ICMJE DISCLOSURE FORM

Date:2021/	05/09
Your Name:	Zhaojia Xu
Manuscript Ti	tle: <u>A randomised controlled study: Efficacy of ICU nursing risk management combined with the cluster</u>
nursing mode	l and its effect on quality of life and inflammatory factor levels of patients with acute respiratory distress
syndrome and	d ventilator-associated pneumonia
Manuscript n	umber (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	☑ None	
0			
	testimony		
7	Support for attending	None	
	meetings and/or travel		
0			
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	☑ None	
12	Receipt of equipment,	☑ None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
12			
13	Other financial or non-	None	
	financial interests		

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

<u>"X</u> I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date:2021/05/09			
Your Name: Juan Chen			
Manuscript Title: A randomised controlled study: Efficacy of ICU nursing risk management combined with the cluster			
nursing model and its effect on quality of life and inflammatory factor levels of patients with acute respiratory distress			
syndrome and ventilator-associated pneumonia			
Manuscript number (if known):			

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ICMJE DISCLOSURE FORM

Date: 2021/05/09		
Your Name: <u>Rongjun Xu</u>		
Manuscript Title: A randomised controlled study: Efficacy of ICU nursing risk management combined with the cluster		
nursing model and its effect on quality of life and inflammatory factor levels of patients with acute respiratory distress		
syndrome and ventilator-associated pneumonia		
Manuscript number (if known):		

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