Randomisation Program

Call +44 800 138 5451 to contact the RECOVERY team for URGENT problems using the Randomisation Program or for medical advice (in English). All NON-URGENT queries should be emailed to recoverytrial@ndph.ox.ac.uk (for users in the EU).

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

Logged in as: Centre 101 (RECOVERY demo) [GB - EN] (City 101)	
Section A: Baseline and Eligibility	
Date and time of randomisation: 3 Jul 2025 14:37	
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?	
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 NB current PIS/ICF version is V26.0 (adults) or V15.0 (children)	
A6.0.1 How was consent obtained?	direct from patient (or parent) witnessed personal legal representative (i.e. relative) professional legal representative
A6.5 Does this patient have pneumonia? See protocol for typical features. If answer is No patient cannot be enrolled in the study	Yes V
A7.1 Does the patient have proven influenza infection?	No or not tested >
A7.2.1 Does the patient have suspected i) SARS-CoV-2, ii) influenza, iii) active pulmonary tuberculosis, or iv) Pneumocystis pneumonia?	
A7.2.2 Does the patient have a diagnosis of community-acquired pneumonia with planned antibiotic treatment?	
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?	
A9. Symptom onset date:	
A10. Date of hospitalisation:	
A11. Does the patient require oxygen?	none
A12.0 Please select one of the following to describe the current level of ventilation support	CPAP alone non-invasive ventilation (e.g. BiPAP) high-flow nasal oxygen (e.g. AIRVO) mechanical ventilation (intubation/tracheostomy) ECMO
A12.1 Enter latest oxygen saturation measurement (%)	mechanical ventilation (intubation/tracheostomy) ECMO
A12.1.1 Enter latest respiratory rate (breaths/min)	
A12.1.2 Enter latest systolic / diastolic blood pressure (mmHg)	
A12.1.3 Is the patient receiving vasopressors?	
A12.1.4 Does the patient have new or acutely worsened confusion?	
A12.1.5 Does the patient have presumed infective changes on chest imaging (e.g. consolidation or ground glass opacification on plain X-ray, CT or ultrasound)?	
A12.2.0 Enter latest CRP measurement since admission to hospital (if tested). Please ensure correct units (mg/dL or mg/L) are selected. Enter 0 if below the limit of measurement	mg/dL ✓ □ Tick if not measured □ 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)	☐ Tick if not measured ☐ Tick if greater than limit of measurement
A12.3.0 Enter latest creatinine measurement since	µmol/L ✓ □ Tick if not measured
admission to hospital A12.3.1 Enter latest urea (or blood urea nitrogen)	mmol/L ✓ □ Tick if not measured
measurement since admission to hospital	other medical problems or treatments (present before the current illness)?
A13.2 Heart disease	
A13.3 Chronic lung disease	
A13.4 Active tuberculosis	
A13.5 HIV	
A13.6 Severe liver disease	
A13.7 Severe kidney impairment (eGFR<30 or on dialysis)	
A13.9.0 Does their clinician consider the patient to be severely immunocompromised?	
A13.22 Has the patient received systemic corticosteroids (glucocorticoids) for >24h during the current illness at a dose of >=10 mg prednisolone/day (or >=1.5 mg dexamethasone/day, or >=40 mg hydrocortisone/day), or is corticosteroid treatment at this dose considered to be definitely indicated by the managing doctor?	
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. Are the following treatments available? Please sign off this form once complete	
Surname:	
Forename:	
Professional email:	
	Cancel