

CIDR Event ID (official use only):

MRN	<input type="text"/>	Forename	<input type="text"/>	Surname	<input type="text"/>
DOB	<input type="text"/>	Age	<input type="text"/>	Gestational age at time of birth (Weeks)	<input type="text"/>
				Sex: Female	<input type="checkbox"/> Male <input type="checkbox"/>
HSE area of Residence	<input type="text"/>	County of Residence	<input type="text"/>	Country of Residence	<input type="text"/>
Country of birth	<input type="text"/>	Nationality	<input type="text"/>		
GP Name	<input type="text"/>	GP	<input type="text"/>		
GP Telephone	<input type="text"/>	Address	<input type="text"/>		

Name hospital _____

Date of hospital admission

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Date of critical care admission

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Source of ICU admission: From within this hospital

From another hospital - non-ICU

From another hospital - ICU

Reason for PICU/NICU admission

Ward **or**

Emergency department

Name of other hospital _____

Name of other hospital _____

Vaccinated during current influenza season: Yes ☐ No ☐ Unknown ☐ Date of vaccination: | | | | |

PTO

MRN

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Initials

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DOB

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Underlying Medical Conditions in Children

Please tick all that apply

Does the case have any underlying medical conditions? Yes ☐ No ☐ If **YES**, please specify below

Respiratory disease

Bronchiectasis

--

Cystic fibrosis

--

Asthma

--

BPD

--

Other

--

Cardiovascular condition/treatment for CHD

Congenital heart disease

--

Cardiomyopathy/Myocarditis

--

Dysrhythmia

--

Pulmonary hypertension

--

Hypoplastic Left Heart Disease

--

Other

--

Renal disease

Nephrotic syndrome

--

Renal transplant

--

Congenital renal disease

--

Other

--

Metabolic condition

Centile measurement (for height and weight) < third centile

--

Centile measurement (for height and weight) > 90th centile

--

Diabetes Mellitus

--

Hypothyroidism

--

Other

--

Immunosuppressive disorder

Malignancy (cancer, leukemia, lymphoma after 1st induction)

--

Severe combined immune deficiency

--

HIV/AIDS

--

Bone marrow transplant

--

Haemoglobinopathy

--

Chemotherapy (including high dose X-ray therapy and high dose systemic corticotherapy)

--

Asplenia/Splenic dysfunction (including sickle cell anaemia)

--

Other

--

Liver condition

Liver transplant

--

Congenital liver disease

--

Other

--

Long term aspirin therapy

--

Neurological and neuromuscular condition

Seizure disorder

--

Spontaneous Cerebral Haemorrhage

--

Neurodegenerative Disorder

--

Cerebral palsy

--

Spina Bifida

--

Myotonic and muscular dystrophy

--

Encephalopathy

--

Developmental delay

--

Other

--

Other underlying medical conditions, please specify:

Please fax Part 1 - Admission form to HPSC (01-8561299) when patient is first admitted to ICU

