

Forename Surname MRN Sex: Female Male

DOB: Age: Weight kg Height m BMI Kg/m²

HSE area of Residence County of Residence Country of Residence

Country of birth Ethnicity Occupation

GP Name Health care worker Yes No Unknown

GP Telephone GP Address

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 of admission to ICU

Source of ICU admission: From within this hospital → Ward
OR
Emergency department

From another hospital → ICU
OR
Non-ICU Name of hospital

Clinical Details

Was COVID-19 infection the primary cause of ICU admission as clinically assessed by the ICU medical team

Yes No, contributory factor No Not applicable (if notifying influenza)

If the answer is "no" or "no contributory factor", there is no requirement to complete this form. Please complete the form for influenza cases

Please select organisms that apply

SARS-CoV-2 (COVID-19) Influenza A (not subtyped) Influenza A (H1) pdm 2009
Influenza A (H3) Influenza B

Date of onset of symptoms Date of diagnosis

Was the infection determined to be hospital acquired? Yes No Unknown

Influenza Vaccine Status

Vaccinated against influenza Yes No Unknown Date of influenza vaccination:

Influenza vaccine type (if available) LAIV (nasal)¹ QIV² Other Unknown

COVID-19 Vaccine Status

Vaccinated against COVID-19 (any dose) Yes No Unknown Number of doses

SOFA score on admission to this ICU

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	
Serum Creatinine* (umol/L)	< 106	107-168	169-300	301-433	> 434	
Total						

Does the patient have Acute Respiratory Distress Syndrome on admission*? Yes No

Does the patient require non-invasive advanced respiratory support (CPAP, BiPAP or HFNO) on admission? Yes No

Does the patient require invasive mechanical ventilation on admission? Yes No

Does the patient require renal replacement therapy (CRRT) on admission? Yes No

*See Definitions - page 4

Comments

¹ LAIV refers to Live Attenuated Influenza Vaccine

² QIV refers to Quadrivalent Influenza Vaccine

Signature

Date

MRN Initials DOB **Underlying Medical Conditions in Adults**

Underlying medical condition	Yes	No	Unknown
Does the case have any underlying medical conditions?			
Chronic heart disease			
Hypertension			
Chronic kidney disease			
Chronic liver disease			
Chronic neurological disease			
Cancer/malignancy including hematological ¹			
Immunodeficiency/Immunosuppression			
Due to HIV			
Due to Solid Organ Transplantation			
Due to Therapy (chemotherapy, radiotherapy, high dose steroids, immunomodulators, anti-TNF agents, etc. (see definitions pg 4)			
Due to Primary immunodeficiency (see definitions pg4)			
Due to inherited metabolic disorders			
Due to asplenia or hyposplenia			
Chronic respiratory disease including:			
Chronic obstructive pulmonary disease (COPD) (including chronic bronchitis and emphysema)			
Bronchiectasis			
Cystic fibrosis			
Interstitial lung fibrosis			
Asthma (requiring medication)			
Mild to moderate			
Severe (uncontrolled despite proper medication and treatment)			
Other			
Pregnant			
Week of gestation			
Is the case <= 6 weeks post partum			
Diabetes mellitus			
Type I			
Type II			
Gestational diabetes			
Hypothyroidism			
Haemoglobinopathy			
Alcohol related disease			
Other			

Other underlying medical conditions, please specify:

Smoking status: Current smoker Never smoked Former smoker (stopped smoking ≥ 1 year ago) Unknown ¹Includes, leukaemia, lymphomas, blood dyscrasias or other malignant neoplasms affecting the bone marrow or lymphatic systems.**Please send Critical Care Admission Form to HPSC when patient is first admitted to ICU****Email: hpsc-data@hpsc.ie Fax: 01-8561299**

Patient Details

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

Forename Surname CIDR Event ID
For Hpsc use only

DOB MRN

Name hospital

Date of discharge from ICU Length of stay in ICU (days)

Clinical complications

Please tick all that apply

	Yes	No		Yes	No
Primary viral pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	Myocarditis	<input type="checkbox"/>	<input type="checkbox"/>
Secondary bacterial pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	Encephalitis	<input type="checkbox"/>	<input type="checkbox"/>
Acute Respiratory Distress Syndrome ²	<input type="checkbox"/>	<input type="checkbox"/>	Sepsis	<input type="checkbox"/>	<input type="checkbox"/>
Multorgan failure ³	<input type="checkbox"/>	<input type="checkbox"/>	Acute kidney injury ¹	<input type="checkbox"/>	<input type="checkbox"/>

¹See AKI Definition on page 4
²See Berlin ARDs and AKI definitions on page 4
³See ICNARC definition on page 4

Treatment intervention

Antivirals commenced Yes No Unknown Date antiviral treatment commenced

Oseltamivir Yes No Unknown If other antiviral used please name

Pressor dependence at any time during ICU stay Yes No

CRRT/IHD Yes No

Required Anticoagulation Treatment for a Thrombotic Event Yes No

Non-invasive advanced respiratory support (CPAP, HFNO or BiPAP)

	Yes	No		Yes	No
CPAP/HFNO ventilation	<input type="checkbox"/>	<input type="checkbox"/>	Duration CPAP/HFNO ventilation (days)	<input type="text"/>	<input type="text"/>
BiPAP ventilation	<input type="checkbox"/>	<input type="checkbox"/>	Duration BiPAP ventilation (days)	<input type="text"/>	<input type="text"/>

Invasive mechanical ventilation

	Yes	No		Yes	No
Conventional (including lung protective) mechanical ventilation	<input type="checkbox"/>	<input type="checkbox"/>	Duration conventional MV (days)	<input type="text"/>	<input type="text"/>
ECMO	<input type="checkbox"/>	<input type="checkbox"/>	Duration ECMO (days)	<input type="text"/>	<input type="text"/>

Discharge Information

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

**Other refers to a different hospital*

If transferred to other ICU, please state name

If patient transferred to different hospital for ECMO, please state hospital

Deaths

If died, date of death:

Is influenza a likely cause of death?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Is COVID-19 a likely cause of death?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Coroner's case	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	Not applicable <input type="checkbox"/>

Comments

Signature Date

Definitions

- ARDS**
- **Acute Respiratory Distress Syndrome**
 - Berlin Criteria
 - Include all ARDS – mild, moderate and severe

Timing	Within 1 week of a known clinical insult or new/worsening respiratory symptoms	
Chest Imaging*	Bilateral opacities not fully explained by effusion, lobar/lung collapse or nodules	
Origin of oedema	Respiratory failure not fully explained by cardiac failure of fluid overload Needs objective assessment (e.g echocardiography) to exclude hydrostatic oedema if no risk factor present	
Oxygenation	Mild	-26.6kPa < PaO ₂ / FiO ₂ = 39.9 kPa
	Moderate	-13.3kPa < PaO ₂ / FiO ₂ = 26.6 kPa
	Severe	- PaO ₂ / FiO ₂ = 13.3 kPa
	PEEP or CPAP = 5cmH2 all above	

*chest radiograph or CT ref.table modified from BJA Education, Vol 17 Number 5 2017

* FiO₂ = inspired O₂ concentration as a fraction of 1 (1=100% O₂, 0.5 = 50% O₂)

e.g if PaO₂ =20 kPa and FiO₂ = 0.5 then Paos/FiO₂ ratio = 20/0.5 = 40.

Acute Kidney Injury

Use AKI classification

Stage	Creatinine Criteria	or	Urine output criteria
1	Cr. x 1.5–2 from baseline	or	<0.5 ml/kg/hr for 6 hours
2	Cr. x 2-3 from baseline	or	<0.5 ml/kg/hr for 12 hours
3	Cr. x 3 from baseline Or Cr? 354 umol/l with an acute rise > 44 umol/l or need RRT	or	< 0.3 ml/kg/hr for 24 hours or anuria for 12 hours or need for RRT

Multi organ failure

Using ICNARC definition

ICNARC define level 3 care as patients requiring organ support for two or more organ systems, excluding gastrointestinal support.

Immunodeficiency/Immunosuppression

Due to therapy	The following dose of prednisolone (or equivalent dose of other glucocorticoid) are likely to be immunosuppressive. Adults and children = 10kg: =40mg/day for more than 1 week or= 20mg/day for 2 weeks or longer; Children <10kg: 2mg/kg/day for 2 weeks or longer. Azathioprine, cyclophosphamide, cyclosporine, hydroxychloroquine, leflunomide, methotrexate, mycophenolic acid preparations, sirolimus and tacrolimus, in addition to biologics such as TNF α blocking agents (adalimumab, etanercept, infliximab), and others including abatacept, anakinra, eculizumab, rituximab and tocilizumab.
Due to primary immunodeficiency	Ataxia Telangiectasia; Bruton agammaglobulinemia (X linked agammaglobulinemia, XLA), Chronic granulomatous disease (CGD), Chronic mucocutaneous candidiasis (APECED syndrome), Complement deficiency, Common variable immunodeficiency (CVID) & other immunoglobulin deficiencies, DiGeorge syndrome, Down syndrome, Fanconi's anaemia, Wiskott Aldrich Syndrome, Severe combined immunodeficiency syndrome (SCID).