**Overall Platform**

**Inclusion** Yes No

Patient is 18 years or over □ □

Admitted to ICU:

* *For acute severe CAP within 48 hours of hospital admission*□ □
* *Has symptoms or signs or both that are consistent with lower respiratory tract infection (for example, acute onset of dyspnoea, cough, pleuritic chest pain)* □ □
* *Has radiological evidence of new onset infiltrate of infective origin (in patients with pre-existing radiological changes, evidence of new infiltrate)* □ □

Up to 48 hours after ICU admission patient is receiving organ support with one **or** more of:

* *Non-invasive or invasive ventilatory support*  □ □
* *Receiving infusion of vasopressor or inotropes or both*  □ □

**Exclusion** Yes No

Healthcare-associated pneumonia:

* *Prior to this illness, is known to have been an inpatient in any healthcare facility within the last 30 days* □ □
* *Resident of a nursing home or long-term care facility* □ □

Death is deemed to be imminent or inevitable during the next 24 hours **AND** one or □ □

more of the patient, substitute decision maker or attending physician are not

committed to full active treatment. □ □

Previous participation in this REMAP within the last 90 days. □ □

**Antibiotic Domain**

**Inclusion** Yes No

Platform eligible (points as above) □ □

**Domain Specific Exclusions** Yes No

Received more than 48 hours of intravenous antibiotic treatment for this index illness □ □

More than 24 hours has elapsed since ICU admission □ □

Known hypersensitivity to all of the study drugs in the site randomization schedule □ □

A specific antibiotic choice is indicated, for example:

* *Suspected or proven concomitant infection such as meningitis* □ □
* *Suspected or proven infection with resistant bacteria where agents being trialled would not be expected to be active. This includes cystic fibrosis, bronchiectasis or other chronic suppurative lung disease where infection with Pseudomonas may be suspected but does not include patients with suspected methicillin- resistant staphylococcus aureus (MRSA) infection (see MRSA below).* □ □
* *Febrile neutropenia or significant immunosuppression (including organ or bone* Yes No *marrow transplantation, human immunodeficiency virus (HIV) Infection with CD4 cell count 4 preceding weeks).* □ □
* *Suspected melioidosis* □ □
* *Specific microbiological information available to guide specific antibacterial therapy* □ □

The treating clinician believes that participation in the domain would not be in the □ □

best interests of the patient.

**Intervention Specific Exclusions** Yes No

Known non-serious hypersensitivity to penicillins will result in exclusion from receiving interventions that include piperacillin and amoxicillin. □ □

Known non-serious hypersensitivity to cephalosporins will result in exclusion from receiving interventions that include ceftriaxone and ceftaroline. □ □

Known serious hypersensitivity to beta-lactams, including penicillins or cephalosporins, will result in exclusion from interventions that include piperacillin, amoxicillin, ceftriaxone, and Ceftaroline. □ □

Known hypersensitivity to moxifloxacin or levofloxacin will result in exclusion from moxifloxacin or levofloxacin intervention. □ □

Known serious hypersensitivity to the macrolide will result in exclusion from interventions that include piperacillin, amoxicillin, ceftriaxone, and ceftaroline. □ □

Known or suspected pregnancy will result in exclusion from moxifloxacin or levofloxacin and ceftaroline interventions. It is normal clinical practice that women admitted who are in an age group in which pregnancy is possible will have a pregnancy test conducted. The results of such tests will be used to determine interpretation of this exclusion criteria. □ □

**Macrolide Domain**

**Inclusion** Yes No

Patients are eligible for this domain only if they have been allocated a beta-lactam plus macrolide intervention within the Antibiotic Domain. □ □

**Domain Specific Exclusions** Yes No

Agreement to participate in this domain has been declined or has not been requested before the end of study day 5. □ □

There is microbiological confirmation or the clinician strongly suspects Legionella or any other form of atypical pneumonia. □ □

Macrolide antibiotics have already been discontinued for more than 36 hours. □ □

The treating clinician believes that participation in the domain would not be in the best interests of the patient. □ □

**Intervention Specific Exclusions – None**

**Corticosteroid Domain**

**Inclusion** Yes No

Platform eligible (points as above). □ □

**Domain Specific Exclusions** Yes No

Known hypersensitivity to hydrocortisone. □ □

An indication to prescribe systemic corticosteroids for a reason that is unrelated to the current episode of CAP (or direct complications of CAP), such as chronic corticosteroid use before admission, acute severe asthma, or suspected or proven Pneumocystis jiroveci pneumonia. □ □

More than 24 hours have elapsed since ICU admission. □ □

The treating clinician believes that participation in the domain would not be in the best interests of the patient. □ □

**Intervention Specific Exclusions – None**

**Antiviral Domain**

**Inclusion** Yes No

Platform eligible (points, as above) □ □

**Domain Specific Exclusions** Yes No

Influenza infection is suspected by the treating clinician or has been confirmed by microbiological testing. □ □

More than 24 hours has elapsed since Intensive Care Unit (ICU) admission. □ □

Known hypersensitivity to oseltamivir. □ □

Patient has already received two or more doses of oseltamivir or other neuraminidase inhibitors. □ □

Intention to commence or continue, if already commenced, an antiviral active against influenza other than oseltamivir. □ □

The treating clinician believes that participation in the domain would not be in the best interests of the patient. □ □

**Intervention Specific Exclusions – None**

**Vitamin C Domain**

**Inclusion** Yes No

Platform eligible (points, as above) □ □

**Domain Specific Exclusions** Yes No

More than 24 hours has elapsed since ICU admission (this may be operationalized as more than 24 hours has elapsed since commencement of organ failure support). □ □

Received any intravenous vitamin C during this hospitalization (unless incorporated in Yes No parenteral nutrition). □ □

Any of the following 3 contraindications to vitamin C therapy:

* *Known glucose-6-phosphate dehydrogenase (G6PD) deficiency* □ □
* *Known allergy to vitamin C* □ □
* *Known history of symptomatic kidney stones within the past 1 year* □ □

Patient has been randomized in a trial evaluating vitamin C, where the protocol of that trial requires ongoing administration of study drug. □ □

The treating clinician believes that participation in the domain would not be in the best interests of the patient. □ □

**Intervention Specific Exclusions – None**