Patient admitted to ICU and intubated

Screening form filled out by nurse

Screening information is entered in to Excel for randomisation (possibly located in technicians’ space or by the mechanical lung)

Randomised into Control and Intervention group

**Eligible**

Intervention Group

Control Group

Technician setup the computer for CURE Soft

Nurse/registrars setup CURE Soft and start recording the data

Family/Relative/Whanau Consent

Patient discontinued from Ventilator

Consent from Patient unless deceased.

Standard Practice Ventilation (SPV)

Model Based ventilation (MBV)

Maximum Recruitment Manoeuvre and performed by Senior Medical Officer or trained Registrars

PUMP performed by registrars/nurses every 6 hours and added event into CURE Soft

Have either the SMOs or the trained registrars talk to the family about the trial and consent. Ideally we would want it <48 hours.

Ask if we can keep the data currently available (done by SMOs/UC/Registrars)

store data but don’t use

Archive Data and paper work

If Ventilator is ever disconnected from patient. Add event to CURE Soft then stop recording data CURE Soft

Ventilator reconnected by nurses/registrars and CURE Soft is started again.

No

Patient withdrawn from trial

No

Yes

Yes/deceased

No

Have either the SMOs or the trained registrars talk to the patient giving consent to keep the data for research purposes.

**Not Eligible**

Archive Paper work to a file

Yes

Yes

If true on Weaning Assessment

Family/Relative/Whanau Available

Collect patient data using the dedicated HDD and collect every fortnight. (This includes backing up data)

If the patient is deceased during the trial and have got the consent from the family then we can keep and use the data.

!!!!When do we grab the data from the bedmasters? And how often etc !!!!!

Technician setup the computer for CURE Soft

Nurse/ registrars setup CURE Soft and start recording the data