

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient details MRN** 000000For 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. Name of Hospital Click or tap here to enter text.

Date of discharge from ICU Click or tap to enter a date. Length of stay in ICU (days) 0000

**Disease Course**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Please tick all that apply*** | **Yes** | **No** |  | **Yes** | **No** |
| Primary viral pneumonia |  |  | Myocarditis |  |  |
| Secondary bacterial pneumonia |  |  | Encephalitis |  |  |
| Acute respiratory distress syndrome |  |  | Sepsis |  |  |
| Multi-organ failure |  |  | Acute Kidney Injury |  |  |
| Tracheostomy |  |  | Meningitis | | | |

**Treatment intervention Yes No**

Pressor dependence at any time during ICU stay

CRRT/IHD

**Mechanical ventilation** (in current PICU/NICU i.e. data should not include mechanical ventilation in other hospitals)

**Non-invasive mechanical ventilation**

|  |  |
| --- | --- |
| CPAP ventilation Choose an item. | Duration CPAP ventilation (days) 0000000 |
| BiPAP/NIV ventilation Choose an item. | Duration BiPAP ventilation (days) 0000000 |

**Invasive mechanical ventilation**

|  |  |  |
| --- | --- | --- |
| Conventional (including lung protective) mechanical ventilation Choose an item. | Duration conventional MV (days) 0000000 | |
| ECMO Choose an item. | Duration ECMO (days) 0000000 | |
| Hemofiltration/Plasmapheresis Choose an item. | Duration O2 (days) 0000000 |  |
| Home on O2 0000000 |  |  |

**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 Click or tap here to enter text.

If patient transferred abroad for ECMO, please state country Click or tap here to enter text.

***\*Other refers to a different hospital***

**Deaths**

**If died, date of death:** Click or tap to enter a date.

Please provide further details on death if available: Click or tap here to enter text.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Is Influenza a likely cause of death | | Choose an item. | Is COVID-19 a likely cause of death | | Choose an item. |
| Corner’s Case | Choose an item. | | |

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 discharged from ICU Email: [hpsc-data@hpsc.ie](mailto:hpsc-data@hpsc.ie)

Fax: 01-8561299



**Definitions**

|  |  |
| --- | --- |
| 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 < Pa02 /FiO2 ≤ 39.9 kPa  Moderate -13.3kPa < Pa02 / FiO2 ≤ 26.6 kPa  Severe - Pa02 /Fi02 ≤ 13.3 kPa  PEEP or CPAP ≥ 5cmH2 all above |

\*chest radiograph or CT ref. table modified from BJA Education, Vol 17 Number 5 2017

**Multiorgan failure** Using ICNARC definition ICNARC define level 3 care as patients requiring organ for two or . more organ systems, excluding gastrointestinal support