

ADAPT-Sepsis Patient Screening Log

Instructions

The date screening is initiated refers to: The date you first screened patients referred to a critical care unit with suspicion of sepsis.

Please use the 'Reason Key' below to document the reason(s) the patient did not enter the trial. Multiple reasons can be documented. Please specify the main reason first and use commas to separate any subsequent reasons.

PLEASE NOTE:

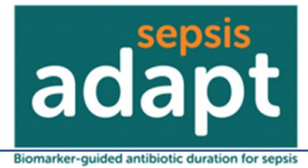
Please complete all applicable fields and make all entries in ink. Cross out errors with a single pen stroke and initial and date.

*Send a copy to the ADAPT-Sepsis Trial Office. **File original in the Investigator Site File.***

Reason Key (add key reason(s) to the overleaf table as appropriate)

1	Ineligible - >24 hours since receiving intravenous antibiotics for suspected sepsis prior to ICU referral. Please specify reason followed by total antibiotic duration in hours, including units e.g. 1: 25hrs	7b	Unable to gain consent from trust nominated consultee within 24 hours of patient receiving intravenous antibiotics for suspected
2	Ineligible - Prolonged (>21 days) antimicrobial therapy mandated	8	Patient is unlikely to remain hospitalised or receive intravenous antibiotic treatment for at least the next 72 hours
3	Ineligible - Severely immunocompromised	9	Treating clinician does not believe there is a requirement for critical care.
4	Ineligible - All sepsis treatment likely to stop within	10	Declined - Immediately
5	Ineligible - Previously enrolled in this trial	11	Declined - After consideration
6	Patient identified too late to recruit	12	Other (please specify):
7a	Unable to gain consent from personal consultee within 24 hours of patient receiving intravenous antibiotics for suspected sepsis	13	Patient has received/is set to receive an IL6 receptor inhibitor drug eg. Tocilizumab, Sarilumab.

ADAPT-Sepsis Patient Screening Log



Site:

Principal Investigator:

Please record below the details of **ALL** patients with suspected sepsis who have been considered for the ADAPT-Sepsis trial. This includes patients later found to be ineligible, patients who decline and patients for whom a Personal Consultee Declaration, Nominated Consultee Declaration or Guardian/Welfare Attorney Consent has not been received.

Screening logs will be requested on a monthly basis—please fax to 02476 151586, or email to adaptsepsistrial@warwick.ac.uk

Date Screening Initiated	Suspected Community or Hospital acquired infection?		Suspected septic shock?		Patient Eligible?		Reasons for ineligibility / consent declined		Patient Randomised?		Trial Number
	C	H	Y	N	Y	N			Y	N	
1 ____/____/____ DD/MM/YYYY	C	H	Y	N	Y	N			Y	N	
2 ____/____/____ DD/MM/YYYY	C	H	Y	N	Y	N			Y	N	
3 ____/____/____ DD/MM/YYYY	C	H	Y	N	Y	N			Y	N	
4 ____/____/____ DD/MM/YYYY	C	H	Y	N	Y	N			Y	N	
5 ____/____/____ DD/MM/YYYY	C	H	Y	N	Y	N			Y	N	
6 ____/____/____ DD/MM/YYYY	C	H	Y	N	Y	N			Y	N	
7 ____/____/____ DD/MM/YYYY	C	H	Y	N	Y	N			Y	N	
8 ____/____/____ DD/MM/YYYY	C	H	Y	N	Y	N			Y	N	
9 ____/____/____ DD/MM/YYYY	C	H	Y	N	Y	N			Y	N	