



CYCLE Pilot RCT #141 Plate #015

Study
DayPatient ID 1
(site #) (patient #)Patient Initials
F LDate 2 0 1
(dd/mm/yyyy)**DAILY DATA (Form 4.1 of 3)**Day of the week M Tu W Th F Sa Su**1. Advanced life support strategies received today** (check ALL that apply)

- a Airway Access ☐ No ☐ Yes → ☐ Tracheostomy ☐ ETT
- b Mechanical Ventilation ☐ No ☐ Yes → ☐ Invasive mechanical ventilation (e.g. pressure assist control, volume assist control, pressure support) ☐ Non-invasive mechanical ventilation (e.g. BIPAP, CPAP for any duration, e.g., nocturnal)
- c Other Advanced Ventilation (e.g. ECMO, HFO) ☐ No ☐ Yes → (specify) _____
- d Dialysis ☐ No ☐ Yes → ☐ Intermittent (IHD) ☐ Continuous (CRRT) ☐ Peritoneal ☐ Sustained low efficiency (SLED) ☐ Other (specify) _____

2 Drugs (check ALL that apply)

- a Systemic corticosteroid ☐ No ☐ Yes → ☐ Dexamethasone ☐ Methylprednisone ☐ Hydrocortisone ☐ Prednisone ☐ Other (specify) _____
TOTAL DOSE . mg
- b Vasopressors / Inotropes (E.g., Dobutamine, Dopamine, Epinephrine, Milrinone, Norepinephrine, Phenylephrine, Vasopressin, etc.) ☐ No ☐ Yes → ☐ Infusion ☐ Bolus
- c Opiates (E.g., Fentanyl, Remifentanyl, Hydromorphone, Morphine, Oxycodone, Demerol, (Percocet), Codeine (Tylenol #1, 2 or 3), etc.) ☐ No ☐ Yes → ☐ Infusion ☐ Bolus ☐ Other route (specify) _____
- d Benzodiazepines (E.g., Midazolam (Versed), Lorazepam (Ativan), Clonazepam, Diazepam, etc.) ☐ No ☐ Yes → ☐ Infusion ☐ Bolus ☐ Other route (specify) _____
- e Propofol ☐ No ☐ Yes → ☐ Infusion ☐ Bolus
- f Neuromuscular blockers (E.g., Cisatracurium, Rocuronium, Vecuronium, Atracurium, Pancuronium, Succinylcholine, etc.) ☐ No ☐ Yes → ☐ Infusion ☐ Bolus

3. MODS score (record values closest to 0800)

Platelets (platelets/mL*10⁻³) ☐ N/A
HR (BPM) ☐ N/A
Creatinine (μmol/L) ☐ N/A
MAP (mmHg) ☐ N/A
Bilirubin (μmol/L) ☐ N/A
CVP (mmHg) ☐ N/A
PaO₂/FiO₂ ☐ N/A
PaO₂ (mmHg) ☐ N/A
FiO₂ (0.21-1.00) ☐ N/A
***GCS** (3 - 15; *3T-11T) ☐ Not recorded ☐ Check box if receiving sedation/opioids/NMB's when GCS recorded
☐ *Check box if GCS verbal = "T" (T = "1" included in GCS #)

4. RASS and CAM-ICU (RASS and CAM-ICU to be taken at same time and closest to 0800)**4.1 RASS**☐ Not Done ☐ (-) ☐ (0 - 5) ☐ (+)**SAS → RASS Conversion Chart**

SAS	1	2	3	4	5	6	7
RASS	-5	-4	-2	0	1	2	3

4.2 CAM-ICU (a score of ≥ 4 on the "Intensive Care Delirium Screening Checklist" is considered a "Positive" CAM-ICU)☐ Not Done ☐ Negative ☐ Unable to Ax (RASS = -4 or -5) ☐ Positive



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Study
Day

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Patient
ID

		1			
(site #)		(patient #)			

Patient
Initials

F	L

Date

				2	0	1	
(dd/mm/yyyy)							

DAILY DATA (Form 4.2 of 3)**5. Patient highest level of activity TODAY (including therapy sessions)** [see Form 5R, 5C; patient's chart (e.g. OT/PT/nursing notes)]

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(0 - 11)

- 0 - Passively moved by staff (includes passive cycling only)
1 - Any activity in bed, but not moving out of or over edge of bed (includes cycling)
2 - Passively moved to chair (no standing or sitting at edge of bed)
3 - Actively sitting over side of bed with some trunk control (may be assisted)
4 - Standing
5 - Transferring from bed to chair
6 - Marching on the spot (at bedside; ≥ 2 steps/foot)
7 - Walking with assistance of 2 or more people (≥ 5 m)
8 - Walking with assistance of 1 person (≥ 5 m)
9 - Walking independently with gait aid (≥ 5 m)
10 - Walking independently without gait aid (≥ 5 m)
11 - Walking up and down stairs

6. NutritionEnteral Nutrition (EN) ☐ No ☐ Yes → (type) _____24h EN **VOLUME**

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 (ml)Modular Products (MP) ☐ No ☐ Yes →

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 (# pkgs) → (type) _____EN+MP **CALORIES**

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 (kcal)

Comment _____

EN+MP **PROTEIN**

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 (grams)Total Parenteral
Nutrition (TPN)☐ No ☐ Yes24h TPN **VOLUME**

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 (ml)

Dextrose = _____ (g) / mL Amino Acid = _____ (g) / mL Lipid = _____ (g) / mL

TPN **CALORIES**

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 (kcal)

Comment _____

TPN **PROTEIN**

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 (grams)**7. Was routine PT done today?** (from PT Therapy: Worksheet Q1)

- ☐ No, not necessary, weekend or stat. holiday (go to Q8)
☐ No, patient discharged from ICU before 1200pm
☐ No, but routine PT should have been done (check ALL reasons)
☐ Not offered ☐ Patient refused ☐ Cycling prioritized
☐ Other (specify) _____
☐ Yes (For the Monday to Friday routine PT session (**submit Form 5R**))

8. Was cycling done today? (from PT Therapy: Worksheet Q2)

- ☐ No, not necessary, patient randomized to routine PT only (go to Q9)
☐ No, not necessary, weekend or stat. holiday (go to Q9)
☐ No, patient discharged from ICU before 1200pm
☐ No, patient randomized too late in the day
☐ No, patient marched on the spot for 2 consecutive days
☐ No, but cycling should have been done (check ALL reasons)
Therapist not available ☐ Workload ☐ Bike not available ☐ No CYCLE trained PT available
Patient not available ☐ Out of ICU ☐ Family declined ☐ While in ICU (procedure, test, etc.)
Patient declined ☐ Tired ☐ Having a bad day ☐ Non-verbal behaviours indicating disinterest
☐ Other reason patient declined (specify) _____
Other reasons ☐ Other patient activity prioritized (specify) _____
☐ Other (specify) _____
Exemption criteria met ☐ (insert ALL criteria from ALL screening attempts; if #10 occurs multiple times, describe all reason(s))
→ A

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 B

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 C

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 D

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 E

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 F

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(#10 specify) _____

(#10 specify) _____

- ☐ Yes (For the Monday to Friday cycling session (**submit Form 5C**))

9. If today is a weekend or stat. holiday, did the patient receive any physiotherapy?

- ☐ N/A (not weekend or stat. holiday) ☐ No ☐ Yes



CYCLE Pilot RCT #141 Plate #017

Study
Day

Patient ID 1
(site #) (patient #)

Patient Initials
F L

Date 2 0 1
(dd/mm/yyyy)

DAILY DATA (Form 4.3 of 3)

10. Total # of screening attempts for cycling today? (from PT Therapy: Worksheet Q3)

- ☐ N/A (patient randomized to routine PT only, weekend or stat. holiday, patient discharged from ICU before 1200pm)
- (#)

11A. Therapy session duration

(from PT Therapy: Worksheet Q4A)

- ☐ No PT received Session 1 (min)
- ☐ N/A Session 2 (min)
- ☐ N/A Session 3 (min)

11B. Therapy received (check ALL)

(from PT Therapy: Worksheet Q4B)

- ☐ Routine PT
- ☐ Routine PT
- ☐ Routine PT

- ☐ Cycling
- ☐ Cycling
- ☐ Cycling

11C. Safety Events reported

(from PT Therapy: Worksheet Q4C)

- ☐ No ☐ Yes (complete Form 6)
- ☐ No ☐ Yes (complete Form 6)
- ☐ No ☐ Yes (complete Form 6)

12. Patient highest level of activity from ONLY routine PT and cycling therapy sessions (from PT Therapy: Worksheet Q5)

- ☐ No PT received
- (0 - 11)
- 0) Passively moved by staff (includes passive cycling only)
- 1) Any activity in bed, but not moving out of or over edge of bed (includes cycling)
- 2) Passively moved to chair (no standing or sitting at edge of bed)
- 3) Actively sitting over side of bed with some trunk control (may be assisted)
- 4) Standing
- 5) Transferring from bed to chair
- 6) Marching on the spot (at bedside; ≥ 2 steps/foot)
- 7) Walking with assistance of 2 or more people (≥ 5 m)
- 8) Walking with assistance of 1 person (≥ 5 m)
- 9) Walking independently with gait aid (≥ 5 m)
- 10) Walking independently without gait aid (≥ 5 m)
- 11) Walking up and down stairs

13. Did the patient achieve $\geq 3/5$ on the cognitive screening? (from PT Therapy: Worksheet Q6)

- ☐ No PT received
- ☐ Not done, patient unable to follow commands
- ☐ No, continue screening
- ☐ Yes, cognitive screening score $\geq 3/5$ and **not appropriate** for PT ICU awakening Ax (**continue screening**)
- ☐ Yes, cognitive screening score $\geq 3/5$ and **appropriate** for PT ICU awakening Ax (**initiate PT ICU awakening Ax (Form 7)**)
- ☐ Not done, PT ICU awakening Ax in progress/ complete

14. Was data collected for the Variability Sub-Study Form 15 today?

☐ N/A (site not participating in sub-study)

(SJH and OGH only) from PT Therapy: Worksheet Q7

- ☐ N/A, (patient randomized to routine PT only)
- ☐ N/A, (cycling patient) patient has AICD or pacemaker
- ☐ N/A, (cycling patient) no cycling session received (e.g. weekend, stat holiday, only received routine PT activities)
- ☐ No, but should have been done - cycling session received but sub-study data not collected (reason) _____
- ☐ Yes, cycling session received and sub-study data collected (**submit Form 15**)

15. Was the ICU Awakening: Strength and Function Form 7 initiated today?

Ax's initiated after "last study day", select "Yes" on last study day's Daily Data Form 4.3 Q15 and submit Strength and Function Form 7

- ☐ No
- ☐ Yes (**submit Form 7**)

16. Was the IPAT Form 8 initiated today?

Ax's initiated after "last study day", select "Yes" on last study day's Daily Data Form 4.3 Q16 and submit IPAT Form 8

- ☐ No
- ☐ Yes (**submit Form 8**)

17. Last day of study today?

- ☐ No, patient still within study day 28 protocol
- ☐ No, returned to ICU within 72 hours of ICU discharge
- ☐ Yes, patient discharged from the ICU >72 hours, died, or CYCLE Pilot RCT protocol stopped at 28 days (submit Forms 9, 10, 11, 12, 13 and 14)
- ☐ Yes, consent withdrawn for further data collection (submit Form 14)
- Who withdrew consent? (specify)
- ☐ Patient ☐ Legal SDM ☐ Other family member ☐ Physician ☐ Other (specify) _____
- Reason for Withdrawal? (specify) _____