



DISCLAIMER

This file is to support the local research time. The lay out of this file can differ from REDCap, which is leading. The data needs to be filled in REDCap by the local investigator

www.redcap.heart-institute.nl

1. Patient Identification Number
2. Date:

Patient demographics

1	Age	years
2	Sex	<input type="checkbox"/> female <input type="checkbox"/> male
3	Are there principal or religious reasons for this patient to refuse blood products?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
4	Does the patient have a 'do not resuscitate' (DNR) order at ICU admittance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
5	Does this patient have a 'do not intubate' (DNI) order at ICU admittance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
6	What is the referring specialism?	<input type="checkbox"/> Cardiology <input type="checkbox"/> Cardiothoracic surgery <input type="checkbox"/> Gastro-enteral surgery <input type="checkbox"/> Gynecology <input type="checkbox"/> Internal medicine <input type="checkbox"/> Neurology <input type="checkbox"/> Neurosurgery <input type="checkbox"/> Orthopedic surgery <input type="checkbox"/> Pulmonology <input type="checkbox"/> Surgery <input type="checkbox"/> Trauma surgery <input type="checkbox"/> Urology <input type="checkbox"/> Other, please specify:
7	Type of admission	<input type="checkbox"/> Elective <input type="checkbox"/> Emergency
8	Referred from	<input type="checkbox"/> Operating theater <input type="checkbox"/> Emergency department <input type="checkbox"/> General ward <input type="checkbox"/> Other hospital <input type="checkbox"/> Other, please specify:

9	What is the main reason for ICU admission?	<input type="checkbox"/> Shock <input type="checkbox"/> Respiratory insufficiency <input type="checkbox"/> Acute brain injury <input type="checkbox"/> Metabolic disturbances including intoxication, acute kidney injury and liver failure <input type="checkbox"/> Monitoring post-surgery <input type="checkbox"/> In/out of hospital arrest <input type="checkbox"/> Trauma <input type="checkbox"/> Other
10	<p>Did this patient undergo surgery within 24 hours prior to admittance, or during the first 24 hours of ICU admittance?</p> <p>If yes, please specify <i>type of surgical patient</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Cardiothoracic <input type="checkbox"/> Gastro-intestinal <input type="checkbox"/> Gynecological <input type="checkbox"/> Neurosurgical <input type="checkbox"/> Trauma <input type="checkbox"/> Other, please specify</p>
11	<p>Presence of shock on day of admission</p> <p>If yes, please specify <i>type of shock</i></p> <p>In case of septic shock, <i>please specify focus</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Anaphylactic <input type="checkbox"/> Cardiogenic <input type="checkbox"/> Hypovolemic <input type="checkbox"/> Neurogenic <input type="checkbox"/> Obstructive including pulmonary embolism <input type="checkbox"/> Septic</p> <p><input type="checkbox"/> Abdominal <input type="checkbox"/> Lungs/pneumosepsis <input type="checkbox"/> Urinary tract <input type="checkbox"/> Unknown <input type="checkbox"/> Other, please specify: </p>
12	<p>APACHE IV score</p> <p><i>In case of non-cardiothoracic surgery</i></p> <p>EURO-score</p> <p><i>In case of cardiothoracic surgery</i></p>	<p>..... points</p> <p>..... points</p>

13	Was the patient supported with mechanical ventilation at ICU admission?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
14	Did the patient receive supportive therapy at the day of admission?	<input type="checkbox"/> Renal replacement therapy <input type="checkbox"/> VA-ECMO <input type="checkbox"/> VV-ECMO <input type="checkbox"/> Other mechanical cardiac support (e.g. LVAD, Impella IABP) <input type="checkbox"/> Other please specify <input type="checkbox"/> None
15	Relevant comorbidities	<input type="checkbox"/> Acute coronary syndrome <input type="checkbox"/> Benign hematological disease <input type="checkbox"/> Chronic kidney failure <input type="checkbox"/> Chronic obstructive pulmonary disease <input type="checkbox"/> Heart failure <input type="checkbox"/> Hematological malignancy <input type="checkbox"/> Liver failure <input type="checkbox"/> Solid tumor <input type="checkbox"/> Organ transplant* <input type="checkbox"/> Bone marrow transplant <input type="checkbox"/> Other, please specify <input type="checkbox"/> None
	If Organ transplant	<input type="checkbox"/> Heart <input type="checkbox"/> Kidney <input type="checkbox"/> Lung(s) <input type="checkbox"/> Pancreas <input type="checkbox"/> Other:

17	Hemoglobin level prior to ICU admission	..... mmol/L OR g/dL OR g/L OR <input type="checkbox"/> Not measured within 24 hours prior to ICU admission
	OR hematocrit level prior to ICU admission	..... L/L OR <input type="checkbox"/> Not measured within 24 hours prior to ICU admission
18	Platelet count prior ICU admission	..... x 10 ⁹ /L OR g/dL OR <input type="checkbox"/> Not measured within 24 hours prior to ICU admission
19	INR or Prothrombin time prior to ICU admission	INR OR PT seconds OR <input type="checkbox"/> Not measured within 24 hours prior to ICU admission
	If both available please use INR	
20	Activated partial thromboplastin time prior to ICU admission	..... seconds <input type="checkbox"/> Not measured within 24 hours prior to ICU admission

DAY 28: OUTCOME

1	Number of days admitted to the ICU	..... days
2	Patient outcome at day 28	<input type="checkbox"/> Death <input type="checkbox"/> Alive <input type="checkbox"/> Unknown
3	<i>If death</i>	<input type="checkbox"/> Died during ICU admittance <input type="checkbox"/> Died after ICU admittance <input type="checkbox"/> Died after ICU admittance, outside hospital
	<i>If unknown</i>	<input type="checkbox"/> Discharged from ICU, status after discharge unknown <input type="checkbox"/> Transferred to other ICU, current status unknown <input type="checkbox"/> Discharged from hospital, status after discharge unknown
	<i>If alive: current location at day 28</i>	<input type="checkbox"/> ICU <input type="checkbox"/> ICU readmission <input type="checkbox"/> Discharged from hospital <input type="checkbox"/> General ward

Daily questionnaire

1	Date-.....-..... dd mm yyyy												
2	Day since admission day of admission = day 0													
3	Estimated blood loss mL												
4	SOFA score points												
5	Patient is suffering from:	<input type="checkbox"/> Acute coronary syndrome <input type="checkbox"/> Acute respiratory distress syndrome <input type="checkbox"/> Acute kidney injury <input type="checkbox"/> Bone marrow failure <input type="checkbox"/> Sepsis <input type="checkbox"/> Liver failure <input type="checkbox"/> Failure to wean <input type="checkbox"/> Ischemic cerebrovascular accident <input type="checkbox"/> Hemorrhagic cerebrovascular accident <input type="checkbox"/> Gastro-intestinal bleeding <input type="checkbox"/> Retinal bleeding <input type="checkbox"/> None of the above												
6	Does the patient currently receive supportive therapy?	<input type="checkbox"/> Renal replacement therapy <input type="checkbox"/> VA-ECMO <input type="checkbox"/> VV-ECMO <input type="checkbox"/> Other mechanical cardiac support (e.g. LVAD, Impella IABP) <input type="checkbox"/> Invasive mechanical ventilation <input type="checkbox"/> Non-invasive mechanical ventilation <input type="checkbox"/> Other please specify <input type="checkbox"/> None												
7	Lowest hemoglobin or hematocrit value this day	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">.....</td> <td style="width: 10%;">mmol/L</td> <td style="width: 20%; text-align: right;">OR</td> </tr> <tr> <td>.....</td> <td>g/dL</td> <td style="text-align: right;">OR</td> </tr> <tr> <td>.....</td> <td>g/L</td> <td style="text-align: right;">OR</td> </tr> <tr> <td>.....</td> <td>L/L</td> <td style="text-align: right;">OR</td> </tr> </table> <input type="checkbox"/> Not measured	mmol/L	OR	g/dL	OR	g/L	OR	L/L	OR
.....	mmol/L	OR												
.....	g/dL	OR												
.....	g/L	OR												
.....	L/L	OR												

8	Lowest platelet count this day <i>If platelet count < 150 x 10⁹ cells/L</i> Is this patient diagnosed with:	..... x 10 ⁹ /L OR g/dL OR <input type="checkbox"/> Not measured
9	Highest INR/PT this day If both available please use INR	INR OR PT seconds OR <input type="checkbox"/> Not measured
10	Highest aPTT value this day	..... seconds <input type="checkbox"/> Not measured
11	Was point of care visco-elastic tests (e.g. ROTEM or TEG) used this day?	<input type="checkbox"/> Yes, if yes specify results: <input type="checkbox"/> Normal coagulation status <input type="checkbox"/> Fibrinogen deficiency <input type="checkbox"/> Platelet deficiency <input type="checkbox"/> Clotting factor deficiency <input type="checkbox"/> Hyperfibrinolysis <input type="checkbox"/> No
12	Was iron administered today?	<input type="checkbox"/> Yes: .....mg <input type="checkbox"/> No <input type="checkbox"/> Unknown
13	Was EPO administered today	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
14	Transfused blood products or administration coagulation factors or antifibrinolytic agents? * Please fill in transfusion questionnaire for each transfusion event.	<input type="checkbox"/> None <input type="checkbox"/> Red blood cells * <input type="checkbox"/> Platelets * <input type="checkbox"/> Plasma * <input type="checkbox"/> Coagulation factors or antifibrinolytic agents (e.g. tranexamic acid, fibrinogen, prothrombin complex concentrate, vitamin K, cryoprecipitate)* <input type="checkbox"/> Other please specify.... <input type="checkbox"/> None of the above

Red blood cell transfusion

1	Date	.....-.....-..... dd mm yyyy
2	Time of administration of blood product	<input type="checkbox"/> During office hours (7:30 am- 6:00 pm) <input type="checkbox"/> Outside office hours (6:00 pm- 06:30 am)
3a	Certification level of transfusion requestor	<input type="checkbox"/> Intensivist* <input type="checkbox"/> Specialist non-intensivist practicing ICU* <input type="checkbox"/> Resident, specialist in training* <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Other, please specify:
3b	* Please specify medical specialism:	<input type="checkbox"/> Anesthesiology <input type="checkbox"/> Cardiology <input type="checkbox"/> Internal medicine <input type="checkbox"/> Neurology <input type="checkbox"/> Pulmonology <input type="checkbox"/> Surgery <input type="checkbox"/> Other, please specify:.....
4	Location of transfusion	<input type="checkbox"/> ICU <input type="checkbox"/> Operating theater
5	Number of transfused RBC units this transfusion episode	..... units
6	Reason(s) for red blood cell transfusion	<input type="checkbox"/> Low hemoglobin level <input type="checkbox"/> Active bleeding <input type="checkbox"/> Age patient <input type="checkbox"/> Coronary ischemia <input type="checkbox"/> Hemodynamic instability <input type="checkbox"/> Improvement of general state <input type="checkbox"/> Improvement peripheral O2 perfusion <input type="checkbox"/> Improve weaning <input type="checkbox"/> Before procedure/surgery <input type="checkbox"/> Other, please specify:

7	Hemoglobin or hematocrit value prior to transfusion (<24 hours prior to transfusion, if not available leave open, if both Hb and Ht available, note Hb level)	<p>..... mmol/L OR</p> <p>..... g/dL OR</p> <p>..... g/L OR</p> <p>..... L/L</p>
8	Hemoglobin or hematocrit threshold for this patient	<p>..... mmol/L OR</p> <p>..... g/dL OR</p> <p>..... g/L OR</p> <p>..... L/L</p>
9	Hemoglobin or hematocrit value after transfusion	<p>..... mmol/L OR</p> <p>..... g/dL OR</p> <p>..... g/L OR</p> <p>..... L/L</p>
10	Was there a physiological trigger other than Hb or Ht to transfuse? (multiple answers possible)	<p><input type="checkbox"/> Tachycardia</p> <p><input type="checkbox"/> Hypotension</p> <p><input type="checkbox"/> Arrhythmia</p> <p><input type="checkbox"/> Significant ECG changes</p> <p><input type="checkbox"/> SvO₂ (mixed <u>venous</u> saturation of oxygen) < 65%</p> <p><input type="checkbox"/> ScO₂ (mixed <u>central</u> saturation of oxygen) < 65%</p> <p><input type="checkbox"/> Lactate > 2mmol</p> <p><input type="checkbox"/> Acidosis</p> <p><input type="checkbox"/> Other, please specify</p> <p><input type="checkbox"/> None</p>
11	Characteristic of blood product (multiple answers applicable).	<p><input type="checkbox"/> Autologous</p> <p><input type="checkbox"/> Cell salvaged</p> <p><input type="checkbox"/> Irradiated</p> <p><input type="checkbox"/> Washed</p> <p><input type="checkbox"/> None of the above</p>

Platelet transfusion

1	Date	.....-.....-..... dd mm yyyy
2	Time of administration of blood product	<input type="checkbox"/> During office hours (7:30 am- 6:00 pm) <input type="checkbox"/> Outside office hours (6:00 pm- 06:30 am)
3	Certification level of transfusion requestor	<input type="checkbox"/> Intensivist* <input type="checkbox"/> Specialist non-intensivist practicing ICU* <input type="checkbox"/> Resident, specialist in training* <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Other, please specify:
3b	* Please specify medical specialism:	<input type="checkbox"/> Anesthesiology <input type="checkbox"/> Cardiology <input type="checkbox"/> Internal medicine <input type="checkbox"/> Neurology <input type="checkbox"/> Pulmonology <input type="checkbox"/> Surgery <input type="checkbox"/> Other, please specify:.....
4	Location of transfusion	<input type="checkbox"/> ICU <input type="checkbox"/> Operating theater
5	Number of platelet units transfused this episode	..... units
6	Reason(s) for plasma transfusion	<input type="checkbox"/> Active bleeding <input type="checkbox"/> Prophylactic <i>(in the absence of an upcoming procedure)</i> <input type="checkbox"/> Upcoming procedure, please specify: <input type="checkbox"/> As part of a clinical trial <input type="checkbox"/> Results viscoelastic testing (ROTEM, TEG) <input type="checkbox"/> Other, please specify:
	<i>In case of upcoming procedure</i>	<input type="checkbox"/> Abdominal drain placement <input type="checkbox"/> Bone marrow biopsy <input type="checkbox"/> Cardiothoracic surgery <input type="checkbox"/> Central venous catheter

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		<input type="checkbox"/> General surgery <input type="checkbox"/> Lumbar puncture <input type="checkbox"/> Neurosurgery <input type="checkbox"/> Organ biopsy (liver, kidney) <input type="checkbox"/> Thorax drain placement <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Other, please specify:
7	Platelet count prior to transfusion	..... x 10 ⁹ /L OR g/dL OR <input type="checkbox"/> Not measured
8	Platelet count target for this patient	..... x 10 ⁹ /L OR g/dL OR <input type="checkbox"/> Not measured
9	Platelet count after transfusion	..... x 10 ⁹ /L OR g/dL OR <input type="checkbox"/> Not measured
10	Did the patient use antiplatelet drugs the past 7 days?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify <input type="checkbox"/> Abciximab <input type="checkbox"/> Acetylsalicylic acid <input type="checkbox"/> Carbasalatecalcium <input type="checkbox"/> Clopidogrel <input type="checkbox"/> Dipyradimol <input type="checkbox"/> Ptifibatide <input type="checkbox"/> Prasugrel <input type="checkbox"/> Ticagrelor <input type="checkbox"/> Tirofiban <input type="checkbox"/> Other, please specify:
	<i>If yes: was therapeutic anticoagulant usage a trigger to transfuse plasma?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Was the decision to transfuse guided by viscoelastic test (ROTEM, TEG)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Plasma transfusion

1	Date	.....-.....-..... dd mm yyyy
2	Time of administration of blood product	<input type="checkbox"/> During office hours (7:30 am- 6:00 pm) <input type="checkbox"/> Outside office hours (6:00 pm- 06:30 am)
3	Certification level of transfusion requestor	<input type="checkbox"/> Intensivist* <input type="checkbox"/> Specialist non-intensivist practicing ICU* <input type="checkbox"/> Resident, specialist in training* <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Other, please specify:
3b	* Please specify medical specialism:	<input type="checkbox"/> Anesthesiology <input type="checkbox"/> Cardiology <input type="checkbox"/> Internal medicine <input type="checkbox"/> Neurology <input type="checkbox"/> Pulmonology <input type="checkbox"/> Surgery <input type="checkbox"/> Other, please specify:.....
4	Location of transfusion	<input type="checkbox"/> ICU <input type="checkbox"/> Operating theater
5	Number of plasma units transfused this episode	..... units
6	Reason(s) for plasma transfusion	<input type="checkbox"/> Active bleeding <input type="checkbox"/> Prophylactic <i>(in the absence of an upcoming procedure)</i> <input type="checkbox"/> Upcoming procedure, please specify: <input type="checkbox"/> As part of a clinical trial <input type="checkbox"/> Results viscoelastic tests (ROTEM, TEG) <input type="checkbox"/> Other, please specify:
	<i>In case of upcoming procedure</i>	<input type="checkbox"/> Abdominal drain placement <input type="checkbox"/> Bone marrow biopsy <input type="checkbox"/> Cardiothoracic surgery <input type="checkbox"/> Central venous catheter <input type="checkbox"/> General surgery

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		<input type="checkbox"/> Lumbar puncture <input type="checkbox"/> Neurosurgery <input type="checkbox"/> Organ biopsy (liver, kidney) <input type="checkbox"/> Thorax drain placement <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Other, please specify:
7	INR or PT prior to transfusion	INR OR PT seconds OR <input type="checkbox"/> Not measured
8	INR or PT target for this patient	INR OR PT seconds OR <input type="checkbox"/> Not measured
9	INR or PT after transfusion	INR OR PT seconds OR <input type="checkbox"/> Not measured
10	Did the patient use therapeutic anticoagulant drugs the past 7 days	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify <input type="checkbox"/> DOAC (e.g. dabigatran, apixaban) <input type="checkbox"/> Acenocoumarol <input type="checkbox"/> Fenprocoumon <input type="checkbox"/> LMWH <input type="checkbox"/> Heparin <input type="checkbox"/> Warfarin <input type="checkbox"/> Other, please specify:
	<i>If yes:</i> was therapeutic anticoagulant usage a trigger to transfuse plasma?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Was the decision to transfuse guided by viscoelastic test (ROTEM, TEG)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Administration of fibrinogen or cryoprecipitate

1	Date	.....-.....-..... dd mm yyyy
2	Time of administration of blood product	<input type="checkbox"/> During office hours (7:30 am- 6:00 pm) <input type="checkbox"/> Outside office hours (6:00 pm- 06:30 am)
3a	Certification level of transfusion requestor	<input type="checkbox"/> Intensivist* <input type="checkbox"/> Specialist non-intensivist practicing ICU* <input type="checkbox"/> Resident, specialist in training* <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Other, please specify:
3b	* Please specify medical specialism:	<input type="checkbox"/> Anesthesiology <input type="checkbox"/> Cardiology <input type="checkbox"/> Internal medicine <input type="checkbox"/> Neurology <input type="checkbox"/> Pulmonology <input type="checkbox"/> Surgery <input type="checkbox"/> Other, please specify:.....
4	Location of transfusion	<input type="checkbox"/> ICU <input type="checkbox"/> Operating theater
5	Dosage administered this episode	..... gram (fibrinogen) OR units (cryoprecipitate)
6	Reason(s) for transfusion	<input type="checkbox"/> Active bleeding <input type="checkbox"/> Prophylactic <i>(in the absence of an upcoming procedure)</i> <input type="checkbox"/> Upcoming procedure, please specify: <input type="checkbox"/> As part of a clinical trial <input type="checkbox"/> Results viscoelastic testing (ROTEM, TEG) <input type="checkbox"/> Other, please specify:
	<i>In case of upcoming procedure</i>	<input type="checkbox"/> Abdominal drain placement <input type="checkbox"/> Bone marrow biopsy <input type="checkbox"/> Cardiothoracic surgery <input type="checkbox"/> Central venous catheter <input type="checkbox"/> General surgery

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		<input type="checkbox"/> Lumbar puncture <input type="checkbox"/> Neurosurgery <input type="checkbox"/> Organ biopsy (liver, kidney) <input type="checkbox"/> Thorax drain placement <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Other, please specify:
7	Fibrinogen level prior to transfusion	..... g/L OR <input type="checkbox"/> Not measured
8	Fibrinogen level target for this patient	..... g/L OR <input type="checkbox"/> Not measured
9	Fibrinogen level after transfusion	..... g/L OR <input type="checkbox"/> Not measured
10	Was the decision to transfuse guided by viscoelastic test (ROTEM, TEG)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Administration of tranexamic acid

1	Date	.....-.....-..... dd mm yyyy
2	Time of administration of blood product	<input type="checkbox"/> During office hours (7:30 am- 6:00 pm) <input type="checkbox"/> Outside office hours (6:00 pm- 06:30 am)
3	Certification level of transfusion requestor	<input type="checkbox"/> Intensivist* <input type="checkbox"/> Specialist non-intensivist practicing ICU* <input type="checkbox"/> Resident, specialist in training* <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Other, please specify:
3b	* Please specify medical specialism:	<input type="checkbox"/> Anesthesiology <input type="checkbox"/> Cardiology <input type="checkbox"/> Internal medicine <input type="checkbox"/> Neurology <input type="checkbox"/> Pulmonology <input type="checkbox"/> Surgery <input type="checkbox"/> Other, please specify:.....
4	Location of transfusion	<input type="checkbox"/> ICU <input type="checkbox"/> Operating theater
5	Dosage administered this episode	..... milligram
6	Reason(s) for transfusion	<input type="checkbox"/> Active bleeding <input type="checkbox"/> Prophylactic <i>(in the absence of an upcoming procedure)</i> <input type="checkbox"/> Upcoming procedure, please specify: <input type="checkbox"/> As part of a clinical trial <input type="checkbox"/> Results viscoelastic testing (ROTEM, TEG) <input type="checkbox"/> Other, please specify:
	<i>In case of upcoming procedure</i>	<input type="checkbox"/> Abdominal drain placement <input type="checkbox"/> Bone marrow biopsy <input type="checkbox"/> Cardiothoracic surgery <input type="checkbox"/> Central venous catheter <input type="checkbox"/> General surgery <input type="checkbox"/> Lumbar puncture

		<input type="checkbox"/> Neurosurgery <input type="checkbox"/> Organ biopsy (liver, kidney) <input type="checkbox"/> Thorax drain placement <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Other, please specify:
10	Was the decision to transfuse guided by viscoelastic test (ROTEM, TEG)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Administration of vitamin K or prothrombin complex concentrate

1	Date	.....-.....-..... dd mm yyyy
2	Time of administration of blood product	<input type="checkbox"/> During office hours (7:30 am- 6:00 pm) <input type="checkbox"/> Outside office hours (6:00 pm- 06:30 am)
3	Certification level of transfusion requestor	<input type="checkbox"/> Intensivist* <input type="checkbox"/> Specialist non-intensivist practicing ICU* <input type="checkbox"/> Resident, specialist in training* <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Other, please specify:
3b	* Please specify medical specialism:	<input type="checkbox"/> Anesthesiology <input type="checkbox"/> Cardiology <input type="checkbox"/> Internal medicine <input type="checkbox"/> Neurology <input type="checkbox"/> Pulmonology <input type="checkbox"/> Surgery <input type="checkbox"/> Other, please specify:.....
4	Location of transfusion	<input type="checkbox"/> ICU <input type="checkbox"/> Operating theater
5	Dosage administered this episode	..... IE OR milligrams
6	Reason(s) for transfusion	<input type="checkbox"/> Active bleeding <input type="checkbox"/> Prophylactic <i>(in the absence of an upcoming procedure)</i> <input type="checkbox"/> Upcoming procedure, please specify: <input type="checkbox"/> As part of a clinical trial <input type="checkbox"/> Results viscoelastic testing (ROTEM, TEG) <input type="checkbox"/> Other, please specify:
	<i>In case of upcoming procedure</i>	<input type="checkbox"/> Abdominal drain placement <input type="checkbox"/> Bone marrow biopsy <input type="checkbox"/> Cardiothoracic surgery <input type="checkbox"/> Central venous catheter <input type="checkbox"/> General surgery <input type="checkbox"/> Lumbar puncture

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		<input type="checkbox"/> Neurosurgery <input type="checkbox"/> Organ biopsy (liver, kidney) <input type="checkbox"/> Thorax drain placement <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Other, please specify:
7	INR or PT prior to transfusion	INR OR PT seconds OR <input type="checkbox"/> Not measured
8	INR or PT target for this patient	INR OR PT seconds OR <input type="checkbox"/> Not measured
9	INR or PT after transfusion	INR OR PT seconds OR <input type="checkbox"/> Not measured
10	Did the patient use therapeutic anticoagulant drugs the past 7 days	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify <input type="checkbox"/> DOAC (e.g. dabigatran, apixaban) <input type="checkbox"/> Acenocoumarol <input type="checkbox"/> Fenprocoumon <input type="checkbox"/> LMWH <input type="checkbox"/> Heparin <input type="checkbox"/> Warfarin <input type="checkbox"/> Other, please specify:
	<i>If yes: was therapeutic anticoagulant usage a trigger to transfuse plasma?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Was the decision to transfuse guided by viscoelastic test (ROTEM, TEG)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Massive transfusion protocol

1	Date	.....-.....-..... dd mm yyyy
2	Time of administration of blood product	<input type="checkbox"/> During office hours (7:30 am- 6:00 pm) <input type="checkbox"/> Outside office hours (6:00 pm- 06:30 am)
3a	Certification level of transfusion requestor	<input type="checkbox"/> Intensivist* <input type="checkbox"/> Specialist non-intensivist practicing ICU* <input type="checkbox"/> Resident, specialist in training* <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Other, please specify:
3b	* Please specify medical specialism:	<input type="checkbox"/> Anesthesiology <input type="checkbox"/> Cardiology <input type="checkbox"/> Internal medicine <input type="checkbox"/> Neurology <input type="checkbox"/> Pulmonology <input type="checkbox"/> Surgery <input type="checkbox"/> Other, please specify:.....
4	Location of transfusion	<input type="checkbox"/> ICU <input type="checkbox"/> Operating theater
5	Number of transfused RBC units this transfusion episode	..... units
6	Number of transfused platelet units this transfusion episode	..... units
7	Number of transfused plasma units this transfusion episode	..... units
8	Hemoglobin or hematocrit value prior to transfusion (<24 hours prior to transfusion, if not available leave open)	..... mmol/L OR g/dL OR g/L OR L/L
9	Hemoglobin or hematocrit threshold for this patient mmol/L OR g/dL OR g/L OR L/L

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10	Hemoglobin or hematocrit value after transfusion mmol/L OR g/dL OR g/L OR L/L
11	Platelet count prior to transfusion	..... x 10 ⁹ /L OR g/dL OR <input type="checkbox"/> Not measured
12	Platelet count target for this patient	..... x 10 ⁹ /L OR g/dL OR <input type="checkbox"/> Not measured
13	Platelet count after transfusion	..... x 10 ⁹ /L OR g/dL OR <input type="checkbox"/> Not measured
14	INR or PT prior to transfusion	INR OR PT seconds OR <input type="checkbox"/> Not measured
16	INR or PT target for this patient	INR OR PT seconds OR <input type="checkbox"/> Not measured
17	INR or PT after transfusion	INR OR PT seconds OR <input type="checkbox"/> Not measured
18	Was the decision to transfuse guided by viscoelastic test (ROTEM, TEG)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Following factors given (multiple answers possible)	<input type="checkbox"/> None <input type="checkbox"/> Aprotinin <input type="checkbox"/> Cryoprecipitate <input type="checkbox"/> Factor VIIa <input type="checkbox"/> Factor XIII <input type="checkbox"/> Fibrinogen <input type="checkbox"/> Novoseven (eptacog alfa) <input type="checkbox"/> Prothrombin complex concentrate <input type="checkbox"/> Tranexamic acid