1. **Date of follow-up**: \_ \_ / \_ \_ \_ / \_ \_ \_ \_

Day Month Year

1. **Randomized to:**   Albumin 20%  6 g HSS  12 g HSS
2. **Albumin treatment:**
   1. **Additional Dose** start time: \_\_\_\_:\_\_\_\_
   2. **Additional Dose** start time: \_\_\_\_:\_\_\_\_
   3. **Additional Dose** start time: \_\_\_\_:\_\_\_\_
   4. **Additional Dose** start time: \_\_\_\_:\_\_\_\_
3. **Follow-up:**

|  | Time 0 (pre HSS) | TIME 1 (1 h) | Time 3 (6 h) | Time 4 (12 h) |
| --- | --- | --- | --- | --- |
| Time | \_\_\_:\_\_\_ | \_\_\_:\_\_\_ | \_\_\_:\_\_\_ | \_\_\_:\_\_\_ |
|  |  |  |  |  |
| BD (mmHg) |  |  |  |  |
| HR (/min) |  |  |  |  |
| CVP (mmHg) |  |  |  |  |
| Weight (kg) |  |  |  |  |
| PLR |  |  |  |  |
|  |  |  |  |  |
| ***LAB*** | | | | |
| pH |  |  |  |  |
| PCO2 (mmHg) |  |  |  |  |
| PO2  (mmHg) |  |  |  |  |
| HCO3 (mmol/L) |  |  |  |  |
| BE (mmol/L) |  |  |  |  |
| O2-sat (%) |  |  |  |  |
| ureum (mg/dL) |  |  |  |  |
| creat (mg/dL) |  |  |  |  |
| GFR (ml/min) |  |  |  |  |
| Na (mmol/L) |  |  |  |  |
| K (mmol/L) |  |  |  |  |
| Cl (mmol/L) |  |  |  |  |
| HCO3 (mmol/L) |  |  |  |  |
| albumin (g/L) |  |  |  |  |
| anion gap (mmol/L) |  |  |  |  |
| iCa (mmol/L) |  |  |  |  |
| Ca (mmol/L) |  |  |  |  |
| P (mmol/L) |  |  |  |  |
| Mg (mmol/L) |  |  |  |  |
| lactate (mmol/L) |  |  |  |  |
| CRP (mg/L) |  |  |  |  |
| osmolaliteit (mOsm/kg H20) |  |  |  |  |
| capillary leak index (CRP/alb) |  |  |  |  |
|  |  |  |  |  |
| **Fluidbalance** |  |  |  |  |
|  |  |  |  |  |
| ***CVVH*** | | | | |
| PBP (ml/u) |  |  |  |  |
| Substitutie (ml/u) |  |  |  |  |
| UF (ml/U) |  |  |  |  |
|  |  |  |  |  |
| ***PICCO*** | | | | |
| GEDI (ml/m²) |  |  |  |  |
| CI (l/min/m²) |  |  |  |  |
| EVLWI ( ml/kg) |  |  |  |  |
| SVRI (dyn/s/cm-5) |  |  |  |  |
| SVV (%) |  |  |  |  |
|  |  |  |  |  |
| ***BIA*** | | | | |
| Total Body water |  |  |  |  |
| Extracellulair water |  |  |  |  |
| Intracellulair water |  |  |  |  |
| I/E ratio |  |  |  |  |
| Volume excess |  |  |  |  |
|  |  |  |  |  |
| **Passive leg test** |  |  |  |  |

1. **Adverse Events** Yes  NO

(If yes, please complete Adverse Event Form)

|  |  |  |  |
| --- | --- | --- | --- |
| My signature indicates that to the best of my knowledge all information entered on Form 12 is correct. | | | Date |
|  |  |  | |
|  |  | **\_\_ \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_** | |
| *Investigator’s Signature* |  | mmm dd yyyy | |