

Screeni...(0/28)

Title: Screening

Instructions:

SCREENING FORM

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** with an $\text{FiO}_2 \geq 0.50$? Yes No [\[info\]](#)

S5 Oxygen supplementation through an **open system** with a oxygen flow of ≥ 10 L/min?
(See definition in info-box) Yes No [\[info\]](#)

S6 Oxygen supplementation in the ICU expected to last for at least 24 hours?
(If in doubt of this forecast answer 'YES') Yes No [\[info\]](#)

S7 Intraarterial catheter in place? 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? Yes No [\[info\]](#)

S12 Solid organ transplant planned or conducted during current hospitalisation? Yes No [\[info\]](#)

S13 Withdrawal from active therapy or brain death deemed imminent? Yes No

S14 Known pregnancy? Yes No [\[info\]](#)

S15 Poisoned with carbon monoxide, cyanide or paraquat? Yes No [\[info\]](#)

S16 Methaemoglobinaemia? Yes No [\[info\]](#)

S17 Sickle cell disease? Yes No [\[info\]](#)

S18 Condition expected to involve the use of hyperbaric oxygen treatment (HBO)? Yes No [\[info\]](#)

S19 Consent according to national regulations NOT obtainable? Yes No [\[info\]](#)

STRATIFICATION VARIABLES

Form is not yet complete.

S20 Initials of the patient [\[info\]](#) Unknown at admission

S21 Chronic obstructive pulmonary disease (COPD)? Yes No [\[info\]](#)

S22 Active haematological malignancy? Yes No [\[info\]](#)

S23 Site ID

S24 Participant randomised to

S25 Randomisation timestamp