

Today's Date:

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Patient ID Number:

[affix PID label]

OSAC Clinician ID:

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OSAC Screening ID:

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[affix SID label]

2.1 CLINICAL EXAMINATION AND OBSERVATIONS (MUST BE COMPLETED IN FULL FOR ELIGIBLE PATIENTS)

Please examine all of the following in ALL patients.

1. General condition: Normal Abnormal

If abnormal, please recheck that the patient is eligible for OSAC and tick all that apply:

Pallor Flushed Dehydrated

Other, please specify:

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2. Throat: Normal Abnormal

If abnormal, please recheck that the patient is eligible for OSAC and tick one box that best applies:

Red or Inflamed Quinsy Discharge or Pus

Other, please specify:

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3. Temperature:

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 °C (range 35.0 – 42.0)

4. Which type of thermometer was used?

Infrared ear Infrared skin Axillary Oral

5. Chest: Normal Abnormal

If abnormal, please recheck that the patient is eligible for OSAC and tick all the signs that apply, indicating whether unilateral OR bilateral:

	Unilateral	OR	Bilateral
Bronchial breathing*	<input type="checkbox"/>		<input type="checkbox"/>
Wheeze / rhonchi	<input type="checkbox"/>		<input type="checkbox"/>
Crackles / crepitations	<input type="checkbox"/>		<input type="checkbox"/>
Decreased air entry	<input type="checkbox"/>		<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>		<input type="checkbox"/>

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Please tick all that apply:

Recession (Intercostal / subcostal / supra-clavicular)* Prolonged expiration

Other chest sign, please specify:

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***If bronchial breathing or recession, please consider the presence of pneumonia (in which case the patient is not eligible for OSAC trial)**

6. Respiratory rate normal? Yes No

If yes, please enter rate:

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 (range 12 - 20bpm)

7. O₂ saturation:

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 % (range 94 – 100%)

**OSAC (Oral Steroids for Acute Cough) Trial
CASE REPORT FORM**

Section 2 (GREEN CRF): Clinical Examination, Observations and Diagnosis
To be completed for: all patients confirmed eligible in Section 1 (NB: all questions to be completed)
To be completed by: Responsible Clinician (NB: on paper or online)

8. Blood pressure: Systolic: (range 80 – 180mmHg)
Diastolic: (range 50 – 100mmHg)
9. Pulse rate: (range 50 – 120bpm)
10. Pulse rhythm: Regular Irregular

If values higher than the upper limits indicated (i.e. respiratory rate >20bpm; O₂ sats <94%; pulse rate >120bpm; or if pulse is irregular) please reassess patient in case their illness warrants same day antibiotic or hospital treatment, and/or the patient should be excluded as too unwell to participate in the OSAC trial.

11. What is your working diagnosis? Please tick **one** box that best describes your diagnostic label:

- Lower respiratory tract Infection (LRTI) Chest infection Acute bronchitis
 Other, please specify:

12. Do you plan on giving this patient a delayed antibiotic script? (please tick **one** box)

- Yes, for the acute cough No

NB: patients requiring immediate antibiotics should be excluded from the OSAC trial

If yes, which antibiotic? (please tick **one box)**

- Amoxicillin Erythromycin Clarithromycin Doxycycline Co-amoxiclav (Augmentin)
 Other, please specify:

Dosage (mg):

Frequency per day:

Duration (days):

How long is the patient advised to delay starting antibiotics (days)?

13. Did you prescribe any medication (apart from the OSAC trial medication and a delayed antibiotic)?

- Yes No

If yes, enter the name(s) of the medication(s) below:

a)
b)
c)
d)

14. Where was the patient seen by the Responsible Clinician? (please tick **one** box)

- GP practice Patient's home Nursing home or residential institution

Paperwork Management

- If the patient **is still eligible** on completion of Section 2, **AUTHORISE THE OSAC TRIAL PRESCRIPTION** by completing all relevant sections, place in the recruitment folder and update the patient's medical notes to reflect issue of the trial prescription.
- Enter Section 2 on the OSAC clinical database **WITHIN 24 HOURS**. Return **ALL** completed paperwork to recruitment folder Part 3 and hand to the Recruiting Clinician.
- If the patient **is not eligible** for trial entry, please do not proceed with recruitment, update the OSAC clinical database **WITHIN 24 HOURS** and file Section 2 in the OSAC Site File.
- If the patient **DOES NOT WISH TO CONTINUE** with trial participation **AND CONSENTS TO USE OF DATA COLLECTED THUS FAR**, update the OSAC clinical database **WITHIN 24 HOURS** and place Sections 1 & 2 in the OSAC Site File.
- If the patient **WITHDRAWS VERBAL CONSENT TO USE DATA COLLECTED THUS FAR**, please note on the Screening Log and shred Sections 1 & 2 at Recruitment Site.
- Please complete the Screening Log for **ALL** patients approached for trial participation.