

TNO:

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**Daily Data - Day 0**

DAY 0 = day of randomisation

**DAILY DATA – DAY 0**

Is ICP being monitored? Yes ☐ No ☐ *If no then do not complete ICP, MAP and serum sodium. If ICP/MAP/serum sodium are not recorded, enter 'NR' into relevant boxes.*

MEASURE	UNIT	00:00 - 00:59	01:00 - 01:59	02:00 - 02:59	03:00 - 03:59	04:00 - 04:59	05:00 - 05:59	06:00 - 06:59	07:00 - 07:59	08:00 - 08:59	09:00 - 09:59	10:00 - 10:59	11:00 - 11:59	12:00 - 12:59	13:00 - 13:59	14:00 - 14:59	15:00 - 15:59	16:00 - 16:59	17:00 - 17:59	18:00 - 18:59	19:00 - 19:59	20:00 - 20:59	21:00 - 21:59	22:00 - 22:59	23:00 - 23:59
ICP	mmHg																								
MAP	mmHg																								
Serum sodium	mmol/L																								

**Organ support (CCMDS)**

	YES	NO
Basic respiratory support?	<input type="checkbox"/>	<input type="checkbox"/>
Advanced respiratory support?	<input type="checkbox"/>	<input type="checkbox"/>
Basic cardiovascular support?	<input type="checkbox"/>	<input type="checkbox"/>
Advanced cardiovascular support?	<input type="checkbox"/>	<input type="checkbox"/>
Renal support?	<input type="checkbox"/>	<input type="checkbox"/>
Neurological support?	<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal support?	<input type="checkbox"/>	<input type="checkbox"/>
Dermatological support?	<input type="checkbox"/>	<input type="checkbox"/>
Liver support?	<input type="checkbox"/>	<input type="checkbox"/>

FORM COMPLETED BY:

Name (please print):

Signature:

Date completed:

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DD/MMM/YYYY

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**Daily Data - Day 1**

DAY 0 = day of randomisation

**DAILY DATA – DAY 1**

Is ICP being monitored? Yes ☐ No ☐ *If no then do not complete ICP, MAP and serum sodium. If ICP/MAP/serum sodium are not recorded, enter 'NR' into relevant boxes.*

MEASURE	UNIT	00:00 - 00:59	01:00 - 01:59	02:00 - 02:59	03:00 - 03:59	04:00 - 04:59	05:00 - 05:59	06:00 - 06:59	07:00 - 07:59	08:00 - 08:59	09:00 - 09:59	10:00 - 10:59	11:00 - 11:59	12:00 - 12:59	13:00 - 13:59	14:00 - 14:59	15:00 - 15:59	16:00 - 16:59	17:00 - 17:59	18:00 - 18:59	19:00 - 19:59	20:00 - 20:59	21:00 - 21:59	22:00 - 22:59	23:00 - 23:59
ICP	mmHg																								
MAP	mmHg																								
Serum sodium	mmol/L																								

**Organ support (CCMDS)**

	YES	NO
Basic respiratory support?	<input type="checkbox"/>	<input type="checkbox"/>
Advanced respiratory support?	<input type="checkbox"/>	<input type="checkbox"/>
Basic cardiovascular support?	<input type="checkbox"/>	<input type="checkbox"/>
Advanced cardiovascular support?	<input type="checkbox"/>	<input type="checkbox"/>
Renal support?	<input type="checkbox"/>	<input type="checkbox"/>
Neurological support?	<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal support?	<input type="checkbox"/>	<input type="checkbox"/>
Dermatological support?	<input type="checkbox"/>	<input type="checkbox"/>
Liver support?	<input type="checkbox"/>	<input type="checkbox"/>

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DD/MMM/YYYY

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**Daily Data - Day 2**

DAY 0 = day of randomisation

**DAILY DATA – DAY 2**

Is ICP being monitored? Yes ☐ No ☐ *If no then do not complete ICP, MAP and serum sodium. If ICP/MAP/serum sodium are not recorded, enter 'NR' into relevant boxes.*

MEASURE	UNIT	00:00 - 00:59	01:00 - 01:59	02:00 - 02:59	03:00 - 03:59	04:00 - 04:59	05:00 - 05:59	06:00 - 06:59	07:00 - 07:59	08:00 - 08:59	09:00 - 09:59	10:00 - 10:59	11:00 - 11:59	12:00 - 12:59	13:00 - 13:59	14:00 - 14:59	15:00 - 15:59	16:00 - 16:59	17:00 - 17:59	18:00 - 18:59	19:00 - 19:59	20:00 - 20:59	21:00 - 21:59	22:00 - 22:59	23:00 - 23:59
ICP	mmHg																								
MAP	mmHg																								
Serum sodium	mmol/L																								

**Organ support (CCMDS)**

	YES	NO
Basic respiratory support?	<input type="checkbox"/>	<input type="checkbox"/>
Advanced respiratory support?	<input type="checkbox"/>	<input type="checkbox"/>
Basic cardiovascular support?	<input type="checkbox"/>	<input type="checkbox"/>
Advanced cardiovascular support?	<input type="checkbox"/>	<input type="checkbox"/>
Renal support?	<input type="checkbox"/>	<input type="checkbox"/>
Neurological support?	<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal support?	<input type="checkbox"/>	<input type="checkbox"/>
Dermatological support?	<input type="checkbox"/>	<input type="checkbox"/>
Liver support?	<input type="checkbox"/>	<input type="checkbox"/>

FORM COMPLETED BY:

Name (please print):

Date completed:

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DD/MMM/YYYY

Signature:

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**Daily Data - Day 3**

DAY 0 = day of randomisation

**DAILY DATA – DAY 3**

Is ICP being monitored? Yes ☐ No ☐ *If no then do not complete ICP, MAP and serum sodium. If ICP/MAP/serum sodium are not recorded, enter 'NR' into relevant boxes.*

MEASURE	UNIT	00:00 - 00:59	01:00 - 01:59	02:00 - 02:59	03:00 - 03:59	04:00 - 04:59	05:00 - 05:59	06:00 - 06:59	07:00 - 07:59	08:00 - 08:59	09:00 - 09:59	10:00 - 10:59	11:00 - 11:59	12:00 - 12:59	13:00 - 13:59	14:00 - 14:59	15:00 - 15:59	16:00 - 16:59	17:00 - 17:59	18:00 - 18:59	19:00 - 19:59	20:00 - 20:59	21:00 - 21:59	22:00 - 22:59	23:00 - 23:59
ICP	mmHg																								
MAP	mmHg																								
Serum sodium	mmol/L																								

**Organ support (CCMDS)**

	YES	NO
Basic respiratory support?	<input type="checkbox"/>	<input type="checkbox"/>
Advanced respiratory support?	<input type="checkbox"/>	<input type="checkbox"/>
Basic cardiovascular support?	<input type="checkbox"/>	<input type="checkbox"/>
Advanced cardiovascular support?	<input type="checkbox"/>	<input type="checkbox"/>
Renal support?	<input type="checkbox"/>	<input type="checkbox"/>
Neurological support?	<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal support?	<input type="checkbox"/>	<input type="checkbox"/>
Dermatological support?	<input type="checkbox"/>	<input type="checkbox"/>
Liver support?	<input type="checkbox"/>	<input type="checkbox"/>

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DD/MMM/YYYY

Signature:

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**Daily Data - Day 4**

DAY 0 = day of randomisation

**DAILY DATA – DAY 4**

Is ICP being monitored? Yes ☐ No ☐ *If no then do not complete ICP, MAP and serum sodium. If ICP/MAP/serum sodium are not recorded, enter 'NR' into relevant boxes.*

MEASURE	UNIT	00:00 - 00:59	01:00 - 01:59	02:00 - 02:59	03:00 - 03:59	04:00 - 04:59	05:00 - 05:59	06:00 - 06:59	07:00 - 07:59	08:00 - 08:59	09:00 - 09:59	10:00 - 10:59	11:00 - 11:59	12:00 - 12:59	13:00 - 13:59	14:00 - 14:59	15:00 - 15:59	16:00 - 16:59	17:00 - 17:59	18:00 - 18:59	19:00 - 19:59	20:00 - 20:59	21:00 - 21:59	22:00 - 22:59	23:00 - 23:59
ICP	mmHg																								
MAP	mmHg																								
Serum sodium	mmol/L																								

**Organ support (CCMDS)**

	YES	NO
Basic respiratory support?	<input type="checkbox"/>	<input type="checkbox"/>
Advanced respiratory support?	<input type="checkbox"/>	<input type="checkbox"/>
Basic cardiovascular support?	<input type="checkbox"/>	<input type="checkbox"/>
Advanced cardiovascular support?	<input type="checkbox"/>	<input type="checkbox"/>
Renal support?	<input type="checkbox"/>	<input type="checkbox"/>
Neurological support?	<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal support?	<input type="checkbox"/>	<input type="checkbox"/>
Dermatological support?	<input type="checkbox"/>	<input type="checkbox"/>
Liver support?	<input type="checkbox"/>	<input type="checkbox"/>

FORM COMPLETED BY:

Name (please print):

Date completed:

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DD/MMM/YYYY

Signature:

TNO:

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Daily Data - Day \_\_\_\_

DAY 0 = day of randomisation

## DAILY DATA – DAY \_\_\_\_

Is ICP being monitored? Yes ☐ No ☐ *If no then do not complete ICP, MAP and serum sodium. If ICP/MAP/serum sodium are not recorded, enter 'NR' into relevant boxes.*

MEASURE	UNIT	00:00 - 00:59	01:00 - 01:59	02:00 - 02:59	03:00 - 03:59	04:00 - 04:59	05:00 - 05:59	06:00 - 06:59	07:00 - 07:59	08:00 - 08:59	09:00 - 09:59	10:00 - 10:59	11:00 - 11:59	12:00 - 12:59	13:00 - 13:59	14:00 - 14:59	15:00 - 15:59	16:00 - 16:59	17:00 - 17:59	18:00 - 18:59	19:00 - 19:59	20:00 - 20:59	21:00 - 21:59	22:00 - 22:59	23:00 - 23:59
ICP	mmHg																								
MAP	mmHg																								
Serum sodium	mmol/L																								

## Organ support (CCMDS)

	YES	NO
Basic respiratory support?	<input type="checkbox"/>	<input type="checkbox"/>
Advanced respiratory support?	<input type="checkbox"/>	<input type="checkbox"/>
Basic cardiovascular support?	<input type="checkbox"/>	<input type="checkbox"/>
Advanced cardiovascular support?	<input type="checkbox"/>	<input type="checkbox"/>
Renal support?	<input type="checkbox"/>	<input type="checkbox"/>
Neurological support?	<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal support?	<input type="checkbox"/>	<input type="checkbox"/>
Dermatological support?	<input type="checkbox"/>	<input type="checkbox"/>
Liver support?	<input type="checkbox"/>	<input type="checkbox"/>

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