

**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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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)

|  |  |
| --- | --- |
| 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. |

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

**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 ☐ |  |  |  |
|  | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Hypothyroidism** |  |  |  |  | | **Haemoglobinopathy** | ☐ | ☐ | ☐ |  | | **Alcohol related disease** | ☐ | ☐ | ☐ |  | | **Other underlying medical conditions, please specify:** click or tap here to enter text. | | | |  | | | | |
|  | | | |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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**](mailto:hpsc-data@hpsc.ie) **Fax:01-8561299**



