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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 Choose an item.

 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 |[ ] [ ]
| Apnoea |[ ] [ ]  Meningitis  |[ ] [ ]
| Hypoxaemia |[ ] [ ]  Bronchiolitis |[ ] [ ]
| Secondary bacterial pneumonia |[ ] [ ]  Encephalitis  |[ ] [ ]
| Acute respiratory distress syndrome |[ ] [ ]  Sepsis |[ ] [ ]
| Multi-organ failure |[ ] [ ]  Acute Kidney Injury |[ ] [ ]
| Croup |[ ] [ ]    |

**Treatment intervention Yes No Yes No**

Pressor dependence at any time during ICU stay [ ]  [ ]  Nebulisation Therapy in ICU [ ]  [ ]

CRRT/IHD [ ]  [ ]  High flow nasal oxygen in ICU [ ]  [ ]

Hemofiltration/Plasmapheresis [ ]  [ ]  Duration O2 (days) 0000000

 **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 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 |

**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 Choose an item.

 If patient transferred abroad for ECMO, please state country Choose an item.

If transferred to other country for ECMO, please specify 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. |  |  |
| Is RSV a likely cause of death  | 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