**Patient Details Patient Details MRN** 000000 For HPSC use only **CIDR Event ID** 000000

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Forename | | Click or tap here to enter text. | | Surname | Click or tap here to enter text. | |
| DOB: | Click or tap to enter a date. | | | Date of discharge from ICU | | Click or tap to enter a date. | |
| Name hospital: | | | Choose an item. | Length of Stay in ICU days | | 000 | |

**Clinical Complications**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Please tick all that apply*** | **Yes** | **No** |  | **Yes** | **No** |
| Primary viral pneumonia |  |  | Myocarditis |  |  |
| Secondary bacterial pneumonia |  |  | Encephalitis |  |  |
| Acute Respiratory Distress Syndrome1 |  |  | Sepsis |  |  |
| Multiorgan failure2 | |  |  | Acute kidney injury3 |  |  |
| Respiratory Failure |  |  |  |  |  |
| 1 See Berlin ARDS on page 2, 2See ICNARC definition on page 4, 3See AKI Definition on page 4 | | | | | |
| **Treatment intervention** | | | | | |
| |  |  | | --- | --- | | Antivirals commenced Yes  No  Unknown | Date antiviral commenced Click or tap to enter a date. | | Name of antiviral used Choose an item. | If other antiviral, please specifyClick or tap here to enter text. | |  |  |  | | --- | --- | | Pressor dependence at any time Yes  No  During ICU stay | Required Anticoagulation Treatment Yes  No  For a thrombotic Event | | CRRT/IHD Yes  No |     **Non-invasive advanced respiratory support**  **(CPAP, HFNO or BiPAP)**   |  |  | | --- | --- | | CPAP/HFNO ventilation Yes  No | Duration CPAP/HFNO ventilation (days) 000000 | | BiPAP ventilation Yes  No | Duration BiPAP ventilation (days) 000000 |   **Invasive mechanical ventilation**   |  |  | | --- | --- | | Conventional (including lung protective) mechanical ventilation Yes  No | Duration conventional MV (days) 000000 | | ECMO Yes  No | Duration ECMO ventilation (days) 000000 | | | | | | | |

**Discharge Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Transferred from ICU to: | Ward | HDU | | Other**\*** ICU | Other\* HDU | Other\* Ward | |
| ECMO Abroad | Died |
| If transferred to other ICU, please state name | | | Choose an item. | | | |
| If patient transferred abroad for ECMO, please state country Choose an item.  If transferred to other country for ECMO, please specify Click or tap here to enter text. | | | | | | |  | |
| ***\*Other refers to a different hospital*** | | | | | | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **If died date of death**: | | Click or tap to enter a date. | |
| Is Influenza a likely cause of death | | Choose an item. | |  |  |
| Is COVID-19 a likely cause of death | | Choose an item. | |  |  |
| Is RSV a likely cause of death | | Choose an item. | |  |  |
| Please provide further details on death if available: Click or tap here to enter text. | | | | | |

**Deaths**

**Print Name** Click or tap here to enter text. **Date** Click or tap to enter a date.

***Please send Part 2 – Discharge form to HPSC as soon as patient is discharged from ICU Email: hpsc-data@hpsc.ie Fax:01-8561299***



