

Place patient ID sticker here

## Supplementary File 1

### PROTEDS Feasibility Study - Physician Information

Dear Doctor,

You have chosen Propofol to sedate your patient with. They are potentially eligible for inclusion in the Feasibility study of Propofol via TCI infusion.

Please assess them against the formal inclusion and exclusion criteria outlined below. If they meet with the inclusion criteria and do not meet any of the exclusion criteria then please proceed with the TCI protocol as outlined and fill in the attached data collection sheet.

Patients are to be monitored and verbally consented in the usual manner with formal written consent for use of their data being sought when they are comfortable and have the capacity. Please ensure your patient has received 0.1mg/kg Morphine IV pre sedation.

Thank you.

#### Inclusion Criteria – please tick all that apply

Aged 18-65 years	
Acute anterior shoulder dislocation	
ASA I or II	
Fasted $\geq$ 90 mins	
Weight $\geq$ 50kg	

#### Exclusion Criteria – please tick all that apply

Inability to provide or refusal of informed consent	
Prisoner	
Previously enrolled in the study	
Clinical and/or radiological evidence of acute posterior shoulder dislocation	
Clinical and/or radiological evidence of concomitant ipsilateral upper limb fracture (with the exception of an isolated avulsion fracture of the greater tuberosity or a fracture of the glenoid labrum)	
Concomitant multi-system injury	
ASA III, IV or V	
Haemodynamic Instability	
Pregnancy	
Contraindications to sedation	
Allergy to study drug or eggs	
Clinical Decision (please outline)	



**Is the patient eligible? Yes / No**

Sign:.....

Date:.....

**Has the Patient been recruited? Yes / No**  
PROTEDS Feasibility Study

Allocate Study Number:.....  
Physician Information V1.7 August 2016