

CAMERA2Combination Antibiotic treatment for MRSA
Resistant Staphylococcus Aureus**CRF 1 – SCREENING FORM**
V3.1 24/03/16

Medical Record Number

DOB

Gender

First Name Initial

Last Name Initial

1.1 INCLUSION CRITERIA**1.1.1 MRSA bacteraemia**

- Positive blood culture identified as MRSA Yes ☐ No ☐
- Blood culture taken from patient within 72 hours of anticipated time of randomisation Yes ☐ No ☐
 - Index blood culture collected Date / / Time :

Please note that the patient needs to be randomised within 72 hours of the index blood culture. Therefore consent needs to be obtained within this time. The computer system will not allow randomisation to occur at >72 hours.

1.1.2 Inclusion criterion

- Age ≥ 18 years Yes ☐ No ☐
- Is likely to be an inpatient for at least 7 days post randomisation Yes ☐ No ☐

(or an outpatient receiving haemodialysis and is accessible for follow up by the site PI)

1.2 EXCLUSION CRITERIA (please complete all)

- 1.2.1 Severe beta-lactam allergy Yes ☐ No ☐

Previous type 1 hypersensitivity reaction to any beta-lactam
- 1.2.2 Polymicrobial bacteraemia Yes ☐ No ☐

Index MRSA blood culture has ≥2 pathogenic organisms. Excludes those judged to be contaminants
- 1.2.3 Previously enrolled in CAMERA2 Yes ☐ No ☐

If MRN already in database check whether participant was previously enrolled
- 1.2.4 Known pregnancy Yes ☐ No ☐
- 1.2.5 Patient on beta-lactam therapy which can't be ceased/substituted ... Yes ☐ No ☐
- 1.2.6 Treating clinicians unwilling for patient enrolment Yes ☐ No ☐
- 1.2.7 Patient is moribund Yes ☐ No ☐

Patient is expected to die in next 48 hours with or without treatment
- 1.2.8 Treatment limitations which preclude antibiotic use Yes ☐ No ☐

i.e. patient for palliative treatment only. Patients deemed "NFR" or not for ICU are still eligible if they are being actively treated
- 1.2.9 Patient has died since index blood culture collected Yes ☐ No ☐

Does the patient meet all inclusion and no exclusion criteria? Yes ☐ No ☐

If no, skip consent question, complete this form and enter into database

Has written informed consent been obtained? Yes ☐ No ☐

If no, please circle: Patient or NOK refused / Patient not competent & no NOK available / Language barrier / Investigator not available / other

Who provide informed consent? (Tick) ☐ Participant or ☐ Person Responsible

If yes to both of last 2 questions, proceed to randomisation ASAP.

Is the patient on chronic haemodialysis? Yes ☐ No ☐

Does not include temporary renal replacement therapy for acute renal failure

Date and time randomised Date / / Time :

Randomisation #

Screening log #

From database/web-based randomisation system

Automatically allocated from web-based database

Treatment allocation (circle one) Standard treatment OR Combination treatment

Name of person filling in form (block letters)

Signature