

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

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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. | Age | Yrs. [ ]  Mo. [ ]  |
| Weight (kg) | 000 | Height (cm) | 000 | BMI | **!Zero Divide** |  Right click and select **‘Update Field’** to calculate BMI |
| Gestational age at time of birth (weeks) | 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. |
| Eircode  | click or tap here to enter text. | Ethnicity | Choose an item. |
| GP name | click or tap here to enter text. | GP Number | 000000000 |
| GP Address | click or tap here to enter text. |

**Please complete this form for patients where COVID/Influenza/RSV was the primary or contributing cause of admission to ICU. Please exclude incidental cases.**

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| 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-non-ICU [ ]  | Name of other hospital  | Choose an item. |
|  From another hospital ICU [ ]  |  Name of other hospital  | Choose an item. |

***Clinical Detail***

***Was this respiratory infection (COVID-19, Influenza or RSV) the primary or contributing cause of ICU admission?***

Primary [ ] Contributing [ ]

***Please select the organisms that apply***

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| SARS-CoV-2 (COVID-19) [ ]  |  Influenza A(H3) [ ]  Influenza A(H1)pdm09 [ ]  Influenza A (not subtyped) [ ]  |
| 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  | choose an item. |
| **Monoclonal Antibody (if notifying RSV)** |  |
| Did the patient receive monoclonal antibody? Choose an item. Date of most recent dose Click or tap to enter a date. |  |
| Monoclonal antibody type choose an item. |  |

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| 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. |
| Does the patient require ECMO? | choose an item. |

**Comments:** click or tap here to enter text.

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| MRN: | 000000 | Initials: | click or tap here to enter text. | DOB: | click or tap to enter a date. |

**Underlying Medical Conditions in Children**

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|  | **Yes** | **No** | **Unknown** |
| **Does the case have any underlying medical conditions?** | [[ ] ] | [[ ] ] | [[ ] ] |
| **Cardiovascular condition/treatment for Congenital Heart Disease** | [[ ] ] | [[ ] ] | [[ ] ] |
| **Chronic renal disease** | [[ ] ] | [[ ] ] | [[ ] ] |
|  Nephrotic syndrome | [[ ] ] | [[ ] ] | [[ ] ] |
|  Congenital Renal Disease | [[ ] ] | [[ ] ] | [[ ] ] |
| **Chronic liver disease**  | [[ ] ] | [[ ] ] | [[ ] ] |
|  Long term aspirin therapy | [[ ] ] | [[ ] ] | [[ ] ] |
| **Hypothyroidism**  | [[ ] ] | [[ ] ] | [[ ] ] |
| **Cancer/malignancy** including haematological1 | [[ ] ] | [[ ] ] | [[ ] ] |
| **Immunodeficiency/Immunosuppression**  | [[ ] ] | [[ ] ] | [[ ] ] |
|  Due to HIV | [[ ] ] | [[ ] ] | [[ ] ] |
|  Due to Solid Organ Transplantation | [[ ] ] | [[ ] ] | [[ ] ] |
|  Due to Haematopoietic Stem Cell Transplant (HSCT)  | [[ ] ] | [[ ] ] | [[ ] ] |
|  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:** | [[ ] ] | [[ ] ] | [[ ] ] |
|  Bronchiectasis  | [[ ] ] | [[ ] ] | [[ ] ] |
|  Cystic fibrosis  | [[ ] ] | [[ ] ] | [[ ] ] |
|  Asthma (requiring medication) | [[ ] ] | [[ ] ] | [[ ] ] |
|  Mild to Moderate  | [[ ] ] | [[ ] ] | [[ ] ] |
|  Severe (uncontrolled despite proper medication and treatment)  | [[ ] ] | [[ ] ] | [[ ] ] |
| **Chronic Neurological Disease** | [[ ] ] | [[ ] ] | [[ ] ] |
|  Seizure Disorder | [[ ] ] | [[ ] ] | [[ ] ] |
|  Cerebral Palsy | [[ ] ] | [[ ] ] | [[ ] ] |
|  Spina Bifida | [[ ] ] | [[ ] ] | [[ ] ] |
|  Myotonic and Muscular Dystrophy | [[ ] ] | [[ ] ] | [[ ] ] |
|  Trisomy 21/ other developmental conditions | [[ ] ] | [[ ] ] | [[ ] ] |
| **Diabetes mellitus** | [[ ] ] | [[ ] ] | [[ ] ] |
| Type of Diabetes: | Type I [[ ] ] | Type II [[ ] ] |  |

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

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| **Other underlying medical conditions, please specify:** click or tap here to enter text. |
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| **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**

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**Definitions**

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| Timing | Within 1 week of a known clinical insult or new/worsening respiratory symptoms |
| 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

**Acute Kidney Injury** Use AKIN classification

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| Stage | Creatinine Criteria |  Urine output criteria |
| 1 | Cr. x 1.5–2 from baseline | or | <0.5 ml/kg/hr for 6 hours |
| 2 | Cr. x 2-3 from baseline | or | <0.5 ml/kg/hr for 12 hours |
| 3 | Cr. x 3 from baselineOrCr ≥ 354 umol/l with an acute rise > 44 umol/l or need RRT | or | < 0.3 ml/kg/hr for 24 hoursor anuria for 12 hours or need for RRT |

**Immunodeficiency/Immunosuppression**

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| Due to Therapy  | The following doses of prednisolone (or equivalent dose of other glucocorticoid) are likely to be immunosuppressive. Adults and children =10kg: = 40 mg/day for more than 1 week, or=20 mg/day for 2 weeks or longer; Children < 10 kg:2mg/kg/day for 2 weeks or longer. Azathioprine, cyclophosphamide, cyclosporine, hydroxychloroquine, leflunomide, methotrexate, mycophenolic acid preparations, sirolimus and tacrolimus, in addition to biologics, such as TNFα blocking agents (adalimumab, etanercept, infliximab), and others including abatacept, anakinra, eculizumab, rituximab and tocilizumab. |
| Due to primary immunodeficiency | Ataxia Telangiectasia; Bruton agammaglobulinaemia (X linked agammlobulinaemia, XLA), Chronic/cyclic neutropoenia, Chronic granulomatous disease (CGD), Chronic mucocutaneous candidiasis (APECED syndrome), Complement deficiency, Common variable immunodeficiency (CVID) & other immunoglobulin deficiencies, DiGeorge syndrome, Down syndrome, Fanconi’s anaemia, Wiskott Aldrich Syndrome, Severe combined immunodeficiency syndrome (SCID) |