GENERATOR Intraoperative CRF

version 1.6 dd 04-09-2024 **Confidential** 

# The GENERATOR Trial

# INTRAOPERATIVE CASE REPORT FORM

Driving Pressure During General Anesthesia For Minimally Invasive Abdominal Surgery

P	atient Identification Number:   _ _ _ _						
D	ay of Surgery ( <i>dd-mm-yy)</i> :   _ - _ - _						
.ocal Investiga	tor 1 or 2 (preoperative)						
ocal Investigator 1 (intraoperative)							
ocal Investigator 2 (postoperative)							

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Print and store pre- and intraoperative CRF separately from postoperative CRF

	Intraoperative										
1. Anesthetic overview											
Predicted bodyweight:  _ _ , _  kg For calculation see preoperative CRF page 4 or preoperative eCRF  Tidal Volume:  _  ml Tidal volume = 8 x predicted bodyweight. For automatic calculation see preoperative eCRF.											
Start of anesthesia             (hh:mm) End of anesthesia i.e. time of induction End of anesthesia i.e. time of extubation mechanical ventilation			. time of extubation or		hh:mm) peration room in case	e patient remains on	Body	temperature at end of	surgery >35.0°	С	]Yes □No
Maintenance of anesthe	esia	□Volatil	e □TIVA (t	otal intravenous	anesthesia)	Combined					
Epidural		□Yes	□No	If yes:	□Thoracic	Lumbar					
Neuromuscular blocking administered	agents	□Yes	□No	If yes:	☐ Non-dep	olarizing (e.g., rocu	ronium)	☐Depolarizing (e.g.,	succinylcholine	If non-	depolarizing agent:
					What was us muscle relax succinylcholi		e of	□No maintenance	□ Non-depola	rizing	Depolarizing
Neuromuscular function during surgery	monitoring	□Yes	□No								
TOF ≥ 90 at end of surge antagonization	ery without	□Yes	□No		If no:						
			Used anta	ntagonist: Sugammadex		adex	☐ Cholinesterase inhibitor			No antag	gonist
2. Surgical overview											
Start of surgery      :     (hh:mm) End of surgery      :     (hh:mm) i.e. time of surgical incision i.e. time skin closed											
3. Randomization											
Randomization group:    Individualized high PEEP group   See mechanical ventilation settings intraoperative CRF.				ext page. Comp	lete the entire	Standard PEE See mechanical variables' (skip p	ventilatio	on settings on the next pa	age, after continue	e to page	e 5 'intraoperative

### **Mechanical ventilation settings**

Volume controlled mechanical ventilation during the entire period of surgery

FiO<sub>2</sub> 0.40 or higher (target SpO<sub>2</sub> >90%)

I:E ratio = 1:2

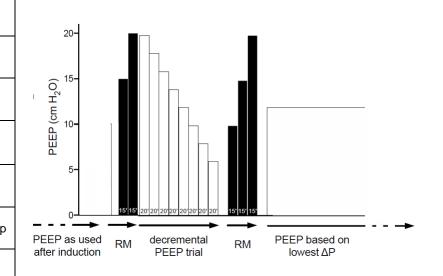
Mechanical ventilation settings for both randomization groups

Respiratory rate adjusted to normocapnia (ETCO $_2$  between 35-45 mm Hg or 4.6-5.9 kPa)

Tidal volume 8 ml/kg Predicted Body Weight (PBW)

PEEP 5 cm H<sub>2</sub>O at starting point and continued intraoperative for the control group

Inspiratory pause of 15%.



## Mechanical ventilation settings for the intervention group only

### How to perform recruitment maneuver (RM)

Performed before and after the decremental PEEP trial or after any disconnection from the mechanical ventilator. Only performed in the intervention group and only in hemodynamically stable patients.

Ventilator remains in volume controlled mode

Tidal volume remains at 8 ml/kg Predicted Body Weight (PBW)

Respiratory rate set at 15 breaths per minute

### PEEP starts at 10 cm H<sub>2</sub>O after intubation

Increase PEEP in steps of 5 cm  $H_2O$  every 15 seconds – up to PEEP of 20 cm  $H_2O$ . End of recruitment maneuver.

### How to perform decremental PEEP trial

Performed after the first recruitment maneuver to determine the optimal PEEP. Only performed in the intervention group. The decremental PEEP trial is repeated after: (i.) a radical change in patient position or (ii.) a radical change in intra—abdominal pressure (e.g. conversion to laparotomy). Accordingly, if the additional decremental PEEP trial results in a different optimal PEEP level, this PEEP will be used until the end of surgery or until another radical change in patient position or intra—abdominal pressure. If the decremental PEEP trial has been repeated, please proceed to section 13 on page 11.

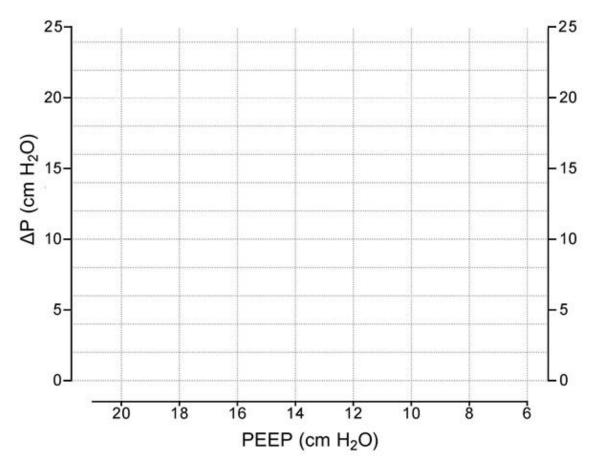
Ventilator remains in volume controlled mode

Respiratory rate set at 15 breaths per minute

PEEP starts at 20 cm H<sub>2</sub>O

Decrease PEEP in steps of 2 cm  $H_2O$  every 20 seconds – till PEEP of 6 cm  $H_2O$ . List the measured driving pressures in table 4 on the next page. Use table 4 to fill in figure 1 on the next page. For graph examples see next page.

4. Recruitment (RM) and decremental PEEP trial for the intervention group only. Follow these steps and fill in the open white fields									
TIME OF INTERVENTION: (hh:mm)									
Step									
1		· •	6, the first column 'after induction'						
2	Select 'inspiratory pause' on the ventilation machine and set inspiratory pause at 15%. If applicable, increase the maximum pressure limit of the ventilator to 50 cm H <sub>2</sub> O.								
		Time phase (hh:mm:ss)	PEEP level						
3	<b>RM 1</b> , step 1	Start: t=00:00:00 - 00:00:15	15						
4	<b>RM 1</b> , step 2	00:00:15 - 00:00:30	20						
				Plateau pressure (Pplat)	Driving pressure (△P)				
5	DPT, step 1	00:00:30 - 00:00:50	20	cm H₂O	cm H <sub>2</sub> O				
6	DPT, step 2	00:00:50 - 00:01:10	18	cm H <sub>2</sub> O	cm H <sub>2</sub> O				
7	DPT, step 3	00:01:10 - 00:01:30	16	cm H <sub>2</sub> O	cm H <sub>2</sub> O				
8	DPT, step 4	00:01:30 - 00:01:50	14	cm H <sub>2</sub> O	cm H <sub>2</sub> O				
9	DPT, step 5	00:01:50 - 00:02:10	12	cm H <sub>2</sub> O	cm H <sub>2</sub> O				
10	DPT, step 6	00:02:10 - 00:02:30	10	cm H <sub>2</sub> O	cm H <sub>2</sub> O				
11	DPT, step 7	00:02:30 - 00:02:50	8	cm H <sub>2</sub> O	cm H <sub>2</sub> O				
12	DPT, step 8	00:02:50 - 00:03:10	6	cm H <sub>2</sub> O	cm H <sub>2</sub> O				
13		$\Delta P$ of the previous steps (5-12): $\Delta P$							
14 15	RM 2, step 1	Start: t=0 – 00:00:15	10						
16	<b>RM 2,</b> step 2	00:00:15 - 00:00:30	15	-					
17	<b>RM 2</b> , step 3	00:00:30 - 00:00:45	20	-					
18	Set PEEP at the optimal level								
19									
	CASE, SELECT PEEP 12.								
20	If the difference is > 2 cm H₂O, select HIGHEST PEEP level resulting in de LOWEST driving pressure.								
21	Are the RM and DMT performed conform protocol?								



**Figure 1.** Please fill in this figure with the collected values in the decremental PEEP trial (table above, page 4). This chart MUST be used during the decremental PEEP trial. With every step calculate the resulting driving pressure by subtracting PEEP form the plateau pressure after 20 seconds. Draw a smooth line using the 8 PEEP - driving pressure points. Determine the nadir of the driving pressure and use this level of PEEP till end of anesthesia. This chart MUST be filed in the local site investigator file, either digitally or on paper.

Patient identification number:   _                          (study number of patient)					
I Chasen DEED I EV					
! Chosen PEEP LEVEL:   _ cm H <sub>2</sub> O!					
. 1 . 2					
A	В				

Figure 2.  $\Delta$ P/PEEP-graph examples. The arrow represents the optimal PEEP to be chosen. If the  $\Delta$ P curve shows no  $\Delta$ P nadir ( $\leq$  2 cm H<sub>2</sub>O) (figure D), PEEP will be set at 12 cm H<sub>2</sub>O. If multiple PEEP levels result in the lowest  $\Delta$ P (E), choose the <u>highest</u> PEEP! For more  $\Delta$ P/PEEP-graph examples see page 16 of this CRF.

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**GENERATOR** 

Intraoperative CRF

version 1.6 dd 04-09-2024

	5. Intraoperative variab	oles* □ Indiv	ridualized high PEEP	□ Standard PEEP group	o * Record intraoperati	ve variables hourly after indu	uction and immediately after	the RM.
		After induction directly after induction	Before RM 1 in surgical starting position  □N/A: control group	After RM2 after PEEP is set at lowest ∆p  □N/A	hr 1 □N/A	hr 2 □N/A	hr 3 □N/A	hr 4 □N/A
	Time [hh:mm]							
S	PEEP [cm H <sub>2</sub> O]							
nete	VT [mL]							
parameters	Ppeak [cm H <sub>2</sub> O]							
	Pplateau [cmH <sub>2</sub> O]							
espiratory	I:E	1:	1:	1:	1:	1:	1:	1:
espi	RR [/min]							
Ϋ́	FiO <sub>2</sub> [0-1]							
	SPO <sub>2</sub> [%]							
	ETCO <sub>2</sub> [kPa or mmHg]							
	IAP [cm H₂O]							
0	Systolic BP [mmHg]							
무	Diastolic BP [mmHg]							
	Position*	□Neutral	□Neutral	□Neutral	☐ Neutral	□Neutral	□Neutral	□Neutral
	Trendelenburg: 15-30 degrees head-down;	□Trendelenburg	□Trendelenburg	□Trendelenburg	☐ Trendelenburg	□Trendelenburg	□Trendelenburg	□Trendelenburg
	*Extreme Trendelenburg: >30 degrees head-down.	□Extreme Trendelenburg	□Extreme Trendelenburg	□Extreme Trendelenburg	□Extreme Trendelenburg	□Extreme Trendelenburg	□Extreme Trendelenburg	□Extreme Trendelenburg
		□Anti Trendelenburg	☐Anti Trendelenburg	☐Anti Trendelenburg	☐ Anti Trendelenburg	□Anti Trendelenburg	☐Anti Trendelenburg	☐Anti Trendelenburg
			•	erative complications of		nding hour or RM:		
Re	scue strategy for desatu	ration (SpO₂ ≤ 90%	or if preoperative Spo	O₂ <90% an absolute de	ecrease in SpO₂>5%)	I	* see page	8 for rescue therapy
		□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no
A c	decrease in mean arterial	pressure (MAP) be	low 65 mmHg and las	sting for >1 minute	Ţ	1	1	
		□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no
Vas	soactive drugs defined a	s more than needed	d to compensate for v	asodilating effects of a	anesthesia, according	g to decision of the a	nesthesiologist in ch	arge
		□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no
Ne	w arrhythmias needing i	ntervention as sugg	ested by the Advanc	ed Cardiac Life Suppor	rt Guidelines	1	1	
		□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no

6. Intraoperative variables\*

\* Record intraoperative variables hourly after induction and immediately after the RM.

		hr 5 □N/A	hr 6 □N/A	hr 7 □N/A	hr 8 □N/A	hr 9 □N/A	hr 10 □N/A	hr 12 □N/A
	Time [hh:mm]							
S	PEEP [cm H <sub>2</sub> O]							
parameters	VT [mL]							
arar	Ppeak [cm H₂O]							
	Pplateau [ <i>cmH</i> ₂O]							
Respiratory	I:E	1:	1:	1:	1:	1:	1:	1:
espi	RR [/min]							
R	FiO <sub>2</sub> [0-1]							
	SPO <sub>2</sub> [%]							
	ETCO <sub>2</sub> [kPa or mmHg]							
	IAP [cm H₂O]							
_	Systolic BP [mmHg]							
무	Diastolic BP [mmHg]							
	Position*	□Neutral	□Neutral	□Neutral	☐ Neutral	□Neutral	□Neutral	□Neutral
	*Trendelenburg: 15-30 degrees head-down;	□Trendelenburg	□Trendelenburg	□Trendelenburg	☐ Trendelenburg	□Trendelenburg	□Trendelenburg	□Trendelenburg
	Extreme Trendelenburg: >30 degrees head-down.	□Extreme Trendelenburg	□Extreme Trendelenburg	□Extreme Trendelenburg	□Extreme Trendelenburg	□Extreme Trendelenburg	□Extreme Trendelenburg	□Extreme Trendelenburg
		☐Anti Trendelenburg	☐Anti Trendelenburg	☐Anti Trendelenburg	☐ Anti Trendelenburg	☐Anti Trendelenburg	☐Anti Trendelenburg	☐Anti Trendelenburg
			the following intraopera					
Re	scue strategy for desatu	ration (SpO₂ ≤ 90% o	or if preoperative SpO <sub>2</sub>	<90% an absolute	decrease in SpO <sub>2</sub> >5%	<b>(a)</b>	* see page	8 for rescue therapy
		□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no
A c	lecrease in mean arterial	1 <sup>-</sup>	1			I		I
		□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no
Vas	soactive drugs defined a	İ	<u> </u>	•	i -	1	l	1
No	w arrhythmias needing i	□ yes □ no	□ yes □ no	☐ yes ☐ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no
ING	w armytiiilias needing ii	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no

ue therapy for desaturation high individualized PEEP group				Rescue therapy for desaturation standard PEEP group						
	Step	PEEP	FiO <sub>2</sub>			Step	PEEP	FiO <sub>2</sub>		
	1	20	0.4			1	5	0.4		
	2	18 16	0.4			2	5 5	0.5 0.6		
	3 4	14	0.4 0.4			3 1	5 5	0.6		
	5	12	0.4			5	5	0.8		
	6	12	0.5			6	6	0.8		
	7	12	0.6			7	RM			
	8	10	0.6					Perform rescue strategy if Sp		
	9	8	0.6					<ul> <li>Start at the level of PEEP set a decremental PEEP trial</li> </ul>	after the	
	10 11	6	0.6 0.7					Please note (encircle) to whice	h step resci	ue
	12	6 6	0.8					strategy is performed	•	
7. Did the pat	ient receiv	e the alloc	ated PEEP level during surgery?	□ yes □	no	If	no, adjuste	ed PEEP level to:   _  cm H2O	If no, s	specify reason
Decrease in m	nean arteria	al pressure b	pelow 65 mmHg for more than one minu	te not respon	ding to	fluids ar	nd/or vasoa	active drugs	□ yes	□ no
New arrhythm	ias not resp	oonding to t	he treatment suggested by the Advance	d Cardiac Life	e Suppo	ort Guide	elines		□ yes	□ no
Need for a do	sage of vas	oactive dru	gs at the highest level tolerated, according	ng to decisio	n of the	anesthe	esiologist in	ı charge	□ yes	□ no
Need of mass	ive transfus	sion, more tl	han 5 units of blood to maintain Ht>21%	(Hb>7 mg/dl	)				□ yes	□ no
Surgical comp	lication det	ermining life	e-threatening situations						□ yes	□ no
Other reason	(specify):								□ yes	□ no
8. Where other	er ventilation	on settings	s changed (TV, FiO <sub>2</sub> , e.g.) for clinical r	easons (pre-	-approv	ved prot	tocol devia	ations)	□ yes	□ no
If yes, specify										
9. Protocol vi	olation? M	lisinterpretati	ion of study protocol, thus no clinical reason t	for changing ve	entilation	า.			□ yes	□ no
If yes, specify	:	☐ Differen H₂O	ce between selected PEEP and correct	PEEP >2 cm	□ H <sub>2</sub> (		ce betweer	n selected PEEP and correct PEEP	<sup>2</sup> ≤2 cm	☐ Other
If other, specif	y:									
10. Conversion	on to lapar	otomy? If ii	ntervention group, please repeat the decreme	ental PEEP tria	al.				□ yes	□ no
If yes, in which	n correspon	nding hour v	vas the conversion?							
11. Decremen	ntal PEEP t	trial repeat	ed? If the decremental PEEP trial has been	repeated, plea	se proc	eed to se	ection 13 on p	page 11.	□ ves	□ no

12.	Intraoperative m	nedicatio	n	·									
				Cumulative of	lose			С	umulative dose mL			(	Cumulative dose ml
	Dobutamine	□Yes	□No	mg			Crystalloids	□Yes	□No		Red blood cells*	□Yes	□No
sbn.	Dopamine	□Yes	□No	mg			If yes, cumul dose:	lative	- <u></u> -		FFP	□Yes	□No
oic di	Epinephrine	□Yes	□No	mg							Platelets	□Yes	□No
otrop	Ephedrine	□Yes	□No	mg		S	Colloids	□Yes	□No	sion	Omniplasma	□Yes	□No
or inotropic drugs	Norepinephrine	□Yes	□No	µg		Fluids	If yes, cumul dose:	lative		Transfusion	Other	□Yes	□No
	Phenylephrine	□Yes	□No	µg						Tra	If other, specif	fy:	
Vasoactive	Other	□Yes	□No				Albumin	□Yes	□No		* E.g. packed re	ed blood ce	ells, cell saver
	If other, specify:			_			If yes, cumul dose:	lative					
				Cumu	lative mL	Į.	I.			Į.	I		
	Urine production	□Yes	□No		□им*								
nt	Blood loss	□Yes	□No		□nm*								
Total Out	Ascites	□Yes	□No		□им*								
Ĭ	Other	□Yes	□No		□им*								
	If other, specify:			_									

<sup>\*</sup>NM = Not measured

\*only if deemed clinically necessary

	After induction	After RM2	hr 1	hr 2	hr 3	hr 4	hr 5
pH							
PaO <sub>2</sub>							
PaCO <sub>2</sub>							
HCO <sub>3</sub>							
	hr 6	hr 7	hr 8	hr 9	hr 10	hr 11	hr 12
рН							
PaO <sub>2</sub>							
PaCO <sub>2</sub>							
HCO <sub>3</sub>							

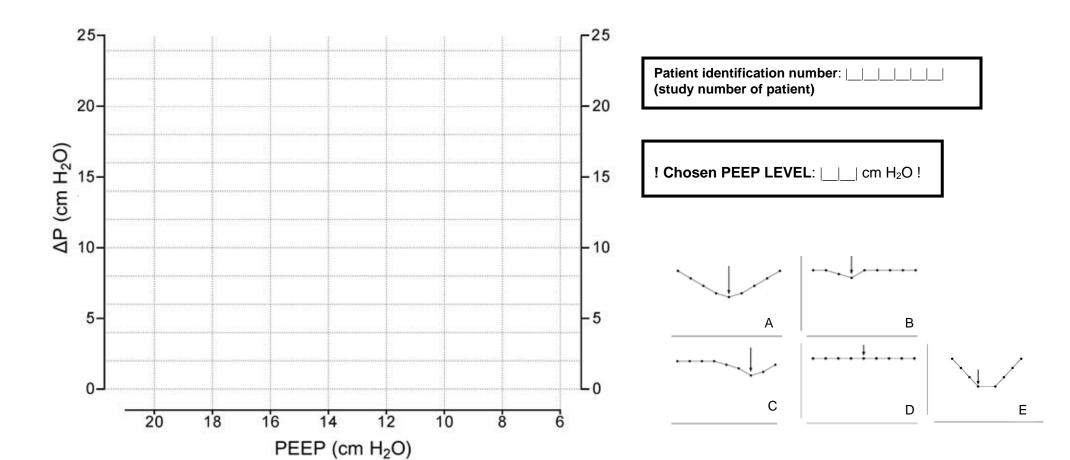
Measurement unit PaO2	□mmHg	□kPa
Measurement unit PaCO2	□mmHg	□kPa
Measurement unit HCO3	□mmol/L	□mEq/L

14. Central venous catheter*					
*only if deemed clinically necessary					
	CVD				
After placement					
Before RM1*					
After RM2*					
Hour 1					
Hour 2					
Hour 3					
Hour 4					
Hour 5					
Hour 6					
Hour 7					
Hour 8					
Hour 9					
Hour 10					
Hour 11					
Hour 12					

<sup>\*</sup>Not applicable to the control group

GENERATOR Intraoperative CRF version 1.6 dd 04-0
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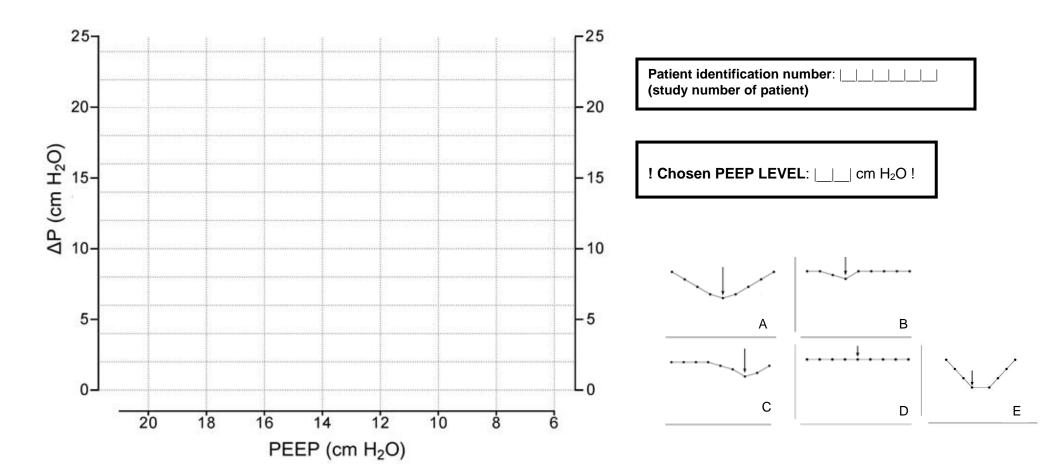
		ment (RM) and decrement d fill in the open white field		(DPT)	for the intervention grou	up only				
	<b>.</b>	repeated decremental Pl								
Step										
•		Time phase (hh:mm:ss)	PEEP le	evel						
1	<b>RM 1,</b> step 1	Start: t=00:00:00 - 00:00	0:15 15							
2	<b>RM 1,</b> step 2	00:00:15 - 00:00:30	20							
						Plateau pressure (P	plat) Dr	riving pressure (∆P)		
3	DPT, step 1	00:00:30 - 00:00:50	20			cm H <sub>2</sub> O		cm H₂O		
4	DPT, step 2	00:00:50 - 00:01:10	18			cm H <sub>2</sub> O		cm H₂O		
5	DPT, step 3	00:01:10 - 00:01:30	16			cm H <sub>2</sub> O		cm H <sub>2</sub> O		
6	DPT, step 4	00:01:30 - 00:01:50	14			cm H <sub>2</sub> O		cm H <sub>2</sub> O		
7	DPT, step 5	00:01:50 - 00:02:10	12			cm H <sub>2</sub> O		cm H₂O		
8	DPT, step 6	00:02:10 - 00:02:30	10			cm H <sub>2</sub> O		cm H₂O		
9	DPT, step 7	00:02:30 - 00:02:50	8			cm H <sub>2</sub> O		cm H₂O		
10	DPT, step 8	00:02:50 - 00:03:10	6			cm H <sub>2</sub> O		cm H₂O		
11			of the previous steps (3-10): △P = Pplat - PEEP							
12	<b>RM 2,</b> step 1	Start: t=0 - 00:00:15	10							
13	<b>RM 2,</b> step 2	00:00:15 - 00:00:30	15							
14	<b>RM 2,</b> step 3	00:00:30 - 00:00:45	20							
15	Set PEEP at the	ne optimal level								
16	Check if all di	riving pressures from al	l DEED levels h	121/0.2	difference of < 2 cm Ha	) If was this is conside	rad as a DE	PT without nadir IN THIS		
	Check if all driving pressures from all PEEP levels have a difference of ≤ 2 cm H <sub>2</sub> O. If yes, this is considered as a DPT without nadir. IN T CASE, SELECT PEEP 12.									
17	If the differen	ce is > 2 cm $H_2O$ , select	HIGHEST PEE	P leve	l resulting in de LOWEST	driving pressure.				
18	Are the RM an	nd DMT performed conform	n protocol?	∃Yes	□No, reason:					
If the additional decremental PEEP trial results in a different optimal PEEP level, this PEEP will be used until the end of surgery or until another radical change in patient position or intra-abdominal pressure.										
Chosen PEEP level										
dooromontal DEED trial			□Radical chang	adical change in		otomy Other radical change in intra- abdominal pressure				
How long did it take before the decremental PEEP trial was repeated?			_  minutes		Has the decremental PEEP trial been repeated again?		□No	☐Yes, please proceed to		



**Figure 1.** Please fill in this figure with the collected values in the decremental PEEP trial (table above, page 4). This chart MUST be used during the decremental PEEP trial. With every step calculate the resulting driving pressure by subtracting PEEP form the plateau pressure after 20 seconds. Draw a smooth line using the 8 PEEP - driving pressure points. Determine the nadir of the driving pressure and use this level of PEEP till end of anesthesia. This chart MUST be filed in the local site investigator file, either digitally or on paper.

Figure 2.  $\Delta$ P/PEEP-graph examples. The arrow represents the optimal PEEP to be chosen. If the  $\Delta$ P curve shows no  $\Delta$ P nadir ( $\leq$  2 cm H<sub>2</sub>O) (figure D), PEEP will be set at 12 cm H<sub>2</sub>O. If multiple PEEP levels result in the lowest  $\Delta$ P (E), choose the <u>highest</u> PEEP! For more  $\Delta$ P/PEEP-graph examples see page 16 of this CRF.

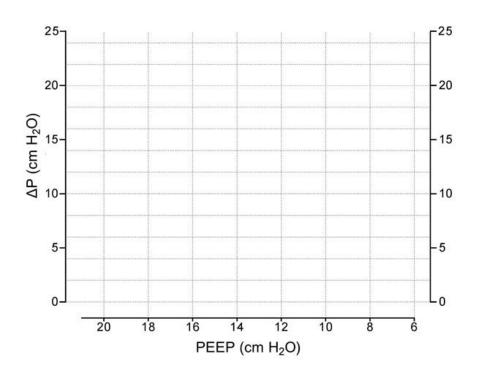
		ment (RM) and decrement fill in the open white fie		ial for the <u>inte</u>	vention group o	only			
Corresponding hour of repeated decremental PEEP trial:									
Step									
		Time phase (hh:mm:ss	•	EP level					
1	<b>RM 1</b> , step 1	Start: t=00:00:00 - 00:0	00:15 15						
2	<b>RM 1,</b> step 2	00:00:15 - 00:00:30	20						
						Plateau pressur	e (Pplat)	Driving pressure (△P)	
3	DPT, step 1	00:00:30 - 00:00:50	20			cm H	<sub>2</sub> O	cm H <sub>2</sub> O	
4	DPT, step 2	00:00:50 - 00:01:10	18			cm H	<sub>2</sub> O	cm H <sub>2</sub> O	
5	DPT, step 3	00:01:10 - 00:01:30	16			cm H	<sub>2</sub> O	cm H <sub>2</sub> O	
6	DPT, step 4	00:01:30 - 00:01:50	14			cm H		cm H <sub>2</sub> O	
7	DPT, step 5	00:01:50 - 00:02:10	12			cm H		cm H <sub>2</sub> O	
8	DPT, step 6	00:02:10 - 00:02:30	10			cm H		cm H <sub>2</sub> O	
9	DPT, step 7	00:02:30 - 00:02:50	8			cm H		cm H <sub>2</sub> O	
10	DPT, step 8	00:02:50 - 00:03:10	6			cm H		cm H <sub>2</sub> O	
11	Calculate the	∆P of the previous steps	(3-10): $\Delta P = 1$	Pplat - PEEP		<u>-</u>			
12	<b>RM 2,</b> step 1	Start: t=0 - 00:00:15	10						
13	<b>RM 2,</b> step 2	00:00:15 - 00:00:30	15						
14	<b>RM 2,</b> step 3	00:00:30 - 00:00:45	20						
15	Set PEEP at the	ne optimal level							
16	Chook if all d	viving procesures from a	II DEED love	la hava a diffa	ones of < 2 cm	L O If was this is say	naidarad aa	a DPT without nadir. IN THIS	
10	CASE, SELEC	Tring pressures from a	III PEEP leve	is nave a unie	ence of 5 2 cm	<u>n<sub>2</sub>o</u> . II yes, tilis is coi	risidered as	a DFT WILLIOUT HAUIT. IN THIS	
17	, , , , , , , , , , , , , , , , , , , ,								
	If the differen	ce is > 2 cm H <sub>2</sub> O, selec	t HIGHEST F	PEEP level resu	ting in de <u>LOWE</u>	ST driving pressure.			
18	Are the RM and DMT performed conform protocol?								
If the additional decremental PEEP trial results in a different optimal PEEP level, this PEEP will be used until the end of surgery or until another radical change in patient position or intra-abdominal pressure.									
Chosen PEEP level									
Specify reason for repetition of the decremental PEEP trial			☐Radical change in position ☐Conversion to la			on to laparotomy	rotomy Other radical change in intra- abdominal pressure		
	ng did it take be trial was repeate	efore the decremental ed?	_ minutes						

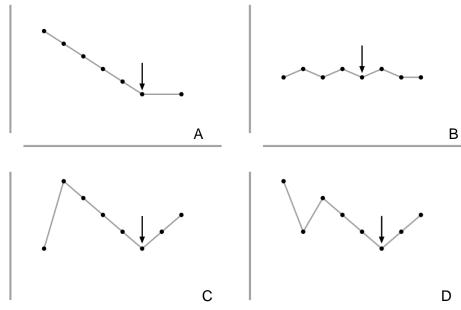


**Figure 1.** Please fill in this figure with the collected values in the decremental PEEP trial (table above, page 4). This chart MUST be used during the decremental PEEP trial. With every step calculate the resulting driving pressure by subtracting PEEP form the plateau pressure after 20 seconds. Draw a smooth line using the 8 PEEP - driving pressure points. Determine the nadir of the driving pressure and use this level of PEEP till end of anesthesia. This chart MUST be filed in the local site investigator file, either digitally or on paper.

**Figure 2.**  $\Delta$ P/PEEP-graph examples. The arrow represents the optimal PEEP to be chosen. **If the**  $\Delta$ P **curve shows no**  $\Delta$ P **nadir** ( $\leq$  2 **cm** H<sub>2</sub>O) (**figure D**), **PEEP will be set at 12 cm** H<sub>2</sub>O. If multiple PEEP levels result in the lowest  $\Delta$ P (E), choose the <u>highest</u> PEEP! For more  $\Delta$ P/PEEP-graph examples see page 16 of this CRF.

### **Appendix** Additional △P/PEEP-graph examples





**Appendix I.**  $\triangle P/PEEP$ -graph examples. The arrow represents the optimal PEEP to be chosen. If multiple PEEP levels result in the lowest  $\triangle P$  (A), choose the highest PEEP. If no clear nadir is present and driving pressure is fluctuating between a difference of  $\le 2$  cm  $H_2O$  at maximum (B) a flat line should be considered and PEEP 12 cm  $H_2O$  should be selected.

Physiologically, the curve cannot be biphasic, if you find a biphasic curve, consider repeating the intervention or critically check whether (multiple) measuring points is/are invalid.

Some ventilators have their maximum pressure limited at 30 cm  $H_2O$  as a default setting. When this is the case, the PEEP titration may result in 'incorrect' lower Pplateau values at high PEEP levels ( $\mathbf{C}$ ). To prevent this, we strongly advise to manually increase the maximum pressure limit of the ventilator to 40 cm  $H_2O$ .

Manipulation of the abdomen by surgeon, insertion of instruments (e.g. gastric tube) or changes of patient position can influence the measurement of Pplateau, resulting in invalid measurements (**D**). In this casus the second PEEP point is invalid due manipulation of the abdomen, the arrow represents the correct PEEP.