

Influenza Enhanced Surveillance Critical Care - Adult

Part 1 – Admission Form

Patient Details

Forename Surname MRN

DOB Age Sex: Female ☐ Male ☐

HSE area of Residence County of Residence Country of Residence

Country of birth Nationality Occupation

GP Name GP Address

GP Telephone

All information completed on this form should relate to the patient's admission to THIS hospital, not referring hospital

Name hospital

Date of hospital admission Date critical care commenced

Source of ICU admission: From within this hospital ☐ Ward or ☐
 Emergency department ☐
 From another hospital - non ICU ☐ Name of other hospital
 From another hospital - ICU ☐ Name of other hospital

Clinical Details

Confirmed influenza (please select organisms that apply)

Influenza A (H1) pdm 2009 ☐ Influenza A (not subtyped) ☐
 Influenza A (H3) ☐ Influenza B ☐

Date of onset of symptoms Date of diagnosis

Was influenza infection determined to be hospital acquired? Yes ☐ No ☐ Unknown ☐

Antiviral treatment

Antivirals commenced Yes ☐ No ☐ Unknown ☐ Date antiviral treatment commenced

Influenza vaccine status

Vaccinated during current influenza season Yes ☐ No ☐ Unknown ☐ Date of vaccination:

SOFA score on admission to this ICU

Score						
Parameter	0	1	2	3	4	Total
[PaO ₂ kPa / FiO ₂] ratio*	> 40	30-39	20-29	10-19	< 10	
Platelet count (10 ⁶ /L)	>150	≤150	≤ 100	≤ 50	≤ 20	
Bilirubin (umol/L)	< 20	20-32	33-100	101-203	> 203	
Hypotension	MAP > 70mmHg	MAP < 70mmHg	Dop ≤ 5 or equivalent	Dop >5 or Epi ≤ 0.1 or Norepi ≤ 0.1	Dop > 15 or Epi > 0.1 or Norepi > 0.1	
GCS	15	13-14	10-12	6-9	< 6	
Creatinine (umol/L)	< 106	107-168	169-300	301-433	> 434	
Total						

Does the patient have acute respiratory distress syndrome*? Yes ☐ No ☐

Does the patient require non-invasive mechanical ventilation (CPAP or BiPAP)? Yes ☐ No ☐

Does the patient require invasive mechanical ventilation? Yes ☐ No ☐

Does the patient require ECMO? Yes ☐ No ☐

Does the patient require renal replacement therapy? Yes ☐ No ☐

**Berlin ARDs Definition – page 4*

Fi O₂ is a percentage of 1 (1 = 100% O₂, 0.5 = 50% O₂)

* Eg if PaO₂ = 20 kPa and FiO₂ = 0.5 then PaO₂/FiO₂ ratio = 20/0.5 = 40. Therefore score = 0.

Comments

Signature Date

MRN

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Initials

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DOB

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Underlying Medical Conditions in Adults

Does the case have any underlying medical conditions? Yes ☐ No ☐ If YES, please tick as appropriate below

Chronic respiratory disease including:

Chronic obstructive pulmonary disease (COPD) (including chronic bronchitis and emphysema)

Bronchiectasis

Cystic fibrosis

Interstitial lung fibrosis

Pneumoconiosis

Bronchopulmonary dysplasia (BPD)

Asthma

Other

Pregnancy:

Week of gestation or post partum

≤ 6 weeks post partum

Obesity (BMI kg/m²; WHO Classification):

Obese class III (BMI ≥ 40)

Obese class II (BMI 35-39)

Obese class I (BMI 30-34)

Chronic heart disease including:

Congenital heart disease

Hypertension

Chronic heart failure

Individuals requiring regular medication and/or follow up for ischaemic heart disease

Other

Chronic renal disease including:

Nephrotic syndrome

Chronic renal failure

Renal transplantation

Other

Chronic liver disease including:

Cirrhosis

Other

Chronic neurological disease including:

Neurological disease with muscle weakness

Cerebral palsy

Other

Diabetes mellitus and chronic metabolic disorders:

Diabetes mellitus requiring insulin or oral hypoglycaemic drugs

Type of Diabetes: Type 1 ☐ Type 2 ☐

Other

Immunosuppression due to disease or treatment including:

Asplenia or splenic dysfunction

HIV infection at all stages

Malignancy

Patient undergoing chemotherapy leading to immunosuppression

Individuals on or likely to be on systemic steroids (for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age))

Organ transplant

Other

Haemoglobinopathy

Alcohol related disease

Smoking status: Current smoker ☐ Never smoked ☐ Former smoker (stopped smoking ≥ 1 year ago) ☐ Unknown ☐

Other underlying medical conditions, please specify:

Please fax Part 1 – Admission form to HPSC (01-8561299) when patient is first admitted to ICU

Patient Details

All information completed on this form should relate to the patient's current ICU admission

MRN

CIDR Event ID

For HPSC use only

DOB

Forename

Surname

Name hospital

Date of discharge from ICU

Length of stay in ICU

Disease course

Please tick all that apply

Yes No

Primary influenza viral pneumonia ☐ ☐

Secondary bacterial pneumonia ☐ ☐

Acute respiratory distress syndrome* ☐ ☐

Myocarditis ☐ ☐

Encephalitis ☐ ☐

Sepsis or multi-organ failure ☐ ☐

Pressor dependence at any time during ICU stay ☐ ☐

Yes No

Acute kidney injury* ☐ ☐

CRRT/IHD ☐ ☐

**See Berlin ARDs and AKI definitions on page 4*

If other complication, please specify:

Mechanical ventilation (in current admission i.e. data should not include mechanical ventilation in other hospitals)

Outside ICU

Was the patient mechanically ventilated outside ICU? ☐ ☐

Duration of ventilation (days)

If YES, please state location

HDU ☐

Recovery ☐

Special Care Unit ☐

Theatre ☐

ED ☐

Ward ☐

In ICU

Non-invasive mechanical ventilation

Yes No

CPAP ventilation ☐ ☐

Duration CPAP ventilation (days)

BiPAP/NIV ventilation ☐ ☐

Duration BiPAP ventilation (days)

Invasive mechanical ventilation

Yes No

Conventional (including lung protective) mechanical ventilation ☐ ☐

Duration conventional MV (days)

HFOV ventilation ☐ ☐

Duration HFOV ventilation (days)

ECMO ☐ ☐

Duration ECMO (days)

Discharge information

Transferred from ICU to: Ward ☐ HDU ☐ Other ICU ☐ ECMO abroad ☐ Died ☐

If transferred to other ICU, please state name

If patient transferred abroad for ECMO, please state country

Deaths

If died, date of death:

Is influenza a likely cause of death? **Yes** ☐ **No** ☐ **Unknown** ☐ **Not applicable** ☐

Will influenza be listed as a cause of death on the death certificate? **Yes** ☐ **No** ☐ **Unknown** ☐ **Not applicable** ☐

Coroner's case **Yes** ☐ **No** ☐ **Unknown** ☐ **Not applicable** ☐

Comments

Signature

Date

Definitions

Berlin Acute Respiratory Distress Syndrome (ARDS)

Table 3 The Berlin definition of ARDS (with permission from [22])

Acute respiratory distress syndrome			
Timing	Within 1 week of a known clinical insult or new/worsening respiratory symptoms		
Chest imaging ^a	Bilateral opacities—not fully explained by effusions, lobar/lung collapse, or nodules		
Origin of Edema	Respiratory failure not fully explained by cardiac failure or fluid overload; Need objective assessment (e.g., echocardiography) to exclude hydrostatic edema if no risk factor present		
	Mild	Moderate	Severe
Oxygenation ^b	$200 < PaO_2/FiO_2 \leq 300$ with PEEP or CPAP ≥ 5 cmH ₂ O ^c	$100 < PaO_2/FiO_2 \leq 200$ with PEEP ≥ 5 cmH ₂ O	$PaO_2/FiO_2 \leq 100$ with PEEP ≥ 5 cmH ₂ O

ARDS acute respiratory distress syndrome, PaO_2 partial pressure of arterial oxygen, FiO_2 fraction of inspired oxygen, PEEP positive end-expiratory pressure, CPAP continuous positive airway pressure, N/A not applicable

^a Chest X-ray or CT scan

^b If altitude higher than 1000 m, correction factor should be made as follows: $PaO_2/FiO_2 \times (\text{barometric pressure}/760)$

^c This may be delivered non-invasively in the mild ARDS group

Intensive Care Med (2012) 38:1573-1582. DOI 10.1007/s00134-012-2682-1

Acute Kidney Injury (AKI)

Increase in serum creatinine of more than or equal to 0.3 mg/dl ($\geq 26.4 \mu\text{mol/l}$) or increase to more than or equal to 150% to 200% (1.5- to 2-fold) from baseline

or

A urine output of less than 0.5 ml/kg per hour for more than 6 hours

Please fax Part 2 – Discharge form to HPSC (01-8561299) as soon as patient is discharged from ICU