**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***



