

CRF 1				
<b>0. Informed consent</b>				
Is consent applicable in your centre ? <i>Mandatory unless the centre has an explicit and written exemption from IRB</i>	<input type="radio"/> No  <input type="radio"/> Yes	If yes date of consent:	DD-MMM-YY	
<b>1. Patient Information</b>				
1.1. Year of Birth *		1.2. Weight *	1.3. Height *	
1.4. Clinical Frailty Scale *	1 Very fit	<input type="radio"/>	6 Moderately Frail	
	2 Well	<input type="radio"/>	7 Severely Frail	
	3 Managing well	<input type="radio"/>	8 Very severely Frail	
	4 Vulnerable	<input type="radio"/>	9 Terminally	
	5 Mildly Frail	<input type="radio"/>	10 Don't know	
<b>Previous medical history *</b>				
1.5. Coronary Artery Disease	<input type="radio"/> No	<input type="radio"/> Yes		
1.6. Cerebrovascular Disease	<input type="radio"/> No	<input type="radio"/> Yes		
1.7. Peripheral vascular Disease	<input type="radio"/> No	<input type="radio"/> Yes		
1.8. Atrial fibrillation	<input type="radio"/> No	<input type="radio"/> Yes		
1.9. Heart failure	<input type="radio"/> No	<input type="radio"/> Yes		
1.10. Hypertension	<input type="radio"/> No	<input type="radio"/> Yes		
1.11. Diabetes	<input type="radio"/> No	<input type="radio"/> Insulin dependent	<input type="radio"/> Non-insulin dependent	
1.12. Chronic liver disease	<input type="radio"/> No	<input type="radio"/> Yes		
1.13. Chronic respiratory disease	<input type="radio"/> No	<input type="radio"/> COPD	<input type="radio"/> Other	
1.14. Long-term steroid use	<input type="radio"/> No	<input type="radio"/> Yes		
<b>1.15. Regular medications</b> (tick all that apply, leave blank if not a regular medication)				
ACE inhibitor	If <input type="checkbox"/> yes →	<input type="radio"/> took day of surgery	<input type="radio"/> omitted day of surgery	<input type="radio"/> unknown
Alpha blocker	If <input type="checkbox"/> yes →	<input type="radio"/> took day of surgery	<input type="radio"/> omitted day of surgery	<input type="radio"/> unknown
Angiotensin receptor blocker	If <input type="checkbox"/> yes →	<input type="radio"/> took day of surgery	<input type="radio"/> omitted day of surgery	<input type="radio"/> unknown
Beta blocker	If <input type="checkbox"/> yes →	<input type="radio"/> took day of surgery	<input type="radio"/> omitted day of surgery	<input type="radio"/> unknown
Calcium channel blocker	If <input type="checkbox"/> yes →	<input type="radio"/> took day of surgery	<input type="radio"/> omitted day of surgery	<input type="radio"/> unknown
Diuretic	If <input type="checkbox"/> yes →	<input type="radio"/> took day of surgery	<input type="radio"/> omitted day of surgery	<input type="radio"/> unknown
Regular NSAIDs	If <input type="checkbox"/> yes →	<input type="radio"/> took day of surgery	<input type="radio"/> omitted day of surgery	<input type="radio"/> unknown
<b>Haemodynamics.</b> Leave blank if not available				
Measurements in the past 6 months or at least 12h prior to the operating room, at rest.				
1.16. Systolic:	1.17 Diastolic:	1.18 Heart rate:		
Reading immediately prior to induction of anaesthesia:				
1.19. Systolic:	1.20 Diastolic:	1.21 Heart rate:		
<b>Laboratory.</b> Leave blank if not available, indicate which unit				
1.22. Creatinine:		mg/dl or µmol/L		
1.23. Albumin		g/dL, g/L or µmol/L		
1.24. Haemoglobin		g/dL, g/L or mmol/L		
<b>2. Surgery</b>				
2.1 Reason for surgery *	Infection	<input type="radio"/>		
	Cancer	<input type="radio"/>		

Patient ID: |\_|\_|\_|-|\_|\_|\_|-|\_|\_|\_|

Sex: Male / Female

	Fracture	<input type="radio"/>		
	Bleeding	<input type="radio"/>		
	Other	<input type="radio"/>		
2.2 Surgical procedure * (select single most appropriate)	Breast	<input type="radio"/>	Orthopaedic	<input type="radio"/>
	Gynaecological	<input type="radio"/>	Plastics / Cutaneous	<input type="radio"/>
	Head and neck	<input type="radio"/>	Upper gastro-intestinal	<input type="radio"/>
	Hepato-biliary	<input type="radio"/>	Neurological/spinal	<input type="radio"/>
	Kidney / urological	<input type="radio"/>	Vascular	<input type="radio"/>
	Lower gastro-intestinal	<input type="radio"/>	Other	<input type="radio"/>
	2.3 Severity *	Minor	<input type="radio"/>	
Intermediate		<input type="radio"/>		
Major		<input type="radio"/>		
2.4. ASA-PS: *	ASA 1: Healthy person			<input type="radio"/>
	ASA 2: Mild systemic disease.			<input type="radio"/>
	ASA 3: Severe systemic disease			<input type="radio"/>
	ASA 4 Severe systemic disease that is a constant threat to life.			<input type="radio"/>
	ASA 5 A moribund person who is not expected to survive without the operation.			<input type="radio"/>
2.5. Urgency *	Urgent (includes emergency, expedited, urgent and immediate)			<input type="radio"/>
	Not urgent (includes planned/elective)			<input type="radio"/>

3. Operative				
3.1. Date of anaesthesia induction *	DD-MMM-YY			
3.2. Time of anaesthesia induction *	HH:MM			
3.3. Date of end of surgery *	DD-MMM-YY			
3.4. Time of end of surgery *	HH:MM			
3.5. Estimated blood loss (mL) *	<250 <input type="radio"/>	251-1000 <input type="radio"/>	1001-3000 <input type="radio"/>	>3000 <input type="radio"/>
3.6 /3.7 Lowest intraoperative blood pressure (paired) *	Systolic:		Diastolic:	
3.8. Anaesthesia: * (Tick all that apply)	Volatile			<input type="checkbox"/>
	TIVA			<input type="checkbox"/>
	Sedation without securing airway			<input type="checkbox"/>
	Regional			<input type="checkbox"/>
	Spinal			<input type="checkbox"/>
	Epidural			<input type="checkbox"/>
3.9. Airway *	Endotracheal tube			<input type="radio"/>
	Supraglottic airway			<input type="radio"/>
	O2 facemask or nasal cannula			<input type="radio"/>
3.10. Arterial line *	<input type="radio"/> No		<input type="radio"/> Yes	
3.11. Central venous line *	<input type="radio"/> No		<input type="radio"/> Yes	
3.12. Which Intra-operative vasoactive drugs  [Tick all that apply]	Atropine			<input type="checkbox"/>
	Akrinor® (Cafedrin/Theodrenalin)			<input type="checkbox"/>
	Dobutamine			<input type="checkbox"/>
	Dopamine			<input type="checkbox"/>
	Ephedrine			<input type="checkbox"/>
	Epinephrine (Adrenaline)			<input type="checkbox"/>
	Glycopyrronium			<input type="checkbox"/>
Metaraminol			<input type="checkbox"/>	

Patient ID: |\_|\_|\_|-|\_|\_|\_|-|\_|\_|\_|

Sex: Male / Female

	Milrinone	<input type="checkbox"/>
	Nitrates	<input type="checkbox"/>
	Norepinephrine (Noradrenaline)	<input type="checkbox"/>
	Phenylephrine	<input type="checkbox"/>
	Vasopressin or Terlipressin	<input type="checkbox"/>
3.13. Was the patient receiving a vasopressor infusion prior to anaesthesia? *		<input type="radio"/> No <input type="radio"/> Yes
3.14. Fluids and blood products received during surgery:	Crystalloid	(mL)
	Colloid (starch-gelofusine-albumin)	(mL)
	Packed red blood cells	(mL)
	Fresh frozen plasma	(mL)
	Platelets	(mL)
	Whole blood or autotransfusion	(mL)

**4. Post-operative**

Following the end of surgery (within 24h):

4.1. Did the patient receive enteral vasopressors? (i.e. MIDODRINE) *	<input type="radio"/> No <input type="radio"/> Yes
4.2. Did the patient receive <b>boluses</b> of vasopressors? *	<input type="radio"/> No <input type="radio"/> Yes
4.3. Did the patient receive an <b>infusion</b> of vasopressors? *	<input type="radio"/> No (Stop here) <input type="radio"/> Yes (Continue with 4.3.1 and 4.3.2)
4.3.1. <b>If yes</b> , did the infusion continue or start after 1 hour from the end of surgery?	<input type="radio"/> No <input type="radio"/> <b>Yes</b>
4.3.2. <b>If Yes</b> , Did this infusion start within 24 hours from the end of surgery?	<input type="radio"/> No <input type="radio"/> <b>Yes</b>
<b>If "yes" on 4.3.1 and .4.3.2, complete CRF2</b>	

**5. Outcomes**

5.1. Ventilation: *	<input type="radio"/> No <input type="radio"/> Invasive mechanical ventilation (IMV) <input type="radio"/> Non Invasive Ventilation (NIV)
5.2. Acute Myocardial Infarction *	<input type="radio"/> No <input type="radio"/> Yes
5.3. New onset atrial fibrillation *	<input type="radio"/> No <input type="radio"/> Yes
5.4. New onset other dysrhythmia *	<input type="radio"/> No <input type="radio"/> Yes
5.5. Renal: Highest creatinine (within the first week) postoperatively	mg/dl or µmol/L indicate which unit
5.6. Renal replacement therapy *	<input type="radio"/> No <input type="radio"/> Yes
5.7. Parenteral nutrition *	<input type="radio"/> No <input type="radio"/> Yes
5.8. Antibiotics for a newly diagnosed infection *	<input type="radio"/> No <input type="radio"/> Yes (complete ↓) <input type="radio"/> Unknown
	<input type="radio"/> Skin or soft tissue <input type="radio"/> Abdominal
	<input type="radio"/> Respiratory <input type="radio"/> Lines
	<input type="radio"/> Urinary <input type="radio"/> Other
5.9. Accordion classification of surgical complication *	<input type="radio"/> None
	<input type="radio"/> Mild complication
	<input type="radio"/> Moderate complication
	<input type="radio"/> Severe complication



		<input type="radio"/> Death
5.10. Date of hospital discharge or date of intrahospital death: *		DD-MMM-YY
5.11. Stayed an inpatient for more than 30 days? *	<input type="radio"/> No	<input type="radio"/> Yes

### Clinical Frailty Scale\*



**1 Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



**2 Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.



**3 Managing Well** – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.



**4 Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being “slowed up”, and/or being tired during the day.



**5 Mildly Frail** – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



**6 Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.



**7 Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



**8 Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



**9. Terminally Ill** - Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.

#### Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

\* 1. Canadian Study on Health & Aging, Revised 2008.  
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

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### 2.3. Severity of surgery:

**Minor:** Procedure < 30 minutes. Examples: arthroscopy without intervention, removal of cutaneous tumour, proctology procedures, biopsy or excision biopsy of small lesions, etc

**Intermediate:** Procedure performed in a dedicated operating room that may pose the risk of significant complications or tissue injury. Examples: laparoscopic cholecystectomy, arthroscopy with intervention, bilateral varicose vein removal, tonsillectomy, inguinal hernia repair, breast lump resection, haemorrhoidectomy, appendectomy, partial thyroidectomy, cataract surgery, uvuloplasty, minimally invasive repair of vaginal prolapse, vaginal hysterectomy, fixation of mandibular fracture, etc

**Major:** Performed in a dedicated operating room and is expected to last more than 90 minutes. Examples: major gut resection, major joint replacement, mastectomy, extensive head and neck tumour resection, abdominal aortic aneurysm repair, major vascular bypass procedure, procedures involving free flap to repair tissue defect, amputation, total thyroidectomy, cystectomy, trans-urethral resection of prostate, resection of liver tumour, carotid endarterectomy, nephrectomy, total abdominal hysterectomy, spinal discectomy, etc

**CRF 2**

**Postoperative vasopressor infusion**

6.1. Did this patient have an <b>infusion</b> of vasopressors that was either started or continued at least 1 hour after surgery: *	<input type="radio"/> No <small>(If 'No' then please do not complete any further)</small>	<input type="radio"/> Yes
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At one hour after the completion of surgery, is the patient:

6.2. Receiving continuous infusion of neuraxial anaesthesia/analgesia i.e. epidural infusion *	<input type="radio"/> No	<input type="radio"/> Yes
6.3. Still receiving a sedative infusion *	<input type="radio"/> No	<input type="radio"/> Yes
6.4. Still has an airway in place (endotracheal tube, tracheostomy or supraglottic airway) *	<input type="radio"/> No	<input type="radio"/> Yes

6.5. How was it assessed that this patient should receive a vasopressor infusion? \*

	<input type="radio"/> Already receiving a vasopressor infusion and attempts to lower the infusion rate produced unacceptable hypotension, OR
	<input type="radio"/> It was decided that the patient would no longer benefit from further attempts to increase the cardiac output through administration of IV fluids and the blood pressure was unacceptably low. This was on the basis of:
	<input type="radio"/> A. Clinical assessment alone (vital signs-examination-lab results)
	<input type="radio"/> B. Clinical assessment AND a measurement of preload responsiveness using cardiac output monitoring (or some direct surrogate of)
	<input type="radio"/> C. Clinical assessment AND a measurement of preload responsiveness using echocardiography
	<input type="radio"/> D. Clinical assessment AND a previously established maximum for IV fluid administration has been met i.e. 2L or 20ml/kg etc...
<input type="radio"/> E. other:	

7.1. SOFA score within 24 hours after surgery * [0-24]	(Use FAQ as required) To calculate SOFA score: <a href="https://clincalc.com/IcuMortality/SOFA.aspx">https://clincalc.com/IcuMortality/SOFA.aspx</a>
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7.2 - 7.8 MAP target (complete only if MAP is specified)

	Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
MAP							

7.10 – 7.16 **HIGHEST** blood pressure for each day (paired)  
On Postoperative unit/ICU only. Leave blank if not available.

	Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
Systolic							
Diastolic							



Patient ID: |\_|\_|\_|-|\_|\_|\_|-|\_|\_|\_|

Sex: Male / Female

7.18 – 7.24 <b>LOWEST</b> blood pressure during the day (paired) On Postoperative unit/ICU only. Leave blank if not available.							
	Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
Systolic							
Diastolic							

7.26 – 7.32 <b>Vasoactive drug infusion, tick if applicable</b>							
	Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
Noradrenaline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angiotensin II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dobutamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dopamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epinephrine (Adrenaline)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metaraminol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milrinone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phenylephrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terlipressin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vasopressin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total number of days: *	
7.33. receipt of ventilation (invasive or NIV)	
7.34. receipt of vasopressor infusion	
7.35. receipt of parenteral nutrition	
7.36. receipt of renal replacement therapy	
7.37. duration of stay in ICU/postoperative unit	

COVID		
7.38. Did the patient have any testing for SARS-CoV2? *	<input type="radio"/> No	<input type="radio"/> Yes <b>If yes, answer below</b>
7.38.1. <b>If Yes</b> - did the patient test positive in the perioperative period?	<input type="radio"/> No	<input type="radio"/> Yes



For any queries – please refer to the FAQ.  
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