



Influenza, RSV and COVID-19 Enhanced Surveillance Critical Care – Adult Admission Form

Foillmeannacht na Seirbhíse Sláinte
Health Service Executive

Intensive Care Society of Ireland



Please complete this form for patients where COVID/Influenza/RSV was the primary or contributing cause of admission to ICU. Please exclude incidental cases.

Forename Surname MRN

DOB: Age: Sex: Female ☐ Male ☐ Patient Eircode

Public Health Region 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 this respiratory infection (COVID-19, Influenza or RSV) the primary or contributing cause for ICU admission?

Primary ☐ Contributing ☐

Please select organisms that apply

SARS-CoV-2 (COVID-19) ☐ Influenza A (not subtyped) ☐ Influenza A (H1) pdm 2009 ☐
Influenza A (H3) ☐ Influenza B ☐ Respiratory syncytial virus (RSV) ☐

Co-infected with iGAS Yes ☐ No ☐ Unknown ☐

Date of onset of symptoms Date of diagnosis

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

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 ☐

*See Definitions
– page 4

Comments

Signature
Adult Influenza, RSV & COVID-19 Admission form - Part 1 (Page 1 of 4)

Date

PTO

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/ Splenic dysfunction			
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			
Obesity			
BMI <30			
BMI 30-40			
BMI >40			
Unknown			
Hypothyroidism			
Haemoglobinopathy			
Alcohol related disease			

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**



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Influenza, RSV and COVID-19 Enhanced Surveillance Critical Care - Adult

Part 2 – Discharge Form

Intensive Care Society of Ireland



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"/>
			Respiratory Failure	<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

Please name antiviral used

Pressor dependence at any time during ICU stay Yes ☐ No ☐

Required Anticoagulation Treatment for a Thrombotic Event Yes ☐ No ☐

CRRT/IHD Yes ☐ No ☐

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

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

Invasive mechanical ventilation

	Yes	No		
Conventional (including lung protective) mechanical ventilation	<input type="checkbox"/>	<input type="checkbox"/>	Duration conventional MV (days)	<input type="text"/>
ECMO	<input type="checkbox"/>	<input type="checkbox"/>	Duration ECMO (days)	<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"/>
Is RSV a likely cause of death?	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 PaO₂/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	<p>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.</p> <p>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.</p>
Due to primary immunodeficiency	<p>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).</p>