MATREX: CRF/INTERVENTION – to be completed EACH time patient receives MCT

Recruiter initials: ☐

Patient initials ……. Hospital No……... Trial ID number ……

Treatment date: ……...

Treatment Positions	1st ...……	2nd ...……	3rd ...……	4th ...……
Oxygen Sats at Start	.....%	on air ……	mask ……%	nasal …….%
Start Time *(hands on)*	……..			
Lowest Oxygen Sats	……..%			
Stop Time *(last cough)*	……..			
Total Time *(nearest min)*	……..			

	YES/NO (✓ or x)	**Detail:**
Adverse Event? *(see checklist overleaf)*		If ✓ AE Report Form completed? (✓ or x) ……..
Physiotherapist switch arm?		If ✓ give detail …… …… ……
Would Physiotherapist normally perform MCT on pt ?		…….. ……..
Next physiotherapy visit established?		If ✓ date visit planned? …… ……..
7 x BCSS administered?		*Note: applies to EACH hospital episode*
Patient Advice Leaflet issued?		*Note: applies to first visit for EACH hospital episode*
MATREX sticker in patient notes?		*Note: provide new sticker each time patient is re-admitted*
Sufficient sputum pots provided?		
Sputum pots collected?		Weight? …… g Colour? ……. (1-5) Time? ……

Date of discharge *(complete when known)* …….....

ADVERSE EVENT	OBSERVATION
Increased intracranial pressure	• Disorientation • Loss of consciousness • Enlarged pupils • Headache • Vomiting
Acute hypotension	• Pallor • Sweating • Reduced consciousness
Pulmonary haemorrhage	• Visible loss of blood
Dysrhythmia	• Pallor • Sweating • Chest pain • Reduced consciousness
Vomiting & aspiratation	• Visible vomit • Harsh breathing • Oropharyngeal sounds • Prolonged coughing
Hypoxia	• Falling O_2 sats • Tachpnoea • Blue lips • Tachycardia • Confusion
Bronchospasm	• Tight chest • Audible wheeze • Abdominal paradox
Pain or injury to muscles, ribs, or spine	• Patient response
Other event you, the physiotherapist or other clinician consider adverse to the patient	Record detail in Adverse Event Report Form