

## Time Course Multiple Organ Failure

Table showing measures taken between days 2-28. Examples of measures: highest serum creatinine, insulin requirement, systolic & diastolic blood pressure, therapeutic heparin (yes/no), motor score (gcs)

|                            |  |
|----------------------------|--|
| <b>PATIENT ID</b>          | Deidentified patient ID  |
| <b>HOS DAY SNC INJ</b>     | Hospital days since injury   |
| <b>HOS DAY SNC SS</b>      | Hospital days since study start  |
| <b>MOF CREAT</b>           | Highest serum creatinine   |
| <b>MOF DIAL</b>            | Dialysis (choose): 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Intermittent 3 <input type="checkbox"/> Continuous   |
| <b>MOF BILI</b>            | Highest total bilirubin  |
| <b>MOF ALP</b>             | Highest alkaline phosphatase   |
| <b>MOF WBC</b>             | Highest WBC (1000/ul)  |
| <b>MOF GLUC</b>            | Highest glucose  |
| <b>MOF INS2</b>            | Insulin requirement (units/hr)   |
| <b>MOF STER</b>            | Corticosteroid dose/day (g)  |
| <b>MOF STTYP</b>           | Corticosteroid type (choose): 1 <input type="checkbox"/> Dexamethasone 2 <input type="checkbox"/> Hydrocortisone 3 <input type="checkbox"/> Methylprednisolone 4 <input type="checkbox"/> Prednisone |
| <b>MOF ALB</b>             | Lowest albumin   |
| <b>ENTERAL CALORIES</b>    | Total enteral calories (kcal/day)  |
| <b>PARENTERAL CALORIES</b> | Total parenteral calories (kcal/day)   |
| <b>MOF TEMPMAX</b>         | Early cohort maximum temperature- celsius  |
| <b>MOF TEMPAM</b>          | 8 AM Temperature celsius   |
| <b>MOF TEMPPM</b>          | 8 PM Temperature celsius   |
| <b>MOF DOP</b>             | Dopamine requirement (ug/kg/min)   |
| <b>MOF DOB</b>             | Dobutamine requirement (ug/kg/min)   |
| <b>MOF EPI</b>             | Epinephrine requirement (ug/kg/min)  |
| <b>MOF NOREP</b>           | Norepinephrine requirement (ug/kg/min)   |
| <b>MOF PHEP</b>            | Phenylephrine requirement (ug/kg/min)  |
| <b>MOF VP</b>              | Vasopressin requirement (units/min)  |
| <b>MOF MIL</b>             | Milrinone requirement (ug/kg/min)  |
| <b>MOF HR</b>              | Heart rate   |

|                      |   |
|----------------------|---|
| <b>MOF SBP</b>       | Systolic blood pressure   |
| <b>MOF DIA</b>       | Diastolic blood pressure  |
| <b>MOF CVP</b>       | CVP   |
| <b>MOF CI</b>        | Lowest cardiac index  |
| <b>MOF HGB</b>       | Lowest hgb  |
| <b>MOF PLAT</b>      | Lowest platelet count (1000/mm3)  |
| <b>MOF INR</b>       | Highest INR   |
| <b>MOF PROHHEP</b>   | Prophylactic Heparin (choose): 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No                   |
| <b>MOF PROPENOX</b>  | Prophylactic LMWH (choose): 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No                      |
| <b>MOF HEP</b>       | Therapeutic Heparin (choose): 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No                    |
| <b>MOF ENOX</b>      | Therapeutic LMWH (choose): 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No                       |
| <b>MOF SCD</b>       | SCDs (choose): 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No                                   |
| <b>MOF VENT</b>      | Ventilated-(choose): 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No                             |
| <b>MOF PF</b>        | PaO2/FiO2   |
| <b>MOF CXR</b>       | Bilateral pulmonary infiltrates on CXR (choose): 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| <b>MOF PEEP</b>      | PEEP  |
| <b>RESP PACO2</b>    | PaCO2   |
| <b>MOF_OSCVENT</b>   | Oscillating Vent (choose): 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No                       |
| <b>MOF_VENT_TYPE</b> | HFOV or VDR (if osc vent is yes) 1 <input type="checkbox"/> HFOV 2 <input type="checkbox"/> VDR               |
| <b>MOF_FREQ</b>      | Oscillating Frequency (HFOV, VDR)   |
| <b>RESP RR</b>       | RR  |
| <b>MOF_MAWP</b>      | Mean Airway Pressure  |
| <b>MOF GCSMOT</b>    | Motor Score (GCS)   |
| <b>MOF GCS</b>       | GCS   |
| <b>MOF GCSPAR</b>    | Paralyzed at GCS (choose): 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No                       |