

# Fluid challenges in Intensive Care (FENICE Trial)

## Case Record Form



1. Centre number:  2. Patient number:

3. Fluid challenge: hour (24:00) & date  :    2 0 1 3

4. ICU admission: hour (24:00) & date  :    2 0 1 3

5. Age: year

6. Gender:  M  F

7. Height: cm

8. Weight: kg

### 9. Principal diagnosis:

Sepsis  Cardiac  Respiratory  Trauma  Neurologic  Intoxication

Other; please specify:

### 10. Surgical/Medical:

Medical  Scheduled surgical  Emergency surgical

### 11. Shock:

No  Septic  Cardiogenic  Hypovolemic  Anaphylactic  Other

### 12. SOFA score at inclusion:

SOFA CV	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
SOFA Respiration	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
SOFA Coagulation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
SOFA Liver	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
SOFA Neurology	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
SOFA Urinary	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

### 13. ICU Outcome:

ICU Discharge  ICU death

### 14. Mechanical ventilation:

Yes  No; if yes: fully sedated:  Yes  No ; Spontaneous resp. movements:  Yes  No

Please indicate mode:

		BASELINE	END OF FLUIDS
FiO2	%	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Respiratory rate	R/min	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Tidal volume	ml	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Plateau pressure	cm H <sub>2</sub> O	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
PEEP	cm H <sub>2</sub> O	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

FENICE patient ID

**15. Renal support:**

No  HD  CVVH

**16. Fluid balance (previous 24h):** Input /   .  Output /   .  Balance /   .

**17. Lab:**

Creatinine  mg/dl or  umol/l     .  Sodium mEq/l

Potassium mEq/l   .  Chloride mEq/l

**18. What was the main indication for fluid administration?**

Hypotension  Weaning vasopressor  Cardiac output  Oliguria  Skin mottling  
 Hyperlactatemia  ScvO<sub>2</sub>  SVV/PPV  CVP/PAOP  
 Other; please specify:

**19. Hemodynamic variable considered to predict a positive response to a fluid challenge:**

Indicate the one used clinically in this fluid challenge

No variable used  PAOP mmHg    CVP mmHg

SVV %     PPV %     GEDVI ml/m<sup>2</sup>

Passive leg raising (PLR):  Arterial pressure increase during PLR %

CO / SV increase during PLR %

Other test; please specify:

**20. Type of fluid**

NaCl 0.9%  RL Hartmann  Plasmalyte  Starch  Albumin 4-5%  Gelatine  Dextrane  
 Other; please specify:

**21. Amount fluids given as fluid challenge:** ml

**22. Rate of fluid administration:**  ml/min or  ml/h

**23. Specific comments of the investigators:**

**24. Evolution of variables during fluid challenge:**

		BASELINE	END OF FLUIDS
Time elapsed	min	Time 0	
Temperature	°C		
Heart rate	bpm		
Arterial pressure systolic	mmHg		
Arterial pressure diastolic	mmHg		
Arterial pressure mean	mmHg		
PAP systolic	mmHg		
PAP diastolic	mmHg		
PAP mean	mmHg		
PAOP	mmHg		
CVP	mmHg		
CO	L/min		
SV	ml		
SVV	%		
PPV	%		
GEDVI	ml/m <sup>2</sup>		
EVLWI	ml/kg		
Urine output	ml/h		

**25. Blood gas analysis during fluid challenge:**

Hemoglobin	<input type="checkbox"/> g/dl	<input type="checkbox"/> g/l	<input type="checkbox"/> mmol/l		
pH arterial					
paCO <sub>2</sub>	<input type="checkbox"/> kPa	<input type="checkbox"/> mmHg			
PaO <sub>2</sub>		mmHg			
SaO <sub>2</sub>		%			
ScvO <sub>2</sub>		%			
SvO <sub>2</sub>		%			
Lactate		mmol/l			

**26. Vasoactive drugs during fluid challenge:**

		BASELINE	END OF FLUIDS
Dopamine	mcg/kg/min	<input type="text"/>	<input type="text"/>
Norepinephrine	mcg/kg/min	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
Epinephrine	mcg/kg/min	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
Vasopressin	U/min	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
Dobutamine	mcg/kg/min	<input type="text"/>	<input type="text"/>
Milrinone	mcg/kg/min	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
Other	.....	<input type="text"/>	<input type="text"/>

**27. Response to fluids:**

- No response  Positive response  Do not know / uncertain

**28. Positive response to fluids based on:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Change in arterial pressure | <input type="checkbox"/> Change in cardiac output | <input type="checkbox"/> Change in stroke volume     |
| <input type="checkbox"/> Change in heart rate        | <input type="checkbox"/> Change in urine output   | <input type="checkbox"/> Change in lactate level     |
| <input type="checkbox"/> Change in skin perfusion    | <input type="checkbox"/> Change mental state      | <input type="checkbox"/> Change in ScvO <sub>2</sub> |
| <input type="checkbox"/> Change in CVP/PAOP          | <input type="checkbox"/> Change in SVV/PPV        |  |

Other; please specify:

**29. Did you consider further fluids?**

- No  Yes

**30. Was a variable used as safety limit?**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> No variable used                | <input type="checkbox"/> PAOP mmHg <input type="text"/> | <input type="checkbox"/> CVP mmHg <input type="text"/>                             |
| <input type="checkbox"/> SVV % <input type="text"/>      | <input type="checkbox"/> PPV % <input type="text"/>     | <input type="checkbox"/> GEDVI ml/m <sup>2</sup> <input type="text"/>              |
| <input type="checkbox"/> EVLW ml/kg <input type="text"/> | <input type="checkbox"/> CO L/min <input type="text"/>  | <input type="checkbox"/> SpO <sub>2</sub> /SaO <sub>2</sub> % <input type="text"/> |

Other; please specify:

**31. Was the fluid challenge stopped for safety reasons?**

- No  Yes: Stopped due to:  Low arterial pressure  High arterial pressure  Low CO  High CO  
 Pulmonary edema  High CVP/PAOP  Futility

**32. If you have not used one of the following variables, please specify reasons**

- |              |  |   |   |  |
|--------------|--|---|---|--|
| <b>CVP</b>   | <input type="checkbox"/> Not available | <input type="checkbox"/> Not applicable | <input type="checkbox"/> Other variable more relevant | <input type="checkbox"/> No trust in this variable |
| <b>PAOP</b>  | <input type="checkbox"/> Not available | <input type="checkbox"/> Not applicable | <input type="checkbox"/> Other variable more relevant | <input type="checkbox"/> No trust in this variable |
| <b>GEDVI</b> | <input type="checkbox"/> Not available | <input type="checkbox"/> Not applicable | <input type="checkbox"/> Other variable more relevant | <input type="checkbox"/> No trust in this variable |
| <b>SVV</b>   | <input type="checkbox"/> Not available | <input type="checkbox"/> Not applicable | <input type="checkbox"/> Other variable more relevant | <input type="checkbox"/> No trust in this variable |
| <b>PPV</b>   | <input type="checkbox"/> Not available | <input type="checkbox"/> Not applicable | <input type="checkbox"/> Other variable more relevant | <input type="checkbox"/> No trust in this variable |
| <b>PLR</b>   | <input type="checkbox"/> Not available | <input type="checkbox"/> Not applicable | <input type="checkbox"/> Other variable more relevant | <input type="checkbox"/> No trust in this test     |

PLR = Passive leg raising