Site name: Click or tap here to enter text.
Patient UR: Click or tap here to enter text.
Study ID: Click or tap here to enter text.

ED DROWNING -SCREENING FORM

Form 1. Inclusion criteria

1.1 ED presentation date and time	Click or tap here to enter text. Time: Click or tap here to enter text.
1.2 Presenting complaint (contains the terms)	☐ Drowning ☐ Near drowning ☐ Immersion ☐ Other (specify)
1.3 ED visit reason is coded for:	☐ ED visit reason is coded for immersion ☐ ED diagnosis codes of drowning, submersion and immersion (SNOMED for ieMR data) ☐ ED diagnosis code for EDIS (ICD-10)
1.4 ED diagnosis code	Click or tap here to enter text.
1.5 Keyword search:	Location: Choose an item. Event: Choose an item. Activity: Choose an item. **OR** keyword: Click or tap here to enter text.
1.6 Cervical spine injury-keyword search	Location: Choose an item. Event: Choose an item. Activity: Choose an item. **OR** keyword: Click or tap here to enter text.

ED DROWNING – Case Report Form

Form 2. Patient Information

Core data

Data collection date: Click or tap here to enter text.	Data collected by: Click or tap here to enter text.	DATA
Hospital: Choose an item.		
2.1 Patient ID	Click or tap here to enter text.	CORE
2.2 Sex	Sex: MALE ☐ FEMALE ☐ NOT IDENTIFIED ☐	CORE
2.3 Age	DOB: Click or tap here to enter text. Age: Click or tap here to enter text.	CORE
2.4.1 Incident date + time	Date: Click or tap here to enter text. Time: Click or tap here to enter text.	CORE
2.4.2 Incident postcode + location	Postcode: Click or tap here to enter text. Location: Click or tap here to enter text.	ADD
2.4.3 Residential postcode	Postcode: Click or tap here to enter text.	ADD
2.4.4 Activity at time of event	Choose an item. Other: Click or tap here to enter text.	ADD
2.4.5 Mechanism	Choose an item. Other: Click or tap here to enter text.	ADD
2.5 Precipitating event (more than one add free text)	Choose an item. Other: Click or tap here to enter text.	CORE
2.6 Face submerged	Choose an item.	CORE
2.7 Pre-existing illness	Choose an item. Specify: Click or tap here to enter text.	CORE
2.8 Born in Australia?	Choose an item.	ADD
2.9 Eligible for Medicare?	Choose an item.	ADD
2.10 Overseas visitor/migrant?	Choose an item.	ADD

ED Drowning – Screening and Case Report Form

Site name: Click or tap here to enter text.
Patient UR: Click or tap here to enter text.
Study ID: Click or tap here to enter text.

Form 3. Scene information

Core data

3.1 Water temperature	Choose an item. Water temp: Click or tap here to enter text.	CORE
3.2 Drowning witnessed?	Choose an item.	CORE
3.3 Bystander CPR	Choose an item.	CORE
3.4 CPR method	Choose an item.	SUPP
3.5 Bystander ventilation	Choose an item.	CORE
3.6 Trained first responder-provide CPR or ventilation only?	CPR: Choose an item. Ventilation only: Choose an item. ☐ N/R	CORE
3.7 Vital signs at first trained responder/EMS assessment	Response: AVPU Choose an item. **OR** GCS: Choose an item. Normal breathing: Choose an item. Pulse: Choose an item.	CORE
3.8 AED use	AED used: Choose an item. AED discharged?: Choose an item. No. AED discharges (if known): Click or tap here to enter text.	ADD
3.9 Initial cardiac rhythm (monitored/ECG)	Rhythm: Choose an item. Other: Click or tap here to enter text.	CORE

Supplementary data

3.10 Initial vital signs (on scene non-EMS)	Heart rate (bpm): Click or tap here to enter text. Respiratory rate (brpm):Click or tap here to enter text. Systolic BP (mmHg): Click or tap here to enter text. Diastolic BP (mmHg): Click or tap here to enter text. Temperature (degrees Celsius): Click or tap here to enter text. Oxygen saturation (SpO_2): Click or tap here to enter text. Supplemental oxygen: Choose an item. ☐ MISS ☐ ERROR ☐ N/R	SUPP
3.11 Initial chest exam	Choose an item.	SUPP
3.12 Type of fluid	Choose an item. Other: Click or tap here to enter text.	SUPP

3.13 Body of water	Choose an item. Other: Click or tap here to enter text.	SUPP

Form 4. Pre-EMS Scene information

Core data

4.1 Level of training	Choose an item. Other: Click or tap here to enter text.	CORE
4.2 Interventions used	Choose an item. Other: Click or tap here to enter text.	CORE

Supplementary data

4.3 Cervical spine immobilisation	Choose an item.	ADD
4.4 Rescuer CPR/patient care and rescue	Rescuer CPR? Choose an item. Was person performing CPR/patient care the same person who performed the water rescue? Choose an item.	SUPP
4.5 Number of lifeguards or first responders attending the patient	Click or tap here to enter text.	SUPP
4.6 Water conditions	Choose an item. Specify: Click or tap here to enter text.	SUPP
4.7 Method of rescue from water	Who removed the victim? Choose an item. How was the victim removed? Choose an item. Other specify:Click or tap here to enter text.	SUPP
4.8 Time CPR ceased	Click or tap here to enter text.	ADD
4.9 CPR outcome	Choose an item.	ADD

Form 5. Time points from First responder/EMS data

Core data

5.1 Time face/airway seen underwater	Hours: minutes: Click or tap here to enter text. **OR** Unknown: ☐	CORE
5.2 Time call was placed with EMS	Hours: minutes: Click or tap here to enter text. **OR** Unknown: ☐	ADD

5.3 Time victim removed from water	Hours: minutes: Click or tap here to enter text. **OR** Unknown: ☐	CORE
5.4 Time of first trained responder/EMS treatment	Hours: minutes: Click or tap here to enter text. **OR** Unknown: ☐	CORE
5.5 Time CPR first begun	Hours: minutes: Click or tap here to enter text. **OR** Unknown: ☐	CORE
5.6 Time ROSC was achieved	Hours: minutes: Click or tap here to enter text. **OR** Unknown: ☐	CORE
5.7 Time first conscious/awake	Hours: minutes: Click or tap here to enter text. **OR** Unknown: ☐	CORE
5.8 Submersion duration (face underwater) *Time from underwater/EMS call time to first EMS Tx or CPR	*Minutes: Click or tap here to enter text. **OR** Unknown: ☐	CORE
5.9 Cervical spinal precautions (initiated by EMS)	Initiated by EMS: Choose an item. Method: Choose an item.	ADD

Form 6. EMS

Additional data

6.1 Paramedic level	Choose an item. Specify:Click or tap here to enter text.	ADD
6.2 CPR (by EMS)	Choose an item.	ADD
6.3 Airway support	Choose an item.	ADD
6.4 Ventilation support	Choose an item.	ADD
6.5 Circulatory support	Choose an item.	ADD
6.6 Cervical spine immobilisation	Choose an item.	ADD
6.7 Cyanosis	Choose an item.	ADD
6.8 SOB/IWOB?	Choose an item.	ADD
6.9 Initial patient response	Choose an item.	ADD

6.10 Initial heart rate (bpm)	Click or tap here to enter text. **OR** ☐ N/R	ADD
6.11 Initial respiratory rate (brpm)	Click or tap here to enter text. **OR** ☐ N/R	ADD
6.12 Initial systolic BP (mmHg)	Click or tap here to enter text. **OR** ☐ N/R	ADD
6.13 Initial diastolic BP (mmHg)	Click or tap here to enter text. **OR** ☐ N/R	ADD
6.14 Initial MAP (mmHg)	Click or tap here to enter text. **OR** ☐ N/R	ADD
6.15 Initial $Sp0_2$ (%)	Click or tap here to enter text. **OR** ☐ N/R	ADD
6.16 Initial $Fi0_2$ (%)	Click or tap here to enter text. **OR** ☐ N/R	ADD
6.17 Initial Temperature (degrees Celsius)	Click or tap here to enter text. **OR** ☐ N/R	ADD
6.18 EMS chest exam	Choose an item. Specify (if two): Click or tap here to enter text.	ADD
6.19 Patient response at time of ED H/O	Choose an item.	ADD
6.20 HR at ED H/O (bpm)	Click or tap here to enter text. **OR** ☐ N/R	ADD
6.21 RR at ED H/O (brpm)	Click or tap here to enter text. **OR** ☐ N/R	ADD
6.22 Systolic BP at ED H/O (mmHg)	Click or tap here to enter text. **OR** ☐ N/R	ADD
6.23 Diastolic BP at ED H/O (mmHg)	Click or tap here to enter text. **OR** ☐ N/R	ADD
6.24 $Sp0_2$ at ED H/O (%)	Click or tap here to enter text. **OR** ☐ N/R	ADD
6.25 $Fi0_2$ at ED H/O (%)	Click or tap here to enter text. **OR** ☐ N/R	ADD
6.26 Temp at ED H/O (degrees Celsius)	Click or tap here to enter text. **OR** ☐ N/R	ADD
6.27 BSL (mmol/L)	Click or tap here to enter text. **OR** ☐ N/R	ADD
6.28 Medications administered by EMS	Steroids: Choose an item. Sedation/agitation: Choose an item. Diuretics: Choose an item.	ADD

	Cardiac medications: Choose an item. RSI: Choose an item. Other (specify type): Click or tap here to enter text.	
6.29 IVT Fluid administered by EMS	Bolus: Choose an item. Bolus volume (total): Click or tap here to enter text.	ADD

Form 7. Emergency Department

Additional data

7.1 ED Arrival date	Click or tap here to enter text.	CORE
7.2 ED Arrival time (hrs:mins)	Click or tap here to enter text.	CORE
7.3 Triage category	Choose an item.	ADD
7.4 Single or multiple patients	Choose an item.	ADD
7.5 ED disposition	Choose an item. Other (specify):Click or tap here to enter text.	ADD
7.6 Date of ED D/C	Click or tap here to enter text. **OR** ☐ N/R	ADD
7.7 Time of ED D/C	Click or tap here to enter text. **OR** ☐ N/R	ADD
7.8 D/C destination from ED	Choose an item. Other (specify): Click or tap here to enter text.	ADD
7.9 CPR on ED arrival?	Choose an item.	CORE
7.10 Time CPR ceased in ED (mins)	Click or tap here to enter text.	SUPP
7.11 Outcome of CPR	Choose an item.	SUPP
7.12 Number of defibrillations	Click or tap here to enter text. **OR** ☐ N/R	SUPP
7.13 First ED temp (degrees Celsius)	Click or tap here to enter text.	CORE
7.14 First ED HR (bpm)	Click or tap here to enter text.	CORE
7.15 First ED Systolic BP (mmHg)	Click or tap here to enter text.	CORE
7.16 First ED Diastolic BP (mmHg)	Click or tap here to enter text.	CORE
7.17 First ED MAP (mmHg)	Click or tap here to enter text.	CORE

7.18 First ED Spontaneous RR (brpm)	Click or tap here to enter text.	CORE
7.19 First ED $Sp0_2$ (%)	Click or tap here to enter text.	CORE
7.20 Initial $Fi0_2$ (%)	Click or tap here to enter text.	ADD
7.21 First ED cardiac rhythm	Choose an item. Specify: Click or tap here to enter text.	CORE
7.22 First ED AVPU assessment	Choose an item.	CORE
7.23 First ED GCS	Choose an item.	CORE
7.24 Initial patient response	Choose an item.	ADD
7.25 ED chest exam	Choose an item.	ADD
7.26 ED CXR/ CT chest	Choose an item. Specify: Click or tap here to enter text.	CORE
7.27 First ED blood gas	Choose an item.	CORE
7.28 pH	Click or tap here to enter text.	CORE
7.29 $P0_2$ (mmHg)	Click or tap here to enter text.	CORE
7.30 $PC0_2$ (mmHg)	Click or tap here to enter text.	CORE
7.31 $HC0_3^-$ (mEq/l)	Click or tap here to enter text.	ADD
7.32 Base excess (mmol/L)	Click or tap here to enter text.	CORE
7.33 Lactate (mmol/L)	Click or tap here to enter text.	SUPP
7.34 Na^+ (mmol/L)	Click or tap here to enter text.	ADD
7.35 K^+ (mmol/L)	Click or tap here to enter text.	SUPP
7.36 BAL (mEq/L)	Click or tap here to enter text.	SUPP
7.37 Prior substance abuse	Choose an item.	SUPP
7.38 Initial ECG	Choose an item. Specify: Click or tap here to enter text.	CORE
7.39 Medication administered in ED	Antibiotics: Choose an item. Steroids: Choose an item. Sedation/agitation: Choose an item. Diuretics: Choose an item.	ADD

	RSI: Choose an item. Cardiac medications: Choose an item. Other (specify): Click or tap here to enter text.	
7.40 IVT Fluids administered in ED	Choose an item. Total volume (bolus) in ED: Click or tap here to enter text.	ADD
7.41 Ventilation in ED	Choose an item.	CORE
7.42 Airway support in ED	Choose an item.	CORE
7.43 ICU review in ED?	Choose an item.	ADD
7.44 Allied health consultation in ED?	Choose an item. Type of review or examination: Click or tap here to enter text.	ADD

Form 8. Hospital course

Core data

8.1 Hospital ward admission	Date: Click or tap here to enter text. Time: Click or tap here to enter text.	CORE
8.2 Time CPR ceased in ICU	Date: Click or tap here to enter text. Time: Click or tap here to enter text. N/R: ☐	CORE
8.3 Duration of CPR	Minutes: Click or tap here to enter text.	CORE
8.4 First vital signs after admission to ward	Heart rate (bpm): Click or tap here to enter text. RR (brpm): Click or tap here to enter text. Systolic BP (mmHg): Click or tap here to enter text. Diastolic BP (mmHg): Click or tap here to enter text. MAP: Click or tap here to enter text. Temperature (degrees Celsius): Click or tap here to enter text. Oxygen saturation (SpO_2): Click or tap here to enter text. FiO_2: Click or tap here to enter text. Supplemental oxygen: Choose an item. ☐ MISS ☐ ERROR ☐ N/R	CORE

8.5 First cardiac rhythm	Rhythm: Choose an item. Other: Click or tap here to enter text.	CORE
8.6 Initial neurological status	AVPU: Choose an item. **OR** GCS: Choose an item. **OR** ☐ N/R	CORE
8.7 BSL (mmol/L)	Click or tap here to enter text.	ADD
8.8 Arterial blood gas analysis	pH: Click or tap here to enter text. PaO_2: Click or tap here to enter text. $PaCO_2$: Click or tap here to enter text. Base deficit: Click or tap here to enter text. HCO_3^-: Click or tap here to enter text. ☐ N/R	CORE
8.9 Venous blood gas analysis	pH: Click or tap here to enter text. PvO_2: Click or tap here to enter text. $PvCO_2$: Click or tap here to enter text. Base deficit: Click or tap here to enter text. HCO_3^-: Click or tap here to enter text. ☐ N/R	ADD
8.10 Serum lactate (mmol/L)	Initial: Click or tap here to enter text. Highest: Click or tap here to enter text. Date first measured < 2 mmol/L: Click or tap to enter a date. ☐ N/R	ADD
8.11 Pulmonary oedema	Bilateral lung opacities present on CXR < 24hrs: Choose an item.	CORE
8.12 ARDS	Choose an item.	CORE
8.13 Ventilation requirements	Choose an item.	CORE
8.14 Airway support	Choose an item.	CORE
8.15 Induced hypothermia	Choose an item.	CORE

8.16 Targeted temperature management	Choose an item.	CORE
8.17 Core temperature (degrees Celsius)	Highest: Click or tap here to enter text. Lowest: Click or tap here to enter text. ☐ N/R	CORE
8.18 Serum sodium	Initial: Click or tap here to enter text. **OR** ☐ N/R Highest: Click or tap here to enter text. Lowest: Click or tap here to enter text.	ADD
8.19 Serum potassium (mEq/L)	Initial: Click or tap here to enter text. **OR** ☐ N/R Highest: Click or tap here to enter text. Lowest: Click or tap here to enter text.	ADD
8.20 Serum glucose	Initial: Click or tap here to enter text. **OR** ☐ N/R Highest: Click or tap here to enter text. Lowest: Click or tap here to enter text. Was normoglycaemic maintained: Choose an item.	CORE
8.21 Hypotension	Did the patient have 2 documented episodes of BP<90mmHg for adults and age adjusted for children? Choose an item. **OR** ☐ N/R	CORE
8.22 Medications administered as inpatient	Antibiotics: Choose an item. Steroids: Choose an item. Sedation/agitation: Choose an item. Diuretics: Choose an item. Cardiac medications: Choose an item. RSI: Choose an item. Other (specify type): Click or tap here to enter text.	ADD
8.23 Circulatory support	Vasopressor infusion commenced? Choose an item. Inotrope infusion commenced? Choose an item. **OR** ☐ N/R	CORE
8.24 IVT Fluids administered as inpatient	Choose an item.	ADD

	Total volume (bolus) as inpatient: Click or tap here to enter text.	
8.25 ECMO/CPB	Was patient treated with ECMO or CPB? Choose an item. **OR** ☐ N/R	CORE
8.26.1 Neurological function	Best GCS during hospitalisation: Choose an item. **OR** ☐ N/R	CORE
8.26.2 Cervical Spine Imaging	X-ray: Choose an item. CT scan: Choose an item. MRI scan: Choose an item.	ADD
8.26.3 Cervical Spine Injury (CSI)	Did radiological imaging report CSI: Choose an item. CSI reported: Click or tap here to enter text.	ADD
8.27 In-hospital resuscitation	In hospital cardiac arrest requiring CPR? Choose an item.	CORE
8.28 Complicating illness of drowning	Check all that apply: Acute respiratory distress syndrome: ☐ Pneumothorax: ☐ Pneumonia: ☐ Disseminated intravascular coagulation: ☐ Pancreatitis: ☐ Acute kidney injury: ☐ Shock: ☐ Multiple system organ failure: ☐ Sepsis: ☐ Electrolyte disturbance: ☐ Glucose disturbance: ☐ Nil recorded: ☐ Other: ☐ Specify: Click or tap here to enter text. Unknown: ☐ MISS: ☐ ERROR: ☐ N/R: ☐	CORE

Supplementary data

8.29 Oxygenation (PaO_2)	Highest PaO_2 < 96hrs of ROSC: Click or tap here to enter text. **OR** ☐ N/R Lowest PaO_2 < 96hrs of ROSC: Click or tap here to enter text.	SUPP

8.30 Neurological function tests	Does patient have neuromonitoring/neuroimaging or biomarker measurement? Choose an item. CT - Choose an item. MRI - Choose an item. EEG -Choose an item. Evoked potential - Choose an item. ICP monitoring - Choose an item. Microdialysis - Choose an item. Tissue oxygen monitoring/serum biomarkers - Choose an item.	SUPP
8.31 Other investigations/interventions (conducted as inpatient)	Investigation: Click or tap here to enter text. Interventions: Click or tap here to enter text.	ADD
8.32 Inpatient Allied health consultation	Choose an item. Type of review or examination: Click or tap here to enter text. Multiple reviews (list examination type): Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.	ADD

Form 9. Disposition

Core data

9.1 Date of hospital discharge	Click or tap here to enter text.	CORE
9.2 Time of hospital discharge	Click or tap here to enter text.	ADD
9.3 Survival to hospital discharge	Choose an item.	CORE
9.4 Status at hospital discharge	Choose an item.	ADD
9.5 Hospital discharge destination	Choose an item.	ADD
9.6 Cause of death, if did not survive	Choose an item. Other: Click or tap here to enter text.	CORE

9.7 Neurological outcomes at discharge (if survived)	CPC score: Click or tap here to enter text. **OR** ☐ N/R **OR** Modified Rankin Score: Click or tap here to enter text. **OR** Age appropriate validated scoring system (specify) Click or tap here to enter text.	CORE

Supplementary data

A. If patient died in hospital		
9.8 How did patient die?	Choose an item.	SUPP
9.9 Was an autopsy performed?	Choose an item.	SUPP
9.10 Channelopathy evaluation?	Choose an item.	SUPP
B. If patient survived to hospital discharge:		
9.11 Neurological and QoL outcomes 6 months after hospital discharge?	CPC score: Click or tap here to enter text. **OR** Modified Rankin Score: Click or tap here to enter text. MISS: ☐ ERROR: ☐ N/R: ☐	SUPP

Form 10. Quality of resuscitation factors

Core data

10.1 Method of administering ventilation	Equipment used: Choose an item.	CORE

Supplementary data

10.2 Ventilation rate	Breaths per minute: Click or tap here to enter text. **OR** Unknown: ☐ **OR** N/R: ☐	SUPP
10.3 Chest compression rate	Rate/min: Click or tap here to enter text. **OR** Unknown: ☐ **OR** N/R: ☐	SUPP
10.4 Chest compression fraction	Proportion of time doing chest compressions/minute: Percent: ☐ Click or tap here to enter text. **OR** Proportion: ☐ Click or tap here to enter text.	SUPP

	OR Unknown: ☐ **OR** N/R: ☐	
10.5 Chest compression depth (cm/mm)	Measured: cm: ☐ Click or tap here to enter text. **OR** mm: ☐ Click or tap here to enter text. **OR** Unknown: ☐ **OR** N/R: ☐	SUPP
10.6 Preshock pause interval	Time between last compression and shock Seconds: ☐ Click or tap here to enter text. **OR** Unknown: ☐ **OR** N/R: ☐	SUPP

Form 11. Oxygenation and ventilation strategies

Additional data

11.1 Mode of oxygenation	Choose an item. NP/Hudson/NBM O_2 Litres/min: Click or tap here to enter text.	ADD
11.2 Date and time oxygenation commenced	Click or tap here to enter text. Time: Click or tap here to enter text. MISS: ☐ ERROR: ☐ N/R: ☐	ADD
11.3 Type of ventilation	Choose an item.	ADD
11.4 Ventilation mode	Choose an item.	ADD
11.5 Adverse events	Choose an item.	ADD
11.6 High Flow Nasal Prong (HFNP) duration	Date commenced: Click or tap here to enter text. Time: Click or tap here to enter text. Date ceased: Click or tap here to enter text. Time: Click or tap here to enter text. Reason for weaning/ceased HFNP: Click or tap here to enter text. Pt weight (kg): Click or tap here to enter text. MISS: ☐ ERROR: ☐ N/R: ☐	ADD
11.7 NIV duration	Date of commencement: Click or tap to enter a date. Time of commencement: Click or tap here to enter text.	ADD

	Date NIV ceased: Click or tap to enter a date. Time NIV ceased: Click or tap here to enter text. Outcome of NIV: Choose an item. Other: Click or tap here to enter text. MISS: ☐ ERROR: ☐ N/R: ☐	
11.8 MV duration	Date of commencement: Click or tap to enter a date. Time of commencement: Click or tap here to enter text. Date MV ceased: Click or tap to enter a date. Time MV ceased: Click or tap here to enter text. Outcome of MV: Choose an item. Other: Click or tap here to enter text. MISS: ☐ ERROR: ☐ N/R: ☐	ADD

11.9 Ventilation support/observations (Additional form)

Date: Click or tap here to enter text. Pt weight (kg): Click or tap here to enter text.

PATIENT LOCATION:												
Supplemental O2/HFNP observations												
Time												
Temp (HF)												
Flow rate (L/min)												
Fi02 (%)												
Pt temp												
HR (bpm)												
RR												
SBP (mmHg)												
DBP (mmHg)												
MAP (mmHg)												
SpO_2 (%)												
EW (Q-ADDS score)												
NIV observations												
Time												
Mode (CPAP/BiPAP)												
IPAP (cm H_20)												
EPAP (cm H_20)												
PS (cm H_20)												
Leak (L/min)												
Vt (mL)												
MV (L/min)												
PIP (cm H_20)												
Fi02 (%)												
Temperature												
HR (bpm)												
RR												
SBP (mmHg)												
DBP (mmHg)												
MAP (mmHg)												
SpO2 (%)												
AVPU												

ED Drowning – Screening and Case Report Form

Site name: Click or tap here to enter text.
Patient UR: Click or tap here to enter text.
Study ID: Click or tap here to enter text.

EW (Q-ADDS score)												
MV settings												
Mode (PSIMV/SIMV/CMV/PCV)												
Vt (mL)												
RR												
Pmax (cm H_20)												
MV (L/min)												
Ppeak (cm H_20)												
Pplateau (cm H_20)												
PEEP (cm H_20)												
PS (cm H_20)												
I:E ratio												
Fi02 (%)												
ETT size												
ETT cm at teeth/lips												
ETT cuff pressure (cmH_20)												
MV observations												
Time												
Mode												
Vt (mL)												
MV (L/min)												
Ppeak (cm H_20)												
Pplateau (cm H_20)												
PEEP (cm H_20)												
PS (cm H_20)												
I:E ratio												
Fi02 (%)												
$ETCO_2$ (mmHg)												
Temperature												
HR (bpm)												
RR												
SBP (mmHg)												
DBP (mmHg)												
MAP (mmHg)												
$Sp0_2$ (%)												
Air entry (L-R)												
EW (Q-ADDS score)												