

Randomisation Program

Call Freephone **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 (for users in the UK, Asia and Africa) or recovery@ecraid.eu (for users in the EU.)

Logged in as: **RECOVERY Site**

Section A: Baseline and Eligibility

Date and time of randomisation: 8 Jan 2024 14:00

Treating clinician	
A1. Name of treating clinician	<input type="text"/>
Patient details	
A2. Patient surname	<input type="text"/>
Patient forename	<input type="text"/>
A3. NHS number	<input type="text"/> <input type="checkbox"/> Tick if not available
A4. What is the patient's date of birth?	<input type="text"/> / <input type="text"/> / <input type="text"/> Age: 24y
A5. What is the patient's sex?	<input type="text"/>
Inclusion criteria	
A6. Has consent been taken in line with the protocol? <small>If answer is No patient cannot be enrolled in the study NB current PIS/ICF version is V26.0 (adults) or V13.0 (children)</small>	<input type="text"/>
A6.0.1 How was consent obtained?	<input type="text"/>
A6.5 Does this patient have pneumonia? <small>See protocol for typical features. If answer is No patient cannot be enrolled in the study</small>	<input type="text"/>
A7.0 Does the patient have proven SARS-CoV-2 infection?	<input type="text"/>
A7.1 Does the patient have proven influenza infection?	<input type="text"/>
A7.1.1 What was influenza rapid antigen (eg, lateral flow) test result?	<input type="text"/>
A7.1.2 What was influenza PCR test result?	<input type="text"/>
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?	<input type="text"/>
A9. Symptom onset date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
A10. Date of hospitalisation:	<input type="text"/> / <input type="text"/> / <input type="text"/>
A11. Does the patient require oxygen?	<input type="text"/>
A12.0 Please select one of the following to describe the current level of ventilation support	<input type="text"/>
A12.1 Enter latest oxygen saturation measurement (%)	<input type="text"/>
A12.1.1 Enter latest respiratory rate (breaths/min)	<input type="text"/>
A12.1.2 Enter latest systolic / diastolic blood pressure (mmHg)	<input type="text"/> / <input type="text"/>
A12.1.3 Is the patient receiving vasopressors?	<input type="text"/>
A12.1.4 Does the patient have new or acutely worsened confusion?	<input type="text"/>
A12.1.5 Does the patient have presumed infective consolidation on chest imaging (plain X-ray, CT or ultrasound)?	<input type="text"/>
A12.2.0 Enter latest CRP measurement since admission to hospital (if tested). Please ensure correct units (mg/dL or mg/L) are selected. <small>Enter 0 if below the limit of measurement</small>	<input type="text"/> <input type="text"/> <input type="checkbox"/> Tick if not measured <input type="checkbox"/> Tick if greater than limit of measurement
A12.2.1 Enter latest procalcitonin measurement since admission to hospital (if tested). (ng/mL or µg/L) (note units are equivalent) <small>Enter 0 if below the limit of measurement</small>	<input type="text"/> <input type="checkbox"/> Tick if not measured <input type="checkbox"/> Tick if greater than limit of measurement
A12.3.0 Enter latest creatinine measurement since admission to hospital	<input type="text"/> <input type="text"/> <input type="checkbox"/> Tick if not measured
A12.3.1 Enter latest urea (or blood urea nitrogen) measurement since admission to hospital	<input type="text"/> <input type="text"/> <input type="checkbox"/> Tick if not measured
A12.6 Has the patient received an influenza vaccine in the last 9 months?	<input type="text"/>
Does the patient have any CURRENT comorbidities or other medical problems or treatments (present before the current illness)?	
A13.1 Diabetes	<input type="text"/>
A13.2 Heart disease	<input type="text"/>
A13.3 Chronic lung disease	<input type="text"/>
A13.4 Active tuberculosis	<input type="text"/>
A13.5 HIV	<input type="text"/>
A13.6 Severe liver disease	<input type="text"/>
A13.7 Severe kidney impairment (eGFR<30 or on dialysis)	<input type="text"/>
A13.9.0 Does their clinician consider the patient to be severely immunocompromised?	<input type="text"/>
A13.19 Has the patient received a neuraminidase inhibitor (NAI, eg oseltamivir, zanamivir) during this illness, or is NAI treatment considered definitely indicated by the managing doctor?	<input type="text"/>
A13.20 Has the patient received baloxavir during this illness, or is baloxavir treatment considered to be definitely indicated by the managing doctor?	<input type="text"/>
A13.21 Is the patient currently prescribed systemic corticosteroids (glucocorticoids, eg dexamethasone, prednisolone, hydrocortisone, methylprednisolone), or is corticosteroid treatment considered to be definitely indicated by the managing doctor?	<input type="text"/>
Is randomisation to the following treatments UNSUITABLE for the patient (either because the treatment is indicated or contraindicated)? If you answer Yes it means you think this patient should NOT be randomised to potentially receive this treatment.	
A14G.1 Baloxavir marboxil	<input type="text"/>
A14H.1 Oseltamivir	<input type="text"/>
A14I.1 Dexamethasone <small>Or alternative corticosteroids if pregnant or a neonate.</small>	<input type="text"/>
Are the following treatments available?	
A15G.1 Baloxavir marboxil	<input type="text"/>
A15H.1 Oseltamivir	<input type="text"/>
A15I.1 Dexamethasone <small>Or alternative corticosteroids if pregnant or a neonate.</small>	<input type="text"/>
Current medication	
A16.1 Is the patient currently prescribed remdesivir?	<input type="text"/>
A16.6 Is the patient currently prescribed baricitinib (or other JAK inhibitor)?	<input type="text"/>
Please sign off this form once complete	
Surname:	<input type="text"/>
Forename:	<input type="text"/>
Professional email:	<input type="text"/>
<input type="button" value="Continue"/>	
<input type="button" value="Cancel"/>	