

CHAMS Study - Clinical data collection sheet

Patient	ID CODE	
	Date of admission	/ /
	Time of admission	/ /

Fluid bolus record

Bolus 1

Clinician (circle)	JMO/Registrar/SR/Fellow/Specialist		
Date	/ /	Time	:
Trigger	Clinical parameter (select relevant parameter and indicate value)	<input type="checkbox"/> Hypotension <input type="checkbox"/> Tachycardia <input type="checkbox"/> Oliguria <input type="checkbox"/> JVP/CVP <input type="checkbox"/> Lactate <input type="checkbox"/> Echo (specify parameter) <input type="checkbox"/> Other clinical parameter (detail)	<input type="text"/> mm Hg <input type="text"/> bpm <input type="text"/> ml/s <input type="text"/> mmol/L <input type="text"/> <input type="text"/> <input type="text"/> % <input type="text"/> %
	Fluid responsiveness parameter (select relevant parameter and indicate value)	<input type="checkbox"/> Passive leg raise <input type="checkbox"/> Stroke vol variation <input type="checkbox"/> Pulse pressure variation	<input type="text"/> <input type="text"/> % <input type="text"/> %
Fluid	Fluid type		
	Volume		mls
	Duration over Response		mins

Bolus 2

Clinician (circle)	JMO/Registrar/SR/Fellow/Specialist		
Date	/ /	Time	:
Trigger	Clinical parameter (select relevant parameter and indicate value)	<input type="checkbox"/> Hypotension <input type="checkbox"/> Tachycardia <input type="checkbox"/> Oliguria <input type="checkbox"/> JVP/CVP <input type="checkbox"/> Lactate <input type="checkbox"/> Echo (specify parameter) <input type="checkbox"/> Other clinical parameter (detail)	<input type="text"/> mm Hg <input type="text"/> bpm <input type="text"/> ml/s <input type="text"/> mmol/L <input type="text"/> <input type="text"/> <input type="text"/> % <input type="text"/> %
	Fluid responsiveness parameter (select relevant parameter and indicate value)	<input type="checkbox"/> Passive leg raise <input type="checkbox"/> Stroke vol variation <input type="checkbox"/> Pulse pressure variation	<input type="text"/> <input type="text"/> % <input type="text"/> %
Fluid	Fluid type		
	Volume		mls
	Duration over Response		mins

Bolus 3

Clinician (circle)	JMO/Registrar/SR/Fellow/Specialist		
Date	/ /	Time	:
Trigger	Clinical parameter (select relevant parameter and indicate value)	<input type="checkbox"/> Hypotension <input type="checkbox"/> Tachycardia <input type="checkbox"/> Oliguria <input type="checkbox"/> JVP/CVP <input type="checkbox"/> Lactate <input type="checkbox"/> Echo (specify parameter) <input type="checkbox"/> Other clinical parameter (detail)	<input type="text"/> mm Hg <input type="text"/> bpm <input type="text"/> ml/s <input type="text"/> mmol/L <input type="text"/> <input type="text"/> <input type="text"/> % <input type="text"/> %
	Fluid responsiveness parameter (select relevant parameter and indicate value)	<input type="checkbox"/> Passive leg raise <input type="checkbox"/> Stroke vol variation <input type="checkbox"/> Pulse pressure variation	<input type="text"/> <input type="text"/> % <input type="text"/> %
Fluid	Fluid type		
	Volume		mls
	Duration over Response		mins