

TNO:

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## Randomisation Form

**TO RANDOMISE, COMPLETE THE RANDOMISATION FORM ON THE WEB APPLICATION  
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

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HH:MM

Randomisation completed by (*print name*):

Signature:

Date signed:

*You must be suitably trial-trained and have signed the training log/completed the online training form to perform randomisation*