

SCREENING FORM

Support: mail or +45 3545 7237

Patient Identification

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

Date of birth
(ddmmyy)

Site ID

Serial

Inclusion criteria

S2 Is the patient \geq 18 years old? Yes No

S3 Does the patient have documented **COVID-19**? Yes No [\[info\]](#)

S4 Oxygen supplementation through an **open system** with an oxygen flow of at least 10 L/min?
 Yes No [\[info\]](#)
Note: Round to nearest whole number.
If mixture of pure oxygen and atmospheric air is used, use [this converter](#) to calculate supplemental oxygen flow.

S5 Respiratory support in a **closed system**? Yes No [\[info\]](#)

S5a Which system?

- Invasive mechanical ventilation [\[info\]](#)
 Non-invasive ventilation (NIV)
 Continuous CPAP (NOT including intermittent CPAP)

Exclusion criteria

S6 Has the patient received invasive mechanical ventilation for more than 48 hours at the time of screening? Yes No [\[info\]](#)

S7 Does the patient have an indication for use of systemic corticosteroids? Yes No [\[info\]](#)

S8 Does the patient have invasive fungal infection? Yes No [\[info\]](#)

S9 Fertile woman (< 60 years of age) with positive urine human gonadotropin (hCG) or plasma-hCG? Yes No

S10 Known hypersensitivity to hydrocortisone? Yes No

S11 Has the clinical team decided not to use invasive mechanical ventilation for this patient? Yes No

S12 Consent unobtainable according to national regulations? Yes No [\[info\]](#)

Stratification variables

S13 Site

S14 Name of the patient

[\[info\]](#) Unknown at the time of screening

S15 Is the patient \geq 70 years old? Yes No

S16 Invasive mechanical ventilation? Yes No

Perform randomisation

S17 Participant randomised to

S18 Randomisation timestamp

