



Eligibility Worksheet

Participant Study Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PLATFORM

CONSENT TO SCREEN

(Only required if applied to your region)

Is there agreement to enter screening information to determine this patient's eligibility for this trial

☐ Yes ☐ No

If YES

→ Who was this agreement provided by

- ☐ Participant
- ☐ Personal legal representative (e.g. family member, next-of-kin, care)
- ☐ Professional legal representative (e.g. Independent clinician)
- ☐ Other, specify _____

If NO

→ Can screening information be entered without agreement from patient or proxy, as approved by your ethics committee

☐ Yes ☐ No → If Yes, continue. If No, end eligibility assessment.



Eligibility Worksheet

Participant Study Number

PLATFORM

DEMOGRAPHICS

Patient age

Enter estimated age, if exact age is unknown

Infant age (if less than 24 months)

Enter estimated age, if exact age is unknown

months

Sex at birth

☐ Male ☐ Female

Date and time of hospital admission

First presentation for this hospital admission for this illness

DD/MMM/YYYY HH:MM e.g. 01/JUN/2018

e.g. 8:05pm = 20:05hours

Date and time of ICU admission

[Shown if site setting = ICU location]

DD/MMM/YYYY HH:MM e.g. 01/JUN/2018

e.g. 8:05pm = 20:05hours

PLATFORM ELIGIBILITY

Does the patient have acute infection of the respiratory tract

☐ Yes ☐ No

Is death deemed imminent and inevitable during the next 24 hours

The senior treating clinician believes there is no reasonable possibility of the patient surviving the next 24h

☐ Yes ☐ No

Is the patient, their substitute decision maker, or their primary treating clinician committed to some active treatment

This criterion seeks to exclude those patients where supportive comfort measures only are being provided. Patients who are planned for active ward management with a clear aim to improve survival, even if intensive care unit level support is not being offered, should still be included

☐ Yes ☐ No

Is the patient expected to be discharged from this hospital admission today or tomorrow

☐ Yes ☐ No

Has this patient been enrolled into this Platform within the last 90 days

Including randomisation to a trial that will be analysed in the same statistical model as this trial

or

Has the patient been enrolled into this Platform before

[Shown if country settings don't permit randomisation after 90 days]

☐ Yes ☐ No

☐ Yes ☐ No



Eligibility Worksheet

Participant Study Number

PLATFORM

ILLNESS SEVERITY STATE

Is the patient currently receiving oxygen support

FiO₂ > 0.21

☐ No

☐ Low-intensity oxygen therapy

FiO₂ of at least 21% delivered at a flow rate of less than 30L/min OR FiO₂ less than 40% delivered at any flow rate

☐ High-flow oxygen

High-flow oxygen delivered by nasal prongs with FiO₂ 40% or higher and at a flow rate of at least 30 L/min (or at least 2 L/min/kg in children less than 15 kilograms)

☐ Non-invasive ventilation (NIV)

NIV includes positive inspiratory or expiratory pressure or both via a mask, helmet, or similar device

☐ Invasive mechanical ventilation

Any form of positive pressure ventilation via an orotracheal, nasotracheal or tracheostomy tube

Is the patient currently receiving a continuous vasopressor and/or inotrope

infusion At the time of completing this form

☐ Yes

☐ No

When did the patient commence the current period of organ failure support

DD/MM/YY HH:MM DD/MM/YY HH:MM DD/MM/YY HH:MM

e.g. 01/JUN/2018

e.g. 8:05pm = 20:05hours

Has the patient received invasive mechanical ventilation during this acute hospital admission

Includes previous ICU admissions during this acute hospital admission

☐ Yes

☐ No

Is the patient now clearly recovering from their acute infection

☐ Yes

☐ No

If YES



Do you expect the patient to require a significant escalation in intensity of organ failure support during the remainder of their hospital admission

☐ Yes

☐ No



Eligibility Worksheet

Participant Study Number

PLATFORM

PATIENT AND DISEASE CHARACTERISTICS

Where was the respiratory tract infection acquired

☐ Community-acquired

acute infection acquired outside of the hospital and manifesting within 48h of hospital admission

☐ Hospital acquired

acute infection not incubating at the time of hospital admission and manifesting more than 48h after hospital admission

Does the infection involve the lower respiratory tract

Infection of the airways below the level of the larynx (including tracheitis, bronchitis, bronchiolitis and pneumonia)

If YES

Is pneumonia present

Pneumonia is defined as radiological evidence of new onset infiltrate consistent with infection

☐ Yes ☐ No

☐ Present ☐ Absent

CLINICAL FEATURES AND SYNDROMES

What was the date of onset of clinical features of this acute respiratory infection

DD/MM/YY HH:MM e.g. 01/JUN/2018

☐ Asymptomatic ☐ Unknown

Does the patient have a known condition, or have they received treatment, resulting in immune suppression

Underlying immunodeficiency, or receipt of immunosuppressant therapy prior to this hospitalisation

☐ Yes ☐ No

What is the patient's SpO₂

%

What is the patient's PaO₂

mmHg

kPa

☐ Not applicable

What was the corresponding FiO₂

What was the corresponding PEEP

cmH₂O

☐ Patient receiving APRV

Does the patient have bilateral opacities on chest imaging that are not fully explained by effusions, lobar or lung collapse, nodules, cardiac failure, or fluid overload

In the opinion of the treating clinician, based on most recently-obtained images during this acute illness

☐ Yes ☐ No

Is the patient's respiratory tract infection the primary contributor for their requirement for this organ support

Not primarily attributable to acute heart failure, fluid overload, or pulmonary embolism (PE)

☐ Yes ☐ No



Eligibility Worksheet

Participant Study Number

PLATFORM

PATHOGEN

What is the likelihood that bacterial respiratory tract infection is contributing to this acute illness

At this time

- ☐ Confirmed ☐ Probable ☐ Possible ☐ Not suspected

What is the likelihood that the following viral pathogens are contributing to this acute illness

At this time. Excluding positive tests which are not considered to represent active infection (e.g. recovered recent SARS-CoV-2)

Influenza virus

- ☐ Confirmed
☐ Suspected but not confirmed
☐ Not suspected
☐ Tested and not detected

SARS-CoV-2 infection

- ☐ Confirmed
☐ Suspected but not confirmed
☐ Not suspected
☐ Tested and not detected

MERS-CoV infection

[Shown if applied to location]

- ☐ Confirmed
☐ Suspected but not confirmed
☐ Not suspected
☐ Tested and not detected

Respiratory Syncytial Virus (RSV) infection

- ☐ Confirmed
☐ Suspected but not confirmed
☐ Not suspected
☐ Tested and not detected

Any other respiratory viral pathogen infection

Other than Influenza, SARS-CoV-2, MERS-CoV, or RSV

- ☐ Confirmed
☐ Suspected but not confirmed
☐ Not suspected



Eligibility Worksheet

Participant Study Number

PLATFORM

DOMAIN ELIGIBILITY

Is the patient receiving any of the following as a pre-hospitalisation usual medication or treatments



☐ Imatinib, or another tyrosine kinase inhibitor targeting the same pathway as imatinib

Other tyrosine kinase inhibitors targeting the same pathway as imatinib include dasatinib, nilotinib, ponatinib

☐ Tocilizumab

☐ Sarilumab

☐ Any other IL-6 receptor antagonist

☐ Baricitinib

☐ Tofacitinib or another JAK inhibitor

☐ Chronic mechanical ventilation via tracheostomy

☐ None

Has the patient received any of the following during this hospitalisation

During this hospital admission



☐ Tocilizumab

☐ Sarilumab

☐ Any other IL-6 receptor antagonist

☐ Baricitinib

☐ Tofacitinib or another JAK inhibitor

☐ None

Has the patient received any of the following during this acute illness

Including prior to hospital admission

☐ Two or more doses of oseltamivir (or any other neuramidase inhibitor)

Other neuraminidase inhibitors may include zanamivir and peramivir

☐ One or more doses of baloxavir

☐ None of the above

Is the patient expected to still be receiving invasive mechanical ventilation tomorrow

☐ Yes ☐ No

Date and time of first intubation
for this acute illness

DD/MMM/YYYY HH:MM e.g. 01/JUN/2018

☐ Receiving long-term invasive ventilation

PLATFORM

INTERVENTION ELIGIBILITY

Is the patient pregnant or breastfeeding

Confirm with clinical diagnosis, urine test or β HCG test

- ☐ No
- ☐ Pregnant
- ☐ Breastfeeding
- ☐ Unknown

Does the patient have contraindications to any of the following medications or interventions:

Penicillins

Including any history of anaphylaxis, Stevens-Johnson Syndrome and Toxic Epidermal Necrolysis with penicillin or any beta-lactam

- ☐ Yes ☐ No

If YES

→ What is the primary contraindication (check one)

- ☐ Previous anaphylaxis is with penicillin or any beta-lactam agent, Stevens-Johnson Syndrome, Toxic Epidermal Necrolysis (TEN)
- ☐ Previous penicillin induced autoimmune haemolytic anaemia
- ☐ Previous penicillin induced interstitial nephritis
- ☐ Other non life-threatening adverse drug reaction such as rash

Cephalosporins

Including any history of anaphylaxis, Stevens-Johnson Syndrome and Toxic Epidermal Necrolysis with cephalosporins or any beta-lactam

- ☐ Yes ☐ No

If YES

→ What is the primary contraindication (check one)

- ☐ Previous anaphylaxis is with cephalosporins or any beta-lactam agent, Stevens-Johnson Syndrome, Toxic Epidermal Necrolysis (TEN)
- ☐ Previous cephalosporins induced autoimmune haemolytic anaemia
- ☐ Previous cephalosporins induced interstitial nephritis
- ☐ Other non life-threatening adverse drug reaction such as rash

Quinolones

Known previous adverse drug reaction

- ☐ Yes ☐ No

If YES

→ What is the primary contraindication (check one)

- ☐ Known previous adverse drug reaction
- ☐ Other



Eligibility Worksheet

Participant Study Number

PLATFORM

INTERVENTION ELIGIBILITY

Macrolides

Including risk of ventricular dysrhythmia sufficient to not prescribe a macrolide

☐ Yes ☐ No

If YES

→ What is the primary contraindication *(check one)*

- ☐ Known previous adverse drug reaction
- ☐ The patient has a risk of ventricular dysrhythmia sufficient to not prescribe a macrolide
- ☐ Other
- ☐

Carbapenems

☐ Yes ☐ No

Any corticosteroid

Known previous adverse drug reaction

☐ Yes ☐ No

Oseltamivir Known previous adverse drug reaction

☐ Yes ☐ No

Baloxavir Known previous adverse drug reaction

☐ Yes ☐ No

Imatinib

Known hepatitis B or C; currently receiving strong CYP3A4 inhibitors (e.g. -azoles, erythromycin) or inducers (e.g. rifampicin, phenobarbital, carbamazepine, phenytoin); or a calcineurin inhibitor (e.g. cyclosporine, tacrolimus), everolimus or sirolimus

☐ Yes ☐ No

Protocolised invasive mechanical ventilation

For example, active air leak or severe bronchospasm

☐ Yes ☐ No

Tocilizumab

Known adverse drug reaction, ALT or AST level more than 5 times upper limit of normal range, or platelet count $< 50 \times 10^9 /L$

☐ Yes ☐ No

Baricitinib

☐ Yes ☐ No

Heparin

Includes known or suspected reaction to Unfractionated heparin or low-molecular weight heparin; known history of heparin-induced thrombocytopenia

☐ Yes ☐ No



Eligibility Worksheet

Participant Study Number

PLATFORM

CONSENT

This patient is eligible for the following domains: [List domains and time-windows]

e.g. Antibiotic Consent for X domain must be collected before [insert date and time 48 hours after commencement of eligibility assessment]

Corticosteroid Consent for [X] domain must be collected before [insert date and time 48 hours after commencement of eligibility assessment]

At this time, is the patient sufficiently capable of providing informed consent to participate ☐ Yes ☐ No

If NO

→ Is a suitable proxy or legal representative available to provide consent to participate ☐ Yes ☐ No

Has agreement been obtained for the following domains:

Antibiotic	☐ Agreed	☐ Declined	☐ Not yet	☐ Not in the patient's best interests
Macrolide Duration	☐ Agreed	☐ Declined	☐ Not yet	☐ Not in the patient's best interests
Corticosteroid	☐ Agreed	☐ Declined	☐ Not yet	☐ Not in the patient's best interests
Influenza Antiviral	☐ Agreed	☐ Declined	☐ Not yet	☐ Not in the patient's best interests
Influenza Immune Modulation	☐ Agreed	☐ Declined	☐ Not yet	☐ Not in the patient's best interests
Ventilation	☐ Agreed	☐ Declined	☐ Not yet	☐ Not in the patient's best interests
Endothelial	☐ Agreed	☐ Declined	☐ Not yet	☐ Not in the patient's best interests
Tropical Antibiotic	☐ Agreed	☐ Declined	☐ Not yet	☐ Not in the patient's best interests
Anticoagulation in CAP	☐ Agreed	☐ Declined	☐ Not yet	☐ Not in the patient's best interests

Please speak to a Research Coordinator or the Principal Investigator about the process of obtaining consent and check the eligibility results page for the domain time window expiry.



Eligibility Worksheet

Participant Study Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PLATFORM

ELIGIBLE DOMAINS - BEST INTEREST

This patient is eligible for the following domains. Please confirm that randomisation to these domains is appropriate for the patient

- | | | |
|-------------------------------|---------------------------|--------------------------|
| → Antibiotic | ☐ Yes | ☐ No |
| → Macrolide Duration | ☐ Yes | ☐ No |
| → Corticosteroid | ☐ Yes | ☐ No |
| → Influenza Antiviral | ☐ Yes | ☐ No |
| → Influenza Immune Modulation | ☐ Yes | ☐ No |
| → Ventilation | ☐ Yes | ☐ No |
| → Endothelial | ☐ Yes | ☐ No |
| → Tropical Antibiotic | ☐ Yes | ☐ No |
| → Anticoagulation in CAP | ☐ Yes | ☐ No |

INELIGIBLE DOMAINS

Based on your responses, this patient is ineligible for the following domains:

[Insert] Domain - [reason for ineligibility]

[Insert] Domain - [reason for ineligibility]

etc

Confirm and randomise