

CONTROL ARM – to be completed for each hospital episode

Recruiter initials:

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

Admission date:

	YES/NO (<input type="checkbox"/> or <input type="checkbox"/>)	Detail:		
MATREX sticker in patient notes?		<i>Note: provide new sticker each time patient is re-admitted</i>		
Physiotherapist seen patient?		Physiotherapist intending to revisit patient? (<input type="checkbox"/> or <input type="checkbox"/>)		
Physiotherapist switch arm?		If <input type="checkbox"/> date planned? If <input type="checkbox"/> give detail		
Adverse Event? <i>(see checklist overleaf)</i>		If <input type="checkbox"/> AE Report Form completed? (<input type="checkbox"/> or <input type="checkbox"/>)		
7 x BCSS administered?		<i>Note: applies to EACH hospital episode</i>		
Patient Advice Leaflet issued?		<i>Note: applies to first visit for EACH hospital episode</i>		
SPUTUM	Pots issued?	Collected?	Weight?	Colour?
Day 1 Date : Time :				
Day 2 Date : Time :				
Day 3 Date : Time :				
Day 4 Date : Time :				
Day 5 Date : Time :				
Day 6 Date : Time :				
Day 7 Date : Time :				

Date of discharge (complete when known)

ADVERSE EVENT	OBSERVATION
Increased intracranial pressure	<ul style="list-style-type: none"> • Disorientation • Loss of consciousness • Enlarged pupils • Headache • Vomiting
Acute hypotension	<ul style="list-style-type: none"> • Pallor • Sweating • Reduced consciousness
Pulmonary haemorrhage	<ul style="list-style-type: none"> • Visible loss of blood
Dysrhythmia	<ul style="list-style-type: none"> • Pallor • Sweating • Chest pain • Reduced consciousness
Vomiting & aspiratation	<ul style="list-style-type: none"> • Visible vomit • Harsh breathing • Oropharyngeal sounds • Prolonged coughing
Hypoxia	<ul style="list-style-type: none"> • Falling O₂ sats • Tachpnoea • Blue lips • Tachycardia • Confusion
Bronchospasm	<ul style="list-style-type: none"> • Tight chest • Audible wheeze • Abdominal paradox
Pain or injury to muscles, ribs, or spine	<ul style="list-style-type: none"> • Patient response
Other event you, the physiotherapist or other clinician consider adverse to the patient	Record detail in Adverse Event Report Form