

**Please complete this form for patients where COVID/Influenza/RSV was the primary or contributing cause of admission to ICU. Please exclude incidental cases. 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. | Age | 00 | Sex | choose an item. |  |
| Public Health Region of Residence  | choose an item. | County of Residence  | choose an item. |
| Country of Residence  | click or tap here to enter text. | Country of birth | Choose an item. |
| Ethnicity | Choose an item. | Patient Eircode  | click or tap here to enter text. |
| GP Name Click or tap here to enter text.GP Address Click or tap here to enter text. GP Telephone Click or tap here to enter text. |  | Healthcare worker (*see definition on page3)*Choose an item.Occupation Click or tap here to enter text. |  |

***All information on this form should relate to the patient’s admission to THIS hospital, not referring hospital***

|  |  |
| --- | --- |
| Name Hospital  | Choose an item. |
| Date of hospital admission | click or tap to enter a date. | Date of admission to ICU | click or tap to enter a date. |
| Source of ICU admission:  |  From within this hospital  | [ ]  |  Ward  |[ ]
|  |  |  |  **OR** |  |
|  |  Emergency Department  |[ ]
|   |
|  From another hospital | [ ]  ICU ☐ OR |
|  Name of other hospital Choose an item. |  Non- ICU ☐ |

**Clinical Details**

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| --- |
| **Was this respiratory infection (COVID-19, Influenza or RSV) the primary or contributing cause of ICU admission?**Primary [ ]  Contributing [ ]  |
| **Please select all organism that apply**SARS-CoV-2 (COVID-19) [ ]  |  | Influenza A (not subtyped [ ]  | Influenza A(H1)pdm09 [ ]  |  |
| Influenza A (H3) [ ]  Influenza B [ ]  |  |  Respiratory syncytial virus (RSV) [ ]  |  |
| Co-infected with Group A Step (iGAS) choose an item.  |  |  |  |
| Date of onset of symptoms  | click or tap to enter a date. |  | Date of diagnosis  | click or tap to enter a date. |
| 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** |
| [PaO₂kPa/FiO₂] ratio\* | > 40 | 30-39 | 20-29 | 10-19 | < 10 | 00 |
| Platelet count (106/L) | > 150 | ≤ 150 | ≤ 100 | ≤ 50 | ≤ 20 | 00 |
| Bilirublin (umol/L) | < 20 | 20-32 | 33-100 | 101-203 | > 203 | 00 |
| Hypotension | MAP >70mmHg | MAP <70mmHg | Dop ≤ 5 or equivalent | DOP >5 or Epi ≤ 0.1 or Norepi ≤ 0.1 | DOP > 5 or Epi > 0.1 or Norepi ≤ 0.1 | 00 |
| GCS | 15 | 13-14 | 10-12 | 6-9 | < 6 | 00 |
| Serum Creatine1 (umol/L) | < 106 | 107-168 | 169-300 | 301-433 | >434 | 00 |
| **Total**  |  |  |  |  |  | 00 |

e.g if PaO₂ = 20 kPa and FiO₂ = 0.5 then PaO₂/ FiO₂ ratio = 20/0.5 = 40 Therefore score = 0

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

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| --- | --- |
| Does the Patient have Acute Respiratory Distress Syndrome on admission?  | choose an item. |
| Does the patient require non-invasive mechanical ventilation (CPAP,BiPAP or HFNO) on admission? | choose an item. |
| Does the patient require invasive mechanical ventilation on admission? | choose an item. |

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| **Comments:** click or tap here to enter text. |
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| --- | --- | --- | --- | --- | --- |
| MRN: | 00000 | Initials: | click or tap here to enter text. | DOB: | click or tap to enter a date. |

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**Underlying Medical Conditions in Adults**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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 haematological1  |[ ] [ ] [ ]
| **Immunodeficiency/Immunosuppression**  |[ ] [ ] [ ]
|  Due to HIV |[ ] [ ] [ ]
|   Due to Solid Organ Transplantation  |[ ] [ ] [ ]
|  Due to Therapy (chemotherapy, radiotherapy, high dose steroid, Immunomodulators, anti-TNF agents, etc (see definitions pg3) |[ ] [ ] [ ]
|  Due to Primary immunodeficiency (see definitions pg3) |[ ] [ ] [ ]
|  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 | Click or tap here to enter text. |
|  Is the case <= 6 weeks post-partum |[ ] [ ] [ ]
| **Obesity**  BMI < 30 [[ ] ] BMI 30-40 [[ ] ] BMI > 40 [[ ] ] Unknown [[ ] ]  |  |
| **Diabetes Mellitus** Type I ☐ Type II ☐Gestational diabetes ☐ |[ ] [ ] [ ]
|  |  |
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| --- | --- |
| **Hypothyroidism**  |[ ] [ ] [ ]   |
| **Haemoglobinopathy** | ☐ | ☐ | ☐ |  |
| **Alcohol related disease**  | ☐ | ☐ | ☐ |  |
| **Other underlying medical conditions, please specify:** click or tap here to enter text. |  |

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1 Includes, leukaemia, lymphomas, blood dyscrasias or other malignant neoplasms affecting the bone marrow or lymphatic systems.

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| **Smoking Status**: Current Smoker ☐ | Never smoked ☐ | Former smoker (stopped smoking ≥ 1 year ago) ☐ | Unknown ☐ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** | click or tap here to enter text. | **Date:** | click or tap to enter a date. |
|  |  |  |  |

**Please send Critical Care Admission Form to HPSC when patient is first admitted to ICU Email:** **hpsc-data@hpsc.ie** **Fax:01-8561299**



