Chamber and Subject Log

Review of Form Instructions
Updated 8/10/2020



HOBIT Tri	ial – Chambe	er and Sub	oject Log (Rev	v. 6)		Date:	HOBIT Trial – Chamber and Subject Log (Rev. 6)
Name of In	stitution:		_Subject ID: _		HOBIT	Study Arm:	Form Instructions:
Treatment	No	zf10		Circle Type	of Chamber:	Multiplace / Monoplace	
HYPERBAR	RIC VENT SETTIN	NGS - <u>BEFORE</u>	starting HBO tr	reatment and	while still on <u>I</u>	BASELINE FIO2	lease only use the latest Revision of this form from the HOBIT Website Toolbox.
						Baseline FiO2:	 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.
			y pressure) ICP (i			02 (Oxygen level of brain tissue in Asterisk * (indicates "If available")	 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.
1			. MV (Exhaled \			reatment.	If possible please have only one individual complete this form.
Start	Time	Ū H Reach	-Time	Treatme	nt Times	End Time	Please accurately record treatment (dive) times and all required subject data in the actual clock time.
Pressure	Time	Pressure	Time	Pressure	Time	Pressure	actual clock time.
		Please Re	ecord Belov	w Data Ev	ery 15 M	inutes	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
Clock Time	Brain O2*	ICP	MAP	Ventilator PIP	MV (actual)	Comments	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
				•	Plea	se do not make m	nultiple copies of this log to store for
					the	next HOBIT subjec	ct pleting the form.
					tile	neke nobn sabjec	
					It co	uld he several mo	onths before you treat the next subject
					and	there may be a ne	ewer log version in the toolbox.
Record end t	time of 100% Fi	O2: After H	BO:	(if applic	The	most current vers	sion will have the essential elements
☐ High	est ICP during 1	rx: Ti	me:	ICP mon	need	ded for recording.	
g					11000	aca for recording.	



COMMENTS:_

Completed by: __

HOBIT Trial – Chamber and Sub	ject Log (Rev. 6) Date:	HOBIT Trial – Chamber and Subject Log (Rev. 6)	
Name of Institution:	Subject ID: HOBIT Study Arm:	Form Instructions:	
VT: RR: MV: _	Circle Type of Chamber: Multiplace / Message /	Please only use the latest Revision of this form Only use this HOBIT form for recording the HOBIT form to WebDCU. See exception in item # 3.	OBIT treatment data and only upload <u>this</u>
Symbols: PIP (Ventilator - Peak inspirator mmHg) MAP (Mean arterial pressure) N	y pressure) ICP (Intracranial Pressure) Brain O2 (Oxygen level of bra IV (minute ventilation = Actual VT x RR) Asterisk * (indicates "If	document and aplead to webbee diving with	
* NOTE: Please record the <u>ACTUAL</u>	.MV (Exhaled VT x RR) <u>during</u> the HBO treatment.	4. If possible please have only one individual cor	mplete this form.
Start Time Reach Pressure Pressure	Hyperbaric Treatment Times ↓ Time Leave Time End Pressure Pressure	5. Please accurately record treatment (dive) tim actual clock time.	es and all required subject data in the
	ecord Below Data Every 15 Minutes	6. When recording the subject's start and stop t time <u>Starting 100% O2 in the chamber</u> and th	e time Stopping 100% after the HBO
Clock Time Brain 02* ICP	 Only this form should be forms, e.g., checklists et If additional room is need separate page. Please in Subject ID and the Date 	n attachment to F275 Study Therapy e uploaded to WebDCU. Do not upload other	nation at bottom of form, i.e., 100% itoring ICP. Ipleting the form.
Highest ICP during TX:Ti COMMENTS: Completed by:	Only upload the <u>one log</u>	that corresponds to that one HBO TX. d several HBO logs into one treatment day.	НО

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HOBIT Tr	ial – Chambe	er and Sub	bject Log (Rev	. 6)		Date:		HOBIT Trial – Chamber and Subject Log (Rev. 6)	
Name of In	stitution:		_Subject ID:		_ HOBIT S	tudy Arm:		Form Instructions:	
Treatment	Nog	xf.10		Circle Type o	of Chamber: N	Aultiplace / Monoplace			
HYPERBAI	RIC VENT SETTIN	NGS - BEFOR	E starting HBO tre	eatment and	while still on BA	SELINE FIO2		Please only use the latest Revision of this form	from t
VT:	RR:	MV:_	PEEP	:	PIP:	Baseline FiO2:		 Only use this HOBIT form for recording the HO form to WebDCU. See exception in item # 3. 	BIT tre
	,		ry pressure) ICP (I MV (minute ventila			(Oxygen level of brain tissue in erisk * (indicates "If available")		 If additional room is needed for comments, ple document and upload to WebDCU along with t 	
* NOTE:	Please record	the <u>ACTUAI</u>	L MV (Exhaled V	T x RR) <u>durir</u>	ng the HBO tre	atment.		4. If possible please have only one individual com	nplete t
		Ĵ ı	Hyperbaric [*]	Treatmer	nt Times 🌷	ļ		Please accurately record treatment (dive) time	es and a
Start Pressure	Time	Reach Pressure	Time	Leave Pressure	Time	End Time Pressure	:	actual clock time.	
		Please R	ecord Belov	v Data Ev	ery 15 Min	nutes		6. When recording the subject's start and stop tir	
Clock Time	Brain O2*	ICP	MAP	Ventilator PIP	MV (actual)	Comments		time <u>Starting 100% O2 in the chamber</u> and the <u>Treatment or after the NBH O2 stops in the ICU</u>	
							\equiv	Please note and complete the additional inform Oxygen times, Highest ICP, and method of more	
		O2: Afte	filling Use one Web	only on DCU.	lo not h he vent ne log t e ventil Make su	ave one persilator data. To record <u>all data on ator data on an avertal all data on all da</u>	on fill his ha <u>ata</u> . <u>E</u> anoth	out this log as the treatment is taking ling out the HBO data and another per as caused confusion in the past. Example: not recording the HBO data ner log and then upload both (two) log biled into 1 document.	rson a on
Completed	by:				Title:				
	Dive Log – Rev. 6: L								

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.

it this log as the treatment is taking place.



HOBIT Trial – Chamber and Subject Log (Rev. 6) Date:	HOBIT Trial – Chamber and Subject Log (Rev. 6)
Name of Institution: Subject ID: HOBIT Study Arm:	Form Instructions:
Treatment Nogf_10 Circle Type of Chamber: Multiplace / Monoplace	
HYPERBARIC VENT SETTINGS - BEFORE starting HBO treatment and while still on BASELINE FIO2	 Please only use the latest Revision of this form from the HOBIT Website Toolbox.
VT: RR: MV: PEEP: PIP: Baseline FiO2: ABG sampled while on the above HBO ventilator settings: PH PCO2 PO2	 Only use this HOBIT form for recording the HOBIT treatment data and only upload this form to WebDCU. See exception in item # 3.
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")	 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.
* NOTE: Please record the <u>ACTUAL MV</u> (Exhaled VT x RR) <u>during</u> the HBO treatment.	 If possible please have only one individual complete this form.
↓ Hyperbaric Treatment Times ↓ Start Time Reach Time Leave Time End Time	5. Please accurately record treatment (dive) times and all required subject data in the actual clock time.
Pressure Pressure Pressure Pressure Please Record Below Data Every 15 Minutes	 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</u>
Clock Time Brain O2* ICP MAP Ventilator MV Comments	Treatment or after the NBH O2 stops in the ICU, as applicable.
	 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 communic the <u>RT</u> to get <u>actual real-time data</u> for each 15 r Use real-time values. Do not use "ditto" marks or recording the PIP as 22 in every slot or the MV and the marks of the marks of the marks. 	ninute data point (+/- one minute). or just fill in pre-dive numbers. Example :
recording the Fir as 22 in every slot of the liviv a	37.2 III every slot.
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):	П



Completed by: ______ Title: _____

COMMENTS:_

HOBIT Tr	ial – Chambe	er and Sub	ject Log (Rev	. 6)		Date:	
Name of Ir	nstitution:		_Subject ID:		HOBIT	Study Arm:	
Treatment	Nog	t.10	(Circle Type o	f Chamber:	Multiplace / Mo	noplace
VT:	RR:	MV:_			PIP:	BASELINE FIO2 Baseline FIO2:	
mmHg) M	IAP (Mean arteria	I pressure) N		tion = Actual V	(×RR) A	02 (Oxygen level of brain sterisk * (indicates "If a reatment.	
		Ĵ ı	Hyperbaric 1	Freatmen	t Times	Û	
Start Pressure	Time	Reach Pressure	Time	Leave Pressure	Time	End Pressure	Time
		Please R	ecord Belov	v Data Ev	ery 15 M	inutes	
Clock Time	Brain O2*	ICP	MAP	Ventilator PIP	MV (actual)	Comme	nts
		Do	not leav	e data	slots	recorded. blank!	
		•	= MV).				
						: (if applie	
COMMENTS	<u> </u>						

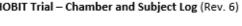
Form Instructions:

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- Only use this HOBIT form for recording the HOBIT treatment data and only upload this form to WebDCU. See exception in item # 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.
- 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</u> <u>Treatment or after the NBH O2 stops in the ICU</u>, as applicable.
- 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 $\frac{\text{actual MV}}{\text{RR}}$ by ($\frac{\text{actual Vt}}{\text{actual NV}}$).

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HODITT'-I Charles and California (Day C)	UODITTI-L Chambana deskia da an
HOBIT Trial – Chamber and Subject Log (Rev. 6) Date:	HOBIT Trial – Chamber and Subject Log
Name of Institution: Subject ID: HOBIT Study Arm:	Form Instructions:
Treatment Nogf_10 Circle Type of Chamber: Multiplace / Monoplace HYPERBARIC VENT SETTINGS - BEFORE starting HBO treatment and while still on BASELINE FIO2	Please only use the latest Revision
VT: RR: MV: PEEP: PIP: Baseline FiO2: ABG sampled while on the above HBO ventilator settings: PH PCO2 PO2	Only use <u>this</u> HOBIT form for recor form to WebDCU. See exception in
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")	If additional room is needed for co document and upload to WebDCU
* NOTE: Please record the <u>ACTUAL MV</u> (Exhaled VT x RR) <u>during</u> the HBO treatment.	4. If possible please have only one in
	5. Please accurately record treatmen
Start Time Reach Time Leave Time End Time Pressure Pressure Pressure	actual clock time.
Rease Record Below Data Every 15 Minutes	When recording the subject's start time <u>Starting 100% O2</u> in the cham
Clock Time Brain O2* ICP MAP Ventilator MV (actual) Comments	Treatment or after the NBH O2 sto
	 Please note and complete the additional c
	Please record the name and title o
Please fully complete each are This is all essential data needed Meaning of the form's acronyn Record end time of 100% FiO2: After HBO: Highest ICP during TX: Time: ICP monitored by: □ EVD □ Other (specify):	a for the pre-HBO data.
Completed by: Title:	



- of this form from the HOBIT Website Toolbox.
- rding the HOBIT treatment data and only upload this in item # 3.
- omments, please place these comments on a separate along with the Chamber and Subject Log.
- dividual complete this form.
- nt (dive) times and all required subject data in the
- and stop times on 100% FiO2, this should show the nber and the time Stopping 100% after the HBO ops in the ICU, as applicable.
- itional information at bottom of form, i.e., 100% ethod of monitoring ICP.
- f person completing the form.



Name of Institution:	DBIT Trial – Chamber and Subject Lorm Instructions: 1. Please only use the latest Revis 2. Only use this HOBIT form for reform to WebDCU. See exception 3. If additional room is needed for document and upload to WebD
Treatment No	Please only use the latest Revis Only use this HOBIT form for reform to WebDCU. See exception If additional room is needed for
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	Only use this HOBIT form for reform to WebDCU. See exception If additional room is needed for
### 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	
Start Time Reach Time Leave Time Pressure Pressure Please Record Below Data Every 15 Minutes Clock Time Brain 02* ICP MAP Ventilator MV (actual) Comments	
Start Time Reach Time Leave Time Pressure Pressure Please Record Below Data Every 15 Minutes Clock Time Brain 02* ICP MAP Ventilator PIP (actual) Comments	4. If possible please have only one
Clock Time Brain 02* ICP MAP Ventilator MV (actual) Comments	Please accurately record treatn actual clock time.
Clock Time Brain O2* ICP MAP PIP (actual)	6. When recording the subject's s time <u>Starting 100% O2 in the cl</u>
	Treatment or after the NBH O2
	Please note and complete the a Oxygen times, Highest ICP, and
	8. Please record the name and tit
Please complete all requested data in	n the lower gray box.
Reserve 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:	

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- 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.
- 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.



HOBIT Trial – Chamber and Subject Log (Rev	v. 6) D	ate:	HOBIT Trial – Chamber and Subject Log (Rev. 6)
Name of Institution: Subject ID:	HOBIT Stu	ıdy Arm:	Form Instructions:
Treatment Noof_10	Circle Type of Chamber: Mu	ultiplace / Monoplace	
HYPERBARIC VENT SETTINGS - BEFORE starting HBO tre	eatment and while still on BAS	ELINE FiO2	Please only use the latest Revision of this form
VT: RR: MV: PEEP ABG sampled while on the above HBO ventilator setting			 Only use this HOBIT form for recording the Hoform to WebDCU. See exception in item # 3.
Symbols: PIP (Ventilator - Peak inspiratory pressure) ICP (I mmHg) MAP (Mean arterial pressure) MV (minute ventila		Oxygen level of brain tissue in isk * (indicates "If available")	 If additional room is needed for comments, p document and upload to WebDCU along with
* NOTE: Please record the <u>ACTUAL MV</u> (Exhaled V	/T x RR) <u>during</u> the HBO trea	tment.	4. If possible please have only one individual con
↓ Hyperbaric	Treatment Times 🌷		Please accurately record treatment (dive) tim
Start Time Reach Time Pressure Pressure	Leave Time Pressure	End Time Pressure	actual clock time.
Please Record Below	v Data Every 15 Minu	ıtes	6. When recording the subject's start and stop t
Clock Time Brain O2* ICP MAP	Ventilator MV PIP (actual)	Comments	time <u>Starting 100% O2 in the chamber</u> and th <u>Treatment or after the NBH O2 stops in the IC</u>
			Please note and complete the additional info Oxygen times, Highest ICP, and method of mo
			8. Please record the name and title of person co
N			-
	 Clearly prir 	nt the name and	I title of the person filling out the form.
Record end time of 100% FiO2: After HBO:(
COMMENTS:			
Completed by:	Title:		

Form Instructions:

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- 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.



Name of In	ial – Chambe nstitution: No g		Subject ID:			Study Arm: Multiplace / Monoplace
VT:		MV:	PEEP:		PIP:	BASELINE FIO2 Baseline FiO2:
mmHg) M		the <u>ACTUAL I</u>	/ (minute ventilat	ion = Actual V T x RR) <u>durir</u>	T×RR) A	п
Start Pressure	Time	Reach Pressure	Time	Leave Pressure	Time	End Time Pressure
		Please Re	cord Below	/ Data Ev	ery 15 M	inutes
					-	accs
Clock Time	Brain O2*	ICP	МАР	Ventilator PIP	MV (actual)	Comments
Clock Time		ICP	МАР			
Clock Time		ICP	MAP			
Clock Time		ICP	МАР			

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- 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.
- <u>Please note:</u> 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!



☐ Highest ICP during TX: _____ Time:

COMMENTS: