Screening form version 1.0

Title: Screening

Exit (no save)

SCREENING FORM

Support: mail or +45 2118 2543

Patient Identification

S1	National identification number		[info]

Inclusion criteria

S2	Acutely admitted to the ICU?	○ Yes ○ No	[info]
S3	Age ≥ 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?	○ 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]

Form is incomplete

Stratification and randomisation

S20	Name of the patient		[info] ☐ Unknown at the time of screening
S21	Site ID	DK01	
		Perform randomisation	
R1	Participant randomised to		
R2	Randomisation timestamp		

Return to top   Save   Exit (no save)