



Influenza, RSV and COVID-19 Enhanced Surveillance Critical Care Neonatal & Paediatric (0-14 years)

Admission Form

Intensive Care Society of Ireland



CIDR Event ID (Official Use Only)

Patient Details

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

Forename		Surname		MRN								
DOB:		Age:		y		m	Gestational age at time of birth (weeks):		Sex: Female		Male	
Public Health Region of Residence		County of Residence		Country of Residence								
Country of birth		Weight (kg)		Height (cm)		BMI						
GP Name		Ethnicity		Eircode								
GP Telephone		GP Address										

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

Name hospital			
Date of hospital admission		Date of admission to ICU	
Source of ICU admission:	From within this hospital	<input type="checkbox"/> Ward OR <input type="checkbox"/> Emergency department	
	From another hospital - non ICU	<input type="checkbox"/> Name of other hospital	
	From another hospital - ICU	<input type="checkbox"/> Name of other hospital	

Clinical Details

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

Primary ☐ Contributing ☐

Please select organisms that apply

SARS-CoV-2 (COVID-19)	<input type="checkbox"/>	Influenza A (not subtyped)	<input type="checkbox"/>	Influenza A (H1) pdm 2009	<input type="checkbox"/>
Influenza A (H3)	<input type="checkbox"/>	Influenza B	<input type="checkbox"/>	Respiratory syncytial virus (RSV)	<input type="checkbox"/>

Co-infected with invasive Group A Strep (iGAS) Yes ☐ No ☐ Unknown ☐

Was the infection determined to be hospital acquired? Yes ☐ No ☐ Unknown ☐

Date of onset of symptoms Date of diagnosis

Monoclonal Antibody (if notifying RSV)

Did the patient receive monoclonal antibody? Yes ☐ No ☐ Unknown ☐ Date of most recent dose

Monoclonal antibody type (if available) Nirsevimab ☐ Palivizumab ☐ Unknown ☐

Does the patient require non-invasive mechanical ventilation (CPAP, BiPAP or HFNO) on admission? Yes ☐ No ☐ Unknown ☐

Does the patient require invasive mechanical ventilation on admission? Yes ☐ No ☐ Unknown ☐

Does the patient require ECMO? Yes ☐ No ☐ Unknown ☐

Comments

Signature

Date

PTO



**Influenza, RSV and COVID-19 Enhanced Surveillance Critical Care
Neonatal & Paediatric (0-14 years)
Admission Form**



Intensive Care Society of Ireland



MRN

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Initials

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DOB

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Underlying medical conditions	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 haematological ¹			
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 I			
Type II			

Other underlying medical conditions, please specify:

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

Please send Critical Care Admission Form to HPSC when patient is first admitted to ICU

Email: hpsc-data@hpsc.ie Fax: 01-8561299



**Influenza, RSV and COVID-19 Enhanced Surveillance Critical Care
Neonatal & Paediatric (0-14 years)
Discharge Form**

Intensive Care Society of Ireland



Patient Details

All information completed on this form should relate to the patient's current ICU admission

Forename Surname CIDR Event ID For HPSC use only

DOB MRN

Name Of Hospital

Date of discharge from ICU Length of stay in ICU (days)

Clinical complicaitions

<i>Please tick all that apply</i>	Yes	No		Yes	No
Apnoea	<input type="checkbox"/>	<input type="checkbox"/>	Hypoxemia	<input type="checkbox"/>	<input type="checkbox"/>
Primary viral pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	Myocarditis	<input type="checkbox"/>	<input type="checkbox"/>
Secondary bacterial pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	Encephalitis	<input type="checkbox"/>	<input type="checkbox"/>
Acute respiratory distress syndrome	<input type="checkbox"/>	<input type="checkbox"/>	Croup	<input type="checkbox"/>	<input type="checkbox"/>
Acute Kidney Injury ¹	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	<input type="checkbox"/>	<input type="checkbox"/>
Multiorgan failure ²	<input type="checkbox"/>	<input type="checkbox"/>	Sepsis	<input type="checkbox"/>	<input type="checkbox"/>
Bronchiolitis	<input type="checkbox"/>	<input type="checkbox"/>			

¹ See AKI Definition on page 4

² See ICNARC definition on page 4

Treatment intervention

Yes	No		Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	Pressor dependence at any time during ICU stay	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	CRRT/IHD	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Hemofiltration/Plasmapheresis	<input type="checkbox"/>	<input type="checkbox"/>
		Nebulisation Therapy in ICU	<input type="checkbox"/>	<input type="checkbox"/>
		High flow nasal oxygen in ICU	<input type="checkbox"/>	<input type="checkbox"/>
		Duration O ² (days)	<input type="text"/>	<input type="text"/>

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

Non-invasive advanced respiratory support		Yes	No	
CPAP ventilation	<input type="checkbox"/>	<input type="checkbox"/>	Duration CPAP ventilation (days)	<input type="text"/>
BiPAP ventilation	<input type="checkbox"/>	<input type="checkbox"/>	Duration BiPAP ventilation (days)	<input type="text"/>
Invasive mechanical ventilation		Yes	No	
Conventional (including lung protective) mechanical ventilation	<input type="checkbox"/>	<input type="checkbox"/>	Duration conventional MV (days)	<input type="text"/>
ECMO	<input type="checkbox"/>	<input type="checkbox"/>	Duration ECMO (days)	<input type="text"/>

Discharge Information

Transferred from ICU to: Ward ☐ Other* Ward ☐ HDU ☐ Other* HDU ☐ Other* ICU ☐ ECMO abroad ☐ Died ☐

**Other refers to a different hospital*

If transferred to other ICU, please state name

If patient transferred to a different hospital for ECMO, please state country

Deaths

If died, date of death:

Is COVID-19 a likely cause of death?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Is influenza a likely cause of death?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Is RSV a likely cause of death?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	Not applicable <input type="checkbox"/>

Comments

Signature Date

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Definitions

Acute Kidney Injury Use AKIN classification

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 baseline Or Cr=354 umol/l with an acute rise >44 umol/l or need RRT	or	<0.3 ml/kg/hr for 24 hours or anuria for 12 hours or need for RRT

Immunodeficiency/Immunosuppression

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 TNFa blocking agents (adalimumab, etanercept, infliximab), and others including abatacept, anakinra, eculizumab, rituximab and tocilizumab.
Due to primary immunodeficiency	Ataxia Telangiectasia; Bruton agammaglobulinaemia (X linked agammaglobulinaemia, XLA), Chronic/cyclic neutropenia, 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)

Multiorgan failure

Using ICNARC definition

ICNARC define Level 3 care as patients requiring organ support for two or more organ systems, excluding gastrointestinal support.