Influenza Enhanced Surveillance Critical Care Discharge form
Neonatal & Paediatric 0-14 years old

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Intensive Care Society of Ireland

hpsc

2011/2012 Influenza Season

Patient Details

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

Patient number | Initials | DOB | CIDR Event ID (For official use only)

Name hospital _____

Date of discharge from ICU | Length of stay in ICU

Disease course

Please tick all that apply

	Yes	No		Yes	No
Primary influenza viral pneumonia	☐	☐	Myocarditis	☐	☐
Secondary bacterial pneumonia	☐	☐	Encephalitis	☐	☐
Acute respiratory distress syndrome	☐	☐	Sepsis or multi-organ failure	☐	☐
Acute lung injury	☐	☐	Meningitis	☐	☐

Pressor dependence at any time during ICU stay (i.e. > 5 mcg/kg/min dopamine or equivalent) ☐ Yes ☐ No

	Yes	No
Acute kidney injury	☐	☐
→ CRRT	☐	☐
→ IHD	☐	☐

If other complication, please specify:

Tracheostomy Yes ☐ No ☐

Mechanical ventilation *(in current PICU/NICU i.e. data should not include mechanical ventilation in other hospitals)*

Non-invasive mechanical ventilation

	Yes	No	
CPAP ventilation	☐	☐	Duration CPAP ventilation (days)
BiPAP 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)

	Yes	No	
Hemofiltration/Plasmapheresis	☐	☐	Duration of O_2 (days)
			Home on O_2 Yes ☐ No ☐

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:

	Yes	No	Unknown	Not applicable
Is influenza a likely cause of death?	☐	☐	☐	☐
Will influenza be listed as a cause of death on the death certificate?	☐	☐	☐	☐
Family aware influenza is a likely cause of death	☐	☐	☐	☐
Coroner's case	☐	☐	☐	☐

Comments:

Signature _____ **Date**