The 3CPO Study

ISRCTN 07448447

Study number: ☐☐☐☐☐ Form number: ☐☐☐☐

3CPO: – PATIENT RECRUITMENT FORM – ***please follow trial algorithm on 3CPO poster***

Section A: Your details and patient details *(for patient, please complete or attach sticky label)*

Patient's name: Your name:

Date of birth: __ / __ / __ Sex: Date: __ / __ / __ Time:

Address: Hospital:

Hospital case note number:

Postcode Tel no: A&E number:

Section B: Inclusion criteria

Please tick YES or NO for each of the following statements:

		YES	NO
i.	Is the patient aged over sixteen?	◯	◯
ii.	Does the patient have shortness of breath?	◯	◯
iii.	Does the patient have bilateral crackles on chest auscultation?	◯	◯
iv.	Does the patient's chest X-ray show pulmonary oedema?	◯	◯
v.	Is the patient's arterial pH less than 7.35? ($H^+ > 45$ nmol)	◯	◯
vi.	Is the patient's respiratory rate greater than 20 breaths per minute?	◯	◯
vii.	Is the patient responsive to verbal stimuli?	◯	◯
viii.	Does the patient require immediate advanced life support (defibrillation or endotracheal intubation) or thrombolysis?	◯	◯
ix.	Is the CPAP/NIPPV equipment available to use?	◯	◯
x.	Is the patient known to have been included in the 3CPO study previously?	◯	◯

If you have ticked <u>any</u> of the shaded boxes, <u>the patient is not eligible</u>. Please go to section E below.

Section C. Consent – if you have ticked *all* the unshaded boxes:

Please seek patient's consent or relative's assent using appropriate form. Then tick one of the following:

The patient has provided written, informed consent (form attached) ◯

I have witnessed the patient provide verbal consent (form attached) ◯

The patient's relative has provided written assent (form attached) ◯

If consent or assent has been obtained, telephone the randomisation hotline and complete the form

0113 343 4928

Neither consent nor assent to study inclusion could be obtained ◯

Please state reason _____

Do <u>not</u> randomise patient. Go to section E

Section D: Trial details - PLEASE COMPLETE THIS SECTION

Study number (provided by the randomisation hotline): _____

Treatment allocation: (please tick one)

1. Standard treatment ◯ **2. NIPPV** ◯ **3.CPAP** ◯

Unable to get through to randomisation hotline ◯

Section E: Patient status

Not eligible ◯ Eligible, not consented ◯ Eligible, consented, entered into trial ◯ Unable to randomise ◯

Signed: _____ Date: __ / __ / ___

Research nurse to complete GP details: GP name: Tel no:

Address: Postcode:

When completed, please place in the trial folder. If the patient has been entered into the trial, please now complete the data collection form.