**Screening Log**Month, Year: \_\_\_Jun 28 – Jul 30, 2021\_\_\_\_\_\_\_\_\_\_\_ Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **# of active screening weeks this month:** |  |
|  |  |
| **Total # of patients meeting all inclusion criteria:** |  |
|  |  |
| **Total # of patients excluded due to presence of exclusion criteria:** |  |
| **Exclusion Criteria** | **# of patients :** |
| 1. Pre-hospital inability to follow commands in local language
 |  |
| 1. Acute conditions impairing ability to receive cycling
 |  |
| 1. Acute proven or suspected neuromuscular weakness
 |  |
| 1. Temporary pacemaker
 |  |
| 1. Expected hospital mortality ≥ 90%
 |  |
| 1. Equipment unable to fit patient
 |  |
| 1. Palliative goals of care
 |  |
| 1. Pregnancy
 |  |
| 1. Specific surgical exclusion

**specify for each patient:**  |  |
| 1. Physician declines

**specify for each patient:** |  |
| 1. Patient already able to march on spot
 |  |
| 1. Cycling exemption not resolved during 1st 4 days of MV (indicate all that apply):
 |  |
| Increase in inotropes/vasopressors (2h)  |  |
| Active MI, or unstable/uncontrolled arrhythmia per ICU team |  |
| MAP <60 or >110 (2h) or out of range |  |
| HR <40 or >140 (2h)  |  |
| SpO2 <88% (2h) or out of range |  |
| Neuromuscular blocker (4h) |  |
| Severe agitation RASS >2 or SAS >6 or equivalent (2h) |  |
| Uncontrolled pain |  |
| Changes in goals to palliative care |  |
| Other concern**specify for each patient:** |  |
| **Total # of patients eligible but not randomized:**  |  |
| **Eligible Non-Randomized** | **# of patients:** |
| 1. Patient or SDM declines consent
 |  |
| 1. Patient unable to give consent and no SDM identified
 |  |
| 1. Physician declines patient or SDM to be approached**specify for each patient:**
 |  |
| 1. Consent not obtained due to other reason:
 |  |
| Insufficient PT resources and no CYCLE patients in ICU (fully staffed) |  |
| Insufficient PT resources because CYCLE patient(s) in ICU (fully staffed) |  |
| No PT available (fully staffed) |  |
| Insufficient PT resources (not fully staffed) |  |
| No RC available  |  |
| Other reason**specify for each patient:** |  |
| 1. Previously enrolled in CYCLE
 |  |
| **Total # of patients enrolled in CYCLE this month:** |  |