

TNO:

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Randomisation Form

**TO RANDOMISE, COMPLETE THE RANDOMISATION FORM ON THE WEB APPLICATION
OR CALL WCTU EMERGENCY RANDOMISATION LINE ON 024 7615 0402**

(Mon-Fri – 9-5 only)

ALTERNATIVELY, YOU MAY USE THE 24/7 IVR PHONE LINE: 024 7610 0792

RANDOMISATION (ONLINE QUESTIONS)

Please enter site name:

Does the patient fulfil all of the eligibility criteria?

Yes ☐ No ☒

Age (years)

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Best GCS motor score prior to intubation/sedation

- | | |
|---------------------------|--------------------------|
| 1. No motor response (1) | <input type="checkbox"/> |
| 2. Abnormal extension (2) | <input type="checkbox"/> |
| 3. Abnormal flexion (3) | <input type="checkbox"/> |
| 4. Flexion withdrawal (4) | <input type="checkbox"/> |
| 5. Localises pain (5) | <input type="checkbox"/> |
| 6. Obeys command (6) | <input type="checkbox"/> |
| 7. Untestable/missing | <input type="checkbox"/> |

Pupillary response prior to intubation

- | | |
|-----------------------|--------------------------|
| 1. Both reactive | <input type="checkbox"/> |
| 2. One reactive | <input type="checkbox"/> |
| 3. None reactive | <input type="checkbox"/> |
| 4. Untestable/missing | <input type="checkbox"/> |

You will be given the participant's ID and treatment allocation. The patient will be identified by their participant ID (TNO) from now on. Please ensure that these are clearly recorded below.

TREATMENT ALLOCATION:

- ☐ Mannitol
- ☐ Hypertonic saline

PARTICIPANT TRIAL NUMBER:

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Date and time of randomisation

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DD/MMM/YYYY

HH:MM

Randomisation completed by (print name):

Signature:

Date signed:

*You must be on the trial delegation
log and delegated to perform
randomisation*