

Screening form version 1.0 – Swiss version

Screeni...(0/26)

Title: Screening

Exit (no save)

SCREENING FORM

Support: [mail](#) or +45 2118 2543

Patient Identification

S1 National identification number [\[info\]](#)

Year of birth (yyyy) Site ID Serial

Inclusion criteria

S2 Acutely admitted to the ICU? Yes No [\[info\]](#)

S3 Age \geq 18 years? Yes No

S4 Respiratory support in a closed system independent of FiO_2 **OR** oxygen supplementation in an open system with at least 10 L oxygen per minute? Yes No [\[info\]](#)

S5 Oxygen supplementation in the ICU expected to last for at least 24 hours?
(If in doubt of this forecast answer 'YES') Yes No [\[info\]](#)

S6 Intraarterial catheter in place? Yes No [\[info\]](#)

S7 Positive test for coronavirus? Yes No [\[info\]](#)

Exclusion criteria

S8 More than 12 hours since admission to the ICU? Yes No [\[info\]](#)

S9 Chronic mechanical ventilation? Yes No [\[info\]](#)

S10 Use of home oxygen supplementation? Yes No [\[info\]](#)

S11	Previously treated with bleomycin?	<input type="radio"/> Yes <input type="radio"/> No	[info]
S12	Solid organ transplant planned or conducted during current hospitalisation?	<input type="radio"/> Yes <input type="radio"/> No	[info]
S13	Withdrawal from active therapy or brain death deemed imminent?	<input type="radio"/> Yes <input type="radio"/> No	
S14	Known pregnancy?	<input type="radio"/> Yes <input type="radio"/> No	[info]
S15	Poisoned with carbon monoxide, cyanide or paraquat?	<input type="radio"/> Yes <input type="radio"/> No	[info]
S16	Methaemoglobinaemia?	<input type="radio"/> Yes <input type="radio"/> No	[info]
S17	Sickle cell disease?	<input type="radio"/> Yes <input type="radio"/> No	[info]
S18	Condition expected to involve the use of hyperbaric oxygen treatment (HBO)?	<input type="radio"/> Yes <input type="radio"/> No	[info]
S19	Consent according to national regulations NOT obtainable?	<input type="radio"/> Yes <input type="radio"/> No	[info]

Form is incomplete

Stratification and randomisation

S20	Name of the patient	<input type="text"/>	[info]
S21	Site ID	<input type="text" value="CH01"/>	
<input type="button" value="Perform randomisation"/>			
R1	Participant randomised to	<input type="text"/>	
R2	Randomisation timestamp	<input type="text"/>	

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