Value of inhaled treatment with aztreonam lysine in bronchiectasis

Participant name:	
Hospital ID/CHI:	
Date of Birth:	

Value of inhaled treatment with Aztreonam lysine in bronchiectasis- VITAL- BE

Sponsor	University of Dundee-NHS Tayside
Chief Investigator	Professor James Chalmers
IRAS number	252929

Principal Investigator	
Contact number	
Contact email	

Visit number	Unscheduled visit
Date of visit:	

The above participant has agreed to take part in the VitalBE clinical trial and has attended for follow-up phone call.

Please tick to indicate the following has been completed:

Confirmed participant's identity	
Participant has verbally given their consent to continue in the trial	
Visit has been carried out as per protocol	

Vital signs

Please enter the results of the following assessments:

Blood pressure	mmHg	Pulse	bpm
Oxygen saturation (room air)	%	Tympanic temperature	C

Pregnancy test

Is the participant a woman of child bearing potential? yes ☐ no ☐

If female but not of child bearing potential how has this been confirmed?

Post-menopausal ☐ Date of last period ☐

permanent sterilisation ☐

If female and of childbearing potential:

Has the participant agreed to either abstain from sexual activity or use a form of a medically approved birth control method? yes ☐ no ☐

result of pregnancy test: negative ☐ positive ☐

Spirometry

What method of bronchodilation was used?

nebulised salbutamol ☐ Dose mg

inhaled salbutamol ☐ Dose mcg Number of puffs ☐

Results of spirometry must be documented in notes.

Research blood sample obtained?	Yes	No
Spontaneous sputum sample obtained?	Yes	No
Viral Nasal Swab obtained?	Yes	No
Sputum sample for Culture & Sensitivity?	Yes	No
Is St George's Respiratory Questionnaire being completed?	Yes	No
Is Quality of Life Bronchiectasis Questionnaire being completed?	Yes	No
Is Bronchiectasis Health Questionnaire being completed?	Yes	No

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The following must have source data documented in the medical notes. If not documented elsewhere these should be written in the notes.

- Changes to concomitant medications/respiratory medications since last visit
- Any adverse events since last visit
- Any pulmonary exacerbations since last visit
- Any other notable findings and actions taken

If the participant was withdrawn from the trial at this visit state reason:	

Signature:	
Name:	
Job title:	
Date:	