

SOFA-score in the PRINCESS2-trial

SOFA-score shall be registered upon admission, after 24h, 48h and 72h.

- Upon admission, state the values true for the first hour in the ICU. No prehospital values are to be included. At 24h, state the most severe values registered during the first 24h. At 48h state the most severe values between 24h and 48h, and so on.
- 1. Respiration the values for PaO2 and FiO2 shall be from the same time point.
- 2. Coagulation Platelets, lowest value
- 3. Liver Bilirubin, highest value
- **4. Cardiovascular** MAP and treatment with vasopressors/inotropy. The patient must have been treated with vasopressor/inotropy for at least 1 h.
- **5. CNS GCS** Last documented status before the administration of sedatives shall be specified unless something new has been noted. I.e. the level of alertness with ongoing sedation shall not be specified, other than if this is expected to mirror the actual neurological status of the patient.
- **6. Renal** Creatinine or diuresis is the basis for registration, regardless the presence of renal replacement therapy (e.g. ongoing dialysis with normalized creatinine yet anuric is classified as diuresis <200 cc/24h). Urine volume for part of a day is extrapolated to volume per 24h.

	SOFA Score				
	0	1	2	3	4
Respiration Pao _z /Fio _z (torr)	>400	≤400	≤300	≤200 With respiratory support	≤100 With respiratory support
Coagulation					
Platelets (×10 ³ /mm ³)	>150	≤150	≤100	≤50	≤20
Liver					
Bilirubin (mg/dL)	<1.2	1.2-1.9	2.0-5.9	6.0 - 11.9	>12.0
$(\mu \text{mol/L})$	<20	20-32	33-101	102-204	>204
Cardiovascular					
Hypotension	No hypotension	MAP <70 mm Hg	Dopamine ≤5 or dobutamine (any dose) ⁿ	Dopamine >5 or epi ≤0.1 or norepi ≤0.1"	Dopamine >15 or epi >0.1 or norepi >0.1
Central Nervous System					
Glasgow Coma Score	15	13-14	10-12	6-9	<6
Renal					
Creatinine (mg/dL)	<1.2	1.2-1.9	2.0 - 3.4	3.5-4.9	>5.0
$(\mu ext{mol/L})$ or urine output	<110	110-170	171–299	300-440 or <500 mL/day	>440 or <200 mL/day

Vincent JLet al. Use of the SOFA score to assess the incidence of organ dysfunction/failure in intensive care units: results of a multicenter, prospective study. Working group on "sepsis-related problems" of the European Society of Intensive Care Medicine. Crit Care Med. 1998 Nov;26(11):1793-800.

epi, epinephrine; norepi, norepinephrine.

Adrenergic agents administered for at least 1 hr (doses given are in µg/kg/min).

To convert torr to kPa, multiply the value by 0.1333.