Chamber and Subject Log

Review of Form Instructions
Updated 8/10/2020

Date: _____

Name of Institution: _____ Subject ID: _____ HOBIT Study Arm: _____

Treatment No. _____ of 10   Circle Type of Chamber: Multiplace / Monoplace

HYPERBARIC VENT SETTINGS - BEFORE starting HBO treatment and while still on BASELINE FiO2

VT: _____   RR: _____   MV: _____   PEEP: _____   PIP: _____   Baseline FiO2: _____

ABG sampled while on the above HBO ventilator settings: PH _____   PCO2 _____   PO2 _____

Symbols: PIP (Ventilator - Peak inspiratory pressure) ICP (Intracranial Pressure) Brain O2 (Oxygen level of brain tissue in mmHg) MAP (Mean arterial pressure) MV (minute ventilation = Actual VT x RR) Asterisk * (indicates "If available")
* NOTE: Please record the ACTUAL MV (Exhaled VT x RR) during the HBO treatment.

⇓ **Hyperbaric Treatment Times** ⇓

Start Pressure	Time	Reach Pressure	Time	Leave Pressure	Time	End Pressure	Time

Please Record Below Data Every 15 Minutes

Clock Time	Brain O2*	ICP	MAP	Ventilator PIP	MV (actual)	Comments

Record end time of 100% FiO2: After HBO: _____ (if appli...

☐ Highest ICP during TX: _____ Time: _____ ICP mon...

COMMENTS:_____
_____

Completed by: _____ Title: _____

HOBIT Subject Dive Log – Rev. 6: Last Updated 8/10/20

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 only upload this form to WebDCU. See exception in item # 3.

3. If additional room is needed for comments, please place these comments on a separate document and upload to WebDCU along with the Chamber and Subject Log.

4. If possible please have only one individual complete this form.

5. Please accurately record treatment (dive) times and all required subject data in the actual clock time.

6. When recording the subject's start and stop times on 100% FiO2, this should show the time Starting 100% O2 in the chamber and the time Stopping 100% after the HBO Treatment or after the NBH O2 stops in the ICU, as applicable.

7. Please note and complete the additional information at bottom of form, i.e., 100% ... toring ICP.

... pleting the form.

- Please do not make multiple copies of this log to store for the next HOBIT subject.

- It could be several months before you treat the next subject and there may be a newer log version in the toolbox.

- The most current version will have the essential elements needed for recording.

HO₂BIT

HOBIT Trial – Chamber and Subject Log (Rev. 6)   Date: _____

Name of Institution: _____ Subject ID: _____   HOBIT Study Arm: _____

Treatment No. _____ of 10   Circle Type of Chamber: Multiplace / Monoplace

HYPERBARIC VENT SETTINGS - BEFORE starting HBO treatment and while still on BASELINE FiO2

VT: _____   RR: _____   MV: _____   PEEP: _____   PIP: _____   Baseline FiO2: _____

ABG sampled while on the above HBO ventilator settings: PH _____   PCO2 _____   PO2 _____

Symbols: PIP (Ventilator - Peak inspiratory pressure) ICP (Intracranial Pressure) Brain O2 (Oxygen level of brain tissue in mmHg) MAP (Mean arterial pressure) MV (minute ventilation = Actual VT x RR)   Asterisk * (indicates "If available")

* NOTE: Please record the ACTUAL MV (Exhaled VT x RR) during the HBO treatment.

⇩ **Hyperbaric Treatment Times** ⇩

Start Pressure	Time	Reach Pressure	Time	Leave Pressure	Time	End Pressure	Time

Please Record Below Data Every 15 Minutes

Clock Time	Brain O2*	ICP	MAP	Ventilator PIP	MV (actual)	Comments

Record end time of 100% FiO2: After HB...

☐ Highest ICP during TX: _____ Tim...

COMMENTS:_____

_____

Completed by: _____   Title: _____

HOBIT Subject Dive Log – Rev. 6: Last Updated 8/10/20

HOBIT Trial – Chamber and Subject Log (Rev. 6)

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 only upload this form to WebDCU. See exception in item # 3.

3. If additional room is needed for comments, please place these comments on a separate document and upload to WebDCU along with the Chamber and Subject Log.

4. If possible please have only one individual complete this form.

5. Please accurately record treatment (dive) times and all required subject data in the actual clock time.

6. When recording the subject's start and stop times on 100% FiO2, this should show the time Starting 100% O2 in the chamber and the time Stopping 100% after the HBO Treatment or after the NBH O2 stops in the ICU, as applicable.

...nation at bottom of form, i.e., 100%
...itoring ICP.

...pleting the form.

- Upload to WebDCU as an attachment to F275 Study Therapy

- Only this form should be uploaded to WebDCU. Do not upload other forms, e.g., checklists etc.

- If additional room is needed for comments, please record on a separate page. Please include on that extra page the following info: **Subject ID** and the **Date / time** of the event being commented on.

- Only upload the one log that corresponds to that one HBO TX. **Example:** Do not upload several HBO logs into one treatment day.

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Name of Institution: _____   Subject ID: _____   HOBIT Study Arm: _____

Treatment No. _____ of 10   Circle Type of Chamber: Multiplace / Monoplace

HYPERBARIC VENT SETTINGS - BEFORE starting HBO treatment and while still on **BASELINE FiO2**

VT: _____   RR: _____   MV: _____   PEEP: _____   PIP: _____   Baseline FiO2: _____

ABG sampled while on the above HBO ventilator settings: PH _____   PCO2 _____   PO2 _____

Symbols: PIP (Ventilator - Peak inspiratory pressure) ICP (Intracranial Pressure) Brain O2 (Oxygen level of brain tissue in mmHg) MAP (Mean arterial pressure)   MV (minute ventilation = Actual VT x RR)   Asterisk * (indicates "If available")

NOTE: Please record the ACTUAL MV (Exhaled VT x RR) during the HBO treatment.

⇩ **Hyperbaric Treatment Times** ⇩

Start Pressure	Time	Reach Pressure	Time	Leave Pressure	Time	End Pressure	Time

Please Record Below Data Every 15 Minutes

Clock Time	Brain O2*	ICP	MAP	Ventilator PIP	MV (actual)	Comments

Record end time of 100% FiO2: Aft...

☐ Highest ICP during TX: _____ Time: _____ ICP monitored by: ☐ EVD   ☐ Other (specify): _____

COMMENTS:_____
_____

Completed by: _____   Title: _____

HOBIT Subject Dive Log – Rev. 6: Last Updated 8/10/20

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 only upload this form to WebDCU. See exception in item # 3.

3. If additional room is needed for comments, please place these comments on a separate document and upload to WebDCU along with the Chamber and Subject Log.

4. If possible please have only one individual complete this form.

5. Please accurately record treatment (dive) times and all required subject data in the actual clock time.

6. When recording the subject's start and stop times on 100% FiO2, this should show the time Starting 100% O2 in the chamber and the time Stopping 100% after the HBO Treatment or after the NBH O2 stops in the ICU, as applicable.

7. Please note and complete the additional information at bottom of form, i.e., 100% Oxygen times, Highest ICP, and method of monitoring ICP.

- If possible, have only one person fill out this log as the treatment is taking place. **Example:** do not have one person filling out the HBO data and another person filling out the ventilator data. This has caused confusion in the past.

- Use only one log to record all data. **Example:** not recording the HBO data on one log, the ventilator data on another log and then upload both (two) logs into WebDCU. Make sure all data is compiled into 1 document.

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4

Date: _____

Name of Institution: _____ Subject ID: _____ HOBIT Study Arm: _____

Treatment No. _____ of 10   Circle Type of Chamber: Multiplace / Monoplace

HYPERBARIC VENT SETTINGS - <u>BEFORE</u> starting HBO treatment and while still on <u>BASELINE FiO2</u>

VT: _____   RR: _____   MV: _____   PEEP: _____   PIP: _____   Baseline FiO2: _____

ABG sampled <u>while on the above</u> HBO ventilator settings: PH _____   PCO2 _____   PO2 _____

<u>Symbols</u>: PIP (Ventilator - Peak inspiratory pressure) ICP (Intracranial Pressure) Brain O2 (Oxygen level of brain tissue in mmHg) MAP (Mean arterial pressure)   MV (minute ventilation = Actual VT x RR)   Asterisk * (indicates "If available")

**** NOTE:** Please record the <u>ACTUAL MV</u> (Exhaled VT x RR) <u>during</u> the HBO treatment.

⇓ **Hyperbaric Treatment Times** ⇓

Start Pressure	Time	Reach Pressure	Time	Leave Pressure	Time	End Pressure	Time

Please Record Below Data Every 15 Minutes

Clock Time	Brain O2*	ICP	MAP	Ventilator PIP	MV (actual)	Comments

Record end time of 100% FiO2:   **After HBO:** _____ (if applicable)   **After NBH:** _____ (if applicable)

☐   Highest ICP during TX: _____ Time: _____   ICP monitored by: ☐ EVD   ☐ Other (specify):_____

COMMENTS:_____

_____

Completed by: _____   Title: _____

Form Instructions:

1. Please only use the latest Revision of this form from the HOBIT Website Toolbox.

2. Only use <u>this</u> HOBIT form for recording the HOBIT treatment data and only upload <u>this</u> form to WebDCU. See exception in item # 3.

3. If additional room is needed for comments, please place these comments on a separate document and upload to WebDCU along with the Chamber and Subject Log.

4. If possible please have only one individual complete this form.

5. Please accurately record treatment (dive) times and all required subject data in the actual clock time.

6. When recording the subject's start and stop times on 100% FiO2, this should show the time <u>Starting 100% O2 in the chamber</u> and the time <u>Stopping 100% after the HBO Treatment or after the NBH O2 stops in the ICU</u>, as applicable.

7. Please note and complete the additional information at bottom of form, i.e., 100% Oxygen times, Highest ICP, and method of monitoring ICP.

- The person recording the data should communicate with the <u>chamber operator</u>, the <u>RN</u> and the <u>RT</u> to get **actual real-time data** for each 15 minute data point (+/- one minute).

- Use real-time values. Do not use "ditto" marks or just fill in pre-dive numbers. **Example**: recording the PIP as 22 in every slot or the MV as 7.2 in every slot.

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Name of Institution: _____   Subject ID: _____   HOBIT Study Arm: _____

Treatment No. _____ of 10   Circle Type of Chamber: Multiplace / Monoplace

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HYPERBARIC VENT SETTINGS - BEFORE starting HBO treatment and while still on BASELINE FiO2

VT: _____   RR: _____   MV: _____   PEEP: _____   PIP: _____   Baseline FiO2: _____

ABG sampled while on the above HBO ventilator settings: PH _____   PCO2 _____   PO2 _____

Symbols: PIP (Ventilator - Peak inspiratory pressure) ICP (Intracranial Pressure) Brain O2 (Oxygen level of brain tissue in mmHg) MAP (Mean arterial pressure) MV (minute ventilation = Actual VT x RR)   Asterisk * (indicates "If available")

* NOTE: Please record the ACTUAL MV (Exhaled VT x RR) during the HBO treatment.

⇩ **Hyperbaric Treatment Times** ⇩

Start Pressure	Time	Reach Pressure	Time	Leave Pressure	Time	End Pressure	Time

Please Record Below Data Every 15 Minutes

Clock Time	Brain O2*	ICP	MAP	Ventilator PIP	MV (actual)	Comments

Record end time of 100% FiO2:   After HBO: _____ (if applicable)   After NBH: _____ (if applicable)

☐   Highest ICP during TX: _____ Time: _____   ICP monitored by: ☐ EVD   ☐ Other (specify):_____

COMMENTS:_____
_____

Completed by: _____   Title: _____

HOBIT Subject Dive Log – Rev. 6: Last Updated 8/10/20
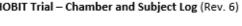

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3. If additional room is needed for comments, please place these comments on a separate document and upload to WebDCU along with the Chamber and Subject Log.

4. If possible please have only one individual complete this form.

5. Please accurately record treatment (dive) times and all required subject data in the actual clock time.

6. When recording the subject's start and stop times on 100% FiO2, this should show the time Starting 100% O2 in the chamber and the time Stopping 100% after the HBO Treatment or after the NBH O2 stops in the ICU, as applicable.

7. Please note and complete the additional information at bottom of form, i.e., 100% Oxygen times, Highest ICP, and method of monitoring ICP.

- **All data slots** should be recorded. This is essential and required by the DSMB for our review. **Do not leave data slots blank!**

- If you do not have a real-time MV monitor – Calculate the **actual MV** by (actual Vt x actual RR = MV).

HO₂BIT

Date: _____

Name of Institution: _____ Subject ID: _____ HOBIT Study Arm: _____

Treatment No. _____ of 10

Circle Type of Chamber: Multiplace / Monoplace

HYPERBARIC VENT SETTINGS - BEFORE starting HBO treatment and while still on **BASELINE FiO2**

VT: _____ RR: _____ MV: _____ PEEP: _____ PIP: _____ Baseline FiO2: _____

ABG sampled while on the above HBO ventilator settings: PH _____ PCO2 _____ PO2 _____

Symbols: **PIP** (Ventilator - Peak inspiratory pressure) **ICP** (Intracranial Pressure) **Brain O2** (Oxygen level of brain tissue in mmHg) **MAP** (Mean arterial pressure) **MV** (minute ventilation = Actual VT x RR) **Asterisk *** (indicates "If available")

* NOTE: Please record the **ACTUAL MV** (Exhaled VT x RR) during the HBO treatment.

⇩ **Hyperbaric Treatment Times** ⇩

Start Pressure	Time	Reach Pressure	Time	Leave Pressure	Time	End Pressure	Time

Please Record Below Data Every 15 Minutes

Clock Time	Brain O2*	ICP	MAP	Ventilator PIP	MV (actual)	Comments

Record end time of 100% FiO2: After HBO: _____

☐ Highest ICP during TX: _____ Time: _____ ICP monitored by: ☐ EVD ☐ Other (specify):_____

COMMENTS:_____
_____

Completed by: _____ Title: _____

HOBIT Trial – Chamber and Subject Log (Rev. 6)

Form Instructions:

1. Please only use the latest Revision of this form from the HOBIT Website Toolbox.

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3. If additional room is needed for comments, please place these comments on a separate document and upload to WebDCU along with the Chamber and Subject Log.

4. If possible please have only one individual complete this form.

5. Please accurately record treatment (dive) times and all required subject data in the actual clock time.

6. When recording the subject's start and stop times on 100% FiO2, this should show the time Starting 100% O2 in the chamber and the time Stopping 100% after the HBO Treatment or after the NBH O2 stops in the ICU, as applicable.

7. Please note and complete the additional information at bottom of form, i.e., 100% Oxygen times, Highest ICP, and method of monitoring ICP.

8. Please record the name and title of person completing the form.

- Please fully complete each area for the pre-HBO data.

- This is all essential data needed for review.

- Meaning of the form's acronyms.

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Name of Institution: _____   Subject ID: _____   HOBIT Study Arm: _____

Treatment No. _____ of 10   Circle Type of Chamber: Multiplace / Monoplace

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HYPERBARIC VENT SETTINGS - <u>BEFORE</u> starting HBO treatment and while still on <u>BASELINE FiO2</u>

VT: _____   RR: _____   MV: _____   PEEP: _____   PIP: _____   Baseline FiO2: _____

ABG sampled <u>while on the above</u> HBO ventilator settings: PH _____   PCO2 _____   PO2 _____

<u>Symbols</u>: **PIP** (Ventilator - Peak inspiratory pressure) **ICP** (Intracranial Pressure) **Brain O2** (Oxygen level of brain tissue in mmHg) **MAP** (Mean arterial pressure)   **MV** (minute ventilation = Actual VT x RR)   **Asterisk *** (indicates "If available")

* NOTE: Please record the **ACTUAL MV** (Exhaled VT x RR) <u>during</u> the HBO treatment.

⇩ **Hyperbaric Treatment Times** ⇩

Start Pressure	Time	Reach Pressure	Time	Leave Pressure	Time	End Pressure	Time

Please Record Below Data Every 15 Minutes

Clock Time	Brain O2*	ICP	MAP	Ventilator PIP	MV (actual)	Comments

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Record end time of 100% FiO2:   **After HBO:** _____ (if applicable)   **After NBH:** _____ (if applicable)

☐ Highest ICP during TX: _____ Time: _____   ICP monitored by: ☐ EVD ☐ Other (specify):_____

COMMENTS:_____

_____

Completed by: _____   Title: _____

HOBIT Trial – Chamber and Subject Log (Rev. 6)

Form Instructions:

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2. Only use <u>this</u> HOBIT form for recording the HOBIT treatment data and only upload <u>this</u> form to WebDCU. See exception in item # 3.

3. If additional room is needed for comments, please place these comments on a separate document and upload to WebDCU along with the Chamber and Subject Log.

4. If possible please have only one individual complete this form.

5. Please accurately record treatment (dive) times and all required subject data in the actual clock time.

6. When recording the subject's start and stop times on 100% FiO2, this should show the time <u>Starting 100% O2 in the chamber</u> and the time <u>Stopping</u> 100% after the HBO <u>Treatment or after the NBH O2 stops in the ICU</u>, as applicable.

7. Please note and complete the additional information at bottom of form, i.e., 100% Oxygen times, Highest ICP, and method of monitoring ICP.

8. Please record the name and title of person completing the form.

• Please complete all requested data in the lower gray box.

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Name of Institution: _____ Subject ID: _____   HOBIT Study Arm: _____

Treatment No. _____ of 10   Circle Type of Chamber: Multiplace / Monoplace

HYPERBARIC VENT SETTINGS - BEFORE starting HBO treatment and while still on **BASELINE FiO2**

VT: _____   RR: _____   MV: _____   PEEP: _____   PIP: _____   Baseline FiO2: _____

ABG sampled while on the above HBO ventilator settings: PH _____   PCO2 _____   PO2 _____

Symbols: PIP (Ventilator - Peak inspiratory pressure) ICP (Intracranial Pressure) Brain O2 (Oxygen level of brain tissue in mmHg) MAP (Mean arterial pressure) MV (minute ventilation = Actual VT x RR)   Asterisk * (indicates "If available")

* NOTE: Please record the **ACTUAL MV** (Exhaled VT x RR) during the HBO treatment.

⇩ **Hyperbaric Treatment Times** ⇩

Start Pressure	Time	Reach Pressure	Time	Leave Pressure	Time	End Pressure	Time

Please Record Below Data Every 15 Minutes

Clock Time	Brain O2*	ICP	MAP	Ventilator PIP	MV (actual)	Comments

Record end time of 100% FiO2:   **After HBO:** _____ (if applicable)   **After NBH:** _____ (if applicable)

☐   Highest ICP during TX: _____ Time: _____   ICP monitored by: ☐ EVD ☐ Other (specify): _____

COMMENTS: _____

_____

Completed by: _____   Title: _____

HOBIT Subject Dive Log – Rev. 6: Last Updated 8/10/20

Form Instructions:

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3. If additional room is needed for comments, please place these comments on a separate document and upload to WebDCU along with the Chamber and Subject Log.

4. If possible please have only one individual complete this form.

5. Please accurately record treatment (dive) times and all required subject data in the actual clock time.

6. When recording the subject's start and stop times on 100% FiO2, this should show the time **Starting** 100% O2 in the chamber and the time **Stopping** 100% after the HBO Treatment or after the NBH O2 stops in the ICU, as applicable.

7. Please note and complete the additional information at bottom of form, i.e., 100% Oxygen times, Highest ICP, and method of monitoring ICP.

8. Please record the name and title of person completing the form.

- Clearly print the name and title of the person filling out the form.

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Name of Institution: _____   Subject ID: _____   HOBIT Study Arm: _____

Treatment No. _____ of 10   Circle Type of Chamber: Multiplace / Monoplace

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HYPERBARIC VENT SETTINGS - UNDERLINE **BEFORE** starting HBO treatment and while still on **BASELINE FiO2**

VT: _____   RR: _____   MV: _____   PEEP: _____   PIP: _____   Baseline FiO2: _____

ABG sampled while on the above HBO ventilator settings: PH _____   PCO2 _____   PO2 _____

Symbols: PIP (Ventilator - Peak inspiratory pressure) ICP (Intracranial Pressure) Brain O2 (Oxygen level of brain tissue in mmHg) MAP (Mean arterial pressure)   MV (minute ventilation = Actual VT x RR)   Asterisk * (indicates "If available")

* NOTE: Please record the ACTUAL MV (Exhaled VT x RR) during the HBO treatment.

⇓ **Hyperbaric Treatment Times** ⇓

Start Pressure	Time	Reach Pressure	Time	Leave Pressure	Time	End Pressure	Time

Please Record Below Data Every 15 Minutes

Clock Time	Brain O2*	ICP	MAP	Ventilator PIP	MV (actual)	Comments

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Record end time of 100% FiO2:   After HBO: _____

☐   Highest ICP during TX: _____ Time: _____

COMMENTS:_____

_____

Completed by: _____

HOBIT Subject Dive Log – Rev. 6: Last Updated 8/10/20

HOBIT Trial – Chamber and Subject Log (Rev. 6)

Form Instructions:

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2. Only use this HOBIT form for recording the HOBIT treatment data and only upload this form to WebDCU. See exception in item # 3.

3. If additional room is needed for comments, please place these comments on a separate document and upload to WebDCU along with the Chamber and Subject Log.

4. If possible please have only one individual complete this form.

5. Please accurately record treatment (dive) times and all required subject data in the actual clock time.

6. When recording the subject's start and stop times on 100% FiO2, this should show the time Starting 100% O2 in the chamber and the time Stopping 100% after the HBO Treatment or after the NBH O2 stops in the ICU, as applicable.

7. Please note and complete the additional information at bottom of form, i.e., 100% Oxygen times, Highest ICP, and method of monitoring ICP.

8. Please record the name and title of person completing the form.

- **Please note:** Forms can sometimes be very difficult to read when there are multiple corrections, smudges, and scratched over data entries.

- **If the form is hard to read**, please transcribe the data onto a fresh form and upload the clean form into the WebDCU.

- Thank you!

HO$_2$BIT