World Health Organization



Global COVID-19 Clinical Platform NOVEL CORONAVIRUS (COVID-19) - RAPID VERSION

CRF Completion Guidance

DESIGN OF THIS CASE RECORD FORM (CRF)

This CRF has 3 modules:

Module 1 to be completed on the first day of admission to the health centre.

Module 2 to be completed on first day of admission to ICU or high dependency unit. Module 2 should also be completed daily for as many days as resources allow. Continue to follow-up patients who transfer between wards.

Module 3 to be completed at discharge or death.

ADMINISTRATION GUIDANCE

- The CRF is designed to collect data obtained through examination, interview and review of hospital notes for the period from hospital admission to discharge, transfer, death, or continued hospitalization without possibility of continued data collection. Data may be collected retrospectively if the patient is enrolled after the admission date. Participant Identification Numbers consist of a site code and a participant number. You can obtain a site code and registration on the data management system by contacting ncov@isaric.org. Participant numbers should be assigned sequentially for each site beginning with 00001. In the case of a single site recruiting participants on different wards, or where it is otherwise difficult to assign sequential numbers, it is acceptable to assign numbers by incorporating alpha characters (e.g. Ward X assigns A0001, Ward Y assigns B0001 onwards). Enter the Participant Identification Number at the top of every page.
- Data are entered on the central electronic REDCap database at https://ncov.medsci.ox.ac.uk or to your site/network's independent database. Printed paper CRFs may be used for later transfer of the data onto the electronic database.
- In the case of a participant transferring between sites, it is preferred to maintain the same Participant Identification Number across the sites. When this is not possible, space for recording the new number is provided.
- Complete every section. Questions marked 'If yes, ..." should be left blank when they do not apply (i.e. when the answer is not yes).
- Selections with square boxes (□) are single selection answers (choose one answer only).
 Selections with circles (○) are multiple selection answers (choose as many answers as are applicable).
- Mark 'Unknown' for any data that are not available, not applicable or unknown.
- Avoid recording data outside of the dedicated areas. Sections are available for recording additional information.
- If using paper CRFs, we recommend writing clearly in ink, using BLOCK-CAPITAL LETTERS.
- Place an X when you choose the corresponding answer. To make corrections, strike through (-----) the data you wish to delete and write the correct data above it. Please initial and date all corrections.
- Please keep all the sheets for a single participant together, e.g. with a staple or participant-unique folder.
- Please transfer all paper CRF data to the electronic database. All paper CRFs can be stored by the institution responsible for them. All data should be transferred to the secure electronic database.
- Please enter data on the electronic data capture system at https://ncov.medsci.ox.ac.uk. If your site would like to collect data independently, we are happy to support the establishment of locally hosted databases.
- Please contact us at <u>ncov@isaric.org</u> If we can help with databases, if you have comments and to let us know that you are using the forms.





Global COVID-19 Clinical Platform

NOVEL CORONAVIRUS (COVID-19) - RAPID VERSION

CRF Completion Guidance

GENERAL GUIDANCE AND DEFINITIONS

Coinfections

Any coinfections should be entered in Module 3 under 15. DIAGNOSITC/PATHOGEN TESTING

Comorbidities

Comorbidities present before the onset of COVID-19 and are still present. Do not include those that developed following the onset of COVID-19 symptoms. More detailed guidance is provided.

Hospital admission

For patients who were admitted to hospital with COVID-19 or symptoms consistent with possible COVID-19 infection, please enter details for the date of hospital admission. For patients with a clear alternative diagnosis leading to admission who subsequently acquired COVID-19, original admission date should be provided, but all subsequent references to admission should be taken as referring to the first 24 hours after first day of onset of symptoms of suspected or confirmed COVID-19 infection.

Where a patient was admitted via multiple hospital departments, count admission from the time they came to the first department during the visit that led to their admission (e.g. arrival at the Emergency Department).

Oxygen therapy

Include any form of supplemental oxygen received using any methods. Then complete all data on type of delivery and duration. If the exact delivery device used is not listed, please select the most similar option. If multiple different flow rates and interfaces have been used, please select the one delivering the greatest oxygen flow. If a venturi valve is used, please record the fraction of inspired oxygen (FiO₂) in preference to the flow rate of oxygen.

Invasive ventilation

Please include any mechanical ventilation delivered following intubation or via a tracheostomy. Do not include patients who are breathing independently via a tracheostomy.

Non-invasive ventilation

Please include any positive-pressure treatment given via a tight-fitted mask. This can be continuous positive pressure (CPAP) or bilevel positive pressure (BIPAP).

Oral/orogastric fluids

Please include any fluids/nutrients delivered artificially to the gastrointestinal tract (e.g. nasogastric tube, nasojejunal tube, gastrostomy) but not patients taking normal oral intake.

Renal replacement therapy or dialysis

Please include any form of continuous renal replacement therapy or intermittent haemodialysis.

Worst result

References to 'worst result' refer to those furthest from the normal physiological range or laboratory normal range.

Results that were rejected by the clinical team (e.g. pulse oximetry on poorly perfused extremities, haemolysed blood samples, contaminated microbiology results) should not be reported.

Blood pressure: Please report the systolic and diastolic blood pressure from the observation with the lowest mean arterial pressure (if mean arterial pressure has not been calculated, report the measurement with lowest systolic blood pressure).

Respiratory rate: If both abnormal low and high rate observed, record the abnormally high rate.





Enter participant ID on each page.

1. CLINICAL INCLUSION CRITERIA

Proven or suspected infection with pathogen of Public Health Interest

Select yes if patient has either clinically suspected or laboratory-confirmed SARS-CoV-2 /COVID-19 infection.

2. DEMOGRAPHICS

If date of birth is unknown, please record age in years, or if <1 year old, record age in months.

If pregnant or recently delivered within 14 days of onset of symptoms, please complete the optional Pregnancy Module CRF.

3. DATE OF ONSET AND ADMISSION VITAL SIGNS

Please provide the date of patient reported onset of the first symptom that you clinically believe was related to this episode of COVID-19 infection. Please provide details of clinical observations made on admission (including if data recording takes place subsequently). For observations not made at admission, please record the first available data (patient reported and/or from medical records) after admission measured within 24 hours of admission.

For patients with a clear alternative diagnosis leading to admission who subsequently developed COVID-19, provide dates as they occurred but complete observations for the 24 hours after onset of symptoms of suspected or confirmed COVID-19 infection.

Please ensure all measurements are provided using the units specified.

4. CO-MORBIDITIES

Please record if any of these comorbidities existed prior to admission.

Do not include past comorbidities that are cured. Additional details are given below. Where example conditions are given, these are not intended to be exhaustive. Other significant comorbidities and risk factors not listed should be specified as 'Others'.

Chronic cardiac disease (not hypertension)

Please include any of coronary artery disease, heart failure, congenital heart disease, cardiomyopathy, rheumatic heart disease.

Chronic pulmonary disease

Please include any of chronic obstructive pulmonary disease (chronic bronchitis, emphysema), cystic fibrosis, bronchiectasis, interstitial lung disease, pre-existing requirement for long term oxygen therapy.

Do not include asthma.

World Health Organization ISARIC		PARTIC	PANTIDI II II II II	1-1 1		
MODULE1: complete on a	dmission/en					
Site name			Country		_	
Date of enrolment [_D_][_D_]/[_M		النال				
CLINICAL INCLUSION CRITERI	A					
Proven or suspected infection wit	h pathogen of Po	ublic Hea	lth Interest □Yes □No			
One or more A history of self-reported feverishness or measured fever of ≥ 38₀C □Yes □No						
of these Cough						
during this Dyspno	ea (shortness of	breath) (OR Tachypnoea*	□Yes	□No	
illness Clinical	suspicion of ARI	despite	not meeting criteria above	□Yes	□No	
* respiratory rate ≥50 breaths/min for	<1 year; ≥40 for 1	-4 years;	≥30 for 5-12 years; ≥20 for ≥13 years			
DEMOGRAPHICS						
			birth [D][D]/[M][M]/[X][XJ[X	LX	
If date of birth is unknown, record						
Healthcare Worker? □Yes □N			ratory Worker? Yes No Uni			
Pregnant? □Yes □No □Unkr	iown ⊟N/A	If yes:	Gestational weeks assessment [weeks	
DATE OF ONSET AND ADMISS	ION VITAL SIGN	NS (first	available data at presentation/admi.	ssion)		
Symptom onset (date of first/ear	liest symptom) [VLM_LM_VL2_L0_LY_LY_			
Admission date at this facility [2_[_0_[_X_]_X_]			
Temperature [][].[]°C	Heart rate [الـــالـــ]beats/min			
Respiratory rate [][]breat	hs/min					
BP [] [] (systolic) [][][dias	tolic) mn	nHg Severe dehydration □Yes	□No □	Unknown	1
Sternal capillary refill time >2se	econds 🗆 Yes 🛭	⊐No □U	Inknown			
Oxygen saturation: [][]9	6 on ⊡room air l	□oxygen	therapy □Unknown A V	P U (ircle on	e)
Glasgow Coma Score (GCS /15) <u>[]</u>	Maln	utrition □Yes □No □Unknown			
Mid-upper arm circumference [][]m	m H	eight: [] []cm Weig	ght: [الـــالـــا]kg
CO-MORBIDITIES (existing prior	to admission) //	lnk = I In	known			
Chronic cardiac disease	□Yes □No			□Yes	DN-	DU-1
(not hypertension)	. Lifes Lino	ПОПК	Diabetes	Li res	шио	LIONK
Hypertension	□Yes □No	□Unk	Current smoking	□Yes	□No	□Unk
Chronic pulmonary disease	□Yes □No	□Unk	Tuberculosis	□Yes	□No	□Unk
Asthma	□Yes □No	□Unk	Asplenia	□Yes	□No	□Unk
Chronic kidney disease	□Yes □No	□Unk	Malignant neoplasm	□Yes	□No	□Unk
Chronic liver disease	□Yes □No	□Unk	Other	□Yes	□No	□Unk
Chronic neurological disorder	□Yes □No	□Unk	If yes, specify:			
HIV	□Yes-onART	□Ye:	s-not on ART □No □Unknow	n		

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Angiotensin converting enzyme inhibitors (ACE inhibitors)? ☐Yes ☐No ☐Unknown

PRE-ADMISSION & CHRONIC MEDICATION

Angiotensin II receptor blockers (ARBs)?

Non-steroidal anti-inflammatory (NSAID)?

Were any of the following taken within 14 days of admission?

□Yes □No □Unknown

□Yes □No □Unknown





4. CO-MORBIDITIES (CONTINUED)

Asthma

Clinician-diagnosed asthma.

Chronic kidney disease

Please include any of clinician-diagnosed chronic kidney disease, chronic estimated glomerular filtration rate < 60 mL/min/1.73m², history of kidney transplantation

Chronic neurological disorder

Please include any of cerebral palsy, multiple sclerosis, motor neurone disease, muscular dystrophy, myasthenia gravis, Parkinson's disease, stroke, severe learning difficulty

HIV

History of laboratory-confirmed HIV infection. (Note, ART: anti-retroviral therapy).

Diabetes

Type 1 or type 2 diabetes mellitus requiring oral or subcutaneous treatment.

Current smoking

Smoking at least one cigarette, cigar, pipe or equivalent per day before the onset of the current illness. Do not include smoke-free tobacco products such as chewed tobacco or electronic nicotine delivery devices.

Tuberculosis

Patients currently receiving treatment for tuberculosis. Do not include latent tuberculosis.

Asplenia

Please include any of splenectomy, non-functional spleen, and congenital asplenia.

Malignant neoplasm

Current solid organ or haematological malignancy. Please do not include malignancies that have been declared 'cured' ≥5 years ago with no evidence of ongoing disease. Do not include non-melanoma skin cancers. Do not include benign growths or dysplasia.

Other

Please include other comorbidities that the clinical team feels may affect the patient's physiological reserves or response to this disease or treatment. Please specify these other comorbidities.

5. PRE-ADMISSION & CHRONIC MEDICATION

Please state whether any of these medications were taken in the 14 days before admission for any reason.

MODULE1: complete on						
Site name			Country		-	
Date of enrolment [_Q][_Q][_M][_M](_Q][_Q][_X][_X] CLINICAL INCLUSION CRITERIA						
Proven or suspected infection w		ublic Hea	alth Interest			
•			ness or measured fever of ≥ 38 ₀ C	□Yes	□No	
of these Cough				□Yes		
during this Dyspn	oea (shortness of	breath) (OR Tachypnoea*	□Yes	□No	
	•		not meeting criteria above	□Yes	□No	
			≥30 for 5-12 years; ≥20 for ≥13 years			
		•				
DEMOGRAPHICS						
Sex at Birth □Male □Female	☐Not specified	Date of	Pirth [D][D]/[M][M]/[X]		Y.	
If date of birth is unknown, reco	rd: Age [][]]yea	rs OR [][]months			
Healthcare Worker? □Yes □	No □Unknown	Labo	ratory Worker? □Yes □No □Ur	known		
Pregnant? □Yes □No □Unknown □N/A If yes: Gestational weeks assessment [] [] weeks						
rregnant? Lifes Lino Lior	IMOWII LINVA	If yes:	Gestational weeks assessment [weeks	
					weeks	
DATE OF ONSET AND ADMIS	SION VITAL SIGN	NS (first	available data at presentation/adm		weeks	
DATE OF ONSET AND ADMIS Symptom onset (date of first/e	SION VITAL SIGN arliest symptom) [NS (first	available data at presentation/adm J/LM_J/L_2_L_0_J_X_J_X_J		weeks	
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DATE OF ONSET AND ADMIS Symptom onset (date of first/e Admission date at this facility Temperature [][]*C Respiratory rate [][]bre. BP [] [] [](systolio) [] Sternal capillary refill time >2 Oxygen saturation: [_][_][Glasgow Coma Score (GCS /1 Mid-upper arm circumference CO-MORBIDITIES (existing pric Chronic cardiac disease (not hypertension) Hypertension Chronic pulmonary disease Asthma Chronic kidney disease	SION VITAL SIGN arliest symptom) [Label JLabel Label JLabel Label James Label	NS (first	available data at presentation/adm J(_M_][_M_](_2_][_0][_X_][_X_] _] _] _] _] _] _] _] _] _] _] _] _] _] _	P U (ci ght: YesYesYesYesYes	□No □No □No □No	e)

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Angiotensin II receptor blockers (ARBs)?

Non-steroidal anti-inflammatory (NSAID)?

□Yes □No □Unknowr

□Yes □No □Unknown





6. SIGNS AND SYMPTOMS ON ADMISSION

Please provide details of clinical observations made within 24 hours of admission. For observations not made immediately at admission, please record the first available data (patient reported and/or from medical records) within 24 hours of admission.

For patients with a clear alternative diagnosis leading to admission who subsequently acquired COVID-19, provide dates as they occurred but complete observations for the 24 hours after onset of symptoms of suspected or confirmed COVID-19 infection.

7. MEDICATION ON ADMISSION

Please record if the patient was administered any of these medications at the time of admission or within 24 hours of admission. For patients who were admitted for another reason and subsequently developed COVID-19, provide complete for the 24 hours after COVID-19 was first suspected.

Please specify all agent. When entering data on to the electronic CRF a drop-down list of different agents will be provided.

8. SUPPORTIVE CARE ON ADMISSION

Please record all treatments received on the day of or within the first 24 hours of admission.

9. LABORATORY RESULTS ON ADMISSION

Please include results taken on presentation, admission or within the first 24 hours following admission or in existing in-patients on the day or within 24 hours of first symptoms of suspected or confirmed COVID-19 infection.

Please ensure all measurements are provided using the units specified or if other units are used specify the unit used. When transferring data on to the electronic database there will be a drop-down list of different units used globally.

World Health Organization ISARIC		PARTIC	IPANT ID II II	<u> </u>	الـــاالـ						
SIGNS AND SYMPTOM	MS ON ADMISSION (Unk	= Unkn	own)								
History of fever	. □Yes □No □Ur	nk L	ower chest wall indrawing	□Yes	□No	□Unk					
Cough	□Yes □No □Ur	nk F	leadache.	□Yes	□No	□Unk					
with sputum produc	tion	nk /	Altered consciousness/confu	sion □Yes	□No	□Unk					
with haemoptysis	□Yes □No □Ur	nk S	Seizures	□Yes	□No	□Unk					
Sore throat	□Yes □No □Ur	nk A	Abdominal pain	□Yes	□No	□Unk					
Runny nose (rhinorrhoea).	. □Yes □No □Ur	nk \	/omiting / Nausea	□Yes	□No	□Unk					
Wheezing	. □Yes □No □Ur	nk [Diarrhoea	□Yes	□No	□Unk					
Chest pain.	□Yes □No □Ui	nk (Conjunctivitis	□Yes	□No	□Unk					
Muscle aches (myalgia)	□Yes □No □Ur	nk S	Skin rash	□Yes	□No	□Unk					
Joint pain (arthralgia).	□Yes □No □Ui	nk S	Skin ulcers	□Yes	□No	□Unk					
Fatigue / Malaise	□Yes □No □Ui	nk L	ymphadenopathy	□Yes	□No	□Unk					
Shortness of breath .	_ □Yes □No □Ui	nk E	Bleeding (Haemorrhage).	□Yes	□No	□Unk					
Inability to walk	□Yes □No □Ui	nk	If bleeding: specify site(s):								
Other DYes DNo DUni	k If yes, specify:										
MEDICATION Is the	patient CURRENTLY reco	eiving a	ny of the following?								
Oral/orogastric fluids?	□Yes □No □ Unknown	Intrave	enous fluids? □Yes □No	□Unknown							
	□Unknown If yes: ORib		OLopinavir/Ritonavir ON	euraminidase inhi	bitor						
	terferon beta OOther, spe										
	s □No □Unknown If yes	,		Inhaled							
	e agent and maximum daily	y dose:									
Antibiotic? □Yes □N				gent? □Yes□N	lo □Unl	known					
	Yes □No □Unknown If										
	□Yes □No □Unknown I										
	ammatory (NSAID) Yes										
•	g enzyme inhibitors (ACE		•	nown							
	r blockers (ARBs) □Yes Is the patient CURRENT			2							
				iy:							
	cy Unit admission? Ye										
	es No Unknown If		•								
	/min □6-10 L/min □11-1:										
	gen: □Piped □Cylinder			. ========							
Interface: LINa		nnula L	Mask LiMask with reserv	OIT LICPAP/NIV	mask l	Interface: DNasal prongs DHF nasal cannula DMask DMask with reservoir DCPAP/NIV mask DUnknown					
Non-invasive ventilation	on? (e.g.BIPAP/CPAP)	Yes □N	lo □N/A								
	on? (e.g.BIPAP/CPAP) □` ny)? □Yes □No □ Unknow		lo □N/A Inotropes/vasopresso	rs?□Yes □No	□Unk						
Invasive ventilation (A		wn	Inotropes/vasopresso			nown					
Invasive ventilation (A Extracorporeal (ECMO	ny)? □Yes □No □ Unknov	vn □ Unkno ord units	Inotropes/vasopresso wn Prone position?	□Yes □No □		nown					
Invasive ventilation (A Extracorporeal (ECMO	ny)? □Yes □No □ Unknov) support? □Yes □No	vn □ Unkno	Inotropes/vasopresso wn Prone position?	□Yes □No □		nown					
Invasive ventilation (A Extracorporeal (ECMO LABORATORY RESUL	ny)? □Yes □No □ Unknow) support? □Yes □No .TS ON ADMISSION (*reco	vn □ Unkno ord units □ Not	Inotropes/vasopresso own Prone position? Is is if different from those list	□Yes □No □ l ted)		nown					
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Invasive ventilation (A Extracorporeal (ECMO LABORATORY RESUL Parameter Haemoglobin (g/L)	ny)? □Yes □No □ Unknow) support? □Yes □No .TS ON ADMISSION (*reco	un Unkno	Inotropes/vasopresso own Prone position? I is if different from those list Parameter Creatinine (µmol/L)	□Yes □No □ l ted)		Not done					
Invasive ventilation (A Extracorporeal (ECMO LABORATORY RESUL Parameter Haemoglobin (g/L) WBC count (x10v/L)	ny)? □Yes □No □ Unknow) support? □Yes □No .TS ON ADMISSION (*reco	Unkno	Inotropes/vasopresso own Prone position? of different from those list Parameter Creatinine (µmol/L) Sodium (mEg/L)	□Yes □No □ l ted)		Not done					
Invasive ventilation (A Extracorporeal (ECMO LABORATORY RESUL Parameter Haemoglobin (g/L) WBC count (x10a/L) Haematocrit (%)	ny)? □Yes □No □ Unknow) support? □Yes □No .TS ON ADMISSION (*reco	Unkno	Inotropes/vasopresso own Prone position? is if different from those list Parameter Creatinine (µmol/L) Sodium (mEq/L) Potassium (mEq/L)	□Yes □No □ l ted)		Not done					
Invasive ventilation (A Extracorporeal (ECMO LABORATORY RESUL Parameter Haemoglobin (g/L) WBC count (x10 ₀ /L) Haematocrit (%) Platelets (x10 ₀ /L)	ny)? □Yes □No □ Unknow) support? □Yes □No .TS ON ADMISSION (*reco	Unkno	Inotropes/vasopresso own Prone position? is if different from those list Parameter Creatinine (µmol/L) Sodium (mEq/L) Potassium (mEq/L) Procalcitonin (ng/mL)	□Yes □No □ l ted)		Not done					
Invasive ventilation (A Extracorporeal (ECMO LABORATORY RESUL Parameter Haemoglobin (g/L) WBC count (x10 _x /L) Haematocrit (%) Platelets (x10 _x /L) APTT/APTR	ny)? □Yes □No □ Unknow) support? □Yes □No .TS ON ADMISSION (*reco	Unknoord units Not done	Inotropes/vasopresso own Prone position? is if different from those list Parameter Creatinine (µmol/L) Sodium (mEq/L) Potassium (mEq/L) Procalcitonin (ng/mL) CRP (mg/L) LDH (U/L)	□Yes □No □ l ted)		Not done					
Invasive ventilation (A Extracorporeal (ECMO LABORATORY RESUL Parameter Haemoglobin (g/L) WBC count (x10x/L) Haematocrit (%) Platelets (x10x/L) APTT/APTR PT (seconds) INR	ny)? □Yes □No □ Unknow) support? □Yes □No .TS ON ADMISSION (*reco	Unkno	Inotropes/vasopresso own Prone position? is if different from those list Parameter Creatinine (µmol/L) Sodium (mEq/L) Potassium (mEq/L) Procalcitonin (ng/mL) CRP (mg/L)	□Yes □No □ l ted)		Not done					
Invasive ventilation (A Extracorporeal (ECMO LABORATORY RESUL Parameter Haemoglobin (g/L) WBC count (x10x/L) Haematocrit (%) Platelets (x10x/L) APTT/APTR PT (seconds) INR ALT/SGPT (U/L)	ny)? □Yes □No □ Unknow) support? □Yes □No .TS ON ADMISSION (*reco	Unknoord units Not done	Inotropes/vasopresso own Prone position? is if different from those list Parameter Creatinine (µmol/L) Sodium (mEq/L) Potassium (mEq/L) Procalcitonin (ng/mL) CCRP (mg/L) LDH (U/L) Creatine kinase (U/L) Troponin (ng/mL)	□Yes □No □ l ted)		Not done					
Invasive ventilation (A Extracorporeal (ECMO LABORATORY RESUL Parameter Haemoglobin (g/L) WBC count (x10x/L) Haematocrit (%) Platelets (x10x/L) APTT/APTR PT (seconds) INR	ny)? □Yes □No □ Unknow) support? □Yes □No .TS ON ADMISSION (*reco	Unkno	Inotropes/vasopresso own Prone position? is if different from those list Parameter Creatinine (µmol/L) Sodium (mEq/L) Potassium (mEq/L) Procalcitonin (ng/mL) CRP (mg/L) LDH (U/L) Creatine kinase (U/L)	□Yes □No □ l ted)		Not done					

COVID-19 CASE RECORD FORM RAPID version 24MAR2020

Urea (BUN) (mmol/L)

Lactate (mmol/L)

2

Ferritin (ng/mL)





Date of follow-up

This module is to be completed on the first day of admission to ICU or high dependency unit (HDU), and also daily for as many days as resources allow. For patients admitted to ICU/HDU or other critical care unit, please also complete the Critical Care Module. Please state the date of follow-up for this form. All data should refer to that calendar date, from midnight to midnight.

10. VITAL SIGNS

Please see General Guidance and Definitions

Severe dehydration

Please record if severe dehydration was present at any point during the follow-up day. Signs of severe dehydration include thirst, dry mucous membranes, low volumes of dark-coloured urine, sunken eyes, reduced skin elasticity.

Glasgow Coma Scale (GCS)

Please state the lowest GCS recorded. For intubated patients and patients with a non-fenestrated tracheostomy, give 1 point for the voice component and calculate the total as usual. Suffixes such a t for tracheostomy cannot be entered on to the database.

Level of consciousness (AVPU)

Alert – responding to voice – responding to pain – unresponsive: please state the least responsive condition of the patient during the calendar day (not counting normal sleep).

11. DAILY CLINICAL FEATURES

Record "yes" for all that were present at any time during the date of follow-up stated on the form.

12. LABORATORY RESULTS

Please state all laboratory results from the day of follow-up. The day of follow-up for this form should correspond to the date of sample collection, not the date when the laboratory reported the result. Please note the units provided for each measure. If your laboratory reports these results with different units, please state the unit used in the Value column. There is a drop-down menu available to record any unit used in the electronic database.

13. MEDICATION

Please record if the patient received any of these medications on the date stated on this follow-up form. Please select as many treatments as are applicable. Please record generic names of agents administered. There is a drop-down menu available to record any unit used in the electronic database.

14. SUPPORTIVE CARE

Please record all treatments received on this day of follow-up (midnight to midnight), no matter how long they were used for.

World Health Organization	~		PARTIC	CIPANT ID IIIII	п п	11	11 11	11
MODULE 2: follow-up (frequency of completion determined by available resources)								
Date of follow up [_D_][_	arana			,
VITAL SIGNS (record r								
]beats per min Resp	iratory ra	ite [][1brea	ths/min
				nHg Severe dehydra	_			
Sternal capillary refill					5 [][
				ygen therapy Unknown			U (circl	e one)
DAILY CLINICAL FEATURES (Unk = Unknown)								
Cough								
and sputum producti		□No □Ur		/omiting / Nausea			□No	
Sore throat		□No □Ur		Diarrhoea			□No	
Chest pain Shortness of breath		□No □Ur		Conjunctivitis Vyalgia			□No □No	
Confusion		□No □Ur		Other, specify:			□No	
LABORATORY RESUL								
Parameter	Value*		Not	Parameter	Value*			Not
			done					done
Haemoglobin (g/L)			-	Creatinine (µmol/L)				1 -
WBC count (x10a/L)				Sodium (mEq/L)				<u> </u>
Haematocrit (%)				Potassium (mEq/L)				<u> </u>
Platelets (x10 _v /L)				Procalcitonin (ng/mL)				
APTT/APTR				CRP (mg/L)				
PT (seconds)				LDH (U/L)				
INR				Creatine kinase (U/L)				
ALT/SGPT (U/L)				Troponin (ng/mL)				
Total bilirubin (µmol/L)				ESR (mm/hr)				
AST/SGOT (U/L)				D-dimer (mg/L)				
Urea (BUN) (mmol/L)				Ferritin (ng/mL)				
Lactate (mmol/L)				IL-6 (pg/mL)				
MEDICATION Is the	patient CUR	RENTLY rec	eiving a	any of the following?				
Oral/orogastric fluids?	□Yes □No	☐ Unknown I	Intrave	nous fluids? □Yes □No	□Unknow	m		
Antiviral? □Yes □No	□Unknown	If yes: ORiba	virin O	Lopinavir/Ritonavir ONe	uraminida	ase inhibi	itor	
Ointerferon alpha Oint	erferon beta	OOther, spe	cify:					
Corticosteroid? □Yes	s □No □Unk	nown If yes ,	route: (OOral OIntravenous OIn	haled			
If yes, please provide	agent and	maximum dail	y dose:		_			
Antibiotic? □Yes □N	o 🗆 Unknown		Ant	tifungal agent? □Yes l	⊒No □Ur	known		
Antimalarial agent?]Yes □No □	Unknown If y	es, spe	cify:				
Experimental agent?	□Yes □No!	□Unknown If	yes, sp	ecify:				
Non-steroidal anti-infla	ammatory (N	ISAID) Yes	s □No [□Unknown				
Angiotensin convertin	g enzyme in	hibitors (ACE	inhibi	itors) □Yes □No □Unk	nown			
Angiotensin II receptor				•				
				eiving any of the follow	ing?			
ICU or High Dependen					_			
Oxygen therapy?	-			plete all below:				
		-		/min □>15 L/min □Unk	nown			
Source of oxygen:								
		-		ask	ir DCP4	P/NIV m	ask DU	nknown
Non-invasive ventilation	-							
Invasive ventilation (A				Inotropes/vasop	ressors?	□Yes	ПМо П	Unknown
Extracorporeal (ECMO					osition?			

Renal replacement therapy (RRT) or dialysis? □Yes □No □Unknown





This page should be completed once a patient is discharged or has died using all available data throughout their admission and stay in hospital.

15. DIAGNOSTIC / PATHOGEN TESTING

Chest x-ray / CT

Please select 'Yes' if a chest x-ray or thoracic CT was performed at any point during the patient's hospital stay.

Infiltrates present

Please tick that infiltrates are present if they are reported as present by a radiologist. You can also select 'Yes' if you are qualified to assess the images ,or if a senior member of the clinical team looking after the patient has documented that the images showed 'infiltrates', 'consolidation', 'opacities' or 'radiological signs of pneumonia/pneumonitis/ARDS'.

Pathogen testing

For each pathogen, select whether the test was positive (the pathogen was found), negative (the pathogen was not found) or not known if the test was done.

Where a pathogen was identified, please specify the organism identified as precisely as possible.

16. COMPLICATIONS

Please select all that were clinically identified at any time during the hospital admission.

Do not include known comorbidities (e.g. previous atrial fibrillation should not be included but new onset during this admission should)

Shock

Hypotension non-responsive to intravenous fluid resuscitation requiring vasoactive drugs to maintain adequate perfusion.

Seizure

A seizure, convulsion or 'fit' is an involuntary rhythmic contraction of muscles. Select 'yes' for any seizure regardless of cause (e.g. febrile or due to epilepsy)

Meningitis / encephalitis

Inflammation of the meninges or the brain parenchyma. Select yes if diagnosed clinically, radiologically or microbiologically.

DIAGNOSTIC/PATHOGEN T	ESTING			
Chest X-Ray /CT performed Was pathogen testing done Influenza virus: □Positive	during this illnes	ss episode? [⊒Yes ⊡No ⊡Unknown if	
Coronavirus: □Positive □	Negative □Not do	ne If positiv	e: DMERS-CoV DSARS-0	CoV-2 □Other
Other respiratory pathod	en: □Positive □N	egative ⊟Not	done If positive, specify	
		-	ne If positive, specify viru	
Other pathogen of public	•			
		-	n-falciparum malaria: \Box Po	sitive Negative Not do
HIV: □Positive □Negative	-			
COMPLICATIONS: At any tir		-1:4:1:-1		
<u> </u>			,	
Shock	□Yes □No		Bacteraemia	□Yes □No □Unknow
Seizure Meningitis/Encephalitis	□Yes □No □Yes □No		Bleeding Endocarditis	☐Yes ☐No ☐Unknox ☐Yes ☐No ☐Unknox
Anaemia	□Yes □No		Myocarditis/Pericarditis	□Yes □No □Unkno
Cardiac arrhythmia	□Yes □No		Acute renal injury	□Yes □No □Unkno
Cardiac arrest	□Yes □No		Pancreatitis	□Yes □No □Unkno
Pneumonia	□Yes □No		Liver dysfunction	□Yes □No □Unknow
Bronchiolitis	□Yes □No		Cardiomyopathy	□Yes □No □Unknow
Acute Respiratory Distress	□Yes □No	□Unknown	Other	□Yes □No □Unknow
Syndrome			If Yes, specify	
			ii res, speary	
MEDICATION: While hospita Oral/orogastric fluids? □Ye Antiviral? □Yes □No □Ur OInterferon alpha Antibiotic? □Yes □No □U Continosternid? □Yes □No	s □No □Unknown nknown Ifyes: O OInterferon beta Jnknown Ifyes, s	n Intraveno Ribavirin OLo OOther, spec specify:	y of the following adminis us fluids? □Yes □No □U opinavir/Ritonavir O Neuran ify:	Inknown ninidase inhibitor
Oral/orogastric fluids? □Yes Antiviral? □Yes □No □Ur Onterferon alpha Antibiotic? □Yes □No □U Corticosteroid? □Yes □N If yes, specify agent and m Antifungal agent? □Yes Antimalarial agent? □Yes Experimental agent? □Yes	s No Unknown hknown If yes: O OInterferon beta Juknown If yes, s D Unknown If y haximum daily dos No Unknown No Unknown	n Intravenor Ribavirin OLo OOther, specify:	y of the following adminisus fluids? □/es □No □U opinavir/Ritonavir ONeuran ify: Oral OIntravenous OInhale : fy:	Inknown ninidase inhibitor
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Oral/orogastric fluids? □Ye Antiviral? □Yes □No □Ur Onterferon alpha Antibiotic? □Yes □No □Ur Corticosteroid? □Yes □No □Ur If yes, specify agent and m Antifungal agent? □Yes Experimental agent? □Yes Non-steroidal anti-inflamma SUPPORTIVE CARE: At AN' ICU or High Dependency Un Date of ICU admiss Date of ICU admiss Oxygen therapy? □Yes □ O₂ flow volume: O1-5 L	s No Unknown If yes; © Olnterferon beta Jaknown If yes, s o Unknown If yes, s o Unknow	Intravenor Ribavirin OLc OOther, speci ves, route: OC e: If yes, specify Ves □No □ Inpitalisation, Ves □No □ Inpitalisation, I	y of the following adminisus fluids? □ Yes □ No □ U opinavir/Ritonavir ONeuran ify: Oral OIntravenous OInhale :: fy: Unknown If yes, specify: Unknown If yes, total du [□ Unknown If yes, total du [□ Unknown If yes]	Inknown ininidase inhibitor d dergo: ration:days
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Oral/orogastric fluids? □Yes Antiviral? □Yes □No □Ur Onterferon alpha Antibiotic? □Yes □No □Ur Corticosteroid? □Yes □No □Ur If yes, specify agent and mr Antifungal agent? □Yes Experimental agent? □Yes Non-steroidal anti-inflamma SUPPORTIVE CARE: At AN' ICU or High Dependency Ur Date of ICU admiss Date of ICU admiss Oxygen therapy? □Yes □ Source of oxygen: OFig Interface: ONasal pring Non-invasive ventilation (Any)? □	s No Unknown If yes; © Olnterferon beta Inknown If yes, so Unknown No Unknown No Unknown In Unknown	Intravenor Ribavirin OL. Oother, specify: ves, route: OC e: If yes, specify If yes, specify If yes, specify: res, route: OC e: If yes, specify If yes, completion of the yes, specify If yes, completion of the yes, specify If yes, spec	y of the following adminis us fluids? □ Yes □ No □ U opinavir/Ritonavir ONeuran ify: Oral OIntravenous OInhale : : : : : : : : : : : : : : : : : :	Inknown ininidase inhibitor d dergo: ration:days at outcome
Oral/orogastric fluids? □Yes Antiviral? □Yes □No □Ur Onterferon alpha Antibiotic? □Yes □No □Ur Corticosteroid? □Yes □No □Ur Corticosteroid? □Yes □No If yes, specify agent and m Antifungal agent? □Yes Experimental agent? □Yes Non-steroidal anti-inflamma SUPPORTIVE CARE: At AN' ICU or High Dependency Un Date of ICU admiss Date of ICU admiss Oxygen therapy? □Yes □ Source of oxygen: ○Pis Interface: ○Nasal prom, Non-invasive ventilation? (e Invasive ventilation (Any)? □ Extracorporeal (ECMO) supp	INO Unknown If yes: O OInterferon beta Johnnown If yes, so Unknown If yes, so Unknown If yes, so Unknown If yes in Unknown In Unknow	Intravenor Ribavirin OL. OOther, speci OC e: If yes, specify: If yes, specify If yes, specify If yes, specify: If yes, specify If yes, complete O11-15 L/mi OConcentrator on the Interval of Inter	y of the following adminisus fluids? □ Yes □ No □ U opinavir/Ritonavir ONeuran ify: Oral OIntravenous OInhale :: fy: Unknown If yes, specify: Unknown If yes, total du [□ O] [Y] [Y] □ In ICU a stee all: Total duration in O>15 Unknown If yes, total du advantion in O>15 Unknown If yes, total du atter all: OMask with reservoir OC oc on Unknown If yes, total duration in O>15 Unknown If yes, total duration in O×15 Unknown If yes, total duration: If yes, total duration: If yes, total duration:	Inknown initidase inhibitor d dergo: ration:days at outcome □N/A :days CPAP/NIV mask duration:days days
Oral/orogastric fluids? □Ye Antiviral? □Yes □No □Ur Onterferon alpha Antibiotic? □Yes □No □Ur Corticosteroid? □Yes □No □Ur If yes, specify agent and m Antifungal agent? □Yes Experimental agent? □Yes Experimental agent? □Yes Non-steroidal anti-inflamma SUPPORTIVE CARE: At AN ICU or High Dependency Un □ Date of ICU admiss □ Date of ICU admiss Oxygen therapy? □Yes □ Source of oxygen: ○Pip Interface: ○Nasal prony Non-invasive ventilation? (e Invasive ventilation? (e) Extracorporeal (ECMO) sup Prone position? □Yes □No	s No Unknown If yes; © Olnterferon beta Jinknown If yes, s o Unknown Unknown If No	Intravenor Ribavirin OLo OOther, specify: ves, route: OCo e: If yes, specify If yes, complete O11-15 Uml OConcentrator nnula OMask	y of the following adminis us fluids? □ Ves □ No □ U poinavir/Ritonavir ONeuran iffy: Oral OIntravenous OInhale F: Gran OIntravenous OInhale Gran OINtravenous OINtravenous Gran OINtravenous OINtravenous OINtravenous Gran OINtravenous OI	Inknown initidase inhibitor d dergo: ration:days at outcome □N/A :days CPAP/NIV mask duration:days days
Oral/orogastric fluids? □Yes Antiviral? □Yes □No □Ur Ointerferon alpha Antibiotic? □Yes □No □Ur Corticosteroid? □Yes □No If yes, specify agent and Antimalarial agent? □Yes Experimental agent? □Yes Non-steroidal anti-inflamma SUPPORTIVE CARE: At ANTICU or High Dependency Ur Date of ICU admiss Date of ICU admiss Oxygen therapy? □Yes □I Corticosteroidal anti-inflamma Oxygen therapy? □Yes □I Extracorporeal (ECMO) supplementation? □Yes □IN Renal replacement therapy	s No Unknown If yes: 0 Onterferon beta Jiknown If yes, so Unknown In In Unknown In	Intravenoi Ribavirin OLi OOther, specify: res, route: OC e: If yes, specify If yes, comple O11-15 L/mi O011-15	y of the following adminis us fluids? □ Yes □ No □ U poinavir/Ritonavir ONeuran ify: Oral OIntravenous OInhale fy: Unknown If yes, specify: □ Unknown If yes, total du [Inknown ininidase inhibitor d dergo: ration:days at outcome □N/A :days CPAP/NIV mask duration:days days daysdays
Oral/orogastric fluids? □Ye Antiviral? □Yes □No □Ur Onterferon alpha Antibiotic? □Yes □No □Ur Corticosteroid? □Yes □No □Ur If yes, specify agent and m Antifungal agent? □Yes Experimental agent? □Yes Experimental agent? □Yes Non-steroidal anti-inflamma SUPPORTIVE CARE: At AN ICU or High Dependency Un □ Date of ICU admiss □ Date of ICU admiss Oxygen therapy? □Yes □ Source of oxygen: ○Pip Interface: ○Nasal prony Non-invasive ventilation? (e Invasive ventilation? (e) Extracorporeal (ECMO) sup Prone position? □Yes □No	s No Unknown If yes: 0 Onterferon beta Jiknown If yes, so Unknown In In Unknown In	Intravenoi Ribavirin OLi OOther, specify: res, route: OC e: If yes, specify If yes, comple O11-15 L/mi O011-15	y of the following adminis us fluids? □ Yes □ No □ U poinavir/Ritonavir ONeuran ify: Oral OIntravenous OInhale fy: Unknown If yes, specify: □ Unknown If yes, total du [Inknown ininidase inhibitor d dergo: ration:days at outcome □N/A :days CPAP/NIV mask duration:days days daysdays

□Better □Unknown

If Discharged alive: Ability to self-care at discharge versus before illness: □Same as before illness: □Worse





Anaemia

Select 'yes' if haemoglobin levels were lower than age- and sex-specific thresholds listed below

	Haemoglobin threshold	
Age and sex	g /L	mmol/L
Age 6 months to 5 years	110	6.8
Age 5–12 years	115	7.1
Age 12–15 years	120	7.4
Age > 15 years, non-pregnant women	120	7.4
Pregnant women	110	6.8
Age >15 years, men	130	8.1

Cardiac arrythmia

If a cardiac arrhythmia is identified and there is no previous record of it, select 'yes'.

Pneumonia

Select 'yes' if radiologically diagnosed pneumonia or if the patient's discharge diagnosis is recorded as pneumonia.

Bronchiolitits

This is a clinical diagnosis, generally in children <2 years old.

Acute respiratory distress syndrome (ARDS)

Defined according to Berlin criteria as:

- Occurring within 1 week of a known clinical insult or worsening respiratory symptoms
- Bilateral radiological opacities not fully explained by effusions, lobar/lung collapse, or nodules
- Respiratory failure not fully explained by cardiac failure or fluid overload

Bacteraemia

Growth of bacteria on a blood culture. Select 'no' if the only bacteria grown were believed to be skin contaminants (e.g. coagulase negative Staphylococci or diphtheroids).

Bleeding

Please record 'yes' for haemorrhage from any site.

Endocarditis

Bacterial or sterile inflammation and vegetation formation on endocardium, native valves or prosethetic valves.

World Health Organization ISARIC	PARTICIPA	NT ID IIIIIII	
MODULE 3: complete a			
DIAGNOSTIC/PATHOGEN T	ESTING		
Was pathogen testing done Influenza virus: □Positive Coronavirus: □Positive □	? □Yes □No □Unknown If \\ during this illness episode? I\(e □Negative □Not done If positive \(en: □Positive □Negative □Not \(en: □Positive □Negative □Not	□Yes □No □Unknown h tive, type e:□MERS-CoV □SARS-	f yes, complete all below: CoV-2 □Other
Other pathogen of public Falciparum malaria: □Po	: Positive Negative Not do	es, specify:	
HIV: Positive Negative		u	
	me during hospitalisation did	,	1 500 500 500
Shock	□Yes □No □Unknown	Bacteraemia	□Yes □No □Unknown
Seizure	□Yes □No □Unknown	Bleeding	□Yes □No □Unknown
Meningitis/Encephalitis Anaemia	☐Yes ☐No ☐Unknown ☐Yes ☐No ☐Unknown	Endocarditis Myocarditis/Pericarditis	☐Yes ☐No ☐Unknown☐Yes ☐No ☐Unknown
Cardiac arrhythmia	□Yes □No □Unknown	Acute renal injury	□Yes □No □Unknown
Cardiac arrest	□Yes □No □Unknown	Pancreatitis	□Yes □No □Unknown
Pneumonia	□Yes □No □Unknown	Liver dysfunction	□Yes □No □Unknown
Bronchiolitis	□Yes □No □Unknown	Cardiomyopathy	□Yes □No □Unknown
Acute Respiratory Distress Syndrome	□Yes □No □Unknown	Other If Yes, specify	□Yes □No □Unknown
MEDICATION: While hospita	lised or at discharge, were an	y of the following admini	stered?
Antibiotic?	DO Unknown If yes, route: OC aximum daily dose: INO Unknown If yes, specify UNO Unknown If yes INO UN	oral OIntravenous OInhale :- :- :- :- :- :- :- :- :- :- :- :- :-	-
SUPPORTIVE CARE: At ANY	time during hospitalisation,	did the patient receive/un	dergo:
Date of ICU admiss Date of ICU admiss Oxygen therapy? □Yes □t O₂ flow volume: O1-5 L Source of oxygen: OPip	it admission?][_0_][_X_]	at outcome □N/A n:days
	.g. BIPAP, CPAP) □Yes □No		
Extracorporeal (ECMO) supp Prone position? Yes Renal replacement therapy (DYes □No □Unknown If yes port? □Yes □No □Unknown b □ Unknown If yes, total dura RRT) or dialysis? □Yes □N Yes □No □Unknown If yes,	If yes, total duration: ation:days o □Unknown	days
OUTCOME			
	□Hospitalized □Transfer to o	ther facility Death Death	iative discharge □Unknown
Outcome date: [_D_][_D_]/[_	M_I_M_V[_2_][_0_][_X_][_X_] to self-care at discharge versi	□Unknown	-

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□Better □Unknown





Myocarditis / pericarditis

Inflammation of the heart or pericardium (outer lining of the heart). Diagnosis can be clinical, biochemical (cardiac enzymes) or radiological.

Acute renal injury

Acute renal injury is defined as any of:

- Increase in serum creatinine by ≥0.3 mg/dL (≥26.5 μmol/L) within 48 hours
- Increase in serum creatinine to ≥1.5 times baseline, which is known or presumed to have occurred within the prior 7 days
- Urine volume <0.5 mL/kg/hour for 6 hours

Pancreatitis

Inflammation of the pancreas, diagnosed from clinical, biochemical, radiological or histological evidence.

Liver dysfunction

Defined by any of:

- Clinical jaundice
- Hyperbilirubinaemia (blood bilirubin level twice the upper limit of the normal range)
- An increase in alanine transaminase or aspartate transaminase that is twice the upper limit of the normal range

Cardiomyopathy

Please record yes if cardiomyopathy diagnosed during this admission.

Other

Please report any other serious complications during this patient's stay in hospital.

17. MEDICATION

Please record if the patient received any of these medications during their stay in hospital up to and including day of discharge.

18. SUPPORTIVE CARE

For all questions of duration, please count the number of calendar days that the patient received the treatment. For treatments that were stopped and restarted, count those days on which the treatment was given but not any calendar days on which it was not.

ICU or high dependency unit admission

If they died in ICU/HDU or were transferred from your site's ICU/HDU to another hospital's ICU/HDU, please select 'in ICU at outcome', otherwise please record the date they were discharged from ICU/HDU.

World Health Organization ISARIC		NT ID II II II	-
MODULE 3: complete at			
DIAGNOSTIC/PATHOGEN TO	ESTING		
Was pathogen testing done	? □Yes □No □Unknown If \ during this illness episode? □Negative □Not done If posi	□Yes □No □Unknown It	
Coronavirus: □Positive □	Negative □Not done If positiv	re:□MERS-CoV □SARS-	CoV-2 Dother
Other respiratory pathoge	en: □Positive □Negative □Not	done If positive, specify_	
Viral haemorrhagic fever:	□Positive □Negative □Not do	ne If positive, specify viru	s
Other pathogen of public	health interest detected: If ye	es, specify:	
Falciparum malaria: □Pos HIV: □Positive □Negative	sitive □Negative □Not done No □Not done	n-falciparum malaria: □Po	sitive Negative Not done
COMPLICATIONS: At any tim	ne during hospitalisation did	the patient experience:	
Shock	□Yes □No □Unknown	Bacteraemia	□Yes □No □Unknown
Seizure	□Yes □No □Unknown	Bleeding	□Yes □No □Unknown
Meningitis/Encephalitis	□Yes □No □Unknown	Endocarditis	□Yes □No □Unknown
Anaemia	□Yes □No □Unknown	Myocarditis/Pericarditis	□Yes □No □Unknown
Cardiac arrhythmia	□Yes □No □Unknown	Acute renal injury	□Yes □No □Unknown
Cardiac arrest	□Yes □No □Unknown	Pancreatitis	□Yes □No □Unknown
Pneumonia	□Yes □No □Unknown	Liver dysfunction	□Yes □No □Unknown
Bronchiolitis	□Yes □No □Unknown	Cardiomyopathy	□Yes □No □Unknown
Acute Respiratory Distress	□Yes □No □Unknown	Other	□Yes □No □Unknown
Syndrome		If Yes, specify	
	lised or at discharge, were ar □No □Unknown Intraveno		
Antibiotic? □Yes □No □U Corticosteroid? □Yes □No If yes, specify agent and m. Antifungal agent? □Yes □I Antimalarial agent? □Yes Experimental agent? □Yes Non-steroidal anti-inflammat	□ Unknown If yes, route: O(aximum daily dose: No □ Unknown If yes, specify □ Unknown If yes, specify □ No □ Unknown If yes, specify □ No □ Unknown If yes, specify (NSAID) □ Yes □ No □	Oral Ointravenous Oinhale /: iffy: cify: Unknown If yes, specify:	- -
SUPPORTIVE CARE: At ANY	time during hospitalisation,	did the patient receive/un	dergo:
	tadmission? 🗆 Yes 🗆 No 🛭		ration:days
Date of ICU admissi	ion:[_D_]_D_]/[_M_]_M_]/[_2_][0][Y][Y] =N/A	
Date of ICU admissi	on:[_D_]_D_]/[_M_]_M_]/[_2_][0][X][X] □in ICU a	at outcome N/A
Oxygen therapy? Yes N	lo Unknown If yes, comple	ete all: Total duration	i:days
O ₂ flow volume: O 1-5 L/s	min O6-10 L/min O11-15 L/m	in ⊙> 15 L/min	
Source of oxygen: OPipe	ed OCylinder OConcentrato	r	
Interface: ONasal prong	s OHF nasal cannula OMask	OMask with reservoir O	
Non-invasive ventilation? (e.	g. BIPAP, CPAP) □Yes □No	□ Unknown If yes, total o	duration:days
Invasive ventilation (Any) ?	Yes □No □Unknown If ye	s, total duration:	days
	ort? □Yes □No □Unknown □ Unknown If yes, total dur		days
•	RRT) or dialysis?		
	/es □No □Unknown Ifyes		pve
	es LINO LIUNKNOWN If yes	, total duration:0	ays
DUTCOME			
			ative discharge Unknown

□Better □Unknown

If Discharged alive: Ability to self-care at discharge versus before illness: □Same as before illness: □Worse





19. OUTCOME

Outcome

Please select only one outcome.

Discharged alive can mean discharge to their usual place of residence before their illness, to the home of a relative or friend, or to a social care facility, because their illness is no longer severe enough to warrant treatment in a medical facility.

Hospitalized means they are still in hospital but have recovered from COVID-19 infection and the form has been completed as the patient is in a part of the hospital for care of other conditions and where the form will not be completed at a later date.

Transfer to other facility means they have been transferred to another facility that provides medical care. This could be a specialist centre for more intensive treatment or a step-down for rehabilitation. It does not include facilities that solely provide social care (these patients should be listed as discharged alive).

Death means the patient died in the hospital.

Palliative discharge means the patient has been discharged with the expectation that they will not recover from this or other co-existing illness. This could be to a specialist hospice facility, or to their usual home address with anticipatory end of life medications.

Outcome date

Please state the date for the outcome listed above.

Organization ISARIC	PARTICIPAL	NT ID II II	لےالےالےالےالے		
MODULE 3: complete a	t discharge/death				
DIAGNOSTIC/PATHOGEN T	ESTING				
Chest X-Ray /CT performed	? □Yes □No □Unknown If Y	es: infiltrates present?	Yes □No □Unknown		
Was pathogen testing done during this illness episode? □Yes □No □Unknown If yes, complete all below:					
Influenza virus: Positive Negative Not done If positive, type					
	Negative □Not done If positive		oV-2 □Other		
Other respiratory pathogen: Positive Not done If positive, specify					
Viral haemorrhagic fever: □Positive □Negative □Not done If positive, specify virus					
Other pathogen of public health interest detected: If yes, specify:					
	Other pathogen of public health interest detected: if yes, specify: Falciparum malaria: Positive Negative Not done Non-falciparum malaria: Positive Negative Not done				
HIV: □Positive □Negative	_				
•	ne during hospitalisation did t	he natient experience:			
Shock	□Yes □No □Unknown	Bacteraemia	□Yes □No □Unknown		
Seizure	□Yes □No □Unknown	Bleeding	□Yes □No □Unknown		
Meningitis/Encephalitis	□Yes □No □Unknown	Endocarditis	□Yes □No □Unknown		
Anaemia	□Yes □No □Unknown	Myocarditis/Pericarditis	□Yes □No □Unknown		
Cardiac arrhythmia	□Yes □No □Unknown	Acute renal injury	□Yes □No □Unknown		
Cardiac arrest	□Yes □No □Unknown	Pancreatitis	□Yes □No □Unknown		
Pneumonia	□Yes □No □Unknown	Liver dysfunction	□Yes □No □Unknown		
Bronchiolitis	□Yes □No □Unknown	Cardiomyopathy	□Yes □No □Unknown		
Acute Respiratory Distress	□Yes □No □Unknown	Other	□Yes □No □Unknown		
Syndrome		If Yes, specify			
MEDICATION: While hospita	lised or at discharge, were an	v of the following administ	tered?		
	□No □Unknown Intravenou				
	known If yes: ORibavirin OLo OInterferon beta OOther, speci Inknown If yes, specify:		inidase inhibitor		
Corticosteroid? □Yes □No	□Unknown If yes, route: ○○	ral Ointravenous Oinhale	i		
If yes, specify agent and m	aximum daily dose:				
Antifungal agent? □Yes □	No □Unknown If yes, specify:				
	□No □Unknown If yes, specif				
•	□No □Unknown If yes, spec				
	tory (NSAID) DYes DNo DL		-		
	time during hospitalisation, of		ergo:		
	it admission? Yes No	•	-		
	ion:[D][D]/[M][M]/[2]		auonuays		
			t outcome IDN/A		
Date of ICU admission: LD_JLD_J/LM_JLM_J/L2_[_0_]LX_J_X □ in ICU at outcome □N/A Oxygen therapy? □Yes □No □Unknown If yes, complete all: Total duration:days Ox flow volume: O1-5 L/min O6-10 L/min O11-15 L/min O>15 L/min					
Source of oxygen: OPip	ed OCylinder OConcentrator				
Interface: ONasal prong	s OHF nasal cannula OMask	OMask with reservoir OC	PAP/NIV mask		
Non-invasive ventilation? (e.	.g. BIPAP, CPAP) □Yes □No	☐ Unknown If yes, total d	uration:days		
	Yes □No □Unknown If yes				
	ort? Yes No Unknown		•		
	Unknown If yes, total dura				
	RRT) or dialysis? Yes No. No.				
mon opes/vasopressors?	Yes □No □Unknown If yes ,	total durationda	ayo		

□Better □Unknown

Outcome: Discharged alive Despitalized Transfer to other facility Death Palliative discharge Unknown

If Discharged alive: Ability to self-care at discharge versus before illness: □Same as before illness: □Worse





RAPID CRITICAL CARE MODULE

Complete this form for anyone receiving critical care regardless of type of ward. Depending on resources complete Part A only or Part A plus Part B.

Date of assessment: date the data collected in this form relates to

Vasopressor/inotropic support:

Record the highest weight-based vasopressor/inotrope dose (μg per kg per minute) administered between 00:00 and 24:00 on date of assessment. These weight-based options are components of the SOFA score.

Please record use of prone positioning, neuromuscular blockade, inhaled nitric oxide and dialysis/haemofiltration no matter how long they were used for.

Other interventions:

Record any other critical care intervention that are not already documented on this form or in the RAPID CRF.

PART A

ADMISSION AND DAILY IN ICU/HDU				
DATE OF ASSESSMENT (DD/MM/YYYY): [D][D]/[M][M]/[2][O][Y][Y]				
Current admission to ICU or other High Dependency Unit (HDU)? ☐YES - ICU ☐ Yes - HDU ☐ NO ☐Unknown				
Is the patient currently receiving, or has received (between 00:00 to 24:00 on day of assessment)				
Any vasopressor/inotropic support?				
If YES, what was the highest level of support received on the date of assessment?				
□Dopamine <5μg/kg/min OR Dobutamine OR milrinone OR levosimendan				
□Dopamine 5-15μg/kg/min OR Epinephrine/Norepinephrine < 0.1μg/kg/min OR vasopressin OR phenylephrine				
□Dopamine >15μg/k/min OR Epinephrine/Norepinephrine > 0.1μg/kg/min				
□Unknown				
Prone positioning? □YES □NO □Unknown				
Neuromuscular blocking agents? □YES □NO □Unknown Inhaled Nitric Oxide? □YES □NO □Unknown				
Tracheostomy inserted?				
Other intervention or procedure not already recorded in this form or in the RAPID Module 2 form:				
□YES □NO □Unknown If YES, Specify:				





Supplemental oxygen:

Record the values associated with the 'worst' blood gas analysis on the day of assessment. 'Worst' is defined as the blood gas with the lowest PaO_2/FiO_2 ratio. Record FiO_2 if known, preferably as a fraction e.g. 0.6. If FiO_2 is not known then record flow rate in litres/minute.

Richmond Agitation-Sedation Scale (RASS)

Score	Term	Description
+4	Combative	Overtly combative or violent; immediate danger to staff
+3	Very agitated	Pulls on or removes tube(s) or catheter(s) or has aggressive behaviour toward staff
+2	Agitated	Frequent non-purposeful movement or patient—ventilator dys- synchrony
+1	Restless	Anxious or apprehensive but movements not aggressive or vigorous
0	Alert & calm	
-1	Drowsy	Not fully alert, but has sustained (more than 10 seconds) awakening, with eye contact, to voice
-2	Light sedation	Briefly (less than 10 seconds) awakens with eye contact to voice
-3	Moderate sedation	Any movement (but no eye contact) to voice
-4	Deep sedation	No response to voice, but any movement to physical stimulation
-5	Unrousable	No response to voice or physical stimulation

Riker Sedation-Agitation Scale (SAS)

Score	Term	Description
7	Dangerous agitation	Pulling at ET tube, trying to remove catheters, climbing over
		bedrail, striking at staff, thrashing side-to-side
6	Very agitated	Requiring restraint and frequent verbal reminding of limits, biting ETT
5	Agitated	Anxious or physically agitated, calms to verbal instructions
4	Calm & co-	Calm easily argueable follows sommands
	operative	Calm, easily arousable, follows commands
3	Sedated	Difficult to arouse but awakens to verbal stimuli or gentle
		shaking, follows simple commands but drifts off again
2	Very sedated	Arouses to physical stimuli but does not communicate or follow
		commands, may move spontaneously
1	Unrousable	Minimal or no response to noxious stimuli, does not
		communicate or follow commands

Agitated patients are scored by their most severe degree of agitation.

Urine flow rate: volume in mL produced over 24 hours during day of assessment or prior to assessment

Record the values associated with the 'worst' blood gas analysis on the day of assessment. 'Worst' is define the lowest PaO2/FiO2 ratio.	ed as the blood gas with
Any supplemental oxygen (record the highest level of support on day of assessment):	
FiO ₂ (0.21-1.0) [].[] or [] % or [][]L/min	
PaO ₂ (at time nearest to the FiO ₂ above) [][] □ kPa or □mmHg □Not done	
PaO₂ sample type: □Arterial □Capillary □Unknown	
From same blood gas record as PaO ₂ :	
PCO ₂	cess mmol/L
Richmond Agitation-Sedation Scale (RASS) [] or Riker Sedation-Agitation Scale (SAS) []	'n
Most abnormal mean arterial blood pressure [][]mmHg	
Urine flow rate IF patient age >18 years [][][]mL/24 hours □Check if estimated	□Unknown
IF patient age <18 years [][][]mL/kg/24hrs	□Unknown



PART B. CRITICAL CARE MODULE

Admission date: this is the date the patient was admitted to the critical care ward.

Interventional clinical study: this could be a trial of a therapeutic agent (e.g. antiviral, immunomodulator, convalescent plasma) or supportive intervention (e.g. high flow oxygen).

Reason for admission: these are the diagnoses/complications that required critical care management as assessed by a physician. Select all that apply.

Clinical Frailty Scale: see last page

Severity scores:

Complete if assessed or score recorded in the medical notes.

PELOD score: see https://sfar.org/scores2/pelod2.php

PRISM III score: see https://www.cpccrn.org/calculators/prismiiicalculator/

Fluid balance: net fluid balance over 24h assessment day or prior to assessment

Nutrition: select route of the main type of nutrition on day of assessment from parenteral, enteral (including nasogastric or gastrostomy/jejunostomy), or NPO (*nil per os* – no oral intake).

Physical mobility: score from options 0 to 10, record best score.

PART B

ICU/HDU ADMISSION FORM	
ICU ADMISSION DATE (DD/MM/YYYY): [_D_][_D_]/[_M_][_M_]/[_2_][_	0][Y][Y]
Enrolment in interventional clinical study? ☐YES ☐NO ☐ Unknown I	f YES, name of study: or
Treatment/s trialled: U	nknown
Reason for ICU admission (tick all that apply): ORespiratory failure O	Septic shock OVenous thromboembolism
OCardiovascular complications OAcute kidney injury OAcute liver injur	ry ONeurological complications OSecondary infection
OPancreatic injury ODisseminated intravascular coagulation OPregna	ncy related complications ORhandomyolysis
	This control of the c
OOTHER (please specify) Unknown	
Clinical Frailty Score (CFS/9) [] Unknown Acute renal failure?	□YES □NO □ Unknown
DAILY FORM (Complete daily for duration of ICU/ITU/IMC/HDU ac (between 00:00 to 24:00 on day of assessment) Record the 'worst' value	
IF patient is >18 years: SOFA Total Score [] Unknown IF pat	
PRISM III score: [] Unknown Fluid balance (in last 24 hours) (r	nL) □Unknown
Nutrition ☐ Parenteral ☐ Enteral ☐ NPO ☐ Unknown Physical mobi	lity []/10 Unknown
0 - Passively moved by staff (incl. passive cycling only) 1 - Any activity in l	ped, but not moving out of or over edge of bed (incl. cycling)
2 - Passively moved to chair (no standing or sitting at edge of bed)	
3 - Actively sitting over side of bed with some trunk control (may be assis	ted) 4 – Standing
5 - Transferring from bed to chair	6 - Marching on the spot (at bedside; > 2steps/foot)
7 - Walking with assistance of 2 or more people (>5m)	8 - Walking with assistance of 1 person (>5m)
9 - Walking independently with gait aid (>5m)	10 - Walking independently without gait aid (>5m)





Type of ventilation:

Record all types of ventilation received on day of assessment on or after admission to the critical care ward (ICU/HDU.

Abbreviations:

ETT: endotracheal tube

BIPAP: bi-level positive airway pressure CPAP: continuous positive airway pressure CRRT: continuous renal replacement therapy

IHD: intermittent haemodialysis

SLED: sustained low efficiency dialysis

For modes of ventilation (invasive, non-invasive, humidified high flow nasal cannula) please select all modes the patient received during the 24 hour assessment day.

Modes of mechanical ventilation:

- Synchronized Intermittent Mandatory Ventilation Volume-Controlled (SIMV-V)
- Synchronized Intermittent Mandatory Ventilation Pressure-Controlled (SIMV-P)
- Volume Controlled Ventilation
- Pressure Controlled Ventilation
- Pressure Regulated Volume Control (PRVC)
- Airway Pressure Release Ventilation (APRV)
- Pressure Support Ventilation (PSV)
- Volume Support Ventilation (VSV)
- High Frequency Oscillatory (HFO)
- Bilevel Positive Airway Pressure (BiPAP)
- Continuous Positive Airway Pressure (CPAP)
- Proportional Assist Ventilation (PAV)
- Neurally Adjusted Ventilatory Assist (NAVA)

Record highest tidal volume and airway pressures.

Is the patient currently receiving (between 00:00 to 24:00 on day of assessment):		
Invasive ventilation? YES NO Unknown If YES: O ETT OTracheostomy O OTHER (please specify)	□Unknown	
Non-invasive ventilation? ☐YES ☐NO ☐Unknown If YES: O BIPAP OCPAP OOTHER (please specify)	Unknown	
Humidified high flow nasal cannula (HHFNC)? □YES □NO □Unknown		
If mechanically ventilated: Mode of ventilation (specify): ☐ Volume Controlled (VC) ☐ Pressure Controlled (PC)		
☐ Other(drop down): ☐ Unknown		
Tidal volume within last 24hrs (ml/Kg of Ideal Body Weight): ☐ Unknown		
Positive end expiratory pressure within last 24hrs (cmH2O): Unknown		
Airway plateau pressure within last 24 hrs (cmH2O): Unknown		
Prone positioning? □YES □NO If YES, total durationhours spent □ Unknown		
Sedation?		
Other (please specify) Dunknown		
Diuretic? □YES □NO □Unknown If YES, total duration hours □ Unknown Total daily dose (mg)	□Unknown	
Dialysis/Hemofiltration? ☐YES ☐NO ☐Unknown If YES, OCRRT OHD OSLED OOTHER (please specify)		
Unknown If CRRT, type of anti-coagulant, OHeparin OCitrate ONone □Unknown		
Heparin for systemic anticoagulation ? □YES □NO □Unknown If YES, OLow-molecular weight OUnfractionated [□Unknown	
If YES, OSubcutaneous OIntravenous (IV) □Unknown		
If YES, OTherapeutic OProphylactic Unknown		
Convalescent plasma? UYES UNO Unknown If YES, transfusion volume (mL) Unknown		
Blood transfusion? □YES □NO □Unknown Platelet transfusion? □YES □NO □Unknown		





Clinical Frailty Scale*



I Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



2 Well – People who have no active disease symptoms but are less fit than category I. Often, they exercise or are very active occasionally, e.g. seasonally.



3 Managing Well — People whose medical problems are well controlled, but are not regularly active beyond routine walking.



4 Vulnerable – While not dependent on others for daily help, often **symptoms limit activities.** A common complaint is being "slowed up", and/or being tired during the day.



5 Mildly Frail — These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



6 Moderately Frail — People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.



7 Severely Frail – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).





9.Terminally III - Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In severe dementia, they cannot do personal care without help.

- * I. Canadian Study on Health & Aging, Revised 2008.
- 2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

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