

HALF-PINT Form 1: Inclusion/Exclusion Criteria

Section 1: Screening

1.	Screening Date	<div><div>▼</div></div> / <div><div>▼</div></div> / <div><div>▼</div></div>
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Section 2: Inclusion Criteria

Note: In order to be screened, the patient must have cardiovascular failure and/or respiratory failure and must be in the appropriate age range.

2.	Does the patient have cardiovascular failure (on intravenous vasopressors or inotropes, i.e., dopamine or dobutamine > 5 mcg/kg/min, or any dose of epinephrine, norepinephrine, milrinone, or vasopressin if used to treat hypotension) AND/OR respiratory failure (acute mechanical ventilation via ETT or trach anticipated for > 24 hours)?	<div><input type="radio"/> Yes</div> <div>If Yes, select all that apply:<div><input type="checkbox"/> Cardiovascular failure</div><div><input type="checkbox"/> Respiratory failure</div></div> <div><input type="radio"/> No</div>
3.	Age ≥ 2 weeks and corrected gestational age ≥ 42 weeks	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div>
4.	Age < 18 years (has not yet had 18th birthday)	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div>

Section 3: Exclusion Criteria

5.	Expected to remain in ICU < 24 hours	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div>
6.	Previously <i>randomized</i> in HALF-PINT	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div>
7.	Enrolled in a competing clinical trial (consult with CCC before excluding)	<div><input type="radio"/> Yes</div> <div>If Yes, please specify the other trial:<div></div></div> <div><input type="radio"/> No</div>
8.	Family/team have decided to limit/redirect from aggressive ICU technological support	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div>
9.	Chronic ventilator dependence prior to ICU admission (non-invasive ventilation and ventilation via tracheostomy overnight or during sleep are acceptable)	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div>
10.	Type 1 or 2 diabetes	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div>
11.	Cardiac surgery within prior 2 months or during/planned for this hospitalization	<div><input type="radio"/> Yes</div>

		<input type="radio"/> No
12.	Diffuse skin disease such that placement of a subcutaneous glucose sensor would be difficult to secure	<input type="radio"/> Yes <input type="radio"/> No
13.	Ward of the state	<input type="radio"/> Yes <input type="radio"/> No
14.	Pregnancy	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Not assessed – patient ineligible based on above criteria

Section 4: Eligibility Status and Demographic Information for Eligible Patients

15.	Is the patient eligible?	<input type="radio"/> Yes If Yes, did the parent/guardian provide consent? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No - If the patient is <u>NOT</u> eligible, STOP HERE.
16.	Age	<input type="text"/> Years <input type="text"/> Months
17.	Gender	<input type="radio"/> Male <input type="radio"/> Female
18.	Race (select all that apply)	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Declined <input type="checkbox"/> Unknown/Unavailable
19.	Ethnicity	<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Declined <input type="radio"/> Unknown/Unavailable

Section 5: Consent

Note: Complete Section 5 for all **consented** subjects.

20.	Consent date/time	<div> <input type="text"/> / <input type="text"/> / <input type="text"/> </div> <div> <input type="text"/> : <input type="text"/> 24-hour clock </div>
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Section 6: Eligible But Not Consented

Note: Complete Section 6 for all **eligible but not consented** patients.

21. Reason not consented

- ☐ (1) Parent/Guardian refused consent
- ☐ (2) Language barrier; specify language:
- ☐ (3) Parent/Guardian unavailable; specify:
- ☐ (4) Administrative hold (by CCC); specify:
- ☐ (5) Voluntary pause (by local site); specify:
- ☐ (6) Guardianship issues; specify:
- ☐ (7) Patient died before consent
- ☐ (8) Systems issue; specify:
- ☐ (9) Attending physician did not allow approach for consent; specify:
- ☐ (99) Other, specify: