Salt based Or baLanced solUtion. Trends Existing in Indian intensive care units. A multicenter prospective observational cohort study (SOLUTE study)

An ISCCM Research Project

Principal Investigator:
Dr Sachin Gupta
Narayana Superspeciality Hospital, Gurgaon, India
Email: dr_sachin78@yahoo.co.in, Ph: 9873240734
CASE RECORD FORM

I. BASELINE CHARACTERISTICS

1. Gender: ☐ Male  ☐ Female

2. Age ________ Years

3. Approximate Weight: ________ Kg

4. Co-morbidities

☐ Chronic Pulmonary disease ☐ Chronic cardiac disease ☐ Malignancy
☐ Chronic liver disease ☐ Therapeutic Immunosuppression ☐ None

5. Source of admission to ICU

☐ Operation theatre  If yes:
☐ After elective surgery ☐ After emergency surgery
☐ Emergency department
☐ Hospital floor (not from other ICU within hospital)
☐ Another ICU within the hospital

5a. Post-operative admission diagnosis (will open only if operative case)

☐ Cardiovascular ☐ Gastrointestinal ☐ Gynaecological ☐ Hepatic
☐ Neurosciences ☐ Orthopaedic ☐ Respiratory ☐ Renal
☐ Endovascular ☐ Unclassified

5b. Non-operative admission diagnosis (will open only if non-operative case)

☐ Cardiovascular ☐ Gastrointestinal ☐ Respiratory ☐ Hepatic ☐ Renal
☐ Neurological ☐ Trauma ☐ Metabolic ☐ Hematological
☐ Unclassified
6. APACHE II on ICU admission:

7. SOFA Score on ICU admission:

8. Baseline Serum Creatinine: ________ mg/dL

II. INTERVENTION DETAILS

1. Fluid administered in last 24 hours before ICU admission

   ○ 0.9% / 0.45% Normal Saline  Volume: __________
   ○ Ringer’s Lactate  Volume: __________
   ○ Balanced solution  Volume: __________
   ○ Dextrose containing  Volume: __________
   ○ Colloids  Volume: __________
   ○ Blood products  Volume: __________
   ○ TPN  Volume: __________
   ○ Details not available

2. Fluid administration details for Day 1

   ○ 0.9/0.45% NS  Bolus _____ ml  Maintenance _____ ml  Replacement _____ ml
   ○ RL  Bolus _____ ml  Maintenance _____ ml  Replacement _____ ml
   ○ 5% /10% D  Bolus _____ ml  Maintenance _____ ml  Replacement _____ ml
   ○ Balanced Sol.  Bolus _____ ml  Maintenance _____ ml  Replacement _____ ml
   ○ Colloids  Bolus _____ ml  Maintenance _____ ml  Replacement _____ ml
   ○ TPN _____________ ml
   ○ No fluid administered
3. Fluid administration details for Day 2

0.9/0.45% NS  Bolus _____ ml  Maintenance _____ ml  Replacement _____ ml

RL  Bolus _____ ml  Maintenance _____ ml  Replacement _____ ml

5% /10% D  Bolus _____ ml  Maintenance _____ ml  Replacement _____ ml

Balanced Sol.  Bolus _____ ml  Maintenance _____ ml  Replacement _____ ml

Colloids  Bolus _____ ml  Maintenance _____ ml  Replacement _____ ml

TPN  ____________ml

No fluid administered

4. Fluid administration details on Day 3

0.9/0.45% NS  Bolus _____ ml  Maintenance _____ ml  Replacement _____ ml

RL  Bolus _____ ml  Maintenance _____ ml  Replacement _____ ml

5% /10% D  Bolus _____ ml  Maintenance _____ ml  Replacement _____ ml

Balanced Sol.  Bolus _____ ml  Maintenance _____ ml  Replacement _____ ml

Colloids  Bolus _____ ml  Maintenance _____ ml  Replacement _____ ml

TPN  ____________ml

No fluid administered

5. Urine output:

Day 1: _________________ml

Day 2: _________________ml

Day 3: _________________ml

6. Fluid balance details

Day 1: _________________ml

Day 2: _________________ml

Day 3: _________________ml
7. **Worst Laboratory values**

- **Hb:** Day 1: ___________ Day 2: ___________ Day 3: ___________
- **Urea:** Day 1: ___________ Day 2: ___________ Day 3: ___________
- **Creat:** Day 1: ___________ Day 2: ___________ Day 3: ___________
- **Sodium:** Day 1: ___________ Day 2: ___________ Day 3: ___________

8. **Worst ABG values:**

- **pH:** Day 1: ___________ Day 2: ___________ Day 3: ___________
- **pCO₂:** Day 1: ___________ Day 2: ___________ Day 3: ___________
- **pO₂:** Day 1: ___________ Day 2: ___________ Day 3: ___________
- **HCO₃:** Day 1: ___________ Day 2: ___________ Day 3: ___________
- **Lactate:** Day 1: ___________ Day 2: ___________ Day 3: ___________
- **BE:** Day 1: ___________ Day 2: ___________ Day 3: ___________

9. **SOFA Score:** Day 1: ___________ Day 2: ___________ Day 3: ___________

10. **Evidence of sepsis as per SEPSIS-3 definition:**

   - Yes  
   - No

---

**III. OUTCOME DETAILS**

1. **Renal Replacement Therapy required**

   - Yes  
   - No

2. **Indications of RRT**

   - Fluid overload
   - Metabolic acidosis with ph < 7.2
   - Hyperkalemia, K+ > 6.0
   - Blood urea nitrogen > 75 mg/dl
   - Oliguria with urine output < 400ml/24 hours
   - Non-renal indications
3. **Worst Renal outcomes as per RIFLE criteria**
   - Day 1: Risk, Injury, Failure, Loss, End stage
   - Day 2: Risk, Injury, Failure, Loss, End stage
   - Day 3: Risk, Injury, Failure, Loss, End stage

4. **Renal outcome as per KDIGO criteria**
   - Day 1: Stage 1, Stage 2, Stage 3
   - Day 2: Stage 1, Stage 2, Stage 3
   - Day 3: Stage 1, Stage 2, Stage 3

5. **Need for blood transfusion**
   - Yes, No

6. ICU LOS: ___________ days

7. Hospital LOS: ___________ days

8. **Status of patient at the time of ICU discharge**
   - Dead, Alive

9. **Status of patient at the time of hospital discharge**
   - Dead, Alive