

## HALF-PINT Form 5: Daily ICU

### Section: Daily Assessment

1.	Ventilatory support this study day (check all that apply)	<input type="checkbox"/> Intubated and mechanically ventilated <input type="checkbox"/> Tracheostomy and mechanically ventilated <input type="checkbox"/> Non-invasive ventilation [including BiPAP, Humidified High Flow Nasal Cannula (HHFNC $\geq$ 5 L/min of Oxygen flow), or CPAP $\geq$ 5 cm H <sub>2</sub> O] <input type="checkbox"/> Non-invasive ventilation < 5 cm H <sub>2</sub> O <input type="checkbox"/> None
2.	Devices this study day	Arterial line: <input type="radio"/> Yes <input type="radio"/> No Central venous line (CVL): <input type="radio"/> Yes <input type="radio"/> No Peripheral IV (PIV): <input type="radio"/> Yes <input type="radio"/> No Peripherally inserted central catheter (PICC): <input type="radio"/> Yes <input type="radio"/> No Enteral feeding tube (new or pre-existing): <input type="radio"/> Yes <input type="radio"/> No Bladder catheter: <input type="radio"/> Yes <input type="radio"/> No Chest tube: <input type="radio"/> Yes <input type="radio"/> No Surgical wound drain: <input type="radio"/> Yes <input type="radio"/> No
3.	CPR this study day	<input type="radio"/> Yes <input type="radio"/> No
4.	ECMO/VAD this study day	<input type="radio"/> Yes <input type="radio"/> No

### Section: Medications

5.	Inotropes/vasopressors this study day	<input type="radio"/> Yes  If Yes, which inotropes/vasopressors?  Dopamine > 5 mcg/kg/min: <input type="radio"/> Yes <input type="radio"/> No Dobutamine > 5 mcg/kg/min: <input type="radio"/> Yes <input type="radio"/> No
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		Epinephrine (any): <input type="radio"/> Yes <input type="radio"/> No Norepinephrine (any): <input type="radio"/> Yes <input type="radio"/> No Milrinone (any): <input type="radio"/> Yes <input type="radio"/> No Vasopressin for hypotension: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No inotropes/vasopressors
6.	Paralytic drip this study day	<input type="radio"/> Yes <input type="radio"/> No
7.	Steroids this study day	<input type="radio"/> Yes <input type="radio"/> No
8.	Empiric/treatment antibiotics this study day	<input type="radio"/> Yes <input type="radio"/> No
9.	Diuretics this study day	<input type="radio"/> Yes <input type="radio"/> No

### Section: Nutrition

10.	Was enteral nutrition given this study day?	<input type="radio"/> Yes  If Yes, enter caloric intake: CHO: <input type="text"/> kcal Protein: <input type="text"/> kcal Lipid: <input type="text"/> kcal <input type="radio"/> No
11.	Was parenteral nutrition given this study day?	<input type="radio"/> Yes  If Yes, enter caloric intake: CHO: <input type="text"/> kcal Protein: <input type="text"/> kcal Lipid: <input type="text"/> kcal <input type="radio"/> No
12.	Total caloric intake this study day	<input type="text"/> kcal

### Section: Daily PELOD Score

**Note:** Record the most abnormal (lowest and/or highest) value documented this study day (00:00 to 23:59).

13.	<p>LOWEST Glasgow Coma Score (GCS)</p> <p>Note: All 3 elements must be collected at the same time.</p> <p>Only assess subjects with known or suspected acute central nervous system disease/process.</p>	<p>Subject had known or suspected acute central nervous system disease/process this study day:</p> <p><input type="radio"/> Yes - If Yes, enter GCS below</p> <p><input type="radio"/> No</p> <p>Eye opening:</p> <p><input type="radio"/> (4) Spontaneous</p> <p><input type="radio"/> (3) To speech</p> <p><input type="radio"/> (2) To pain</p> <p><input type="radio"/> (1) None</p> <p><input type="radio"/> Not done</p> <p>Best verbal response (use best estimate for intubated subjects):</p> <p><input type="radio"/> (5) Oriented/smiles, fixes and follows</p> <p><input type="radio"/> (4) Confused conversation/irritable cries</p> <p><input type="radio"/> (3) Inappropriate words/cries to pain</p> <p><input type="radio"/> (2) Incomprehensible sounds/moans to pain</p> <p><input type="radio"/> (1) None</p> <p><input type="radio"/> Not done</p> <p>Best motor response:</p> <p><input type="radio"/> (6) Obeys commands, normal spontaneous movement</p> <p><input type="radio"/> (5) Localizes/withdraws to touch</p> <p><input type="radio"/> (4) Withdraws to pain</p> <p><input type="radio"/> (3) Decorticate-abnormal flexion</p> <p><input type="radio"/> (2) Decerebrate-abnormal extension</p> <p><input type="radio"/> (1) None</p> <p><input type="radio"/> Not done</p>
14.	<p>Worst pupillary response to bright light</p> <p>Note: Do not assess after iatrogenic pupillary dilatation.</p>	<p><input type="radio"/> Both fixed and &gt; 3 mm</p> <p><input type="radio"/> One fixed and &gt; 3 mm</p> <p><input type="radio"/> Both responsive</p> <p><input type="radio"/> Unknown</p>
15.	<p>Heart rate</p> <p>Note: Do not assess during crying or iatrogenic agitation.</p>	<p>LOWEST <input type="text"/> bpm      HIGHEST <input type="text"/> bpm      <input type="checkbox"/> One Measurement Only    <input type="checkbox"/> Not Done</p>
16.	<p>Systolic blood pressure</p> <p>Note: Do not assess during crying or iatrogenic agitation.</p>	<p>LOWEST <input type="text"/> mmHg      HIGHEST <input type="text"/> mmHg      <input type="checkbox"/> One Measurement Only    <input type="checkbox"/> Not Done</p>
17.	<p>Creatinine</p>	<p>LOWEST <input type="text"/> mg/dL      HIGHEST <input type="text"/> mg/dL      <input type="checkbox"/> One Draw Only    <input type="checkbox"/> Not Done</p>
18.	<p>PaO<sub>2</sub>/FiO<sub>2</sub></p>	<p>LOWEST PF ratio    HIGHEST PF ratio</p>

	<p>Note: For PaO<sub>2</sub>, use arterial measurement only. PaO<sub>2</sub>/FiO<sub>2</sub> cannot be assessed in subjects with intracardiac shunts and is considered as normal in children with cyanotic heart disease.</p>	PaO <sub>2</sub> <input type="text"/> mmHg PaO <sub>2</sub> <input type="text"/> mmHg <input type="checkbox"/> One Draw Only <input type="checkbox"/> Not Done
19.	PaCO <sub>2</sub>  <p>Note: PaCO<sub>2</sub> may be measured from arterial, capillary, or venous samples.</p>	LOWEST <input type="text"/> mmHg HIGHEST <input type="text"/> mmHg <input type="checkbox"/> One Draw Only <input type="checkbox"/> Not Done
20.	White blood cell count	LOWEST <input type="text"/> K/μL HIGHEST <input type="text"/> K/μL <input type="checkbox"/> One Draw Only <input type="checkbox"/> Not Done
21.	Platelet count	LOWEST <input type="text"/> K/μL HIGHEST <input type="text"/> K/μL <input type="checkbox"/> One Draw Only <input type="checkbox"/> Not Done
22.	AST (SGOT)	LOWEST <input type="text"/> IU/L HIGHEST <input type="text"/> IU/L <input type="checkbox"/> One Draw Only <input type="checkbox"/> Not Done
23.	Prothrombin time (PT)	LOWEST <input type="text"/> sec HIGHEST <input type="text"/> sec <input type="checkbox"/> One Draw Only <input type="checkbox"/> Not Done
24.	INR	LOWEST <input type="text"/> HIGHEST <input type="text"/> <input type="checkbox"/> One Draw Only <input type="checkbox"/> Not Done

### Section: Adverse Events

25.	<p>Identify all events that occurred this study day (check all that apply)</p> <p><b>Enter a Form 7 for each event.</b></p>	<input type="checkbox"/> Hypoglycemia <60 mg/dL <input type="checkbox"/> Hyperglycemia >250 mg/dL (>6 hours after initiation of insulin infusion) <input type="checkbox"/> Hypokalemia <2.5 mmol/L <input type="checkbox"/> New seizure (in subject without a known seizure disorder) <input type="checkbox"/> Catheter-associated bloodstream infection (CA-BSI) <input type="checkbox"/> Catheter-associated urinary tract infection (CA-UTI) <input type="checkbox"/> Surgical site infection (SSI) <input type="checkbox"/> Ventilator-associated pneumonia (VAP) <input type="checkbox"/> Other hospital-acquired infection <input type="checkbox"/> Continuous Glucose Monitor (CGM) related adverse event, bleeding or other (that did not involve hypoglycemia, hyperglycemia, or infection) <input type="checkbox"/> Bedside glucose meter related adverse event (that did not involve hypoglycemia, hyperglycemia, or infection) <input type="checkbox"/> VAMP related adverse event <input type="checkbox"/> Computerized insulin dosing protocol related adverse event (that did not result in a hypoglycemia or hyperglycemia event) <input type="checkbox"/> Insulin dosing error (that did not result in a hypoglycemia or hyperglycemia event)
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☐ Other, specify:

☐ None

**Section: Study Discharge**

26.	If the subject was on non-invasive ventilation or ventilation via tracheostomy overnight or during sleep prior to this illness, has the subject returned to that baseline level of support?	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Not on non-invasive ventilation or ventilation via tracheostomy prior to this illness</p>
27.	<p>Was the subject discharged from the <b>HALF-PINT</b> study this study day for reasons <u>related to the primary outcome</u>?</p> <p><b>If study discharged, end daily data collection here and continue to Form 6.</b></p>	<p><input type="radio"/> Yes</p> <p><b>If Yes, confirm that all of the following are true <u>for at least 24 consecutive hours</u>:</b></p> <p><input type="checkbox"/> Extubated</p> <p><input type="checkbox"/> Off non-invasive ventilation that provides <math>\geq 5</math> cm H<sub>2</sub>O or reached ventilatory settings used prior to the illness that led to this ICU admission</p> <p><input type="checkbox"/> Not on intravenous vasopressors or inotropes (i.e., dopamine or dobutamine <math>&gt; 5</math> mcg/kg/min, or any dose of epinephrine, norepinephrine, milrinone, or vasopressin if used to treat hypotension)</p> <p><input type="radio"/> No</p>
28.	<p>Was the subject discharged from the <b>HALF-PINT</b> study this study day for <u>any other reason</u>?</p> <p><b>If study discharged, end daily data collection here and continue to Form 6.</b></p>	<p><input type="radio"/> Yes</p> <p>If Yes, other reason for study discharge:</p> <p><input type="radio"/> Family/team have decided to limit/redirect from aggressive ICU technological support</p> <p><input type="radio"/> Withdrawal of consent</p> <p><input type="radio"/> Hospital discharge</p> <p><input type="radio"/> Study Day 28</p> <p><input type="radio"/> Subject had new cardiac surgery</p> <p><input type="radio"/> Other, specify:</p> <p><input type="radio"/> No</p>