

STRIPES STUDY PATIENT ELIGIBILITY SCREENING LOG

Screening log for month: _____ year 20____ (page ____ of ____ for this month)

Instructions: Note all eligible patients (first column). All patients should be included on the screening log if they are started on a vasoactive infusion at any time up to 24 hours post-admission to the PICU. Send this report by fax to the coordinating office on the first Monday of each month at (613) 738-4287. Keep a copy of this monthly record on file.

Complete only for patients who receive vasoactive infusions					Complete if eligible	Complete only on RANDOMIZED patients			Complete only on <u>NON-RANDOMIZED, Eligible</u> Patients					
SCREENING: hour and date of start of first vasoactive infusion (00:00;dd/mm)	Hour and date of PICU Admission (00:00;dd/mm)	All inclusion criteria present (yes / no) If no, specify with number(s) in list #1	All exclusion criteria absent (yes / no) If no, specify with number(s) in list #2	The patient is eligible for randomization (patient with all inclusion and no exclusion criteria)? (yes / no)	Why a patient who should have been randomized was not included in the study (write number(s) from list #3 below)	TIME ZERO: hour and date of randomization	Number attributed to patient in the STRIPES study	Why consent was not obtained (write number(s) from list #4 below)	Patient Age (use guidelines in List #5)				Patient Gender (specify with number in list#6 below)	PRISM III Score (see attached page)
									Y	M	W	D		

