Randomisation Program

Call Freefone **0800 138 5451** to contact the RECOVERY team for **URGENT** problems using the Randomisation Program or for medical advice. All **NON-URGENT queries** should be emailed to **recoverytrial@ndph.ox.ac.uk**

Logged in as: **RECOVERY Site**

Section A: Baseline and Eligibility

Date and time of randomisation: 5 Nov 2020 14:00

Treating clinician

A1. Name of treating clinician _____

Patient details

A2. Patient surname _____

Patient forename _____

A3. NHS number _____ ☐ Tick if not available

A4. What is the patient's date of birth? [01 ▾] / [January ▾] / [2020 ▾]

A4.3 What is this child's weight? _____ kg
Use estimated weight if necessary

A5. What is the patient's sex? [▾]

Inclusion criteria

A6. Has consent been taken in line with the protocol? [▾]
If answer is No patient cannot be enrolled in the study

A7. Does the patient have proven or suspected SARS-CoV-2 infection? [▾]
If answer is No patient cannot be enrolled in the study

A7.5 Does the patient have probable PIMS-TS syndrome? [Yes ▾]

A8. Does the patient have any medical history that might, in the opinion of the attending clinician, put the patient at significant risk if they were to participate in the trial? [▾]

A8B. Is the patient willing to receive convalescent plasma? [▾]

A9. COVID-19 symptom onset date: [▾] / [▾] / [▾]

A10. Date of hospitalisation: [▾] / [▾] / [▾]

A11. Does the patient require oxygen? [▾]

A12. Please select one of the following to describe the current level of ventilation support [▾]

A12.1 Enter latest oxygen saturation measurement (%) _____

A12.2 Enter latest CRP measurement since admission to hospital (mg/L) _____ ☐ Tick if not measured
Enter 0 if below the limit of measurement ☐ Tick if greater than limit of measurement

A12.3 Enter latest creatinine measurement since admission to hospital (µmol/L) _____ ☐ Tick if not measured

A12.4 Enter latest D-dimer measurement since admission to hospital (ng/mL) _____ ☐ Tick if not measured
Enter 0 if below the limit of measurement ☐ Tick if greater than limit of measurement

Does the patient have any CURRENT comorbidities or other medical problems or treatments?

A13.1 Diabetes [▾]

A13.2 Heart disease [▾]

A13.3 Chronic lung disease [▾]

A13.4 Tuberculosis [▾]

A13.5 HIV [▾]

A13.6 Severe liver disease [▾]

A13.7 Severe kidney impairment (eGFR<30 or on dialysis) [▾]

A13.8 Known long QT syndrome [▾]

A13.9 Current treatment with macrolide antibiotics which are to continue [▾]
Macrolide antibiotics include clarithromycin, azithromycin and erythromycin

A13.10 Antiplatelet therapy [▾]
Includes aspirin, clopidogrel, ticagrelor, prasugrel, dipyridamole

A13.11 Previous adverse reaction to blood or blood product transfusion [▾]

Are the following treatments UNSUITABLE for the patient?
If you answer Yes it means you think this patient should NOT receive this drug.

A14.1 Azithromycin [▾]

A14.2 High-dose corticosteroids (methylprednisolone) [▾]

A14.3 Intravenous immunoglobulin [▾]

A14B.1 Convalescent plasma [▾]

A14C.1 Aspirin [Yes ▾]
Must be Yes if patient is under 18

Are the following treatments available?

A15.1 Azithromycin [▾]

A15.2 High-dose corticosteroids (methylprednisolone) [▾]

A15.3 Intravenous immunoglobulin [▾]

A15B.1 Convalescent plasma [▾]

A15C.1 Aspirin [▾]

Current medication

A16.1 Is the patient currently prescribed remdesivir? [▾]

A16.2 Is the participant currently prescribed systemic corticosteroids (dexamethasone, prednisolone, hydrocortisone, methylprednisolone)? [▾]
Please do not include topical or inhaled treatments

A16.25 Has the patient received high-dose (10 mg/kg methylprednisolone or equivalent) corticosteroids on this admission? [▾]

A16.3 Has the patient received intravenous immunoglobulin on this admission? [▾]

A16.4 Is the patient currently on warfarin or a direct oral anticoagulant? [▾]
Includes apixaban, rivaroxaban

A16.5 What venous thromboembolism prophylaxis is the patient receiving? [▾]
Standard = usual for hospitalised patients (not increased due to COVID-19); Higher dose = treatment dose or increased prophylaxis due to COVID-19

Please sign off this form once complete

Surname: _____

Forename: _____

Professional email: _____

[Continue]

[Cancel]