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| --- |
| **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

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 overloadNeeds objective assessment (e.g echocardiography) to exclude hydrostatic oedema if no risk factor present  |
| Oxygenation  | Mild -26.6kPa < Pa02 /FiO2 ≤ 39.9 kPaModerate -13.3kPa < Pa02 / FiO2 ≤ 26.6 kPaSevere - Pa02 /Fi02 ≤ 13.3 kPaPEEP 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