

Core Data I (Inclusion, Testing, Trials, Location, Admin)

Hospital/ICU Identifier

Patient Study (ID) please don't write clinical number
or any other identifier- instructions here -->

(Hospital/ICU Identifier-001, Hospital/ICU
Identifier-002....)

Inclusion-Exclusions-COVID19 Testing

Inclusion

- COVID-19 PCR (any other SARS-CoV-2) test positive
(within 7 days)
- COVID-19 PCR (any other SARS-CoV-2) test pending
- COVID-19 high clinical suspicion
(If yes for any, go ahead and check for
exclusions)

Exclusions

- Patient without Prior Research Authorization (only
applicable to Mayo Clinic sites)
- Non COVID-19 related admissions
- Already Included in VIRUS- COVID19 Registry
- None
(If you click anything other than None, stop here
and move on to enroll another patient)

Is COVID testing performed prior to admission?

- Yes
 No

How many days prior to admission was COVID testing
performed?

Which hospital day was first COVID test performed?

(1 or 2 or 3 or 4...)

Was COVID testing done on multiple days?

- Yes
 No

Total number of COVID tests sent?

- 1
 2
 3
 4+

Total number of COVID tests before positive result?

- 1
 2
 3
 4+
 All negative

How many days prior to hospitalization COVID-19
symptoms started?

(1 or 2 or 3 or 4...)

Site of COVID-19 Test

- Nasopharyngeal Swab
 Sputum/Tracheal Aspirate
 BAL- Bronchoalveolar Lavage
 Others

Test_Other

Other COVID19 Clinical Trials

Is Patient Participating in Another Clinical Trial or Prospective Study Related to COVID-19

- yes
 No

If yes , Please specify Clinical Trial or Prospective Study name or Novel Drug Therapy or Trial/NCT ID

Location

Country

- United States
 Argentina
 Belgium
 Bolivia
 Bosnia and Herzegovina
 Canada
 China
 Croatia
 Dominican Republic
 France
 Germany
 Greece
 India
 Iran
 Italy
 Japan
 Lebanon
 Libya
 Mexico
 Pakistan
 Peru
 Philippines
 Saudi Arabia
 Serbia
 South Korea
 Spain
 Spain
 Turkey
 UAE
 Uganda
 Other
(If other, fill contry name in box below)

Country_Other

Administrative Data

Patient Employed as a Healthcare Worker or in a Microbiology Laboratory?

- Yes
 No

Healthcare Worker- Category

- Staff Doctor/Consultant/Attending
 Trainee Doctor- Resident/Fellow/Medical Student
 Nurse
 Respiratory Therapist
 Pharmacist
 Support Staff
 EMS personnel
 Research Staff
 Nurse Aid/ Midwife
 Nursing Home Staff
 Other

Health Care Worker_Other

Hospital Admission Source

- Home
 Nursing Home
 Hospital ED
 Outside ED
 Transfer from other Facility
 Other

If other, please explain

Days of Stay at Prior Transferring Facility

Admitted to ICU

- Yes
 No

Which Hospital Day Patient Got admitted to ICU

_____ (1 or 2 or 3 or 4...)

ICU admission source

- Nursing Home
 Hospital ED
 Outside ED
 Floor
 Operating room
 Other
 (If other, fill the next box)

If other, please explain

Core Data II (Demographics, Symptoms, Premeds, History, Diagnosis)

Demographics

Age (if more than 90, just write >90 - (do not write exact age in this case)

(xx)

For Paediatric Patient, Age in Months (if less than 5 years)

Sex

- Male
 Female
 Intersex
 Transgender

Is Patient Pregnant?

- Yes
 No
 Unknown

Gestational Age at Hospital Admission (in weeks)

Weight (kg) at Hospital Admission

(xxx)

Height (cm)

(xxx)

Race

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White Caucasian
 Other

Other-Race

Ethnic group

- Hispanic
 Non Hispanic
 Not Applicable

COVID-19 Signs and Symptom

Signs And Symptoms At Hospital Admission (Check all that apply)

- Abdominal Pain
- Ageusia- Loss of Taste sense
- Anorexia- Loss of Appetite
- Anosmia- Loss of Smell sense
- Arthralgia
- Chest Pain/Tightness
- Chills/Rigors
- Confusion/Delirium
- Conjunctival Congestion
- Cough - Dry
- Cough - with Sputum
- Diarrhea
- Dizziness/Lightheadedness
- Dyspnea/Shortness of Breath
- Fever
- Headache
- Hemoptysis
- Malaise
- Myalgia Or Fatigue
- Nasal Congestion/Rhinorrhea
- Nausea/Vomiting
- Night Sweat
- Seizure
- Sneezing
- Sore Throat/Throat Pain
- Other (Please List All)

Signs-Symptoms_Others

Contact/Travel History

Did patient Have Any Recent Travel History (before onset of illness) ?

- Yes
- No
- Unknown

Did patient have any of the following?

- A history of travel to an area with documented cases of SARS-CoV-2 infection
 - Close contact with a confirmed or probable case of SARS-CoV-2 infection, while that patient was symptomatic
 - Presence in a healthcare facility where SARS-CoV-2 infections have been managed
 - Presence in a laboratory handling suspected or confirmed SARS-CoV-2 samples
 - Direct contact with animals in countries where the SARS-CoV-2 is known to be circulating in animal populations or where human infections have occurred as a result of presumed zoonotic transmission
 - Seafood Wholesale Market
 - Contact With Another Person With Respiratory Symptoms
 - No Exposure To Either Market Or Person With Respiratory Symptoms
 - History of Travel to Affected Regions/Countries
 - History of travel on Cruise
 - Contact With Wildlife
 - Other (Please specify)
(Past 14-30 days (before onset of illness))
-

Travel_others

Comorbidites

Comorbidities (Click all that apply)

- None
- Coronary artery disease
- Hypertension
- Cardiac arrhythmias
- Congestive heart failure
- Valvular heart disease
- Chronic pulmonary disease (not asthma)
- Asthma (physician diagnosed)
- Pulmonary circulation disorder
- Chronic Kidney Disease
- Chronic dialysis
- Diabetes (DM)
- Hypothyroidism
- Liver disease
- Hepatitis B
- Hepatitis C
- Peptic ulcer disease excluding bleeding
- Solid tumor without metastasis
- Hematologic malignancy
- Metastatic cancer
- History of solid organ or bone marrow transplant
- HIV/AIDS or other immunosuppression
- Stroke or other neurological disorders
- Paralysis
- Rheumatoid arthritis/collagen vascular disease
- Blood loss anemia
- Iron deficiency anemia
- Coagulopathy
- Tobacco abuse
- Alcohol use disorder
- Substance use disorder
- Depression
- Psychosis
- Dementia
- Obesity
- Malnutrition
- Other

Comorbidites_Other

If Congestive heart failure (CHF)

- NYHA I
- NYHA II
- NYHA III
- NYHA IV

CKD Stages

- CKD 1
- CKD 2
- CKD 3
- CKD 4
- CKD 5 (Not on HD)
- ESRD (CKD 5 on HD)

Pre-Hospital (Home) Medications

Pre-Hospital (Home) Medication (check all that apply)

- ACE inhibitor
- Angiotensin receptor blocker
- Antiretroviral therapy
- Antibiotics
- Aspirin
- Chemotherapy currently or in the last 3 months
- Immunotherapy (i.e., CNI, mAb, thymoglobulin, anti-proliferatives)
- Inhaled corticosteroids
- NSAID/Ibuprofen
- Other anti hypertensive agent (eg., Beta blocker, calcium channel blocker, diuretic)
- Paracetamol/Acetaminophen
- Proton Pump inhibitors
- Statin
- Systemic Corticosteroid
- Anticoagulants
- Other (Please specify)

Home Medications_Others

Any Medication Allergy

(Write 'None' if no known meds allergies)

Social and Vaccination History

Social History

- Current Smoler
- Former Smoker
- Vaping
- Alcohol use disorder
- Substance use disorder
- None

Vaccinations?

- Pneumococcal
- Seasonal Flu
- Others

Other_Vaccination

COVID-19 Diagnosis and Complications

Admission Diagnosis/Complications (check all that apply)

- Acute Hypoxic Respiratory Failure (non-ARDS)
- Acute Liver Injury
- Acute Myocardial Infarction
- Acute Renal Failure requiring Hemofiltration
- Acute Renal Injury, no Hemofiltration
- ARDS
- Bacteremia
- Bacterial pneumonia
- Cardiac arrest
- Cardiac arrhythmia: atrial fibrillation
- Cardiac arrhythmia: heart block
- Cardiac arrhythmia: torsades des point
- Cardiac arrhythmia: ventricular tachycardia
- Congestive heart failure / Cardiomyopathy
- Delirium / Encephalopathy
- Disseminated Intravascular Coagulation
- Gastrointestinal hemorrhage
- Hyperglycemia
- Hypoglycemia
- Meningitis/Encephalitis
- Myocarditis
- Pneumothorax
- Pleural effusion
- Rhabdomyolysis / Myositis
- Seizure
- Sepsis
- Shock
- Stroke
- Other (Please List All)

Other- Admission Diagnosis

ARDS Type

(<https://www.medscape.com/answers/168402-27299/what-are-the-classifications-for-acute-respiratory-distress-syndrome-ard>)

- Mild (P:F 200-300)
- Moderate (P:F 100-199)
- Severe (P:F < 100)

Type of Shock

- Distributive Shock (Due To Infections)
- Hypovolemic Shock (Caused By Too Little Blood Volume)
- Anaphylactic Shock (Caused By Allergic Reaction)
- Cardiogenic Shock (Due To Heart Problems)
- Neurogenic Shock (Caused By Damage To The Nervous System)

ICU Support Measures Needed? (check all that apply)

- AirVo (high flow nasal cannula)
 - CRRT/HD
 - Inotropes
 - Mechanical ventilation
 - Non-invasive positive pressure ventilation
 - Vasopressors
 - Neuromuscular blocking agents
 - Prone ventilation
 - Inhaled nitric oxide or epoprostenol
 - Tracheostomy insertion
 - None
 - Other
- (only apply to the patients who are in make shift ICU)

If Other ICU care level (Please Write)

Core Data III (Microbiology, Misc Tests)

Microbiology Data

Was Pathogen Testing Done During This Illness Episode?

- Yes
 No

Influenza/RSV PCR performed

- Yes
 No

Which Hospital Day influenza/RSV PCR Was Done

(1 or 2 or 3 or 4...)

Influenza/RSV PCR Positive

- Yes Confirmed
 Yes Probable
 No

Influenza/RSV PCR Test Results

- Influenza A
 Influenza B
 RSV
 None

Type of Influenza A

- A/H3N2
 A/H1N1pdm09
 A/H7N9
 A/H5N1
 A, not typed

Respiratory Viral Panel (RVP) Performed

- Yes
 No

Which Hospital Day RVP PCR Was Done?

(1 or 2 or 3 or 4...)

RVP PCR Positive

- Yes Confirmed
 Yes Probable
 No

RVP Pathogens Detected

- Adenovirus B/E
- Adenovirus C
- Bordetella Holmesii
- Bordetella Parapertussis/B. Bronchiseptica
- Bordetella Pertussis
- Chlamydomphila Pneumoniae,
- Coronavirus 229E
- Coronavirus HKU1
- Coronavirus NL63
- Coronavirus OC43
- Human Metapneumovirus
- Human Rhinovirus/Enterovirus
- Influenza A H1
- Influenza A H3
- Influenza A Subtypes 2009H1N1
- Influenza A
- Influenza B
- Mycoplasma Pneumoniae
- Parainfluenza Virus Types 1
- Parainfluenza Virus Types 2
- Parainfluenza Virus Types 3
- Parainfluenza Virus Types 4
- Respiratory Syncytial Virus
- None

Biofire Respiratory Panel (BRP) Performed

- Yes
- No

Which Hospital Day BRP Was performed?

 (1 or 2 or 3 or 4...)

BRP positive?

- Yes Confirmed
- Yes Probable
- No

BRP- pathogens detected

- Adenovirus
- Bordetella parapertussis*
- Bordetella pertussis
- Chlamydia pneumoniae
- Coronavirus 229E
- Coronavirus HKU1
- Coronavirus NL63
- Coronavirus OC43
- Human Metapneumovirus
- Human Rhinovirus/Enterovirus
- Influenza A
- Influenza A/H1
- Influenza A/H1-2009
- Influenza A/H3
- Influenza B
- Mycoplasma pneumoniae
- Parainfluenza Virus 1
- Parainfluenza Virus 2
- Parainfluenza Virus 3
- Parainfluenza Virus 4
- Respiratory Syncytial Virus (RSV)
- None

Biofire Pneumonia Panel (BPP) Performed

- Yes
- No

Which Hospital Day BPP Was Performed?

(1 or 2 or 3 or 4...)

BPP positive

- Yes Confirmed
 Yes Probable
 No

BPP Pathogens

- Adenovirus
 Coronavirus
 Metapneumovirus
 Rhinovirus/Enterovirus
 Influenza A
 Influenza B
 Parainfluenza
 Respiratory Syncytial Virus
 Acinetobacter
 Enterobacter
 Escherichia coli
 Haemophilus influenzae
 Klebsiella
 Moraxella
 Proteus
 Pseudomonas
 Serratia marcescens
 Staphylococcus aureus
 Streptococcus
 Chlamydia
 Mycoplasma
 Legionella
 None

Other Infectious Respiratory Diagnosis

- Yes Confirmed
 Yes Probable
 No

Other Infectious Respiratory diagnosis, specify

Any of These Positive? (check all that apply)

- HIV
 Hepatitis B
 Hepatitis C
 None
 Others
(if HIV status is protected in your state - don't check it)

Others_write

Viral load undetectable

- Yes
 No

Are Any of These Tests Performed ? (check all that apply)

- CMV PCR
- Cryptococcal Antigen
- Histoplasma Urine Antigen
- Legionella UAg
- Monospot
- PCP PCR
- None

Are Any of These Tests Positive ? (check all that apply)

- CMV PCR
- Cryptococcal Antigen
- Histoplasma Urine Antigen
- Legionella UAg
- Monospot
- PCP PCR
- None

CMV PCR Value

Blood Cultures Performed?

- Yes
- No

Blood Cultures Positive?

- Yes
- No

Which Hospital Day(s) Positive Blood Cultures Performed?

Positive Blood Culture Organism?

Sputum Culture Performed?

- Yes
- No

Sputum Culture Positive?

- Yes
- No

Which Hospital Day(s) Positive Sputum Culture Performed?

Positive Sputum Culture Organism?

Urine Culture Performed?

- Yes
- No

Urine Culture Positive?

- Yes
- No

Which Hospital Day(s) Positive Urine Culture Performed?

Urine Culture Organism?

Core Data IV (Daily- Imaging, MV)

Imaging Data

Are any of these performed today (Check all that apply)

- Chest X-ray
 CT Chest
 Lung US
 Cardiac Echo
 Others

Imaging_Others

Were infiltrates present?

- Yes
 No

CXR pattern

- Interstitial pattern
 Opacities
 Multifocal
 Bilateral
 Pleural effusion

CT Chest abnormal

- Yes
 No

CT chest pattern

- Ground Glass Opacity (GGO)
 Crazy paving
 Multifocal
 Bilateral
 LAD
 Pleural effusion
 Opacity

If CT s/o Pleural Effusion ; Quantity of pleural effusion in CT

- Small
 Moderate
 Large

Lung Ultrasound abnormal

- Yes
 No

Lung Ultrasound Signs

- Bat sign (pleural line)
 Lung sliding
 A line horizontal artifact
 Quoad sign
 Sinusoid sign
 Fractal and Tissue like sign
 B line (vertical artifact)
 Lung rockets
 Abolished lung sliding with Stratosphere sign
 Lung point
 Lung pulse
 Dynamic air bronchogram

Oxygenation and Mechanical Ventilation

Oxygenation

- High Flow Nasal Cannula
- Invasive Mechanical Ventilation
- Noninvasive Ventilation (CPAP or BIPAP)
- Oxygen Therapy- Bag Mask
- Oxygen Therapy- Non-Rebreathable Mask
- Nasal Canula
- None

Ventilator mode

- Volume control (VC)
- Pressure control (PC)
- Pressure Support (PS)
- APRV
- Others

Vent Mode- Other

Tidal volume (ml) - set (not ml/kg), (must for volume control mode)

Peak plateau pressure (cm H2O)

PEEP (cm H2O)

Pressure support (cm H2O) - set (must for Pressure control)

Documented ventilator associated pneumonia (VAP)

- No
- Yes

Documented assessment of spontaneous breathing trial?

- No
- Yes
- not indicated

Additional Comments

Core Data V (Daily- Processes of Care, VAP Bundle)

Daily Processes of Care

Documented Family Conference/Discussion? (check all that apply)

- Phone
 Video
 Email
 Text
 In-Person
 None
 Family Not Available

Was 'limitation to life support interventions' status changed today?

- No
 Yes
 N/A

Specify the changed status

- Changed to 'no chest compression'
 Changed to 'no intubation'
 Changed to both
 Changed to full support
 Changed to palliative / comfort care

VAP Bundle-- If Patient is Mechanically Ventilated- then fill this section, otherwise skip.

Is patient mechanically ventilated today or have a risk for stress ulcer/VPE?

- Yes
 No

Is any of these documented? (check all that apply)

- Head of the bed elevation 30 degrees
 Oral Care - Chlorhexidine/Povidone-Iodine

NeuroMuscular Blockers (NMB) Given?

- None
 Atracurium
 Cisatracurium
 Mivacurium
 Pancuronium
 Rocuronium
 Vecuronium
 Other

NMB (Bolus/infusion doses) or other NMBs

Which of the following are currently being administered for Peptic Ulcer Prophylaxis (PUP)?

- None
 Not Indicated
 Pantoprazole
 Ranitidine
 Sucralfate
 Famotidine
 Omeprazole
 Lansoprazole
 Esomeprazole
 Other

PUP route

- Enteral (via mouth/NG tube)
 Intravenous (IV)

Other PUP

PUP Dosing Frequency

- Daily
 - Twice daily
 - Three times daily
 - Four times daily
 - Continuous infusion
-

PUP Doses-(in mg) (if a continuously infused medication is being given- use a standardized entry value (e.g. mg/hr dose)

Which of the following anticoagulation therapies are currently being administered?

- None
 - Not indicated
 - Aargatroban
 - Bivalirudin
 - Dabigatran
 - Fondaparinux
 - Heparin- unfractionated
 - Heparin- low molecular weight
 - Vitamin K antagonist
 - Edoxaban
 - Rivaroxaban
 - Apixaban
 - Betrixaban
 - Others
-

Other Anticoagulants

Anticoagulants Dosing Frequency

- Daily
 - Twice daily
 - Three times daily
 - Four times daily
 - Continuous infusion
-

Sedatives, Analgesics, and Paralytics Use

Any use of IV continuous sedation/analgesics/paralytics ? (check all that apply)

- None
 - Dexamedetomidine
 - Fentanyl
 - Ketamine
 - Lorazepam
 - Midazolam
 - Morphine
 - Pentobarbital
 - Propofol
 - Hydromorphone
 - Remifentanil
 - Others
-

Sedation/analgesics/paralytics_other

Sedation/analgesics/paralytics dosing frequency

- Daily
- Twice daily
- Three times daily
- Four times daily
- Continuous infusion

Core Data VI (Daily-Fluid, Vasopressors, Other Meds)

Fluid Vasopressors Urine Output

Total Intravenous fluids administered (ml.) not rate
ml/hour

(Midnight to Midnight 0:00-24:00)

TOTAL Urine Output (ml) in 24 hours? (not in ml/h)

(Midnight to Midnight 0:00-24:00)

Fluid Balance (Total Intake- Total Output)

(Midnight to Midnight 0:00-24:00)

Types of Inotropes/Vasopressors use in 24 hour

- Angiotensin II
- Dobutamine
- Dopamine
- Droxidopa
- Epinephrine
- Isoproterenol
- Milrinone
- Norepinephrine
- Phenylephrine
- Vasopressin
- None
- Other

If Other Inotropes/Vasopress Please specify

Blood Products Use

Any Blood Product Usage during this 24 hours?

- Packed Red Blood Cells
 - Fresh Frozen Plasma
 - Platelets
 - Albumin
 - Cryoprecipitate
 - None
- (0:00 to 24:00)

Indication for RBC transfusion?

- 1. Active Bleeding
- 2. Hb < 7
- 3. Early Septic Shock
- 4. Other

Other_Indication for RBC transfusion?

Indication for FFP transfusion?

- 1. Active Bleeding
- 2. Other

Other_Indication for FFP transfusion?

Indication for Platelet transfusion?

1. Active Bleeding
 2. Severe Thrombocytopenia (< 10,000)
 3. Other

Other_Indication for Platelet transfusion?

Medications

What Medications are Given? (check all that apply)

- Antifungal
 Antiviral
 Azithromycin
 Corticosteroid
 Diuretics
 Hydroxychlorquine
 Statin
 Anticoagulants
 Others

Other_Medications

Name of Antivirals used (check all that apply)

- Interferon alpha
 Interferon beta
 Lopinavir
 Neuraminidase inhibitor
 Remdesivir
 Ribavirin
 Ritonavir
 Other

If other Antiviral , Please specify name

Corticosteroid, Route of administration

- Oral
 Intravenous
 Inhaled

Please specify the corticosteroid name and dose

Antifungal -Name and Dose

Miscellaneous Medications

- IL-6 inhibitors - Tocilizumab
 IL-6 inhibitors - Sarilumab
 IVIG
 Anakinra
 Emapalumab
 JAK Inhibitors - Baricitinib
 JAK Inhibitors - Others

Please Write Dose

Hydroxychlorquine - Dose

Azithromycin -Dose

Comments_Daily- Fluids_Meds

Core Data VII (Outcomes)

Outcomes Data

Are There Any Lack of Available Resources

- Yes
 No

Lack of Available Resources (check all that apply)

- Not Enough ICU Bed
 Not Enough Ventilator
 Not Enough IV Sets
 Not Enough ECMO Circuit
 Doubling-up of Ventilators
 Out of PPEs for Providers
 Not Enough Providers
 Not Enough Sedatives
 Not Enough Analgesics
 Not Enough Vasopressors
 Not Enough Hydroxychloroquine
 Not Enough Hospital Beds
 Others

Resource Lack_Other

Any Documented Complication During Hospitalization
(New onset) (click all that apply)

- Acute Cardiac Injury
- Acute Kidney Injury
- Anemia
- Bacteremia
- Bacterial pneumonia
- Bed Ulcers
- Bronchiolitis
- Cardiac arrest
- Cardiac Arrhythmia New Onset
- Cardiomyopathy
- Co- Or Secondary Infection
- Coagulation disorder / Disseminated Intravascular Coagulation
- Congestive heart failure
- Cryptogenic organizing pneumonia (COP)
- Deep Vein Thrombosis
- Empyema
- Endocarditis
- Gastrointestinal hemorrhage
- Hepatomegaly
- High BNP/NT Pro BNP
- High Troponin I/T/High Sensitivity
- Hyperglycemia
- Hypoglycemia
- Liver dysfunction
- Lung Abscesses
- Meningitis / Encephalitis
- Myocarditis
- Pancreatitis
- Pericarditis
- Pleural Effusions
- Pleurisy
- Pneumothorax
- Renal Failure (AKI)
- Respiratory Failure (ARDS)
- Rhabdomyolysis / Myositis
- Seizure
- Septic Shock
- Splenomegaly
- ST elevations ECG
- Stroke / Cerebrovascular accident
- Viral pneumonitis
- Other (Please Specify)

If Other complication , Please Specify _____

IF Yes ARDS , Please Specify severity

- Mild (P:F 200-300)
- Moderate (P:F 100-199)
- Severe (P:F < 100)
- Unknown

Type of Cardiac Arrhythmia

- Atrial fibrillation
- Atrial flutter
- Heart block
- Torsades des point
- ventricular tachycardia
- Ventricular fibrillation
- Paroxysmal supraventricular tachycardia (PSVT)
- Sick sinus syndrome
- Other

If Other arrhythmia , Please specify

Total number of days on mechanical ventilation during the entire hospitalization? (for hospital stay > 28 days, please add comments)

Comments-For >28 days stay

Which Hospital Day Patient Got Discharged from ICU?

_____ (1 or 2 or 3 or 4...)

Final ICU diagnosis?

ICU discharge status?

- Alive
 Deceased

Which Hospital Day Patient Got Discharged from Hospital or died?

_____ (1 or 2 or 3 or 4...)

Hospital discharge status?

- Alive
 Deceased

If Died in ICU/Hospital, is any of this was done and documented ? (check all that apply)

- CPR done
 Family present at the time of death
 Religious/Spirituals needs fulfilled
 Comfort care given
 Palliative care given
 None

Hospital discharge location

- Home, without assistance
 Home, with home health
 Subacute rehabilitation
 Long-term care facility
 Hospice
 Other

Hospital discharge_other

New oxygen requirement at discharge

- Yes
 No

Is Patient Readmitted with COVID19?

- Yes
 No

How Many Days Later Since Discharge?

_____ (1 or 2 or 3 or 4...)

28 day mortality?

- Alive
 Deceased
(Since Hospital Discharge)

Was Patient Pregnant? Yes
 No

Any Pregnancy Related Complication Gestational Hypertension
 Pre-Eclampsia
 Eclampsia
 Fetal Distress
 PROM
 Other (Please Specify)

If Other pregnancy related complication , Please specify _____

Was Baby Delivered Yes
 No

Method Of Delivery Natural unassisted vaginal childbirth
 Assisted Vaginal childbirth
 Cesarean surgery (C-section)

If C-Section , Indication For C-Section _____

Treatment Before Delivery Oxygen Support (Nasal Cannula)
 Antiviral Therapy
 Antibiotic Therapy
 Use Of Corticosteroid
 IMV
 NIMV

Treatment After Delivery Oxygen Support (Nasal Cannula)
 Antiviral Therapy
 Antibiotic Therapy
 Use Of Corticosteroid
 IMV
 NIMV

Neonatal Outcome Applies (was baby born) Yes
 No

Was the baby infected? Yes
 No
 Unknown/not applicable

Birthweight (G) _____

Premature Delivery Yes
 No

Apgar Score (1 Min, 5 Min) _____

Severe Neonatal Asphyxia Yes
 No

Neonatal Death Yes
 No

Fetal Death Or Stillbirth Yes
 No

Was baby tested for Mother's Acute Respiratory Infection? Yes
 No
 N/A

Baby Test Results are Positive
 Negative
 Unknown or N/A

Testing method PCR
 Other (Please Specify)

Testing method other, please specify _____

Appropriate Development for Age? YES
 NO
 Unknown

Comments Outcome _____

Enhanced Data 1 (Daily-Vitals, Neuro exam & Labs)

Vitals on Hospital admission (first available data at admission) and Then daily between (0:00 - 24:00)

Temperature (Highest)

- ≤37.3°C
 37.3-38.0°C
 38.1-39.0°C
 >39.0°C

Heart Rate (Highest)

Respiratory Rate (Highest)

Systolic Blood Pressure (Lowest)

Diastolic Blood Pressure (Lowest)

Oxygen saturation (SPO2) in %

SPO2 on-

- Room air
 Oxygen therapy

FiO2 % (0.21 to 1.0) lowest during 24 hours
If L/min use EPIC-II Conversion Table

 (Midnight
to
Midnight
0:00-24:00

<https://www.intensive.org/epic2/Documents/Estimation%20>

Admission and Daily Neuro Exam

AVPU Score

- Alert
 Verbal
 Pain
 Unresponsive

Glasgow Coma Score (GCS /15)

_____ (if sedated then estimate GCS prior to sedation)

Richmond Agitation Sedation Scale (RASS)

Riker Sedation Agitation Scale (SAS)

Arterial Blood Gas Analysis on Admission and Then Daily

FiO2 (0.21 to 1.0) at the time of blood gas

Arterial PaO2 at time of FiO2 above in mmHg

PCO2 From same blood gas record as PaO2 in mmHg

pH From same blood gas record as PaO2

HCO3 From same blood gas record as PaO2 in mEq/L

Labs on Hospital Admission- Then Daily (worst value)

Leukocyte Count

Leukocyte Count Unit

- US ($\times 10^3/\text{mm}^3$)
 International System of Measurement (S.I. units)($\times 10^9/\text{liter}$)

Lymphocyte Count

Lymphocyte Count Unit

- US(% of white blood cells)
 International System of Measurement (S.I. units) in Fraction of white blood cells (Normal Range 0.16-0.46)

Haemoglobin

Haemoglobin Unit

- US (g/dl)
 International System of Measurement (S.I. units) (mmol/liter)

Hematocrit

Hematocrit Lab Unit

- US (% of Red blood cells)
 International System of Measurement (S.I. units) in Fraction of red blood cells (Normal Range 0.36-0.46)

Platelets (Thrombocytes)

Platelets (Thrombocytes) Lab Unit

- US ($\times 10^3/\mu\text{L}$)
 International System of Measurement (S.I. units) ($\times 10^9/\text{L}$)

Lactate

Lactate Lab Unit

- US (mg/dl)
 International System of Measurement (S.I. units)
(mmol/liter)
-

Lactate Dehydrogenase (LDH) levels

Lactate Dehydrogenase (LDH) Level Units

- US (U/L)
 International System of Measurement (S.I. units)
(μ kat/liter)
-

C-reactive protein (CRP)

C-reactive protein (CRP) Lab unit

- US (mg/L)
 International System of Measurement (S.I. units)
(nmol/L)
-

Procalcitonin

Procalcitonin Units

- US (ng/mL)
 International System of Measurement (S.I. units)
(mcg/L)
-

Ferritin

Ferritin Level Unit

- US (ng/ml)
 International System of Measurement (S.I. units)
(mcg/L)
-

Sodium

Sodium Level Units

- US (mEq/L)
 International System of Measurement (S.I. units)
(mmol/liter)
-

Potassium

Potassium Lab Unit

- US (mEq/L)
 International System of Measurement (S.I. units)
(mmol/liter)
-

BUN

BUN Unit

- US (mg/dl)
 International System of Measurement (S.I. units)
(mmol/liter)

Serum Creatinine

Serum Creatinine Unit

- US (mg/dL)
 International System of Measurement (S.I. units) (µmol/L)
-

Aspartate aminotransferase (AST/ SGOT)

AST/SGOT Lab Unit

- US (U/L)
 International System of Measurement (S.I. units) (µkat/liter)
-

Alanine Aminotransferase (ALT/SGPT)

ALT/SGPT Lab Unit

- US (U/L)
 International System of Measurement (S.I. units) (µkat/liter)
-

Total bilirubin

Total Bilirubin Units

- US (mg/dl)
 International System of Measurement (S.I. units) (µmol/liter)
-

Interleukin 6 (IL-6)

Interleukin 6 (IL-6) Lab Unit

- US (pg/ml)
 International System of Measurement (S.I. units) (pg/ml)
-

Troponin

Troponin Level Unit

- US (ng/mL)
 International System of Measurement (S.I. units) (µg/L)
-

B-Type Natriuretic Peptide (BNP)

BNP Level Unit

- US (pg/mL)
 International System of Measurement (S.I. units) (pmol/L)
-

NT-Pro B-Type Natriuretic Peptide Level

NT pro BNP Level Unit

- US (pg/mL)
 International System of Measurement (S.I. units) (pmol/L)
-

Fibrinogen Level

Fibrinogen Level unit

-
- US (mg/dl)
 International System of Measurement (S.I. units) (g/L)
-

Alkaline Phosphatase

Alkaline Phosphatase Level Unit

-
- US (U/L)
 International System of Measurement (S.I. units) (µkat/liter)
-

D-Dimer

D-Dimer Level Unit

-
- US (ng/mL)
 International System of Measurement (S.I. units) (mg/L)
-

Triglycerides

Triglycerides Level Unit

-
- US (mg/dL)
 International System of Measurement (S.I. units) (mmol/L)
-

Creatine Kinase

Creatine Kinase Level Unit

-
- US (U/L)
 International System of Measurement (S.I. units) (µkat/liter)
-

Hemoglobin A1c (HBA1C)

Hemoglobin A1c (HBA1C) Level Unit

-
- US (% of total Hb)
 International System of Measurement (S.I. units) (Fraction of total Hb)
-

CD4 (T-cell) Count (if not checked can use most recent)

Prothrombin time in Seconds

PT-INR

Additional Comments_Vitals Labs

Enhanced Data 2 (Daily SOFA, Events)

SOFA score

SOFA_Respiration	<input type="radio"/> 0. >400 <input type="radio"/> 1. < 400 (S:F 221-301), +/- Respiratory support <input type="radio"/> 2. < 300 (S:F 142-220), +/- Respiratory support <input type="radio"/> 3. < 200 (S:F 67-141) and Respiratory support <input type="radio"/> 4. < 100 (S:F < 67) and Respiratory support (Pao ₂ / Fio ₂ mm Hg (if P:F NA use Sao ₂ /Fio ₂)))
SOFA_coagulation (platelet)	<input type="radio"/> 0. >150 <input type="radio"/> 1. < 150 <input type="radio"/> 2. < 100 <input type="radio"/> 3. < 50 <input type="radio"/> 4. < 20 (X 1000 per mm ³)
SOFA_cardiovascular (vasopressors)	<input type="radio"/> 0. No Hypotension <input type="radio"/> 1. MAP < 70 mm Hg <input type="radio"/> 2. Dopamin < or = 5 or Dobutamine <input type="radio"/> 3. Dopamin > 5 or Epi / Norepi < or =0.1 <input type="radio"/> 4. Dopamin > 15 or Epi / Norepi > 0.1 (mcg/kg/min)
SOFA_GCS	<input type="radio"/> 0. 15 <input type="radio"/> 1. 13-14 <input type="radio"/> 2. 10-12 <input type="radio"/> 3. 6-9 <input type="radio"/> 4. < 6
SOFA_Liver (bilirubin)	<input type="radio"/> 0. < 1.2 <input type="radio"/> 1. 1.2 -1.9 mg/dl 20-32 micromol/L <input type="radio"/> 2. 2.0 - 5.9 mg/dl 33-101micromol/L <input type="radio"/> 3. 6.0-11.9 mg/dl 102-204micromol/L <input type="radio"/> 4. >12 mg/dl >204 micromol/L (mg/dL micromol/L)
SOFA_Renal (creatinine or urine output)	<input type="radio"/> 0. < 1.2 mg/dl (110μmol/L) <input type="radio"/> 1. 1.2 -1.9 mg/dl (110-170μmol/L) <input type="radio"/> 2. 2.0 - 3.4 mg/dl (171-299μmol/L) <input type="radio"/> 3. 2.5-4.9 mg/dl (300-440μmol/L) or urine output < 500 mL/day <input type="radio"/> 4. > 5.0 mg/dl (>440μmol/L) or urine output < 200 mL/day (mg/dL micromol/L)

Daily Treatment/Events

Treatment/Events

- Prone Ventilation
- Inhaled Nitric Oxide/Epoprostenol
- Extubation
- Reintubation
- Extracorporeal support (ECMO or ELS)
- None

Extubated to:

- BiPAP / CPAP
- High Flow Nasal Cannula
- Nasal Cannula / Nasal Pendant
- Other

Extubated_Other:

Other Procedure Details

Other procedures

- None
- Bronchoscopy
- Tracheostomy
- Surgical feeding tube (Not nasogastric tube)
- Unplanned surgery
- Other

If other procedure, please explain

Comments_SOFA Events Procedures

Full Data A (APACHE II)

APACHE II

Knaus WA Draper EA et al. APACHE II: A severity of disease classification system. Critical Care Medicine. 1985; 13 (Appendix pages 828-829)

Calculated APACHE II (First 24 hours) score ?
<https://www.mdcalc.com/apache-ii-score>

- No
 Yes
(If yes, fill the calculated score)

APACHE II (First 24 hours) score

APACHE II_age

1. < or = 44
 2. 45 - 54
 3. 55 - 64
 4. 65 - 74
 5. = or > 74
(Years)

APACHE II_Hematorcit

1. < 20%
 2. 20 - 29.9%
 3. 30 - 45.9%
 4. 46 - 49.9%
 5. 50- 59.9%
 6. >60%

APACHE II_WBC

1. < 1000
 2. 1000 - 2999
 3. 3000 - 14999
 4. 15000 - 19999
 5. 20000 - 39999
 6. = or > 40000
(per micro liter)

APACHE II_Rectal Temp.

1. > or = 41
 2. 39 - 40.9
 3. 38.5 - 38.9
 4. 36 - 38.4
 5. 34 - 35.9
 6. 32 - 33.9
 7. 30 - 31.9
 8. < or = 29.9
(degree C)

APACHE II_Heart Rate

1. < or = 39
 2. 40 - 54
 3. 55 - 69
 4. 70 - 109
 5. 110 - 139
 6. 140 - 179
 7. = or > 180
(beats per minute)

APACHE II _Mean Arterial Pressure

1. < or = 49
 2. 50 - 69
 3. 70 - 109
 4. 110 - 129
 5. 130 - 159
 6. = or > 160
 (MAP= [(2 x diastolic)+systolic] / 3)

APACHE II _Respiratory Rate

1. < or = 5
 2. 6 - 9
 3. 10 - 11
 4. 12 - 24
 5. 25 - 34
 6. 35 - 49
 7. > or = 50
 (breaths per mintue)

APACHE II _Serum Sodium

1. > or = 180
 2. 160 - 179
 3. 155- 159
 4. 150 - 154
 5. 130 - 149
 6. 120 - 129
 7. 111 - 119
 8. < or = 110
 (mEq per liter)

APACHE II _FiO2

$\frac{\text{FiO2 (fraction of inspired oxygen)}}{\text{FiO2 on room air = 0.21}}$

APACHE II _Pao2

$\frac{\text{(mm Hg, PaO2 (partial pressure of arterial O2) from ABG)}}{\text{}}$

APACHE II _PaCo2

$\frac{\text{(mm Hg, PaCO2 (partial pressure of arterial CO2) from ABG)}}{\text{}}$

APACHE II _Arterial pH

$\frac{\text{}}{\text{(xx.xx)}}$

APACHE II _HCo3

$\frac{\text{}}{\text{(xx.x)}}$

APACHE II _Serum Creatinine

- 1. > or = 3.5 mg/dL (310 micromol/L) and NOT acute renal failure
- 2. 2.0 - 3.4 mg/dL (177-309 micromol/L) and NOT acute renal failure
- 3. 1.5 - 1.9 mg/dL(133-176 micromol/L) and NOT acute renal failure
- 4. 0.6 - 1.4 mg/dL (53-132 micromol/L) and NOT acute renal failure
- 5. < 0.6 mg/dL (53 micromol/L) and NOT acute renal failure
- 6. > or = 3.5 mg/dL (310 micromol/L) and Acute renal failure
- 7. 2.0 - 3.4 mg/dL (177-309 micromol/L) and Acute renal failure
- 8. 1.5 - 1.9 mg/dL (133-176 micromol/L)and Acute renal failure
- 9. 0.6 - 1.4 mg/dL (53-132 micromol/L) and Acute renal failure
- 10. < 0.6 mg/dL (53 micromol/L) and Acute renal failure

APACHE II _History of severe organ insufficiency (heart, liver, kidney, other) or immunocompromised?

- 1. No
- 2. Yes and None-operative patient
- 3. Yes and Emergency post-operative patient
- 4. Yes and Elective surgery post-operative patient

APACHE II _GCS_Eye opening

- 1. Spontaneous
- 2. To command
- 3. To pain
- 4. No response
(Glasgow Coma Scoring - Eye)

APACHE II _GCS_Verbal

- 1. Oriented
- 2. Confused
- 3. Inappropriate
- 4. Incomprehensible
- 5. No Response
(Glasgow Coma Scoring - Verbal)

APACHE II _GCS_Motor

- 1. Obeys Ccommands
- 2. Localizes pain
- 3. Withdraws to pain
- 4. Flexion to pain
- 5. Extension to pain
- 6. No Response
(Glasgow Coma Scoring - Motor)

Full Data B (Cardiac USG, ECG)

Echocardiographic measurement

Was echocardiography performed?

- Yes
 No

Echo Image Available

- Yes
 No

De-identified Echo Image upload

Left ventricle ejection fraction

LVOT Velocity time integral

LVOT diameter

Mitral lateral annulus E'

Mitral septal annulus E'

Mitral Valve A velocity

Grade of mitral valve regurgitation

Mitral valve E velocity

Grade of aortic valve regurgitation

Right ventricle size

Right ventricle systolic function

Tricuspid annular plane systolic excursion (TAPSE)

Right ventricle Systolic velocity

Est PA pressure

Right ventricle systolic pressure

Inferior vena cava size

Inferior vena cava variability
