

## Screening version 1.1

<b>Screeni...(28/28)</b>	
<b>Title: Screening</b>	
Instructions:	
<b>SCREENING FORM</b>	
<b>PATIENT IDENTIFICATION</b>	
S1 National identification number	<input type="text"/> <a href="#">[info]</a>
Date of birth (ddmmyy)	<input type="text"/>
Site ID	<input type="text"/>
Serial	<input type="text"/>
<b>INCLUSION CRITERIA</b>	
S2 Acutely admitted to the ICU?	<input type="radio"/> Yes <input type="radio"/> No <a href="#">[info]</a>
S3 Age $\geq$ 18 years?	<input type="radio"/> Yes <input type="radio"/> No
S4 Respiratory support in a <b>closed system</b> with an $\text{FiO}_2 \geq 0.50$ ?	<input type="radio"/> Yes <input type="radio"/> No <a href="#">[info]</a>
S5 Oxygen supplementation through an <b>open system</b> with a oxygen flow of $\geq 10$ L/min? <i>(See definition in info-box)</i>	<input type="radio"/> Yes <input type="radio"/> No <a href="#">[info]</a>
S6 Oxygen supplementation in the ICU expected to last for at least 24 hours? <i>(If in doubt of this forecast answer 'YES')</i>	<input type="radio"/> Yes <input type="radio"/> No <a href="#">[info]</a>
S7 Intraarterial catheter in place?	<input type="radio"/> Yes <input type="radio"/> No <a href="#">[info]</a>
<b>EXCLUSION CRITERIA</b>	
S8 More than 12 hours since admission to the ICU?	<input type="radio"/> Yes <input type="radio"/> No <a href="#">[info]</a>
S9 Chronic mechanical ventilation?	<input type="radio"/> Yes <input type="radio"/> No <a href="#">[info]</a>
S10 Use of home oxygen supplementation?	<input type="radio"/> Yes <input type="radio"/> No <a href="#">[info]</a>
S11 Previously treated with bleomycin?	<input type="radio"/> Yes <input type="radio"/> No <a href="#">[info]</a>
S12 Solid organ transplant planned or conducted during current hospitalisation?	<input type="radio"/> Yes <input type="radio"/> No <a href="#">[info]</a>

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 <a href="#">[info]</a>
S15	Poisoned with carbon monoxide, cyanide or paraquat?	<input type="radio"/> Yes <input type="radio"/> No <a href="#">[info]</a>
S16	Methaemoglobinaemia?	<input type="radio"/> Yes <input type="radio"/> No <a href="#">[info]</a>
S17	Sickle cell disease?	<input type="radio"/> Yes <input type="radio"/> No <a href="#">[info]</a>
S18	Condition expected to involve the use of hyperbaric oxygen treatment (HBO)?	<input type="radio"/> Yes <input type="radio"/> No <a href="#">[info]</a>
S19	Consent according to national regulations NOT obtainable?	<input type="radio"/> Yes <input type="radio"/> No <a href="#">[info]</a>

## STRATIFICATION VARIABLES

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S20	Name of the patient	<input type="text"/>	<a href="#">[info]</a>
S21	Chronic obstructive pulmonary disease (COPD)?	<input type="radio"/> Yes <input type="radio"/> No	<a href="#">[info]</a>
S22	Active haematological malignancy?	<input type="radio"/> Yes <input type="radio"/> No	<a href="#">[info]</a>
S23	Site ID	<input type="text"/>	
S24	Participant randomised to	<input type="text"/>	
S25	Randomisation timestamp	<input type="text"/>	