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Screening and Eligibility Form

INCLUSION CRITERIA		
Participants will be excluded if ANY of the following are No:	YES	NO
1 Adult aged 16 years or above	<input type="checkbox"/>	<input type="checkbox"/>
2 Admission to ICU following traumatic brain injury	<input type="checkbox"/>	<input type="checkbox"/>
3 ICP > 20mmHg for more than 5 minutes despite stage 1 procedures	<input type="checkbox"/>	<input type="checkbox"/>
4 < 10 days from initial primary head injury	<input type="checkbox"/>	<input type="checkbox"/>
5 Abnormal CT scan consistent with TBI	<input type="checkbox"/>	<input type="checkbox"/>
EXCLUSION CRITERIA		
Participants will be excluded if ANY of the following are Yes:	YES	NO
1. Devastating brain injury with withdrawal of treatment anticipated in the next 24 hours	<input type="checkbox"/>	<input type="checkbox"/>
2. Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
3. Severe hypernatraemia (serum sodium > 155 mmol/L)	<input type="checkbox"/>	<input type="checkbox"/>

Has a medically qualified doctor assessed and confirmed that the patient is eligible?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Name of doctor	
Signature of doctor	
Date and time eligibility confirmed	<div> <div><input type="text"/></div> <div><input type="text"/></div> <div>/</div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div>/</div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> </div> <div>DD/MMM/YYYY</div> <div> <div><input type="text"/></div> <div><input type="text"/></div> <div>:</div> <div><input type="text"/></div> <div><input type="text"/></div> </div> <div>HH:MM</div>

	YES	NO
Patient enrolled in the SOS trial?	<input type="checkbox"/>	<input type="checkbox"/>

Eligible but consent declined by personal legal representative	<input type="checkbox"/>
Eligible but consent declined by professional legal representative	<input type="checkbox"/>
Not eligible	<input type="checkbox"/>
Patient already received hyperosmolar therapy while on intensive care unit	<input type="checkbox"/>
No one with delegated responsibility (on delegation log) available to enrol patient	<input type="checkbox"/>
Logistical e.g. no mannitol/hypertonic saline available	<input type="checkbox"/>
Trial on hold	<input type="checkbox"/>
Already enrolled in CTIMP, specify _____	<input type="checkbox"/>
Forgot/missed	<input type="checkbox"/>
Other, specify _____	<input type="checkbox"/>