Subject’s baseline FiO2 \_\_\_\_\_\_\_\_ (before HBO) Subject on 100% FiO2: Starting: \_\_\_\_\_\_\_\_\_\_ Ending: \_\_\_\_\_\_\_\_\_\_\_

Ventilator setting during treatment VT: \_\_\_\_\_\_\_\_\_ RR: \_\_\_\_\_\_\_\_ MV: \_\_\_\_\_\_\_\_\_ PEEP: \_\_\_\_\_\_\_\_

**Treatment / TX Info: SP** (Start Pressure) **RTP** (Reach Treatment Pressure) **LTP** (Leave Treatment Pressure) **EP** (End Pressure) **PIP** (Ventilator - Peak inspiratory pressure) **ICP** (Intracranial Pressure) **Brain O2 (**Oxygen Pressure of brain tissue in mmHg) **Asterisk \*** (indicates “If available”)

**Record chamber times here.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SP | Time | RTP | Time | LTP | Time | EP | Time |
|  **Record subject data below every 15 minutes.** |
| Clock Time | Brain O2\* | ICP | MAP | PIP | Comments |
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**Highest ICP during TX:** \_\_\_\_\_\_\_\_\_ **Time:** \_\_\_\_\_\_\_ ** Ventric (EVD)  Other (specify):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Name and title of person completing form:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOBIT Trial – Chamber and Subject Log** (Rev. 3)

**Form Instructions:**

1. Please only use the latest Revision of this form from the HOBIT Website Toolbox.
2. Only use this HOBIT form for recording the HOBIT treatment data and upload this form to WebDCU.
3. If possible, for consistency, please have only one individual complete this form.
4. Please accurately record the treatment clock times for SP, RTP, LTP and EP. Communicate with chamber operator for accurate treatment times.
5. Fully complete the subject information on the upper section of this form for each hyperbaric treatment.
6. When recording the subject’s period of 100% FiO2 (Starting and Ending times), this should include the time of 100% NBH after the hyperbaric treatment, if applicable.
7. Please note and record the additional information at bottom of form, i.e., **Highest ICP and method of monitoring ICP.**
8. Put name and title of person completing this form at bottom of page.