type="radio"/> Dead (2)	hospdcst
4. Was patient discharged home (through day 90):	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2)	homedc
4a. If yes, give date:	<input type="text"/> <input type="button" value="Date"/>	homedcdt
ICU HISTORY		
ICU days during study hospitalization to day 90 (days in which patient spent any time in an ICU during study hospitalization)		
5a. Discharged from ICU:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3)	icudc1
Date of ICU DC:	<input type="text"/> <input type="button" value="Date"/>	icudcdt1
5b. Readmitted to ICU:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3)	icudm2
Date of ICU readmission:	<input type="text"/> <input type="button" value="Date"/>	icudadt2
Discharged from ICU:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3)	icudc2
Date of ICU DC:	<input type="text"/> <input type="button" value="Date"/>	icudcdt2

5c. Readmitted to ICU:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3)	icuadm3
Date of ICU readmission:	<input type="text"/> <input type="button" value="Date"/>	icuaddt3
Discharged from ICU:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3)	icudc3
Date of ICU DC:	<input type="text"/> <input type="button" value="Date"/>	icudcdt3
5d. Readmitted to ICU:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3)	icuadm4
Date of ICU readmission:	<input type="text"/> <input type="button" value="Date"/>	icuaddt4
Discharged from ICU:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3)	icudc4
Date of ICU DC:	<input type="text"/> <input type="button" value="Date"/>	icudcdt4
5e. Readmitted to ICU:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3)	icuadm5
Date of ICU readmission:	<input type="text"/> <input type="button" value="Date"/>	icuaddt5
Discharged from ICU:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3)	icudc5
Date of ICU DC:	<input type="text"/> <input type="button" value="Date"/>	icudcdt5
HISTORY ON VENTILATOR		
Ventilator days until UAB at home, death, or day 90 (A ventilator day is any day in which the patient received assisted breathing (AB), except for AB for < 24 hours for a procedure or surgery)		
6a. Patient achieved unassisted breathing:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3)	uab1
Date of first UAB (first date with no AB; midnight to midnight):	<input type="text"/> <input type="button" value="Date"/>	uabdt1
6b. Patient returned to assisted breathing:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3)	retab1
Date of return to AB:	<input type="text"/> <input type="button" value="Date"/>	retabdt1
6c. Patient achieved unassisted breathing again:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3)	uab2
Date of UAB (2nd date with no AB; midnight to midnight):	<input type="text"/> <input type="button" value="Date"/>	uabdt2
6d. Patient returned to assisted breathing:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3)	retab2
Date of return to AB:	<input type="text"/> <input type="button" value="Date"/>	retabdt2
6e. Patient achieved unassisted breathing again:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3)	uab3
Date of UAB:	<input type="text"/> <input type="button" value="Date"/>	uabdt3
6f. Patient returned to assisted breathing:	<input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3)	retab3
Date of return to AB:	<input type="text"/> <input type="button" value="Date"/>	retabdt3

<p>6g. Patient achieved unassisted breathing:</p> <p>Date of UAB:</p>	<p> <input type="radio"/> No Answer <input type="radio"/> Yes (1) <input type="radio"/> No (2) <input type="radio"/> Unknown (3) </p> <p> <input type="text"/> <input type="button" value="Date"/> </p>	<p>uab4</p> <p>uabdt4</p>
<p>7. End of Life Decision Making (for all deaths):</p>	<p> <input type="radio"/> No Answer <input type="radio"/> No DNR decision made (1) <input type="radio"/> DNR decision made: withhold only CPR [or CR or PR] (2) <input type="radio"/> DNR decision made: withhold life support in addition to CPR (3) <input type="radio"/> DNR decision made: withhold life support (4) <input type="radio"/> Diagnosis of brain death (5) <input type="radio"/> Unknown/cannot tell (6) </p>	<p>eldm</p>

Recruitment Maneuver

Visit Date: [visday](#)

Fill out this form on Study Days 1-5 for ALL patients. Recruitment Maneuver (RM) or Time Zero for non-RM patients should occur in Reference Period 06:00-10:00	
1a. Was RM performed?:	<input checked="" type="checkbox"/> No Answer <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not Required (3)
1b. If no, why :	<input type="text"/> NOTE: some normperf entries have been modified to deidentify data
2. Time RM initiated or Time Zero for non-RM patients:	<input type="text"/>
3. RM Pressure:	<input type="text"/> cm H2O
4. RM Duration:	<input type="text"/> seconds
5. If RM duration <30 seconds, give a reason for early termination:	<input type="text"/>
For items 6-15, enter baseline values immediately preceding the time in Question 2.	
6. Pre RM SpO2:	<input type="text"/> %
7. Pre RM FiO2:	<input type="text"/>
8. Pre RM PEEP:	<input type="text"/> cm H2O
9. Pre Plateau Pressure:	<input type="text"/>
10. Pre Calculated Delivered Tidal Volume:	<input type="text"/>
11. Pre RM Mean Airway Pressure (Pmean):	<input type="text"/>
12. Pre RM SBP:	<input type="text"/> mmHg
13. Pre RM DBP:	<input type="text"/> mmHg
14. Pre RM HR:	<input type="text"/> beats/min
15. Pre CVP:	<input type="text"/> mmHg
For items 16-21, enter values from the 10 minute interval beginning at time in Question 2.	
16. Lowest SpO2:	<input type="text"/> %

[rmperf](#)

[normperf](#)

[rmtm](#)

[rmpres](#)

[rmdur](#)

[rmstop](#)

[rmspo2](#)

[rmfio2](#)

[rmpeep](#)

[rmpstat](#)

[rmtidal](#)

[mapres](#)

[rmsbp](#)

[rmdbp](#)

[rmhrate](#)

[rmcvp](#)

[lspo2](#)

17. Highest SpO2:	<input type="text"/> %						hspo2
18. Lowest SBP:	<input type="text"/> mmHg						lsbp
19. Lowest DBP:	<input type="text"/> mmHg						ldbp
20. Lowest HR:	<input type="text"/> beats/min						lhrate
21. Highest HR:	<input type="text"/> beats/min						hhrate
Enter values at specified times from time in Question 2 or until another RM performed.							
	SpO2 (%)	FiO2	PEEP	PSTAT	Tidal Volume	Pmean	
22. 10 min Post:	<input type="text"/> spo2p10	<input type="text"/> fio2p10	<input type="text"/> peepp10	<input type="text"/>	<input type="text"/>	<input type="text"/>	
23. 30 min Post:	<input type="text"/> spo2p30	<input type="text"/> fio2p30	<input type="text"/> peepp30	<input type="text"/>	<input type="text"/>	<input type="text"/>	
24. 60 min Post:	<input type="text"/> spo2p60	<input type="text"/> fio2p60	<input type="text"/> peepp60	<input type="text"/> pstatp60	<input type="text"/> tidalp60	<input type="text"/> mapres60	
25. 2 hrs Post:	<input type="text"/> spo2p2h	<input type="text"/> fio2p2h	<input type="text"/> peepp2h	<input type="text"/>	<input type="text"/>	<input type="text"/>	
26. 4 hrs Post:	<input type="text"/> spo2p4h	<input type="text"/> fio2p4h	<input type="text"/> peepp4h	<input type="text"/> pstatp4h	<input type="text"/> tidalp4h	<input type="text"/> mapres4h	
27. 8 hrs Post:	<input type="text"/> spo2p8h	<input type="text"/> fio2p8h	<input type="text"/> peepp8h	<input type="text"/> pstatp8h	<input type="text"/> tidalp8h	<input type="text"/> mapres8h	
28. Number of RMs performed on this calendar date:	<input type="text"/>						rmnum