

iRehab Patient Pre Screening Log



Site:

Principal Investigator:

Please use this pre-screening log to record information about potential iRehab patients as they are nearing discharge from ICU or if they have been discharged to a ward. Please record below the details of **ALL** patients considered for the iRehab Trial. This includes patients later found to be ineligible, patients who decline, and patients for whom informed consent has not been received. The pre-screening log is **ONLY** to be completed if the patient has been on IMV >=48 hours, is currently off IMV, is over >=18 years old and is AWAITING ICU/ HOSPITAL DISCHARGE. Please do not add participants who have recently deceased. NOTE: The pre-screening log is to help you to pre-screen potential participants and should **NOT** be used to replace the e-Screening CRF. See over-leaf for further details regarding eScreening CRF. Thank you for your help.

Patient Initials	Date Screening Initiated	>=48 HRS IMV AND IS OFF IMV <i>If Y add Start/End date (DD/MM) and time (TT:MM)</i>		≥18 YRS OLD		Location of patient at screening <i>(e.g. ICU, Ward)</i>	Can use internet or telephone		Understands English or has family/friend support/ or translator available		Patient added to eScreening Log		Trial Number <i>(When available)</i>	Notes/Reason(s) patient not added to eScreening Log
		Y	N	Y	N		Y	N	Y	N	Y	N		
	___/___/___ DD/MM/YYYY	Y	N	Y	N		Y	N	Y	N	Y	N		
	___/___/___ DD/MM/YYYY	Y	N	Y	N		Y	N	Y	N	Y	N		
	___/___/___ DD/MM/YYYY	Y	N	Y	N		Y	N	Y	N	Y	N		
	___/___/___ DD/MM/YYYY	Y	N	Y	N		Y	N	Y	N	Y	N		
	___/___/___ DD/MM/YYYY	Y	N	Y	N		Y	N	Y	N	Y	N		
	___/___/___ DD/MM/YYYY	Y	N	Y	N		Y	N	Y	N	Y	N		
	___/___/___ DD/MM/YYYY	Y	N	Y	N		Y	N	Y	N	Y	N		
	___/___/___ DD/MM/YYYY	Y	N	Y	N		Y	N	Y	N	Y	N		

Eligibility Criteria

Inclusion criteria

1. Aged \geq 18 years
2. Received continuous invasive mechanical ventilation for 48 hours or longer
3. Are within 12 weeks following discharge home from hospital at time of consent
4. Understands spoken English or has family member/friend/other present to translate trial materials **
5. Able to participate in the intervention and with trial procedures (e.g. using equipment such as telephone) **

Exclusion criteria

1. Declined consent or unable to provide consent.
2. Previous randomisation into the present trial.
3. Participating in another rehabilitation or self-management support trial
4. Contra-indication to exercise
5. Severe mental health problems that preclude participation in a group intervention
6. Discharged to a rehabilitation unit, or care home with/without nursing care
7. Prisoners

** If responses to are unknown at the time of pre-screening, please leave these fields blank until the answer is known. Please also enter this information on the eScreening CRF

Instructions

Completing the Pre-Screening Log

- The date screening is initiated refers to: The date you first screened the patient for initial trial eligibility. This paper log is to **assist** you with pre-screening
- The start/end date and time of IMV refers to: Any 48 hr period of IMV is eligible and we should take the last eligible 48 hour period. We do not need to summate the total of the periods of MV
- Please fill this form out for **all** potentially eligible iRehab patients **awaiting** discharge from ICU or **after discharge** from ICU to ward/home (if home, within 12 weeks)
- If you do not fill out the eCRF for patients entered here, please note the reason on the pre-Screening log form (see Notes column).

Completing the e-Screening Log

- The e-Screening CRF should be completed to record the outcome of the final screening process – eligible/ not eligible; approached/ not approached; consented/ declined. The reason potential participants are not joining iRehab should be recorded on the eScreening CRF, where a trial number is generated. **NB the e-Screening CRF should also be filled out for any patients identified at hospital follow-up clinics and those identified after hospital discharge.**
- Recommended CRF completion protocol states you should complete all applicable fields and make all entries in ink. Cross out errors with a single pen stroke and initial and date. If you have any queries filling out the form, please email irehab@warwick.ac.uk or please raise this at the iRehab drop-in lunch session.