

Supplement 2 (CRF)

INVESTIGATOR REGISTRATION FORM

Name of the Institute

City

First name

Last name

Email

Mobile No

Does the institute have screening for sepsis in high risk adult patient?

☐ Yes ☐ No

Does the institute have a written SOP for initial resuscitation of Septic patient ?

☐ Yes ☐ No

Does the institute have a sepsis team? [Appendix 1](#)

☐ Yes ☐ No

Does the institute have performance improvement program and periodic audit on sepsis ?

☐ Yes ☐ No

Create Password

Re-Enter Password

Case Record Form

SECTIONS

II

III

IV

V

VI

VII

VIII

IX

X

XI

Section II. Inclusion critteria

Is there an evidence of infection?*

☒ Yes ☐ No

Clinical Criteria

Others (Specify)

Specify details (clinical criteria)

Unknown

Current SOFA score (2 or more) *

Cardiovascular Value :

MAP<70 mmHg

CNS Value (Glasgow Coma Scale):

13-14

Hepatic Value(mg dL⁻¹) :

<1.2 (20)

Total Score :

7.00

Respiratory Value (PaO2/FiO2, mmHg):

<400 (53.3)

Coagulation Value(Platelets X 10³ µL⁻¹) :

<50

Renal Value(Creatinine mg dL⁻¹ or Urine output mL per day) :

1.2-1.9 (110-170)

Baseline SOFA score

☐ Known ☒ Not known

Is QSOFA (On the day of sepsis diagnosis) available?

☒ Yes ☐ No

Respiratory rate > 22pm :

☒ Yes ☐ No

Systolic Blood pressure < 100 mmHg :

☒ Yes ☐ No

GCS Value < 15 :

☒ Yes ☐ No

Number of QSOFA criteria met:

3

Is SIRS criteria : (On the day of sepsis diagnosis) available?

☒ Yes ☐ No

Temperature > 38.3C r < 36 C :

☐ Yes ☒ No

Heart rate >90bpm :

☒ Yes ☐ No

Respiratory rate >20pm :

☒ Yes ☐ No

White count <4 or >12 g/l :

☒ Yes ☐ No

Number of SIRS criteria met :

3

SAVE & SUBMIT

SAVE & EXIT

SECTIONS



Section III. Patient demographics

Age (Years) *

84

Gender *

Male

Actual Height (M):

1.7

Approximate Weight (KG):

68

BMI (Wt/Ht²):

20.00

Date of Hospital admission: *

10/01/2023

Time of Hospital admission:

17:21

Was infection primary reason for admission to Hospital :

☐ Yes ☒ No

Location at sepsis diagnosis:

☐ Ward

☒ ICU

☐ Others

Date of ICU admission: *

18/01/2023

Type of ICU admission: *

☐ Medical

☐ Elective surgery

☐ Emergency surgery

Was infection primary reason for admission to ICU:

☐ Yes ☒ No

If in ICU transferred from: *

☐ Emergency

☐ Another Hospital

☒ Hospital ward

☐ Others (Specify)

☐ Operation theatre

Time to transfer to ICU from Emergency (Minutes) :

192 mins

Site of Infection (Can select multiple options) : *

☐ Lung

☐ Intra-abdominal

☐ Bone/joint

☐ Others (Specify)

☐ Blood

☐ Skin or skin structure

☐ Head/ears/eyes/nose/throat

☐ Urinary tract

☐ CNS

☐ Pleural

☐ Gynaecologic

☐ Cardiac

☒ Infection suspected but source unknown

Suspected origin of infection: *

☒ Community acquired

☐ Hospital acquired

☐ ICU acquired

Comorbidities (Can select multiple options)*

☐ Asthma

☐ Metastatic

☐ Heart failure (NYHA III-IV)

☐ Chronic liver disease

☐ Interstitial lung disease

☐ Cardiac

☐ None

☐ COPD

☐ Non-metastatic

☐ Ischemic heart disease

☐ Neuromuscular disease

☐ Surgery in last 4 weeks

☐ Orthopedic

☒ Others (Specify)

Hypothyroidism, CVA

☐ Diabetes Mellitus

☐ Unknown

☒ Arterial hypertension

☐ Obstructive Sleep Apnoea Syndrome (use of nocturnal CPAP)

☐ Neuro

☐ Gynac

☐ Solid neoplasm

☒ Hematologic malignancy

☐ Chronic kidney disease

☐ Obstructive Sleep Apnoea Syndrome (no use of nocturnal CPAP)

☐ GI

☐ Plastic

Risk factor for infection with resistant organism :

☒ Known ☐ Not Known

☒ Prior Health care exposure in previous three months

☐ Prior antibiotic use in previous three months

☐ Prior infection/colonisation with resistant organism

SAVE & SUBMIT

SAVE & EXIT

SECTIONS

II	III	IV	V	VI	VII	VIII	IX	X	XI
----	-----	----	---	----	-----	------	----	---	----

Section IV. Clinical details at the time of sepsis diagnosis

Systolic BP <90/ MAP less than 65 mmHg : ☒ Yes ☐ No

Septic shock at presentation : * ☒ Yes ☐ No

Developed later : ☐ Yes ☒ No

Time of shock after sepsis diagnosis (Hours) :

Clinical features of hypoperfusion : ☒ Yes ☐ No

Capillary refill time(Second) :

Skin mottling : ☒ Yes ☐ No

Cold , Clammy skin : ☒ Yes ☐ No

Low urine output (less than 0.5 ml/kg/hr for six hours) : ☒ Yes ☐ No

APACHE Score(on admission) : * ☒ APACHE II ☐ Not known

Organ support (at the time of sepsis diagnosis) * ☐ Ventilation ☐ Dialysis ☒ Others (Specify)

Case Record Form

SECTIONS

II	III	IV	V	VI	VII	VIII	IX	X	XI
----	-----	----	---	----	-----	------	----	---	----

Section V. Initial Resuscitation

Amount of fluid infused in one hour (ml): Amount of fluid infused in 3 hours(ml):

Type of fluid(predominant) : ☒ Normal saline ☐ Ringers ☐ Balanced ☐ Gelatin ☐ Starch

Albumin

Albumin used in first three hours : ☐ Yes ☒ No

Cultures

Blood culture sent : * ☐ Yes ☒ No

Lactate (Mmol/l)

Lactate Level done(mmol/l) : * ☒ Yes ☐ No

Done within one hour of presentation : * ☒ Yes ☐ No

Repeat lactate (minutes): ☐ Yes ☒ No

Vasopressor

Vasopressor : * ☒ Yes ☐ No ☒ Norepinephrine (mcg/kg/min) ☐ Epinephrine (mcg/kg/min) ☐ Vasopressin (Unit s/hr) ☐ Dopamine (mcg/kg/min)

Vasopressor 1:

norad

Vasopressor 2:

na

Vasopressor 3:

na

Maximum dose of vasopressor 1:

1

Duration of Vasopressor 1(Hr):

18 hrs

Maximum dose of vasopressor 2:

na

Duration of Vasopressor 2(Hr):

na

Maximum dose of vasopressor 3:

na

Duration of Vasopressor 3(Hr):

na

Vasopressin started at what dose of norepie :

na

Route of administration :

☒ Peripheral ☐ Central ☐ Both

MAP at start of Vasopressor :

90

Inotropes *

Inotropes : ☐ Yes ☒ No *

Hemodynamic monitoring

Hemodynamic monitoring : *

☒ Yes ☐ No

☐ CVP

☐ Arterial line

☒ TTE

☐ PA catheter

☐ Aortic doppler

☐ Non Calibrated Pulse Contour (Vigileo/Flotrac)

☐ Calibrated Pulse Contour (Volume view)

Source Control : *

☐ Yes ☒ No

SAVE & SUBMIT

SAVE & EXIT

SECTIONS

II III IV V VI VII VIII IX X XI

Section VI. Antibiotic

Empirical Antibiotic given (Generic name): *

☒ Yes ☐ No

Antibiotic 1 (Generic name):

Ceftazidime/Avibac

Antibiotic 2 (Generic name):

NA

Antibiotic 3 (Generic name):

NA

Any Other Antibiotic :

NA

Time in hours of first dose of an appropriate antibiotic :

3.5 hrs

Empiric choice of Antibiotic correct (applicable for culture positive cases) :

☐ Yes ☒ No

Antibiotic given as extended /continuous infusion :

☒ Yes ☐ No

4 hrs

Loading dose used :

☒ Yes ☐ No

Change of antibiotic once culture available : *

☐ Yes ☒ No

Duration of targeted antibiotic (days): *

1 day

Total duration of antibiotic (Empirical + Targeted) : *

1 day

Was TDM performed : ☐ Yes ☒ No

Renal adjustment done : ☒ Yes ☐ No

Antifungal

Empirical antifungal : * ☐ Yes ☒ No

Antiviral

Antiviral : ☐ Yes ☒ No

SAVE & SUBMIT

SAVE & EXIT

Case Record Form

SECTIONS



Section VII. Antimicrobial therapy

Results of culture sent at the time of suspected sepsis *

Culture 1 : ☐ Positive ☒ Negative

Culture 2 : ☐ Positive ☒ Negative

Culture 3 : ☐ Positive ☒ Negative

Is sepsis attributed to infection with the organism cultured : ☐ Yes ☒ No

Multiplex PCR sent : ☐ Yes ☒ No

Resistance gene detected : ☐ Yes ☒ No

Any Micobial antigen sent : ☐ Yes ☒ No

Galactomannan sent : ☐ Yes ☒ No

Beta D glucan sent : ☐ Yes ☒ No

SAVE & SUBMIT

SAVE & EXIT

Case Record Form

SECTIONS

II	III	IV	V	VI	VII	VIII	IX	X	XI
----	-----	----	---	----	-----	------	----	---	----

Section VIII. Adjunctive therapy for sepsis

Corticosteroids : * ☐ Yes ☒ No

Vitamin C : * ☐ Yes ☒ No

Thiamine : * ☐ Yes ☒ No

Extracorporeal therapy : * ☐ Yes ☒ No

Any other immunomodulator used : ☐ Yes ☒ No

Bicarbonate therapy used : ☐ Yes ☒ No

SAVE & SUBMIT

SAVE & EXIT

Case Record Form

SECTIONS

II	III	IV	V	VI	VII	VIII	IX	X	XI
----	-----	----	---	----	-----	------	----	---	----

Section IX. Course in Hospital

NIV : * ☐ Yes ☒ No

HFNO : * ☐ Yes ☒ No

Invasive ventilation : * ☐ Yes ☒ No

Successful Extubated : ☐ Yes ☒ No

Reintubation : ☐ Yes ☒ No

Prone : ☐ Yes ☒ No

Recruitment manoeuvre Used (in ARDS) : ☐ Yes ☒ No

Renal Support : * ☐ Yes ☒ No

Successful in weaning off Renal Support: ☐ Yes ☒ No

Reasons for starting RRT : ☐ Creatinine ☐ Urine output ☐ Acidosis
☐ Hyperkalemia ☐ Volume overload ☐ Others

Septic encephalopathy : * ☐ Yes ☒ No

Sepsis induced coagulopathy : * ☐ Yes ☒ No

Sepsis induced Liver dysfunction : * ☐ Yes ☒ No

Any nosocomial infection : * ☐ Yes ☒ No

Any incidence of secondary sepsis during this admission : * ☐ Yes ☒ No

Nutrition started on the day of sepsis diagnosis : * ☒ Yes ☐ No

Blood transfusion : * ☐ Yes ☒ No

Platelet transfusion : * ☐ Yes ☒ No

FFP transfusion : * ☐ Yes ☒ No

Any other blood product : ☐ Yes ☒ No

DVT prophylaxis : * ☐ Yes ☒ No

Stress Ulcer Prophylaxis used : * ☐ Yes ☒ No

Cumulative fluid balance during ICU stay Known : ☐ Yes ☒ No

Continuous infusion of sedation used : * ☐ Yes ☒ No

Was sedation scale followed : * ☐ Yes ☒ No

Was continuous analgesia infusion used : * ☐ Yes ☒ No

Pain scale monitored : * ☐ Yes ☒ No

PO

Pain scale monitored : * ☐ Yes ☒ No

Was delirium assessed : ☐ Yes ☒ No

Was NMB infusion used : ☐ Yes ☒ No

TOF monitored : ☐ Yes ☒ No

Was ECMO used : * ☐ Yes ☒ No

Any unanticipated events during the sepsis course : atrial fibrillation /any other (specify)

NA

SAVE & SUBMIT

SAVE & EXIT

Case Record Form

SECTIONS

II III IV V VI VII VIII IX X XI

Section X .Microbial outcome

Repeat culture sent : * ☐ Yes ☒ No

Antibiogram ☐ Same ☐ Different

SAVE & SUBMIT

SAVE & EXIT

Case Record Form

SECTIONS

II	III	IV	V	VI	VII	VIII	IX	X	XI
----	-----	----	---	----	-----	------	----	---	----

Section XI . Clinical outcome

Clinical improvement : *

☐ Yes ☒ No

Date of ICU Discharge : *

19/01/2023

ICU Discharge Status : *

☐ Alive ☒ Dead

Date of Hospital Discharge : *

19/01/2023

Hospital Discharge Status : *

☐ Alive ☐ Dead

Was Death attributable to sepsis :

☒ Yes ☐ No

Sepsis in a case of AML

If Alive Discharge destination :

NA

ICU length of stay(days) : *

2

Hospital Length of stay(days) : *

10

If Alive Discharge destination :

NA

ICU length of stay(days) : *

2

Hospital Length of stay(days) : *

10

Discharge against medical advice : *

☐ Yes ☒ No

End of life care : *

☒ Yes ☐ No

Unanticipated Cardiac arrest : *

☐ Yes ☒ No

SAVE & SUBMIT

SAVE & Exit