

# HOBIT Trial – Chamber and Subject Log (Rev. 8)

Date: \_\_\_\_\_

Institution: \_\_\_\_\_ Subject ID: \_\_\_\_\_ HOBIT Study Arm: \_\_\_\_\_

Treatment No. \_\_\_\_\_ of 10

Circle Type of Chamber: Multiplace / Monoplace

**HYPERBARIC VENT SETTINGS** – NOTE: Before starting HBO treatment and while still on **baseline FiO2**

**HBO Vent Settings:** Vt \_\_\_\_\_ Vent. RR \_\_\_\_\_ Spont. RR \_\_\_\_\_ Total MV \_\_\_\_\_

PEEP: \_\_\_\_\_ PIP: \_\_\_\_\_ Baseline FiO2: \_\_\_\_\_ (prior to going on 100%)

**ABG:** PH \_\_\_\_\_ PCO2 \_\_\_\_\_ PO2 \_\_\_\_\_ PF ratio \_\_\_\_\_ **NOTE:** ABG on above settings with HBO vent

**SYMBOLS:** **Brain O2** (Oxygen level of brain tissue in mmHg) **MAP** (Mean arterial pressure) **ICP** (Intracranial Pressure)  
**CPP** (Cerebral perfusion pressure) **PIP** (Ventilator - Peak inspiratory pressure) **Total RR** (Vent + spontaneous rates)  
**Total MV** (Total measured minute ventilation; vent + spontaneous volume) **Asterisk \*** (indicates “If available”)

↓ **Record Hyperbaric Treatment Times Here** ↓

Start Pressure	Time	Reach Pressure	Time	Leave Pressure	Time	End Pressure	Time	Total HBO Time
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↓ **Record Data Every 15 Minutes** ↓

Clock Time	Brain O2*	MAP	ICP	CPP	Ventilator PIP	Total RR	Total MV	Comments

**ENDING TIME OF 100% FiO2:** After HBO: \_\_\_\_\_ (if applicable) After NBH: \_\_\_\_\_ (if applicable)

☐ ICP > 22 Comments: \_\_\_\_\_ Measured by: ☐ EVD ☐ Ventric

☐ CPP < 60 Comments: \_\_\_\_\_

☐ MAP < 70 Comments: \_\_\_\_\_

☐ MAP > 125 Comments: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_

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### Instructions:

1. NEWEST REVISION: Please only use the latest Revision of this form from the HOBIT Website Toolbox.
2. UPLOADING FORM: Please upload as PDF. Only upload this form to WebDCU. See exception in item # 3.
3. ADDITIONAL COMMENTS: If additional space is needed for comments, please use a separate page and upload this to WebDCU along with the Chamber and Subject Log.
4. PERSON RECORDING: If possible have only one individual complete this form.
5. REAL-TIME DATA: It is important to accurately record treatment “dive” times and all required subject data in the actual clock time.
6. RECORDING PERIOD OF 100% FiO<sub>2</sub>: Lower gray box of Chamber and Subject Log: Please record when the subject is switched back from 100% FiO<sub>2</sub> to the subject’s baseline FiO<sub>2</sub>. Enter time **after the HBO treatment** or **after the 3-hour NBH period**.
7. THE LOWER GRAY BOX: Lower gray box also includes check boxes for **ICP, CPP and MAP** parameters. Please check when out of range. Record a brief comment of the situation or action taken.
8. SIGNING FORM: The person filling out the Chamber and Subject Log should sign their name and print their title at the bottom of the form.