PROSPECT SITE INFORMATION FORM

To be completed once per center

1. Your Name: ____________________________

2. Center Name: ____________________________

   How many total ICU beds are being screened for PROSPECT: ______

3. As per your unit’s protocol, how frequently are your ventilator circuits typically changed?
   - [ ] Q24 hours  [ ] Q48 Hours  [ ] Q72 Hours  [ ] Weekly  [ ] Q2 weeks  [ ] Monthly
   - [ ] Other, specify: ____________________________

4. As per your unit’s protocol, what is the primary method of humidification used in your unit?
   - [ ] Heat/moisture exchanger  [ ] Heated humidifier  [ ] Other, specify: ____________________________

   As per your unit’s protocol, how frequently are the heat/moisture exchangers typically changed in your unit?
   - [ ] Daily  [ ] Q 5 days  [ ] Other, specify: ____________________________

5. Type of endotracheal/tracheal suction system primarily used:
   - [ ] Closed (in-line suction)  [ ] Open

   As per your unit’s protocol, how frequently are the closed (in-line) suction systems typically changed?
   - [ ] Weekly  [ ] Other, specify: ____________________________

6. As per your unit’s protocol, are bacterial filters used?  [ ] No  [ ] Yes

7. As per your unit’s protocol, is oral decontamination with chlorhexidine used?  [ ] No  [ ] Yes

8. As per your unit’s protocol, is oral decontamination with iseganan used?  [ ] No  [ ] Yes

9. As per your unit’s protocol, is oral antibiotic paste used?  [ ] No  [ ] Yes

10. As per your unit’s protocol, is IV antibiotic used in the form of selective digestive decontamination?  [ ] No  [ ] Yes

11. As per your unit’s protocol, are subglottic secretion drainage entotracheal tubes used routinely?  [ ] No  [ ] Yes

12. As per your unit’s protocol, what is the semi-recumbency target?  [ ] We don’t have one  [ ] 30 - 45 degrees
     [ ] 30 degrees  [ ] 45 degrees  [ ] other, specify: ____________________________

15 October 2015
**Inclusion Criteria**

- Patient is ≥ 18 years of age
- Admitted to ICU and invasively mechanically ventilated
- Anticipated ventilation of ≥ 72 hours at the time of screening (determined by attending)

**Exclusion Criteria**

1. Invasively mechanically ventilated > 72 hours
2. Increased risk of iatrogenic probiotic infection (specific immunocompromised populations):
   - Malignancy requiring chemotherapy treatment in last 3 months
   - Neutropenia (absolute neutrophil count < 500/ml or 0.5 x 10⁹/L)
   - Receiving chronic immunosuppressive medications (Azathioprine, Cyclosporine, Cyclophosphamide, Tacrolimus, Sirolimus, Methotrexate, Mycophenolate, Anti-TNF agents, Interleukin-2 agents)
   - Transplantation (including stem cell) at any time
   - HIV positive (with CD4 count < 200 cells/uL; otherwise HIV patients are not excluded)
3. Increased risk of endovascular infection:
   - Rheumatic heart disease previously or documented at any time
   - Intracardiac repair with prosthetic material (mechanical or bio-prosthetic cardiac valves)
   - Endocarditis previous or documented at any time
   - Endovascular graft (e.g., aortic aneurysm repair, stents involving large arteries such as aorta, femorals and carotids, EVAR, inferior vena cava filter, dialysis vascular graft)
   - Permanent (not short term) endovascular device such as tunneled (not short term) hemodialysis catheters, Hickman catheters, pacemakers or defibrillators. Patients with temporary central venous catheters, central venous dialysis catheters, peripherally inserted central catheters (PICCS) and temporary pacemakers are not excluded. Patients with coronary artery stents, coronary artery bypass grafts (CABG) or neurovascular coils are not excluded. Patients with mitral valve prolapse or bicuspid aortic valve are not excluded provided they have no other exclusion criteria
4. Patients with a primary diagnosis of severe acute pancreatitis (patients with mild or moderate pancreatitis are not excluded)
5. Patients with percutaneous gastric or jejunal feeding tubes already in situ (as per Health Canada guidance)
6. Strict contraindication or inability to receive enteral medications (please reevaluate daily)
7. Limitation of life support, life expectancy ≤ 7 days, or palliative care
8. Other, specify: __________________________________________________________

If all Exclusion Criteria answered “No”, then proceed to Screening Form 1.2; otherwise, stop.
3. Eligible Non-Randomized Patients

1. Patient or substitute decision maker (SDM) declines consent
   Y  N

2. Patient unable to give consent and no SDM available
   Y  N

3. ICU physician declines consent, reason:
   - MD thinks patient SHOULD receive open label probiotics (check all that apply)
     Y  N
   - Being treated for *Clostridium difficile*
   - High risk for *Clostridium difficile*
   - High risk for other nosocomial infection, including VAP
   - Other, specify: ____________________________
   - MD thinks patient should NOT receive any probiotics (check all that apply)
     Y  N
   - Immunocompromised but does not fulfill exclusion criterion, please specify:
     ____________________________
   - Other, specify: ____________________________

4. Consent not obtained due to other reason, please specify:
   Y  N
   -语言障碍
   - 部分语言障碍
   - coenrolment not pursued
   - coenrolment prohibited

5. Randomized previously in PROSPECT or a related/confounding study precluding coenrolment
   Y  N
   - RCT academic
   - observational
   - academic industry
   - observational internal
   - academic internal
   - observational local
   - academic local
   - observational funding
   - academic funding
   - local funding
   - Methods Center
   - Internal Study Code

4. Patient Status (please check ONE box only)
   - Included, proceed to Randomization Form 2.1
   - Eligible, non-randomized

5. Who provided consent?
   - Patient
   - Substitute decision maker

6. Who obtained consent?
   - Research Coordinator
   - Site Investigator
   - ICU physician

7. Is this patient co-enrolled in another study while in the ICU?
   - No
   - Yes, please specify study name, design and funding:
PROSPECT Main RCT 076

Patient ID: 1

Patient Initials: FL

Randomization Date: 2015-11-20

RANDOMIZATION (Form 2)

FOR RESEARCH COORDINATOR

1. Type of patient (check one only)
   - [ ] medical
   - [ ] surgical
   - [ ] trauma
     (must be direct from OR or PARR)
   (multisystem trauma, isolated head injury,
   \( \geq 30\% \) BSA burns or trauma service admission)

2. Date of birth
   (dd/mm/yyyy)

FOR RESEARCH PHARMACIST ONLY - Randomization

via web: www.randomize.net

3. Study assignment (please select one)
   - [ ] Probiotics
     \( Lactobacillus rhamnosus \) GG
   - [ ] Placebo

4. Time of randomization (24 hour clock)
   [ ] : [ ]

5. Study pharmacist initials
   FL

Please **DO NOT** return to the Research Coordinator
or s/he will become unblinded.
Thanks for your help!
Patient ID: 1

Patient Initials: FL

Randomization Date: 2/01

1. Type of patient (check one only)

☐ stratification error, patient truly medical
☐ stratification error, patient truly surgical
☐ stratification error, patient truly trauma

2. Date of birth

☐ (dd/mm/yyyy)

FOR RESEARCH PHARMACIST ONLY - Randomization via web: www.randomize.net

3. Study assignment (please select one)

☐ Probiotics

(Lactobacillus rhamnosus GG)

☐ Placebo

4. Time of randomization (24 hour clock)

☐ ☐:

5. Study pharmacist initials

☐ ☐: FL

Please DO NOT return to the Research Coordinator or s/he will become unblinded.

Thanks for your help!
## BASELINE (Form 3)

### 1. Study hospital admit date

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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<td>2 0 1</td>
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**dd/mm/yyyy**

### 2. Study ICU admit date

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**dd/mm/yyyy**

### 3. Sex:

- [ ] female
- [ ] male

### 4. Height

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**cm**

- inches

### 5. Actual weight (ICU admission)

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**kg**

- lbs

### 6. Intubation date

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**dd/mm/yyyy**

### 7. Intubation time (24 hour clock)

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- time

### 8. Airway access

- [ ] regular ETT
- [ ] subglottic secretion drainage ETT (check only if suction port used)
- [ ] tracheostomy

### 9. APACHE II Score (first 24 hours in study ICU):

<p>| | |</p>
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Admission diagnosis code:

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(if admitted from OR or PARR code should be 48-85)

If “other” diagnosis code selected, specify:

### 10. Race/Ethnicity

- [ ] White
- [ ] Asian (any)
- [ ] African-Canadian/African-American
- [ ] Aboriginal
- [ ] Other, specify:

### 11. Location immediately prior to this ICU admission (check ONE box):

- [ ] Emergency room
- [ ] Hospital ward
- [ ] Operating room/Recovery room
- [ ] ICU (other hospital), adm date:
- [ ] Emergency (other hospital), adm date:
- [ ] Ward (other hospital), adm date:
- [ ] Nursing home, adm date:
- [ ] Other (specify):__________

Other hospital admit date:

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**dd/mm/yyyy**

### 12. Does the patient have any of the following based on chart review only?

- [ ] Inflammatory bowel disease (Crohn disease, ulcerative colitis)
- [ ] Irritable bowel syndrome
- [ ] History of C. difficile
- [ ] Gluten sensitivity (Celiac disease)
- [ ] None
- [ ] Community Acquired
- [ ] Hospital Acquired
- [ ] Ventilator Associated

### 13. Was the patient being treated prior to randomization for suspected or proven respiratory tract infection?

- [ ] No
- [ ] Yes, specify:

### 14. Chronic Health Index from APACHE, (check ALL that apply):

- [ ] 1. Hepatic failure
- [ ] 2. Cirrhosis
- [ ] 3. Heart failure
- [ ] 4. Respiratory failure
- [ ] 5. Chronic dialysis (ESRD)
- [ ] 6. Lymphoma
- [ ] 7. Metastatic cancer (within 5 yrs)
- [ ] 8. Leukemia (discuss with Methods Center)
- [ ] 9. Multiple myeloma (discuss with Methods Center)
- [ ] 10. AIDS
- [ ] 11. Other immunocompromise (chemotherapy, radiotherapy, alcoholism, recent high dose steroids > 15 mg/kg for ≥ 5 days or steroids over last 30 days)

### 15. Medically prescribed probiotics within the last 3 days prior to randomization? (please obtain for patients hospitalized in last 72 hours)

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Probiotic name

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# Capsules

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- unknown

Frequency

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(if other frequency, specify)

**15 October 2015**
### DAILY DATA (Form 4.1 of 3)

**1. Advanced life support strategies received today**

- **Invasive mechanical ventilation**
  - No
  - Yes
- **Non-invasive mechanical ventilation (including BIPAP or CPAP for any duration, e.g., nocturnal)**
  - No
  - Yes
- **Inotropes or vasopressor infusions (check all)**
  - No
  - Yes for shock
  - Yes for cerebral vasospasm
  - dopamine
  - norepinephrine
  - phenylephrine
  - milrinone
  - dobutamine
  - epinephrine
  - vasopressin
- **Was dialysis performed today?**
  - No
  - Yes, specify
- **Intubated today?**
  - No
  - Yes, specify:
  - oral ETT
  - nasal ETT
  - tracheostomy tube
- **Rotating (kinetic) bed used today?**
  - No
  - Yes
- **Prone positioning today?**
  - No
  - Yes
- **Toothbrushing today?**
  - No
  - Yes, specify:
  - toothbrush
  - toothette
  - swab
  - unknown
- **Open label probiotics today?**
  - No
  - Yes, specify

**4. Factors potentially influencing VAP today**

1. **Intubated today?**
   - No
   - Yes, specify: oral ETT, nasal ETT, tracheostomy tube
2. **Rotating (kinetic) bed used today?**
   - No
   - Yes
3. **Prone positioning today?**
   - No
   - Yes
4. **Toothbrushing today?**
   - No
   - Yes, specify:
   - toothbrush
   - toothette
   - swab
   - unknown
5. **Open label probiotics today?**
   - No
   - Yes, specify

**4. Probiotic study product administered today:**

- **AM Dose given?**
  - No
  - Yes
  - (24 hr clock)
- **PM Dose given?**
  - No
  - Yes
  - (24 hr clock)

If a dose was not received today or timing conflicted with oral/NG antibiotics, please indicate why and submit a PV Form 15 if applicable:

- Randomized later in the day (am dose not received)
- Patient discharged from ICU or died (dose not received)
- Consent withdrawn, study product stopped (continue data collection)
- Strict NPO, including NPO pre or post operatively
- PEG or G-tube insertion, study product held 72 hours
- Feeding tube blocked, unable to administer study product
- No feeding tube available, patient unable to swallow
- Oral/NG antibiotics effective against probiotics within 4hrs of dose (submit PV Form 15)
- Suspected/proven diagnosis of an exclusion criterion, specify:
- Suspected/proven intestinal ischemia
- Error, missed > 1 dose (submit PV Form 15)
- Possible missed dose, RN did not sign-off (submit PV Form 15)
- Patient expected to die, palliative measures only
- GI Intolerance, dose held
- Patient vomited dose; specify dose: AM, PM
- Patient declined dose
- Other, specify:
**DAILY DATA (Form 4.2 of 3)**

5. **Did the patient receive any enteral, parenteral or oral nutrition today?**
   - [ ] No
   - [ ] Yes, specify:
     - Jevity 1.0 Cal (+ fibre)
     - Jevity 1.2 Cal (+ fibre)
     - Jevity 1.5 Cal (+ fibre)
     - Nepro Carb Steady (1.8 kcal/mL + fibre)
     - Nutren 1.5
     - Peptamen 1.0
     - NutriHep (1.5 kcal/mL)
     - Promote (1.0 kcal/mL)
     - Optimental 1.0 kcal/mL
     - Glucerna 1.0 kcal/mL + fibre
     - Resource 2.0
     - Diabetic Resource 1.06 (+ fibre)
     - TwoCal HN 2.0 (+ fibre)
     - Novosource Renal 2.0
     - Vital 1.0
     - Other, specify

   24h total ml of enteral nutrition delivered

6. **What is the feeding tube insertion site today?**
   - [ ] Nasal
   - [ ] Oral
   - [ ] Percutaneous
   - [ ] No feeding tube in situ

7. **Did the patient receive a fibre supplement today?**
   - [ ] No
   - [ ] Yes, specify:
     - Jevity 1.0 Cal (+ fibre)
     - Jevity 1.2 Cal (+ fibre)
     - Jevity 1.5 Cal (+ fibre)
     - Nepro Carb Steady (1.8 kcal/mL + fibre)
     - Nutren 1.5
     - Peptamen 1.0
     - NutriHep (1.5 kcal/mL)
     - Promote (1.0 kcal/mL)
     - Isosource VHN (1.0 kcal/mL + fibre)
     - Isosource HN 1.2
     - Isosource HN 1.2 (+ fibre)
     - Isosource 1.5 (+ fibre)
     - OXEPA (1.5 kcal/mL)

   24h total ml of parenteral nutrition delivered

8. **Did the patient receive a protein supplement today?**
   - [ ] No
   - [ ] Yes, specify:
     - Jevity 1.0 Cal (+ fibre)
     - Jevity 1.2 Cal (+ fibre)
     - Jevity 1.5 Cal (+ fibre)
     - Nepro Carb Steady (1.8 kcal/mL + fibre)
     - Nutren 1.5
     - Peptamen 1.0
     - NutriHep (1.5 kcal/mL)
     - Promote (1.0 kcal/mL)
     - Isosource VHN (1.0 kcal/mL + fibre)
     - Isosource HN 1.2
     - Isosource HN 1.2 (+ fibre)
     - Isosource 1.5 (+ fibre)
     - OXEPA (1.5 kcal/mL)

9. **Did the patient receive any of the following?**
   - [ ] No
   - [ ] Yes, specify:
     - Systemic corticosteroid:
       - [ ] If yes, specify: dexamethasone, methylprednisolone, other, specify
       - [ ] and total daily dose: [mg]
     - H-2 receptor antagonist:
       - [ ] If yes, specify: cimetidine (Tagamet), ranitidine (Zantac), famotidine (Pepcid), nizatidine (Axid), other, specify:
     - Proton-pump inhibitor:
       - [ ] If yes, specify: lansoprazole (Prevacid), dexlansoprazole (Dexilant), pantoprazole (e.g., Pantoloc, Tecta), esomeprazole (Nexium), omeprazole (Losec), rabeprazole (Pariet), other, specify:
     - Motility agent:
       - [ ] If yes, specify: domperidone (Motilium), metoclopramide (Maxeran), erythromycin, other (specify)
     - Laxative, suppository or stool softener:
       - [ ] If yes, specify: senna, golytely, lactulose, colace, citro-mag, PegLyte, other (specify)
     - Enema:
       - [ ] If yes, specify number received
     - Opiates:
       - [ ] If yes, specify: IV infusion, Bolus, Other route: Other drug:

15 October 2015
DAILY DATA (Form 4.3 of 3)

10. Did the patient pass stool, melena or have hematochezia today?  
   - No  
   - Yes, please complete the Stool Classification Form 6

11. Does the patient have a fecal management or collection device? (check each day in situ)  
   - No  
   - Yes, if yes, specify rectal bag, rectal tube, ileostomy, colostomy

12. Did the patient receive fecal transplantation today?  
   - No  
   - Yes

13. Did the patient have a CXR performed today?  
   - No  
   - Yes, please send copy to the PROSPECT Method Center

14. Were any of the following events suspected today or within 72 hours of PROSPECT randomization? One Outcome Form for each suspected event required.
   - Respiratory Infection  
     - No  
     - Yes (if yes, submit Respiratory Infection Outcome Form 9)
   - Blood stream infection  
     - No  
     - Yes (if yes, submit Blood Stream Infection Form 10)
   - Intra-abdominal infection  
     - No  
     - Yes, specify & submit relevant Intra-abdominal Infection Form 11
       - primary or secondary peritonitis (Form 11.1)  
       - tertiary peritonitis (Form 11.2)  
       - biliary tract infection (Form 11.3)  
       - pancreatic infection (Form 11.3)  
       - peritoneal dialysis-related peritonitis (Form 11.2)  
       - typhilitis/necrotizing enterocolitis (Form 11.3)  
       - intra-abdominal peritonitis (Form 11.2)  
       - toxic megacolon (Form 11.4)
   - Urinary tract infection  
     - No  
     - Yes, submit the Urinary Tract Infection Form 12
   - Skin or soft tissue infection  
     - No  
     - Yes, submit the Skin or Soft Tissue Infection Form 13
   - C difficile associated diarrhea  
     - No  
     - Yes, submit the C Difficile Associated Diarrhea Form 14
   - Lactobacillus spp. isolated in culture from sterile site  
     - No  
     - Yes, submit the Adverse Event Form 18
   - Other infection (e.g., meningitis, sinusitis)  
     - No  
     - Yes, submit the Other Infection Form 20

15. Was there an adverse event today believed by either the Intensivist or Site Investigator to be directly related to enrolment in the study?  
   - No  
   - Yes, please notify the PROSPECT Methods Center within 24 hours of becoming aware of the Adverse Event. An Adverse Event Directly Related to the Study Form 18.1 is required. Please ask the Intensivist to sign it and fax it to the PROSPECT Methods Center.

16. Last day of study daily data collection?  
   - No  
   - No, returned to ICU within 72 hours of ICU discharge
   - Yes, patient died, was discharged to ward, or study product stopped at 60 days (submit Final Status Form 17)
   - Yes, consent withdrawn for further data collection (submit a Final Status Form 17)
DAILY DATA WHILE ON WARD (Form 4B)

If the patient returns to the ICU within 72 hours of ICU discharge, please resume protocol and Daily Data collection. This Daily Data While on Ward Form is used to report relevant events and exposure prior to the patient’s return to ICU.

Please submit a copy of all positive or indeterminante culture reports AND supporting clinical documentation (i.e., physician notes, nursing notes, laboratory results and radiology reports)

1. Were any of the following events suspected today? One Outcome Form for each suspected event required.

- **Pneumonia**
  - [ ] No
  - [ ] Yes (if yes, submit Respiratory Infection Outcome Form 9)

- **Blood stream infection**
  - [ ] No
  - [ ] Yes (if yes, submit Blood Stream Infection Form 10)

- **Intra-abdominal infection**
  - [ ] No
  - [ ] Yes, specify & submit relevant Intra-abdominal Infection Form 11

  - [ ] primary or secondary peritonitis (Form 11.1)
  - [ ] tertiary peritonitis (Form 11.2)
  - [ ] peritoneal dialysis-related peritonitis (Form 11.2)
  - [ ] intra-abdominal peritonitis (Form 11.2)
  - [ ] biliary tract infection (Form 11.3)
  - [ ] pancreatic infection (Form 11.3)
  - [ ] typhilitis/necrotizing enterocolitis (Form 11.3)
  - [ ] toxic megacolon (Form 11.4)

- **Urinary tract infection**
  - [ ] No
  - [ ] Yes, submit the Urinary Tract Infection Form 12

- **Skin or soft tissue infection**
  - [ ] No
  - [ ] Yes, submit the Skin or Soft Tissue Infection Form 13

- **C difficile associated diarrhea**
  - [ ] No
  - [ ] Yes, submit the C Difficile Associated Diarrhea Form 14

- **Lactobacillus spp. isolated in culture from sterile site**
  - [ ] No
  - [ ] Yes, submit a Adverse Event Form 18

- **Other infection (e.g., meningitis)**
  - [ ] No
  - [ ] Yes, submit a Other Infection Form 20

2. Did the patient receive open label probiotics today?

- [ ] No
- [ ] Yes, specify

<table>
<thead>
<tr>
<th>Probiotic name</th>
<th># Capsules</th>
<th># Doses Today</th>
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</thead>
<tbody>
<tr>
<td>unknown</td>
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</table>

(if other frequency, specify)
PHARMACY - 10 CAPSULE CARD DISPENSING RECORD (Form 5)

ALL STUDY PERSONNEL AND CLINICIANS MUST REMAIN BLINDED TO THE PATIENT’S ALLOCATION. PHARMACISTS, PLEASE MAINTAIN A COPY FOR YOUR CONFIDENTIAL RECORDS. Thanks!

1. Please indicate what study product was dispensed:

[ ] Study Product (probiotic) 
*Lactobacillus rhamnosus GG* OR [ ] Placebo

Card #

2. Please indicate “yes” if a dispensing error was made today that you are aware of:

[ ] No  [ ] Yes  please submit a PV Form 16 and provide explanation below

3. Please indicate if this card (sleeve of capsules) had 1 capsule removed for quality assurance testing at time of dispensing (every 10th card dispensed should have one capsule tested)

[ ] No  [ ] Yes

4. Comments: ____________________________________________

   ____________________________________________

   ____________________________________________

Please **DO NOT** return to the Research Coordinator or s/he will become unblinded.
Thanks for your help!
<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Separate hard lumps, like nuts (hard to pass)</td>
</tr>
<tr>
<td>2</td>
<td>Sausage-shaped but lumpy</td>
</tr>
<tr>
<td>3</td>
<td>Like a sausage but with cracks on its surface</td>
</tr>
<tr>
<td>4</td>
<td>Like a sausage or snake, smooth and soft</td>
</tr>
<tr>
<td>5</td>
<td>Soft blobs with clear-cut edges (passed easily)</td>
</tr>
<tr>
<td>6</td>
<td>Fluffy pieces with ragged edges, a mushy stool</td>
</tr>
<tr>
<td>7</td>
<td>Watery, no solid pieces. Entirely Liquid</td>
</tr>
</tbody>
</table>
# STOOL CLASSIFICATION FORM (Form 6.2 of 2)

Please complete each day stool is passed.

## 1. Stool Classification

<table>
<thead>
<tr>
<th>Stool</th>
<th>Bristol Type 1-7</th>
<th>Volume</th>
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<td>#10</td>
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</tbody>
</table>

- melan
- hematochezia
- other, specify:______________________
- smear
- small
- medium
- large

Not applicable, too watery or continuous (At least 1 stool will need to be classified above)

## 2. Were there any consequences of passing of stool today?

- No
- Yes, specify:
  - Feeds held
  - Stool softener held
  - Rectal bag applied
  - Other, specify:
  - Stool softener held
  - Prokinetic held
  - Rectal tube inserted

Please check if additional forms are required for reporting stool outcomes.
<table>
<thead>
<tr>
<th>Antimicrobial Code</th>
<th>Dose</th>
<th>Units</th>
<th>Frequency</th>
<th>Route</th>
<th>Reason for antimicrobial:</th>
</tr>
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<tbody>
<tr>
<td>Name</td>
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<td>Start date</td>
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<td>On antimicrobial at ICU discharge</td>
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<tr>
<td>End date</td>
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<td>(if other route, specify)</td>
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</table>

Please ensure to include antimicrobials received 3 days prior to the patients randomization up to date of final ICU discharge.

For interruptions of ≥ 1 day please record new start and stop dates of each antimicrobial.

For dose or frequency changes please document as new entry.

Please check if additional forms are required for reporting antimicrobials.
CULTURE REPORT (Form 8.1)

PLEASE LIST ALL GRAM STAINS AND CULTURES PERFORMED DURING THE PATIENTS ICU STAY (INCLUDING 3 DAYS PRIOR TO THEIR ICU ADMISSION). PLEASE SEND A COPY OF LABORATORY REPORTS FOR ALL POSITIVE OR INDETERMINATE (i.e., gram stain positive but culture negative) RESULTS TO THE PROSPECT METHODS CENTER NOTING THE PATIENT STUDY ID AND SPECIMEN (ACCESSION) #. PLEASE REPORT POST ICU CLOSTRIDIUM DIFFICILE RESULTS ON FORMS 14.1-14.2. PROSPECT FAX (905) 308-7223

<table>
<thead>
<tr>
<th>No cultures performed</th>
<th>Date of Specimen (dd/mm/yyyy)</th>
<th>Result</th>
<th>Organism Code(s) (Please list all today)</th>
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<tr>
<td>Specify Location</td>
<td>Specimen #</td>
<td></td>
<td>Received</td>
</tr>
</tbody>
</table>

☐ Please check if additional forms are required for reporting positive cultures
Optional CPIS and SIRS timeframe worksheet (not mandatory for completion):

<table>
<thead>
<tr>
<th>Date dd/mm/yyyy</th>
<th>Temperature</th>
<th>White blood cell count</th>
<th>Lowest PaO2/FiO2 ratio</th>
<th>Secretions</th>
<th>CXR</th>
<th>ARDS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>48 hours pre</td>
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<td>Highest:</td>
<td>Highest WBC:</td>
<td>Lowest P/F:</td>
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<td>Lowest:</td>
<td>Lowest WBC:</td>
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<tr>
<td>24 hours pre</td>
<td></td>
<td>Highest:</td>
<td>Highest WBC:</td>
<td>Lowest P/F:</td>
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<td></td>
<td></td>
<td>Lowest:</td>
<td>Lowest WBC:</td>
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<td></td>
<td></td>
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<tr>
<td>&quot;Date of infection&quot;</td>
<td></td>
<td>Highest:</td>
<td>Highest WBC:</td>
<td>Lowest P/F:</td>
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<td>Lowest:</td>
<td>Lowest WBC:</td>
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<tr>
<td>24 hours post</td>
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<td>Highest:</td>
<td>Highest WBC:</td>
<td>Lowest P/F:</td>
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<td></td>
<td></td>
<td>Lowest:</td>
<td>Lowest WBC:</td>
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</tbody>
</table>
RESPIRATORY INFECTION OUTCOME (Form 9.1)

**Timing of outcome:** Please complete 1 Respiratory Infection Outcome Form for each new or worsening event. Including pre-ICU and pre-randomization events that patient is treated for on study day 1. Please submit a copy of all positive or indeterminate culture reports AND supporting Physician & Nursing notes, laboratory and radiology reports.

1. **Was the patient being treated for suspected pneumonia (as per Intensivist)?**
   - Definitely
   - Probably
   - Possibly
   - Not likely
   - No

2. **Excluding pneumonia, was the patient being treated for suspected respiratory infection (as per Intensivist)?**
   - Definitely
   - Probably
   - Possibly
   - Not likely
   - No

3. **Clinical Pulmonary Infection Score (CPIS)**
   Grades each of 6 domains on a scale from 0 to 2. If patient has a suspected or treated respiratory infection on the day of randomization, please record worst CPIS scores by reviewing the data from up to 48 hours prior to randomization. For new or worsening events post-randomization, please record values associated with the worst CPIS scores by reviewing data up to and including 48 hrs prior. Assume a score of “0” in a domain if result not available.

   1. **Tracheal secretions:**
      - 0 = rare
      - 1 = moderate to large
      - 2 = purulent or mucopurulent regardless of amount

   2. **Radiographic infiltrates:**
      - 0 = absent
      - 1 = patchy or diffuse
      - 2 = localized
      (e.g., lobar, bilobar or atelectasis)

   3. **Temperature (°C):**
      - 0 = >36.5 and <38.4
      - 1 = >38.4 and <38.9
      - 2 = >39 or <36.4

   4. **White blood cell count (10^9/L):**
      - 0 = >4.0 and <11.0
      - 1 = <4.0 or >11.0
      - 2 = <4.0 or >11.0 and ≥0.5 band forms

   5. **PaO2/FIO2:**
      - 0 = >240
      - 2 = <240

   6. **Microbiology:**
      - 0 = no growth
      - 2 = bacteria, virus or fungus cultured

4. **New or progressive radiographic infiltrate developed with no other obvious cause?**
   - Yes
   - No

5. **Presence of any of the following 24 hrs before to 24hrs after date of suspected infection:**

   - Fever (temperature >38°C or hypothermia (temperature <36°C)?
   - Relative leukopenia (<3.0 x 10^6/L) or leukocytosis (>10 x 10^6/L)?
   - Purulent sputum?

6. **Respiratory Infection Classification (check all that apply)**
   - Pneumonia: (Note: Isolation of a bacteria, virus, fungus or mycobacterium is not always needed for diagnosis)
   - Tracheobronchitis (Note: Isolation of a bacteria, virus, fungus or mycobacterium is not always needed to diagnose tracheobronchitis. Also, chest xray can be normal or show unchanged infiltrates.)
   - Empyema
   - Lung abscess
   - Other, specify: ____________________________
7. Was there a recorded or suspected aspiration event?

- [ ] No
- [ ] Yes, specify:  
  - [ ] pre-hospital  
  - [ ] In-hospital (pre ICU)  
  - [ ] In ICU

Suspected date of aspiration:  
(dd/mm/yyyy)  
[201]  

8. Was there at least 1 microorganism identified (even if just on gram stain; culture not necessary)?

- [ ] Yes, in ET Aspirate  
- [ ] Yes, on bronchoalveolar lavage  
- [ ] Yes, in sputum
- [ ] No

If Yes, please indicate:  
[ ] gram stain  
[ ] culture

Description:


9. Please record ALL Source Documentation of respiratory infection events which will be sent to the PROSPECT Methods Center

- [ ] MD/RN progress notes
- [ ] Radiology reports
- [ ] Laboratory tests
- [ ] Other, specify:

Optional CPIS and SIRS timeframe worksheet (not mandatory for completion):

<table>
<thead>
<tr>
<th>Date (dd/mm/yyyy)</th>
<th>Temperature Rectal = core Oral = add 0.5 Ax/Ty = add 1.0</th>
<th>White blood cell count</th>
<th>Lowest PaO2/FIO2 ratio</th>
<th>Secretions Purulent? Moderate/Large? Rare?</th>
<th>CXR Patchy/ Diffuse Localized</th>
<th>ARDS? Yes/No</th>
</tr>
</thead>
</table>
| 48 hours pre      | Highest:  
_/_/__  
| Lowest:  
| | Highest WBC:  
| Lowest WBC:  
| | Lowest P/F:  
| | | |
| 24 hours pre      | Highest:  
_/_/__  
| Lowest:  
| | Highest WBC:  
| Lowest WBC:  
| | Lowest P/F:  
| | | |
| **Date of infection**  
_/_/__  
| | Highest:  
| | | Highest WBC:  
| | | | Lowest WBC:  
| | | | Lowest P/F:  
| | | | | | | |
| 24 hours post     | Highest:  
_/_/__  
| Lowest:  
| | Highest WBC:  
| Lowest WBC:  
| | Lowest P/F:  
| | | |
BLOOD STREAM INFECTION OUTCOME (Form 10)

Timing of outcome:  
☐ Pre-PROSPECT randomization  ☐ Post-PROSPECT randomization

Please submit a copy of all positive or indeterminante culture reports AND supporting clinical documentation (i.e., physician notes, nursing notes, laboratory results and radiology reports)

☐ 1. Bloodstream Infection of unknown origin (i.e., primary BSI)
   Patient must meet the following TWO criteria:
   ☐ Patient has a recognized pathogen (defined as a microorganism not usually regarded as a common skin contaminant, i.e., diphtheroids, Bacillus species, Propionibacterium species, coagulase-negative staphylococci, or micrococci) cultured from one or more blood cultures
   OR
   ☐ A common skin contaminant (e.g., diphtheroids, Bacillus species, Propionibacterium species, coagulase-negative staphylococci, or micrococci) cultured from two or more blood cultures drawn on separate occasions (including one drawn by venipuncture)
   AND (if a new event)
   ☐ The organism cultured from blood is not related to an infection at another site, including intravascular-access devices

☐ 2. Secondary bloodstream infection (BSI) (other than catheter-related BSI)
   Patient must meet the following TWO criteria:
   ☐ Patient has a recognized pathogen defined as a microorganism different from a common skin contaminant (i.e., diphtheroids, Bacillus species, Propionibacterium species, coagulase-negative staphylococci, or micrococci) cultured from one or more blood cultures
   AND
   ☐ The organism cultured from blood is related to an infection with the same organism at another site (e.g., endotracheal aspirate, BAL, urine)

☐ 3. Catheter-related sepsis with bacteriologic confirmation
   Definite catheter-related sepsis with bacteriologic confirmation is defined as at least one peripheral positive blood culture and ONE of the following:
   ☐ A positive semiquantitative (>15 colony-forming units [CFU]/catheter segment) or quantitative (>10³CFU/catheter segment) catheter tip culture (i.e., catheter colonization), whereby the same microorganism (species and antibiogram) is isolated from the catheter segment and peripheral blood
   OR
   ☐ A positive hub or exit site culture growing the same microorganism as peripheral blood
   OR
   ☐ Positive paired central and peripheral blood cultures growing the same organism, where the central blood culture is positive ≥2 hrs earlier than the peripheral blood culture or has five times the growth of the peripheral blood culture

☐ 4. Patient being treated for suspected sepsis, severe sepsis or septic shock but blood cultures negative.
   Please send a copy of the negative culture reports and specify:
   ☐ Not likely catheter-related
   ☐ Likely catheter-related

☐ 5. Probable contaminant
   ☐ Not likely catheter-related
   ☐ Likely catheter-related

☐ 6. Two positive peripheral blood cultures
   Please record ALL Source Documentation of blood stream infection events which will be sent to the PROSPECT Methods Center
   ☐ MD/RN progress notes  ☐ Laboratory tests  ☐ Other, specify: __________________________________________

15 October 2015
Primary peritonitis (also referred to as spontaneous bacterial peritonitis) is defined as a microbial infection of the peritoneal fluid in the absence of a gastrointestinal perforation, abscess, or other localized infection within the gastrointestinal tract.

**Choose one of:**

- **Microbiologically confirmed:** the presence of a clinically compatible presentation of primary peritonitis with the isolation of microbial pathogens (in peritoneal fluid or blood) along with evidence of acute inflammatory reaction within the peritoneal fluid (i.e., >500 leukocytes/mL with a neutrophilic predominance), an ascitic fluid pH of <7.35 (arterial to ascitic pH difference of >0.1), or a lactate concentration of >2.5 mg/L.

  - Arterial pH
  - Lactate (highest)

- **Probable:** Clinically appropriate setting with evidence of an inflammatory ascitic fluid (>500 leukocytes/mL with a neutrophil predominance) in presence of a positive Gram stain but negative peritoneal fluid cultures or in the presence of a positive blood culture for a pathologic organism with inflammatory cells in ascitic fluid.

- **Possible:** A compatible clinical illness with an inflammatory peritoneal fluid (>500 leukocytes/mL) in the absence of a gastrointestinal perforation, abscess, or other localized infection within the gastrointestinal tract.

Secondary peritonitis is a microbial infection of the peritoneal space following perforation, abscess formation, ischemic necrosis, or penetrating injury of the intra-abdominal contents.

**Choose one of:**

- **Microbiologically confirmed:** Isolation of one or more microbial pathogens found in the peritoneum or the blood >24 hrs after a gastrointestinal perforation of the stomach, esophagus or duodenum, or any perforation of the small bowel distal to the ligament of Treitz. Spillage of luminal contents during an operative procedure is not sufficient evidence of perforation that allows for definitive diagnosis of peritonitis. Furthermore, a penetrating abdominal wound or documented perforation that is surgically repaired within 12 hrs of its occurrence is not sufficient evidence to support diagnosis of secondary bacterial peritonitis.

- **Probable:** Compatible clinical illness associated with documented evidence of perforation (free air in the abdomen on radiographic studies or surgical confirmation of peritoneal inflammation following luminal perforation in the absence of microbiologically confirmed peritonitis). A Gram stain in the absence of a positive culture from the peritoneum would be considered probable secondary bacterial peritonitis.

- **Possible:** Upper gastrointestinal perforation or penetrating abdominal trauma that is surgically repaired without further evidence of microbiologic confirmation or clinical signs or symptoms supportive of a diagnosis of bacterial or fungal peritonitis.

A finding of an inflammatory peritoneal fluid in the presence of a documented but localized intra-abdominal abscess in the absence of culture confirmation would also be considered possible secondary bacterial peritonitis.
### INTRA-ABDOMINAL INFECTION OUTCOME (Form 11.2 of 4)

**Timing of outcome:**
- [ ] Pre-PROSPECT randomization
- [ ] Post-PROSPECT randomization

Please submit a copy of all positive or indeterminate culture reports AND supporting clinical documentation (i.e., physician notes, nursing notes, laboratory results and radiology reports)

#### 3. Tertiary peritonitis

Tertiary peritonitis is defined as persistent intra-abdominal inflammation and clinical signs of peritoneal irritation following secondary peritonitis from nosocomial pathogens.

Choose one of:
- [ ] **Microbiologically confirmed:** Isolation of one or more nosocomial pathogens from peritoneal fluid or blood in an appropriate clinical situation (>48 hrs after treatment for primary or secondary peritonitis).
- [ ] **Probable:** Compatible clinical illness with documented secondary peritonitis with persistent peritoneal inflammation (>500 leukocytes/mL peritoneal fluid) in the absence of microbiologically confirmed microbial persistence in the peritoneal space.
- [ ] **Possible:** Compatible clinical illness with persistent signs of systemic inflammation but without clear documented evidence of persistent inflammation within the peritoneal space following secondary bacterial peritonitis.

#### 4. Peritoneal dialysis-related peritonitis

Choose one of:
- [ ] **Microbiologically confirmed:** In a patient receiving peritoneal dialysis, an acute inflammatory process within the peritoneum (>100 leukocytes/mL) with a predominance of neutrophils in the presence of culture documentation in peritoneal fluid or blood of a pathogenic microorganism.
- [ ] **Probable:** An inflammatory process (>100 leukocytes/mL with a neutrophil predominance) of the peritoneum during the course of peritoneal dialysis, with Gram stain evidence of an infection but without culture documentation from blood or the peritoneal space.
- [ ] **Possible:** Abnormal accumulation of inflammatory cells in the peritoneum (>100 leukocytes/mL) with a predominance of neutrophils in the absence of Gram stain and culture evidence of infection.

#### 5. Intra-abdominal abscess

Choose one of:
- [ ] **Microbiologically confirmed:** Clinical, radiographic, and direct surgical confirmation of an inflammatory collection within the peritoneal space or surrounding structures with isolation of one or multiple microbial pathogens from the fluid collection. Microbiologic confirmation will require specimen collection from percutaneous aspirations under sterile technique or direct surgical observation with acquisition of culture material directly from the abscess cavity or the blood.
- [ ] **Probable:** The presence of an abnormal collection of fluid in the intra-abdominal contents or surrounding structures with evidence of inflammatory cells and/or positive Gram stain but with negative cultures from that fluid accumulation or blood.
- [ ] **Possible:** Clinical or radiographic evidence of an abnormal fluid accumulation within the abdominal contents or surrounding structures but without microbiologic or surgical confirmation.

Please record ALL Source Documentation of intra-abdominal infection events which will be sent to the PROSPECT Methods Center

- [ ] MD/RN progress notes
- [ ] Radiology reports
- [ ] Laboratory tests
- [ ] Other, specify: ____________________________________

15 October 2015
**INTRA-ABDOMINAL INFECTION OUTCOME (Form 11.3 of 4)**

Timing of outcome:  
☐ Pre-PROSPECT randomization  ☐ Post-PROSPECT randomization

Please submit a copy of all positive or indeterminate culture reports AND supporting clinical documentation (i.e., physician notes, nursing notes, laboratory results and radiology reports)

☐ 6. Biliary tract infection, choose one of:

☐ Microbiologically confirmed: An acute inflammatory process of the biliary tract or surrounding structures with the isolation of pathogenic microorganisms obtained via percutaneous or direct surgical collection of samples in the lumen of the gall bladder or the biliary tract or the blood.

☐ Probable: An appropriate clinical syndrome with evidence of microbial infection verified by Gram stain from the biliary system but with negative cultures from the biliary system or blood for enteric microbial pathogens.

☐ Possible: This includes patients with clinical evidence of biliary tract infection with surgical or radiographic evidence of suppurative complications but in the absence of microbiologic verification, positive blood cultures, or a Gram stain evidence of active infection. In the presence of ascending cholangitis, a positive blood culture is sufficient to make the diagnosis of microbiologically confirmed, ascending cholangitis (>50% of patients will be bacteremic with this biliary tract infection). A positive culture from the biliary tract in the absence of clinical symptoms (bactobilia) is not sufficient to make a diagnosis. Positive culture from a T-tube drainage from the common bile duct is not sufficient evidence to make a diagnosis of biliary tract infection if the tube has been in place for >24 hrs.

☐ 7. Pancreatic infection, choose one of:

☐ Microbiologically confirmed: This requires direct confirmation of positive microbial cultures from the pancreas or surrounding structures by percutaneous aspiration or direct visualization and culture at the time of surgery or from the bloodstream.

☐ Probable: The presence of surgical or radiographic evidence of an abnormal collection of an inflammatory focus within the substance of the pancreas or surrounding structures with a positive Gram stain from the pancreatic collection in the absence of culture documentation.

☐ Possible: Radiographic or direct surgical inspection with evidence suggestive of pancreatic abscess or other type of infection.

☐ 8. Typhlitis, choose one of:

Typhlitis is defined as transmural inflammation and variable degrees of necrosis and infection of the cecum and colon found in immunocompromised hosts (primarily in neutropenic patients and HIV-infected patients).

☐ Microbiologically confirmed: Detection of microbial pathogens within the submucosa of the bowel wall of the cecum following surgical excision.

☐ Probable: The presence of a pathogenic microorganism in the systemic circulation or peritoneum in the appropriate clinical situation with radiographic evidence of air in the bowel wall, thickening, or hemorrhagic necrosis on abdominal computed tomography scan or direct surgical inspection of the cecum.

☐ Possible: A compatible clinical presentation with radiographic evidence of bowel wall edema and/or gas and/or hemorrhagic necrosis within the bowel wall of the cecum without microbiologic or surgical confirmation.

Please record ALL Source Documentation of intra-abdominal infection events which will be sent to the PROSPECT Methods Center  
☐ MD/RN progress notes  ☐ Radiology reports  ☐ Laboratory tests  ☐ Other, specify: ____________________

15 October 2015
9. Toxic megacolon

Toxic megacolon is defined as an acute dilation of the colon due to diffuse inflammation or necrosis of the bowel wall in the absence of mechanical obstruction.

Choose one of:

- Microbiologically confirmed: The isolation of pathogenic microorganisms within the peritoneum, blood, or bowel wall from surgically resected tissues in patients presenting with the clinical picture of toxic megacolon with radiographic evidence of dilatation of the lumen of the large bowel >6 cm.

- Probable: Radiographic evidence of acute dilation of the lumen of the large bowel >6 cm in the appropriate clinical situation with evidence of peritoneal inflammation and/or positive Gram stain but without pathologic evidence of microbial invasion of the bowel wall and/or submucosal necrosis.

- Possible: A clinical presentation compatible with toxic megacolon and radiographic evidence of acute dilatation of the lumen of the large bowel >6 cm without microbiologic or pathologic confirmation.

10. Patient being treated for suspected intra-abdominal infection but cultures negative. Please send a copy of the negative culture reports

Please record ALL Source Documentation of intra-abdominal infection events which will be sent to the PROSPECT Methods Center

- MD/RN progress notes
- Radiology reports
- Laboratory tests
- Other, specify: __________________
URINARY TRACT INFECTION OUTCOME (Form 12)

Timing of outcome: □ Pre-PROSPECT randomization □ Post-PROSPECT randomization

Please submit a copy of all positive or indeterminate culture reports AND supporting clinical documentation (i.e., physician notes, nursing notes, laboratory results and radiology reports)

1. Upper urinary tract infection (kidney, ureter, bladder, urethra, or tissue surrounding the retroperitoneal or perinephric space). Must meet ONE of the following criteria:
   □ Organism isolated from culture of urine or tissue from the affected site
   □ An abscess or other evidence of infection seen on direct examination, during surgery, or by histopathologic examination
   □ Radiographic evidence of infection (e.g., ultrasound, computed tomography, magnetic resonance imaging, radiolabeled scan)

2. Patient being treated for suspected urinary tract infection but cultures negative. Please send a copy of the negative urine culture reports

Please record ALL Source Documentation of urinary-tract infection events which will be sent to the PROSPECT Methods Center
   □ MD/RN progress notes □ Radiology reports □ Laboratory tests □ Other, specify: ____________________________
SKIN AND SOFT TISSUE INFECTIONS OUTCOME (Form 13)

Timing of outcome: [ ] Pre-PROSPECT randomization  [ ] Post-PROSPECT randomization

Please submit a copy of all positive or indeterminante culture reports AND supporting clinical documentation (i.e., physician notes, nursing notes, laboratory results and radiology reports)

Surgical site infections:

☐ Surgical site infection is defined as an infection that arises within 30 days of an operative procedure and at the site of surgical intervention. Symptoms and signs suggestive of a surgical site infection include wound erythema and blanching, tenderness, pain, purulent discharge, fever (temperature >38.0°C), and leukocytosis. A superficial surgical site infection involves the skin or subcutaneous tissues alone, whereas a deep surgical site infection involves the fascia or muscle layers, and an organ space surgical site infection involves the deeper anatomic areas opened during the surgical procedure.

☐ Nonsurgical site infections

☐ Cellulitis is defined as an acute spreading infection of the skin and underlying soft tissue suggested by the presence of a rapidly expanding erythema, local tenderness, pain, swelling, lymphangitis, and lymphadenopathy, which is frequently accompanied by systemic signs and symptoms including malaise, fever (temperature >38.0°C), and chills.

☐ Necrotizing cellulitis and fasciitis are defined as acute, rapidly progressing, and life-threatening destructive (i.e., necrotizing) infections of the subcutaneous tissues dissecting along tissue planes. Although these two clinical entities exhibit some distinctive clinical and microbial characteristics, they share common features. The symptoms and signs suggestive of necrotizing cellulitis or fasciitis are intense local pain (a cardinal feature), exquisite tenderness, erythema (initially discrete but evolving to red-purple and then blue-gray cutaneous lesions often with hemorrhagic bullae), swelling, edema, crepitations (in the case of necrotizing cellulitis), and extensive tissue necrosis, which are associated with prominent systemic toxicity (toxic shock syndrome, severe sepsis, or septic shock).

☐ Other nonsurgical site infection, please specify:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please record ALL Source Documentation of skin and soft tissue infection events which will be sent to the PROSPECT Methods Center

☐ MD/RN progress notes  ☐ Radiology reports  ☐ Laboratory tests  ☐ Other, specify: __________________________
CLOSTRIDIUM DIFFICILE OUTCOME (Form 14)

Timing of outcome:  □ Pre-PROSPECT randomization  □ Post-PROSPECT randomization

Please submit a copy of all Clostridium Difficile culture reports AND if positive provide supporting clinical documentation (i.e., physician notes, nursing notes, laboratory results, radiology reports, clinical notes relating to stool, colonoscopy reports and histology reports), if available.

1. Clostridium difficile associated diarrhea?  □ No  □ Yes, specify:
   - □ > 3 episodes of unformed stools in ≤24 hours
   - □ AND Clostridium difficile toxin positive stool
   - □ OR Colonscopic findings demonstrating pseudomembranous colitis
   - □ OR Histopathological findings of pseudomembranous colitis

2. Which test was this based upon? (Please check ALL that apply)
   - □ ELISA (enzyme-linked immunosorbent assay)
   - □ PCR (polymerase chain reaction)
   - □ LAMP (loop-mediated isothermal amplification)
   - □ Cell Culture Cytotoxicity Assay
   - □ Other, please specify: ________________________________

3. Clostridium Difficile Infection Severity (Clinical impression of Intensivist)
   - □ Mild
   - □ Moderate
   - □ Severe (e.g., toxic mega-colon)

4. Were there any consequences of the Clostridium difficile infection today?
   - □ Septic shock
   - □ Antibiotic therapy started
   - □ Fecal transplant
   - □ Toxic megacolon
   - □ Bowel perforation
   - □ Colectomy
   - □ NONE
   - □ Other, specify: ________________________________

Please record ALL Source Documentation of Clostridium Difficile infection events which will be sent to the PROSPECT Methods Center
   - □ MD/RN progress notes
   - □ Radiology reports
   - □ Laboratory tests
   - □ Other, specify: ________________________________
CLOSTRIDIUM DIFFICILE POST ICU DISCHARGE OUTCOME (Form 14.1)

Please submit a copy of all *Clostridium Difficile* culture reports AND if positive provide supporting clinical documentation (i.e., physician notes, nursing notes, laboratory results, radiology reports, clinical notes relating to stool, colonoscopy reports and histology reports), if available.

1. *Clostridium difficile* associated diarrhea? □ No □ Yes, specify:
   - □ ≥ 3 episodes of unformed stools in ≤24 hours
   - □ *Clostridium difficile* toxin positive stool
   - □ Colonscopic findings demonstrating pseudomembranous colitis
   - □ Histopathological findings of pseudomembranous colitis

2. Which test was this based upon?
   - □ ELISA (enzyme-linked immunosorbent assay)
   - □ PCR (polymerase chain reaction)
   - □ LAMP (loop-mediated isothermal amplification)
   - □ Other, please specify:

3. Please provide all dates of *Clostridium difficile* microbiological testing post ICU:
   (dd/mm/yyyy)

   Specimen # ____________________________
   □ No □ Yes
   Specimen # ____________________________
   □ No □ Yes
   Specimen # ____________________________
   □ No □ Yes
   Specimen # ____________________________
   □ No □ Yes
   Specimen # ____________________________
   □ No □ Yes

4. *Clostridium Difficile* Infection Severity (Clinical impression of Intensivist)
   - □ Mild
   - □ Moderate
   - □ Severe (e.g., toxic mega-colon)

5. Were there any consequences of the *Clostridium difficile* infection today?
   - □ Septic shock
   - □ Toxic megacolon
   - □ Colectomy
   - □ Antibiotic therapy started
   - □ Bowel perforation
   - □ NONE
   - □ Fecal transplant
   - □ Other, specify ____________________________

Please record ALL Source Documentation of *Clostridium Difficile* infection events which will be sent to the PROSPECT Methods Center
   - □ MD/RN progress notes
   - □ Radiology reports
   - □ Laboratory tests
   - □ Other, specify: ____________________________

Please check if additional forms are required for reporting *Clostridium difficile* microbiological testing
3. Please provide all dates of *Clostridium difficile* microbiological testing post ICU:

<table>
<thead>
<tr>
<th>Date</th>
<th>Specimen #</th>
<th>Were test results positive?</th>
</tr>
</thead>
<tbody>
<tr>
<td>201</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>201</td>
<td></td>
<td>Yes</td>
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<tr>
<td>201</td>
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<td>Yes</td>
</tr>
<tr>
<td>201</td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

Please submit a copy of all *Clostridium Difficile* culture reports AND if positive provide supporting clinical documentation (i.e., physician notes, nursing notes, laboratory results, radiology reports, clinical notes relating to stool, colonoscopy reports and histology reports), if available.
**OTHER INFECTION OUTCOME (Form 20)**

**Timing of outcome:**  □ Pre-PROSPECT randomization  □ Post-PROSPECT randomization

Please submit a copy of all positive or indeterminante culture reports AND supporting clinical documentation (i.e., physician notes, nursing notes, laboratory results and radiology reports)

1. **Other Infection** (check ALL that apply)
   - Meningitis
   - Encephalitis
   - Sinusitis
   - Endocarditis
   - Mediastinitis
   - Osteomyelitis
   - Septic arthritis
   - Oral herpes
   - Genital herpes
   - Other (specify): ____________________________________________________________

Please record ALL Source Documentation of other infection events which will be sent to the PROSPECT Methods Center

□ MD/RN progress notes  □ Radiology reports  □ Laboratory tests  □ Other, specify: ________________________
PROTOCOL VIOLATION - RESEARCH COORDINATOR (Form 15)

1. **Protocol violation** (check ALL that apply)
   - [ ] 1. Study product given within 4 hours of oral or NG antibiotic: Erythromycin, Ciprofloxacin, Clindamycin or Doxycycline. Specify antibiotic, dosage and time of administration:

   ________________________________________________

   ________________________________________________

   [ ] 2. Missed dose of study product
   [ ] 3. Received wrong study product (probiotic instead of placebo or vice versa)
   [ ] 4. Open label probiotics administered (e.g., not study product)
   [ ] 5. Other (specify):

   ________________________________________________

2. **Reason for the protocol violation**

   ________________________________________________

3. **Consequences?**  
   - [ ] No  
   - [ ] Yes, specify:

   ________________________________________________

4. **Who was responsible for the protocol violation?** (check ALL that apply)
   - [ ] Physician
   - [ ] Research Coordinator
   - [ ] Bedside Nurse
   - [ ] ICU Pharmacist
   - [ ] Patient
   - [ ] Family
   - [ ] Other (specify):

   ________________________________________________
PROTOCOL VIOLATION - PHARMACY (Form 16)

1. Protocol violation (check ALL that apply)
   - □ 1. Missed dose of study product
   - □ 2. Dispensed wrong study product (placebo given instead of probiotics or vice versa)
   - □ 3. Open label probiotics administered (e.g., not study product)
   - □ 4. Other (specify): ________________________________

2. Reason for the protocol violation ________________________________
   ________________________________
   ________________________________

3. Consequences? □ No □ Yes, specify: ________________________________
   ________________________________

4. Who was responsible for the protocol violation? (check ALL that apply)
   □ Physician
   □ Research Coordinator
   □ Bedside Nurse
   □ ICU Pharmacist
   □ Other (specify): ________________________________
   ________________________________

Date of Study Day: 201
Patient ID: 123
Patient Initials: FL
Study Day: [Blank]
Protocol violation (check ALL that apply): [Blank]
1. Did the patient have a suspected or proven infection 72 hrs prior to randomization or in ICU after randomization? (If yes, indicate date of first infection.) Please ensure relevant Infection Form has been submitted.

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Study Day</td>
<td>201</td>
<td></td>
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</tbody>
</table>

2. Did the patient have a *Lactobacillus* infection in the ICU or on the ward any time during this hospitalization? (Please ensure AE Form 18 is submitted.)

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Study Day</td>
<td>201</td>
<td></td>
</tr>
</tbody>
</table>

| Check if there was a *Lactobacillus infection* post-ICU discharge |

3. Did the patient have a *Clostridium Difficile* infection in the ICU or on the ward any time during this hospitalization? (Please ensure Form 14 is submitted.)

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Study Day</td>
<td>201</td>
<td></td>
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</tbody>
</table>

| Check if there was a *Clostridium Difficile infection* post-ICU discharge |

4. Was the patient discharged from the ICU alive?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
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<tbody>
<tr>
<td>Date of Study Day</td>
<td>201</td>
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</tbody>
</table>

5. Date of death or discharge from ICU (dd/mm/yyyy)

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<th>201</th>
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6. Was the patient discharged from the hospital alive?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
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<tbody>
<tr>
<td>Date of Study Day</td>
<td>201</td>
<td></td>
</tr>
</tbody>
</table>

7. Date of death or discharge from hospital (dd/mm/yyyy)

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<thead>
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<th>201</th>
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</table>

8. Was the patient transferred to another hospital?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>If yes, was it to a Long Term Care facility?</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

9. Was this patient co-enrolled in another study while in the ICU?

<table>
<thead>
<tr>
<th>Study name (and ID if REVISE):</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
</tr>
<tr>
<td>b.</td>
</tr>
<tr>
<td>c.</td>
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<tr>
<td>d.</td>
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<td>e.</td>
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<thead>
<tr>
<th>Design:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCT observational</td>
</tr>
<tr>
<td>academic</td>
</tr>
<tr>
<td>industry</td>
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<tr>
<td>local</td>
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<thead>
<tr>
<th>Funding:</th>
</tr>
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<tbody>
<tr>
<td>Internal</td>
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<tr>
<td>Study Code</td>
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</tbody>
</table>

10. Please forward a copy of the ICU admission note and ICU discharge summary to the PROSPECT Methods Center. PROSPECT Method Center Fax 905-308-7223

| ICU Admit Note Received | ICU Discharge Note Received |
ADVERSE EVENT DIRECTLY RELATED TO THE STUDY (Form 18)

Timing of SAE/AE:  
- [ ] post-PROSPECT randomization
- [ ] post-ICU discharge

1. Onset date and time of Adverse Event:
   - Date (dd/mm/yyyy): 201
   - (24 hour clock): [ ]

2. Outcome on day of the report (check ALL that apply):
   - [ ] Death (SAE)
   - [ ] Life threatening (i.e., immediate risk of death) (SAE)
   - [ ] Congenital anomaly or birth defect (SAE)
   - [ ] Other condition judged as serious (SAE), specify:
   - [ ] Adverse Event only, no other conditions judged as serious (AE)

3. Investigations:

4. Treatment:

5. Please ask the Intensivist or Site Investigator to describe the Adverse Event which s/he believes is directly related to the PROSPECT study product.

6. Does the Investigator or Site Investigator believe that this Adverse Event is directly related to the PROSPECT study product?
   - [ ] No
   - [ ] Yes (specify):

7. Overall outcome at time of hospital discharge or death (check one only)
   - [ ] Recovered with no sequelae
   - [ ] Recovered with sequelae that are not chronic (specify):
   - [ ] Recovered with sequelae that are chronic (specify):
   - [ ] Death
   - [ ] Unknown

Signature of Intensivist ________________________________
- Date (dd/mm/yyyy): 201

Signature of Site Investigator ________________________________
- Date (dd/mm/yyyy): 201

Please fax this form immediately to the PROSPECT Methods Center
(905) 308-7223 locally and call the
The PROSPECT Methods Centre (905) 512-5935

15 October 2015