**Record ID: CO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EIP ID (if available): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| Abstractor informationName of abstractor: Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Affiliation/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of medical chart abstraction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MM/DD/YYYY)Data sources used for this form? [ ]  CORHIO [ ]  CEDRS [ ]  EIP Chart Abstraction [ ]  Other source, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

## Was this case-patient hospitalized? [ ]  Yes [ ]  No

## Hospitalization

1. Hospital name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Admission date 1 \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY) , discharge date 1 \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) [ ]  Patient still hospitalized
3. Was their COVID-19 illness the initial reason for hospitalization? [ ]  Yes [ ]  No [ ]  Unknown

If no, what was the non-COVID-19 reason for hospitalization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. To where was the patient discharged?

[ ]  Home [ ]  Home with services [ ]  Transferred to another hospital [ ]  LTCF [ ]  Acute Rehab [ ]  Hospice [ ]  Deceased

[ ]  Homeless [ ]  Incarcerated [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Unknown

1. If hospitalized more than once, please enter the second hospitalization’s admission and discharge dates: [if there are more than two hospitalizations please use the notes section]

Hospital name 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital phone 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Admission date 2 \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ (MM/DD/YYYY) Discharge date 2\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ (MM/DD/YYYY)

[ ]  Patient still hospitalized

1. To where was the patient discharged from hospital 2?

[ ]  Home [ ]  Home with services [ ]  Transferred to another hospital [ ]  LTCF [ ]  Acute Rehab [ ]  Hospice [ ]  Deceased

[ ]  Homeless [ ]  Incarcerated [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Unknown

1. Symptom onset date: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ (MM/DD/YYYY)
2. Did the patient report any of the following symptoms occurring prior to presentation?

| **Symptom** | **Symptom Present?** | **Date of Onset (MM/DD/YY)** |
| --- | --- | --- |
| Fever >100.4F (38C) | [ ] Yes [ ] No [ ] Unknown |  |
|  Highest temp\_\_\_\_\_\_\_\_ °F |  |  |
| Subjective fever (felt feverish) | [ ] Yes [ ] No [ ] Unknown |  |
| Chills  | [ ] Yes [ ] No [ ] Unknown |  |
| Sweats | [ ] Yes [ ] No [ ] Unknown |  |
| Dehydration | [ ] Yes [ ] No [ ] Unknown |  |
| Cough (new onset or worsening of chronic cough) | [ ] Yes [ ] No [ ] Unknown |  |
|  Dry  | [ ] Yes [ ] No [ ] Unknown |  |
|  Productive | [ ] Yes [ ] No [ ] Unknown |  |
|  Bloody sputum (hemoptysis) | [ ] Yes [ ] No [ ] Unknown |  |
| Sore throat | [ ] Yes [ ] No [ ] Unknown |  |
| Wheezing | [ ] Yes [ ] No [ ] Unknown |  |
| Shortness of breath (dyspnea) | [ ] Yes [ ] No [ ] Unknown |  |
| Runny nose (rhinorrhea) | [ ] Yes [ ] No [ ] Unknown |  |
| Stuffy nose (nasal congestion) | [ ] Yes [ ] No [ ] Unknown |  |
| Loss of smell (Anosmia) | [ ] Yes [ ] No [ ] Unknown |  |
| Loss of taste (Ageusia) | [ ] Yes [ ] No [ ] Unknown |  |
| Swollen Lymph Nodes (Lymphadenopathy) | [ ] Yes [ ] No [ ] Unknown |  |
| Eye redness (conjunctivitis)  | [ ] Yes [ ] No [ ] Unknown |  |
| Rash | [ ] Yes [ ] No [ ] Unknown |  |
| Abdominal pain  | [ ] Yes [ ] No [ ] Unknown |  |
| Vomiting | [ ] Yes [ ] No [ ] Unknown |  |
| Nausea | [ ] Yes [ ] No [ ] Unknown |  |
| Loss of appetite (anorexia) | [ ] Yes [ ] No [ ] Unknown |  |
| Diarrhea (>3 loose stools/day) | [ ] Yes [ ] No [ ] Unknown |  |
| Chest Pain | [ ] Yes [ ] No [ ] Unknown |  |
| Muscle aches (myalgia) | [ ] Yes [ ] No [ ] Unknown |  |
| Joint Pain (Arthralgia) | [ ] Yes [ ] No [ ] Unknown |  |
| Headache | [ ] Yes [ ] No [ ] Unknown |  |
| Fatigue  | [ ] Yes [ ] No [ ] Unknown |  |
| Seizures | [ ] Yes [ ] No [ ] Unknown |  |
| Altered Mental Status (confusion) | [ ] Yes [ ] No [ ] Unknown |  |
| Other, specify:  | [ ] Yes [ ] No [ ] Unknown |  |
| Other, specify:  | [ ] Yes [ ] No [ ] Unknown |  |
| Other, specify:  | [ ] Yes [ ] No [ ] Unknown |  |
| Other, specify:  | [ ] Yes [ ] No [ ] Unknown |  |

1. **List any medication that the individual taking prior to admission.**

[ ]  No medication listed; [ ]  Reported not taking any medications prior to admission

|  |  |  |  |
| --- | --- | --- | --- |
| **Medication Name** | **Route** | **Frequency** | **Taking prior to illness onset?** |
|  | [ ]  PO [ ]  Injection [ ]  Topical [ ]  Inhaled [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  QD [ ]  BID [ ]  TID [ ]  QOD[ ]  Unknown [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Yes [ ]  No [ ]  Unknown  |
| Indication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | [ ]  PO [ ]  Injection [ ]  Topical [ ]  Inhaled [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  QD [ ]  BID [ ]  TID [ ]  QOD[ ]  Unknown [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Yes [ ]  No [ ]  Unknown  |
| Indication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | [ ]  PO [ ]  Injection [ ]  Topical [ ]  Inhaled [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  QD [ ]  BID [ ]  TID [ ]  QOD[ ]  Unknown [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Yes [ ]  No [ ]  Unknown  |
| Indication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | [ ]  PO [ ]  Injection [ ]  Topical [ ]  Inhaled [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  QD [ ]  BID [ ]  TID [ ]  QOD[ ]  Unknown [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Yes [ ]  No [ ]  Unknown  |
| Indication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | [ ]  PO [ ]  Injection [ ]  Topical [ ]  Inhaled [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  QD [ ]  BID [ ]  TID [ ]  QOD[ ]  Unknown [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Yes [ ]  No [ ]  Unknown  |
| Indication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | [ ]  PO [ ]  Injection [ ]  Topical [ ]  Inhaled [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  QD [ ]  BID [ ]  TID [ ]  QOD[ ]  Unknown [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Yes [ ]  No [ ]  Unknown  |
| Indication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*\*\*If more than 6 medications listed by patient please fill out additional medication section at the end of the questionnaire.*

1. First recorded vital signs (*AT PRESENTATION, e.g. IN THE ED FOR HOSPITALIZED CASES)*: Temp\_\_\_\_\_\_\_\_\_ (Unit: [ ]  °F / [ ]  oC)

Heart rate: \_\_\_\_\_\_\_\_\_ Resp rate:\_\_\_\_\_\_\_\_\_\_\_ Blood pressure: \_\_\_\_\_\_\_\_ mmHg (systolic) / \_\_\_\_\_\_\_\_ mmHg (diastolic)

 O2 Sat: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Type of support required when O2 saturation was measured:

 [ ]  Room Air [ ]  Nasal Cannula [ ]  Face Mask [ ]  CPAP or BIPAP [ ]  High Flow Nasal Cannula [ ]  Invasive mechanical ventilation

 [ ]  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Unknown

 Fraction of Inspired Oxygen/Flow \_\_\_\_\_\_\_\_\_\_\_ [ ]  % [ ]  Liters/minute (LPM) [ ]  Unknown [ ]  NA

Height (in cm): \_\_\_\_\_\_\_\_\_ Weight (in kg): \_\_\_\_\_\_\_\_\_\_ BMI (if recorded in medical records): \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Lung exam normal: [ ]  Yes [ ]  No [ ]  Unknown

If abnormal lung exam, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Admitting Diagnoses

| **Admitting Diagnosis**  | **ICD-10-CM Code** |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |

1. Did the patient have any of the following pre-existing medical conditions? *(select all that apply)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Chronic Lung Diseases**  | [ ] Yes | [ ] No | [ ] Unknown |
| Asthma/reactive airway disease  | [ ] Yes | [ ] No | [ ] Unknown |
| Emphysema/Chronic Obstructive Pulmonary Disease (COPD)/Chronic Bronchitis | [ ] Yes | [ ] No | [ ] Unknown |
| Interstitial lung disease | [ ] Yes | [ ] No | [ ] Unknown |
| Pulmonary fibrosis | [ ] Yes | [ ] No | [ ] Unknown |
| Restrictive lung disease | [ ] Yes | [ ] No | [ ] Unknown |
| Sarcoidosis | [ ] Yes | [ ] No | [ ] Unknown |
| Cystic Fibrosis | [ ] Yes | [ ] No | [ ] Unknown |
| Chronic hypoxemic respiratory failure with O2 requirement (Do you use oxygen at home?) | [ ] Yes | [ ] No | [ ] Unknown |
| Obstructive sleep apnea (OSA) | [ ] Yes | [ ] No | [ ] Unknown |
| Other chronic lung disease | [ ] Yes | [ ] No | [ ] Unknown |
|  If Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Active tuberculosis | [ ] Yes | [ ] No | [ ] Unknown |
| **Cardiovascular (CV) diseases** | [ ] Yes | [ ] No | [ ] Unknown |
|  Hypertension (high blood pressure) | [ ] Yes | [ ] No | [ ] Unknown |
|  Coronary artery disease (heart attack) | [ ] Yes | [ ] No | [ ] Unknown |
|  Heart failure/Congestive heart failure  | [ ] Yes | [ ] No | [ ] Unknown |
|  Cerebrovascular accident/Stroke  | [ ] Yes | [ ] No | [ ] Unknown |
|  Congenital heart disease (childhood heart problem) | [ ] Yes | [ ] No | [ ] Unknown |
|  Valvular Heart Disease (abnormal heart valve[s] – e.g., aortic stenosis, mitral regurgitation) | [ ] Yes | [ ] No | [ ] Unknown |
|  Arrhythmia (abnormal/irregular heartbeat or rhythm) | [ ] Yes | [ ] No | [ ] Unknown |
|  Other CV disease (e.g. peripheral artery disease, aortic aneurysm, cardiomyopathy, or other heart or vessel diseases specified by the patient) | [ ] Yes | [ ] No | [ ] Unknown |
|  If Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Endocrine disorders**  | [ ] Yes | [ ] No | [ ] Unknown |
|  Diabetes Mellitus (DM) | [ ] Yes | [ ] No | [ ] Unknown |
|  If yes, specify DM Type 1 or 2 | [ ] Yes | [ ] No | [ ] Unknown |
|  If yes, what last HgA1c? (Hemoglobin A1c or “A1c”)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (MM/YY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] Unknown |
|  Pre-diabetes | [ ] Yes | [ ] No | [ ] Unknown |
|  If yes, what last HgA1c? (Hemoglobin A1c or “A1c”)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (MM/YY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] Unknown |
|  Other endocrine (hormone) disorder (e.g. pituitary problems, hyperthyroidism,  hypothyroidism, Addison’s disease, Cushing’s syndrome | [ ] Yes | [ ] No | [ ] Unknown |
|  If Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Renal diseases** | [ ] Yes | [ ] No | [ ] Unknown |
|  Chronic kidney disease/insufficiency | [ ] Yes | [ ] No | [ ] Unknown |
|  End-stage renal disease | [ ] Yes | [ ] No | [ ] Unknown |
|  Dialysis | [ ] Yes | [ ] No | [ ] Unknown |
|  If yes, specify type: hemodialysis (HD) or peritoneal | [ ] HD | [ ] Peritoneal | [ ] Unknown |
|  Other | [ ] Yes | [ ] No | [ ] Unknown |
|  If Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Liver diseases**  | [ ] Yes | [ ] No | [ ] Unknown |
|  Alcoholic hepatitis | [ ] Yes | [ ] No | [ ] Unknown |
|  Chronic liver disease | [ ] Yes | [ ] No | [ ] Unknown |
|  Cirrhosis/End stage liver disease | [ ] Yes | [ ] No | [ ] Unknown |
|  Hepatitis B, chronic  | [ ] Yes | [ ] No | [ ] Unknown |
|  Hepatitis C, chronic  | [ ] Yes | [ ] No | [ ] Unknown |
|  Non-alcoholic fatty liver disease (NAFLD)/NASH | [ ] Yes | [ ] No | [ ] Unknown |
|  Other | [ ] Yes | [ ] No | [ ] Unknown |
|  If Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Autoimmune disorders**  | [ ] Yes | [ ] No | [ ] Unknown |
|  Rheumatoid arthritis | [ ] Yes | [ ] No | [ ] Unknown |
|  Systemic lupus | [ ] Yes | [ ] No | [ ] Unknown |
|  Other  | [ ] Yes | [ ] No | [ ] Unknown |
|   If Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Hematologic disorders**  | [ ] Yes | [ ] No | [ ] Unknown |
|  Anemia | [ ] Yes | [ ] No | [ ] Unknown |
|   If Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Sickle cell disease | [ ] Yes | [ ] No | [ ] Unknown |
|  Sickle cell trait | [ ] Yes | [ ] No | [ ] Unknown |
|  Bleeding or clotting disorders | [ ] Yes | [ ] No | [ ] Unknown |
|   If Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Other hematologic (blood) disorders | [ ] Yes | [ ] No | [ ] Unknown |
|   If Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Immunocompromised Conditions**  | [ ] Yes | [ ] No | [ ] Unknown |
|  HIV infection  | [ ] Yes | [ ] No | [ ] Unknown |
|  If yes, what was last CD4 Count? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (MM/YY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] Unknown |
|  AIDS or CD4 count <200 | [ ] Yes | [ ] No | [ ] Unknown |
|  Solid organ transplant | [ ] Yes | [ ] No | [ ] Unknown |
|  Stem cell transplant (e.g., bone marrow transplant) | [ ] Yes | [ ] No | [ ] Unknown |
|  Leukemia | [ ] Yes | [ ] No | [ ] Unknown |
|  Lymphoma | [ ] Yes | [ ] No | [ ] Unknown |
|  Multiple myeloma | [ ] Yes | [ ] No | [ ] Unknown |
|  Splenectomy/asplenia | [ ] Yes | [ ] No | [ ] Unknown |
|  Other:  | [ ] Yes | [ ] No | [ ] Unknown |
|  If Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Cancer**  | [ ] Yes | [ ] No*(skip to next section)* | [ ] Unknown*(skip to next section)* |
|   If yes, what type of cancer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   Year diagnosed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |
|  Cancer treatment include any of the following? *(If yes, specify what years you received treatment)* |
|  IV Chemotherapy | [ ] Yes | [ ] No | [ ] Unknown |  Year(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Oral chemotherapy (pills) | [ ] Yes | [ ] No | [ ] Unknown |  Year(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Radiation | [ ] Yes | [ ] No | [ ] Unknown |  Year(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] Yes | [ ] No | [ ] Unknown |  Year(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Neurologic/neurodevelopmental disorder: do you have any diseases of the brain, spinal cord, or nerves?**  | [ ] Yes | [ ] No | [ ] Unknown |
|   If Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Psychiatric Diagnosis: do you have any mental health problems? (e.g. depression, bipolar disorder, anxiety disorder, schizophrenia)** | [ ] Yes | [ ] No | [ ] Unknown |
|   If Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Other chronic diseases:**  | [ ] Yes | [ ] No | [ ] Unknown |
|   If Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Did the patient develop any of the following symptoms during their hospitalization for this illness?

| **Symptom** | **Symptom Present?** | **Date of Onset (MM/DD/YY)** |
| --- | --- | --- |
| Fever >100.4F (38C) | [ ] Yes [ ] No [ ] Unknown |  |
|  Highest temp\_\_\_\_\_\_\_\_ °F |  |  |
| Subjective fever (felt feverish) | [ ] Yes [ ] No [ ] Unknown |  |
| Chills  | [ ] Yes [ ] No [ ] Unknown |  |
| Sweats | [ ] Yes [ ] No [ ] Unknown |  |
| Dehydration | [ ] Yes [ ] No [ ] Unknown |  |
| Cough (new onset or worsening of chronic cough) | [ ] Yes [ ] No [ ] Unknown |  |
|  Dry  | [ ] Yes [ ] No [ ] Unknown |  |
|  Productive | [ ] Yes [ ] No [ ] Unknown |  |
|  Bloody sputum (hemoptysis) | [ ] Yes [ ] No [ ] Unknown |  |
| Sore throat | [ ] Yes [ ] No [ ] Unknown |  |
| Wheezing | [ ] Yes [ ] No [ ] Unknown |  |
| Shortness of breath (dyspnea) | [ ] Yes [ ] No [ ] Unknown |  |
| Runny nose (rhinorrhea) | [ ] Yes [ ] No [ ] Unknown |  |
| Stuffy nose (nasal congestion) | [ ] Yes [ ] No [ ] Unknown |  |
| Loss of smell (Anosmia) | [ ] Yes [ ] No [ ] Unknown |  |
| Loss of taste (Ageusia) | [ ] Yes [ ] No [ ] Unknown |  |
| Swollen Lymph Nodes (Lymphadenopathy) | [ ] Yes [ ] No [ ] Unknown |  |
| Eye redness (conjunctivitis)  | [ ] Yes [ ] No [ ] Unknown |  |
| Rash | [ ] Yes [ ] No [ ] Unknown |  |
| Abdominal pain  | [ ] Yes [ ] No [ ] Unknown |  |
| Vomiting | [ ] Yes [ ] No [ ] Unknown |  |
| Nausea | [ ] Yes [ ] No [ ] Unknown |  |
| Loss of appetite (anorexia) | [ ] Yes [ ] No [ ] Unknown |  |
| Diarrhea (>3 loose stools/day) | [ ] Yes [ ] No [ ] Unknown |  |
| Chest Pain | [ ] Yes [ ] No [ ] Unknown |  |
| Muscle aches (myalgia) | [ ] Yes [ ] No [ ] Unknown |  |
| Joint Pain (Arthralgia) | [ ] Yes [ ] No [ ] Unknown |  |
| Headache | [ ] Yes [ ] No [ ] Unknown |  |
| Fatigue  | [ ] Yes [ ] No [ ] Unknown |  |
| Seizures | [ ] Yes [ ] No [ ] Unknown |  |
| Altered Mental Status (confusion) | [ ] Yes [ ] No [ ] Unknown |  |
| Other, specify:  | [ ] Yes [ ] No [ ] Unknown |  |
| Other, specify:  | [ ] Yes [ ] No [ ] Unknown |  |
| Other, specify:  | [ ] Yes [ ] No [ ] Unknown |  |
| Other, specify:  | [ ] Yes [ ] No [ ] Unknown |  |

1. If the patient had a fever during this hospitalization (from presentation onward), what was the first date without documented fever: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ (MM/DD/YYYY)
2. Did the following events/complications occur in the course of hospitalization? *As reported by a physician in the medical record (e.g., notes).*

|  |  |  |  |
| --- | --- | --- | --- |
| Shock | [ ]  Yes | [ ]  No | [ ]  Unknown |
| Volume overload | [ ]  Yes | [ ]  No | [ ]  Unknown |
| Pulmonary edema | [ ]  Yes | [ ]  No | [ ]  Unknown |
| Congestive heart failure | [ ]  Yes | [ ]  No | [ ]  Unknown |
| Cardiac arrhythmia | [ ]  Yes | [ ]  No | [ ]  Unknown |
| Myocardial infarction | [ ]  Yes | [ ]  No | [ ]  Unknown |
| Cardiac arrest | [ ]  Yes | [ ]  No | [ ]  Unknown |
| New onset cardiomyopathy | [ ]  Yes | [ ]  No | [ ]  Unknown |
| Myocarditis | [ ]  Yes | [ ]  No | [ ]  Unknown |
| Viral pneumonia | [ ]  Yes | [ ]  No | [ ]  Unknown |
| Acute Respiratory Distress Syndrome (ARDS) | [ ]  Yes | [ ]  No | [ ]  Unknown |
|  If yes to ARDS, date of first ARDS diagnosis: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ (MM/DD/YYYY)  |  |  |
|  If yes to ARDS, severity:  | [ ]  Mild | [ ]  Moderate | [ ]  Severe |
| COPD exacerbation | [ ]  Yes | [ ]  No | [ ]  Unknown |
| Asthma exacerbation | [ ]  Yes | [ ]  No | [ ]  Unknown |
| Pulmonary embolism | [ ]  Yes | [ ]  No | [ ]  Unknown |
| Gastrointestinal hemorrhage | [ ]  Yes | [ ]  No | [ ]  Unknown |
| Pancreatitis | [ ]  Yes | [ ]  No | [ ]  Unknown |
| Liver dysfunction | [ ]  Yes | [ ]  No | [ ]  Unknown |
| Acute kidney injury | [ ]  Yes | [ ]  No | [ ]  Unknown |
| Acute interstitial nephritis | [ ]  Yes | [ ]  No | [ ]  Unknown |
| Acute tubular necrosis | [ ]  Yes | [ ]  No | [ ]  Unknown |
| Meningitis/Encephalitis | [ ]  Yes | [ ]  No | [ ]  Unknown |
| Seizures | [ ]  Yes | [ ]  No | [ ]  Unknown |
| Stroke/Cerebrovascular accident CVA | [ ]  Yes | [ ]  No | [ ]  Unknown |
| Coagulation disorder/Disseminated Intravascular Coagulation (DIC) | [ ]  Yes | [ ]  No | [ ]  Unknown |
| Hemophagocytic syndrome | [ ]  Yes | [ ]  No | [ ]  Unknown |
| Deep vein thrombosis (DVT) | [ ]  Yes | [ ]  No | [ ]  Unknown |
| Rhabdomyolysis | [ ]  Yes | [ ]  No | [ ]  Unknown |
| Myositis | [ ]  Yes | [ ]  No | [ ]  Unknown |
| Ventilator-acquired pneumonia (VAP) | [ ]  Yes | [ ]  No | [ ]  Unknown |
| Hospital-acquired pneumonia (HAP) | [ ]  Yes | [ ]  No | [ ]  Unknown |
| Multisystem organ failure | [ ]  Yes | [ ]  No | [ ]  Unknown |
| Sepsis | [ ]  Yes | [ ]  No | [ ]  Unknown |
| Bacterial co-infection | [ ]  Yes | [ ]  No | [ ]  Unknown |
|   If Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Viral co-infection | [ ]  Yes | [ ]  No | [ ]  Unknown |
|   If Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Fungal co-infection | [ ]  Yes | [ ]  No | [ ]  Unknown |
|   If Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. During hospitalization, did the patient EVER receive...

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Start Date (MM/DD/YYYY)  | End Date (MM/DD/YYYY)*(leave blank if still receiving)* | Total Days |
| Supplemental Oxygen via facemask? | [ ]  Y [ ]  N [ ]  Unk |  |  |  |
| Supplemental Oxygen via low flow nasal cannula? | [ ]  Y [ ]  N [ ]  Unk |  |  |  |
| High flow nasal cannula? | [ ]  Y [ ]  N [ ]  Unk |  |  |  |
| Non-invasive ventilation (e.g., BiPaP)? | [ ]  Y [ ]  N [ ]  Unk |  |  |  |
| Invasive mechanical ventilation (MV)? | [ ]  Y [ ]  N [ ]  Unk |  |  |  |
|  If yes to MV, highest FiO2 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |  |
|  If yes to MV, lowest SpO2 at highest FiO2 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ % |  |  |
|  If available, lowest SaO2 at highest FiO2 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ % |  |  |
| ECMO? | [ ]  Y [ ]  N [ ]  Unk |  |  |  |
| Vasopressors? (ONLY if used to treat septic shock and not sedation-induced hypotension) | [ ]  Y [ ]  N [ ]  Unk |  |  |  |
|  If yes, which vasopressor(s)? *(choose all that apply)*  | [ ]  Dopamine [ ]  Dobutamine [ ]  Phenylephrine [ ]  Norepinephrine [ ]  Epinephrine [ ]  Vasopressin |
| NEW dialysis? | [ ]  Y [ ]  N [ ]  Unk |  |  |  |
|  If yes, was dialysis recommended to continue at discharge?  | [ ]  Y [ ]  N [ ]  Unknown [ ]  Patient died during hospitalization [ ]  Patient still hospitalized |
| Cardiopulmonary Rescuscitation (CPR)? | [ ]  Y [ ]  N [ ]  Unk | Date (of last attempt if multiple): \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_  |
| Neuromuscular blocking agents? | [ ]  Y [ ]  N [ ]  Unk |  |  |  |
| Prone positioning? | [ ]  Y [ ]  N [ ]  Unk |  |  |  |
| Tracheostomy inserted? | [ ]  Y [ ]  N [ ]  Unk |  |  |  |
| Plasmapherisis? | [ ]  Y [ ]  N [ ]  Unk |  |  |  |
| IVIG? | [ ]  Y [ ]  N [ ]  Unk |  |  |  |

1. Was the patient admitted to an intensive care unit (ICU)? [ ]  Yes [ ]  No [ ]  Unknown

ICU admission date 1 \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ (MM/DD/YYYY) ICU discharge date 1 \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ (MM/DD/YYYY) [ ]  still in ICU

ICU admission date 2 \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ (MM/DD/YYYY) ICU discharge date 2 \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ (MM/DD/YYYY) [ ]  still in ICU

1. For patients who were admitted to the intensive care unit (ICU): fill out the **Sequential Organ Failure Assessment (SOFA)** for each day in the ICU. If multiple values are available for a parameter for a given day, fill in the most abnormal value.

For the MAP (mean arterial pressure) OR administration of vasoactive agents required, please fill in **A-E** as follows:

1. Not hypotensive
2. MAP < 70 mmHg
3. DOPamine ≤ 5 ug/kg/min OR DOBUTamine (any dose)
4. DOPamine > 5 ug/kg/min OR EPINEPHrine ≤ 0.1 ug/kg/min OR norepinephrine ≤ 0.1 ug/kg/min
5. DOPamine > 15 ug/kg/min OR EPINEPHrine > 0.1 ug/kg/min OR norepinephrine > 0.1 ug/kg/min

For creatinine, mg/dL (umol/L) or urine output, please fill in **A-E** as follows:

1. <1.2 (<110)
2. 1.2-1.9 (110-170)
3. 2.0-3.4 (171-299)
4. 3.5-4.9 (300-400) OR UOP <500 mL/day
5. ≥5.0 (>440) OR UOP <200 mL/day

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date (MM/DD/YYYY) |  |  |  |  |  |  |  |
| PaO2 (mmHg) |  |  |  |  |  |  |  |
| FiO2 (0-1) |  |  |  |  |  |  |  |
| Is pt on MV? | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| PLT (10^3/uL) |  |  |  |  |  |  |  |
| GCS |  |  |  |  |  |  |  |
| Bilirubin (mg/dL) |  |  |  |  |  |  |  |
| MAP OR vasoactive agents required |  |  |  |  |  |  |  |
| Creatinine or UOP |  |  |  |  |  |  |  |

*\*If more than 7 days in the ICU use additional SOFA tables at end of form*

1. QTc from final available EKG: \_\_\_\_\_\_\_\_\_ seconds
2. Clinical Discharge Diagnoses and ICD10 Discharge Codes

| **Clinical Discharge Diagnoses**  | **ICD-10-CM Code** |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |
| 8. |  |
| 9. |  |
| 10. |  |

1. Was the patient discharged on any type of oxygen support? [ ]  Yes [ ]  No [ ]  Unknown [ ]  Patient died during hospitalization

Type of oxygen support: [ ]  Intermittent NC [ ]  Continuous NC [ ]  Trach with intermittent oxygen [ ]  Trach with continuous oxygen

1. List any medications listed in discharge summary in the table below: [ ]  No medications at discharge

|  |  |  |
| --- | --- | --- |
| **Medication Name** | **Route** | **Frequency** |
|  | [ ]  PO [ ]  Injection [ ]  Topical [ ]  Inhaled [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  QD [ ]  BID [ ]  TID [ ]  QOD[ ]  Unknown [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | [ ]  PO [ ]  Injection [ ]  Topical [ ]  Inhaled [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  QD [ ]  BID [ ]  TID [ ]  QOD[ ]  Unknown [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | [ ]  PO [ ]  Injection [ ]  Topical [ ]  Inhaled [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  QD [ ]  BID [ ]  TID [ ]  QOD[ ]  Unknown [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | [ ]  PO [ ]  Injection [ ]  Topical [ ]  Inhaled [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  QD [ ]  BID [ ]  TID [ ]  QOD[ ]  Unknown [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | [ ]  PO [ ]  Injection [ ]  Topical [ ]  Inhaled [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  QD [ ]  BID [ ]  TID [ ]  QOD[ ]  Unknown [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | [ ]  PO [ ]  Injection [ ]  Topical [ ]  Inhaled [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  QD [ ]  BID [ ]  TID [ ]  QOD[ ]  Unknown [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Laboratory Data

1. First recorded laboratory values for:

|  |  |  |  |
| --- | --- | --- | --- |
| **Test** |  | **Date of Collection (MM/DD/YYYY)** | **Value** |
| **Hematology CBC** | [ ]  Not performed |  |  |
| WBC (10^9/L)  | [ ]  Not performed |  |  |
|  **Differential** | [ ]  Not performed |  |  |
|  % Segmented neutrophils  | [ ]  Not performed |  |  |
|  % Bands | [ ]  Not performed |  |  |
|  % Lymphocytes | [ ]  Not performed |  |  |
|  % Monocytes | [ ]  Not performed |  |  |
|  % Eosinophils | [ ]  Not performed |  |  |
|  % Basophils | [ ]  Not performed |  |  |
| Absolute neutrophil count (10^3/mcL) | [ ]  Not performed |  |  |
| Absolute lymphocyte count (10^3/mcL) | [ ]  Not performed |  |  |
| Absolute eosinophils count (10^3/mcL) | [ ]  Not performed |  |  |
| Hemoglobin (Hg) (gm/dL) | [ ]  Not performed |  |  |
| Hematocrit (Hct) (%) | [ ]  Not performed |  |  |
| Platelet Count (cells/mm3) | [ ]  Not performed |  |  |
| **ANC (cells/mm3)** | [ ]  Not performed |  |  |
| **Ferritin (mg/mL)** | [ ]  Not performed |  |  |
| **Chemistry - CMP/Chem 12** | [ ]  Not performed |  |  |
| Sodium (meq/L) | [ ]  Not performed |  |  |
| Potassium (meq/L) | [ ]  Not performed |  |  |
| Chloride (mmol/L) | [ ]  Not performed |  |  |
| CO2 (mmol/L) | [ ]  Not performed |  |  |
| Calcium (mg/dL) | [ ]  Not performed |  |  |
| Phosphate (mg/dL) | [ ]  Not performed |  |  |
| Magnesium (mg/dL) | [ ]  Not performed |  |  |
| Glucose (mg/dL) | [ ]  Not performed |  |  |
| BUN (mg/dL) | [ ]  Not performed |  |  |
| Creatinine (mg/dL) | [ ]  Not performed |  |  |
| AST (U/L) | [ ]  Not performed |  |  |
| ALT (U/L) | [ ]  Not performed |  |  |
| Alkaline Phosphatase (ALP) (U/L) | [ ]  Not performed |  |  |
| Total Bilirubin (mg/dL) | [ ]  Not performed |  |  |
| Total protein (g/dL) | [ ]  Not performed |  |  |
| Albumin (g/L) | [ ]  Not performed |  |  |
| Lactate dehydrogenase (LDH) (U/L) | [ ]  Not performed |  |  |
| Creatinine Kinase (CK) (U/L) | [ ]  Not performed |  |  |
| **Blood Gas** | [ ]  Not performed |  | [ ]  ABG [ ]  VBG |
| pH | [ ]  Not performed |  |  |
| pCO2 (mmHg) | [ ]  Not performed |  |  |
| pO2 (mmHg) | [ ]  Not performed |  |  |
| HCO3 (mmol/L) | [ ]  Not performed |  |  |
| Base Excess (mmol/L) | [ ]  Not performed |  |  |
| If ABG, O2 Sat | [ ]  Not performed |  |  |
| If ABG, FiO2 | [ ]  Not performed |  |  |
| **Coagulation Panel** | [ ]  Not performed |  |  |
| PT (seconds) | [ ]  Not performed |  |  |
| PTT (seconds) | [ ]  Not performed |  |  |
| INR | [ ]  Not performed |  |  |
| **D dimer (mcg/mL)** | [ ]  Not performed |  |  |
| **Fibrinogen** | [ ]  Not performed |  |  |
| **Cardiac Biomarkers** | [ ]  Not performed |  |  |
| Troponin (ng/mL) | [ ]  Not performed |  |  |
| BNP (pg/mL) | [ ]  Not performed |  |  |
| **Sepsis/Inflammatory Markers** | [ ]  Not performed |  |  |
| Lactate (mmol/L) | [ ]  Not performed |  |  |
| Procalcitonin (ng/mL) | [ ]  Not performed |  |  |
| CRP (mg/L) | [ ]  Not performed |  |  |
| IL6 (pg/mL) | [ ]  Not performed |  |  |
| **Microbiology** | [ ]  Not performed |  |  |
| Rapid Strep (pos/neg) | [ ]  Not performed |  |  |
| Legionella Urine Antigen | [ ]  Not performed |  |  |
| Galactomannan  | [ ]  Not performed |  |  |
| **Blood Bank** | [ ]  Not performed |  |  |
| Blood Type | [ ]  Not performed |  |  |
| Rh status | [ ]  Not performed |  |  |

1. Most abnormal laboratory values for: [ ]  No additional labs performed

|  |  |  |  |
| --- | --- | --- | --- |
| **Test** |  | **Date of Collection (MM/DD/YYYY)** | **Value** |
| **Hematology CBC** | [ ]  Not performed |  |  |
| WBC (10^9/L)  | [ ]  Not performed |  |  |
|  **Differential** | [ ]  Not performed |  |  |
|  % Segmented neutrophils  | [ ]  Not performed |  |  |
|  % Bands | [ ]  Not performed |  |  |
|  % Lymphocytes | [ ]  Not performed |  |  |
|  % Monocytes | [ ]  Not performed |  |  |
|  % Eosinophils | [ ]  Not performed |  |  |
|  % Basophils | [ ]  Not performed |  |  |
| Absolute neutrophil count (10^3/mcL) | [ ]  Not performed |  |  |
| Absolute lymphocyte count (10^3/mcL) | [ ]  Not performed |  |  |
| Absolute eosinophils count (10^3/mcL) | [ ]  Not performed |  |  |
| Hemoglobin (Hg) (gm/dL) | [ ]  Not performed |  |  |
| Hematocrit (Hct) (%) | [ ]  Not performed |  |  |
| Platelet Count (cells/mm3) | [ ]  Not performed |  |  |
| **ANC (cells/mm3)** | [ ]  Not performed |  |  |
| **Ferritin (mg/mL)** | [ ]  Not performed |  |  |
| **Chemistry - CMP/Chem 12** | [ ]  Not performed |  |  |
| Sodium (meq/L) | [ ]  Not performed |  |  |
| Potassium (meq/L) | [ ]  Not performed |  |  |
| Chloride (mmol/L) | [ ]  Not performed |  |  |
| CO2 (mmol/L) | [ ]  Not performed |  |  |
| Calcium (mg/dL) | [ ]  Not performed |  |  |
| Phosphate (mg/dL) | [ ]  Not performed |  |  |
| Magnesium (mg/dL) | [ ]  Not performed |  |  |
| Glucose (mg/dL) | [ ]  Not performed |  |  |
| BUN (mg/dL) | [ ]  Not performed |  |  |
| Creatinine (mg/dL) | [ ]  Not performed |  |  |
| AST (U/L) | [ ]  Not performed |  |  |
| ALT (U/L) | [ ]  Not performed |  |  |
| Alkaline Phosphatase (ALP) (U/L) | [ ]  Not performed |  |  |
| Total Bilirubin (mg/dL) | [ ]  Not performed |  |  |
| Total protein (g/dL) | [ ]  Not performed |  |  |
| Albumin (g/L) | [ ]  Not performed |  |  |
| Lactate dehydrogenase (LDH) (U/L) | [ ]  Not performed |  |  |
| Creatinine Kinase (CK) (U/L) | [ ]  Not performed |  |  |
| **Blood Gas** | [ ]  Not performed |  | [ ]  ABG [ ]  VBG |
| pH | [ ]  Not performed |  |  |
| pCO2 (mmHg) | [ ]  Not performed |  |  |
| pO2 (mmHg) | [ ]  Not performed |  |  |
| HCO3 (mmol/L) | [ ]  Not performed |  |  |
| Base Excess (mmol/L) | [ ]  Not performed |  |  |
| If ABG, O2 Sat | [ ]  Not performed |  |  |
| If ABG, FiO2 | [ ]  Not performed |  |  |
| **Coagulation Panel** | [ ]  Not performed |  |  |
| PT (seconds) | [ ]  Not performed |  |  |
| PTT (seconds) | [ ]  Not performed |  |  |
| INR | [ ]  Not performed |  |  |
| **D dimer (mcg/mL)** | [ ]  Not performed |  |  |
| **Fibrinogen** | [ ]  Not performed |  |  |
| **Cardiac Biomarkers** | [ ]  Not performed |  |  |
| Troponin (ng/mL) | [ ]  Not performed |  |  |
| BNP (pg/mL) | [ ]  Not performed |  |  |
| **Sepsis/Inflammatory Markers** | [ ]  Not performed |  |  |
| Lactate (mmol/L) | [ ]  Not performed |  |  |
| Procalcitonin (ng/mL) | [ ]  Not performed |  |  |
| CRP (mg/L) | [ ]  Not performed |  |  |
| IL6 (pg/mL) | [ ]  Not performed |  |  |

## Treatment Data

1. Did the patient receive antibiotics within the first 48 hours of presentation? [ ]  Yes [ ]  No [ ]  Unknown
2. Did the patient receive antibiotics after the first 48 hours of presentation? [ ]  Yes [ ]  No [ ]  Unknown
3. Did the patient receive any of the following medications during treatment of this illness:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Medication |  | Route | Dosage(units) | Frequency | Start Date (MM/DD/YYYY) | Last Date (MM/DD/YYYY) |
| Remdesivir | [ ]  Y [ ]  N [ ]  Unk | [ ]  PO [ ]  IV [ ]  IM[ ]  Other: \_\_\_\_\_\_\_\_ |  |  |  |  |
|  If yes, remdesivir use:  | [ ]  RCT [ ]  Compassionate use [ ]  Other trial |
| Chloroquine | [ ]  Y [ ]  N [ ]  Unk | [ ]  PO [ ]  IV [ ]  IM[ ]  Other: \_\_\_\_\_\_\_\_ |  |  |  |  |
| Hydroxychloroquine | [ ]  Y [ ]  N [ ]  Unk | [ ]  PO [ ]  IV [ ]  IM[ ]  Other: \_\_\_\_\_\_\_\_ |  |  |  |  |
| Lopinavir/ritonavir | [ ]  Y [ ]  N [ ]  Unk | [ ]  PO [ ]  IV [ ]  IM[ ]  Other: \_\_\_\_\_\_\_\_ |  |  |  |  |
| Oseltamivir | [ ]  Y [ ]  N [ ]  Unk | [ ]  PO [ ]  IV [ ]  IM[ ]  Other: \_\_\_\_\_\_\_\_ |  |  |  |  |
| Baloxavir marboxil | [ ]  Y [ ]  N [ ]  Unk | [ ]  PO [ ]  IV [ ]  IM[ ]  Other: \_\_\_\_\_\_\_\_ |  |  |  |  |
| Ribavirin | [ ]  Y [ ]  N [ ]  Unk | [ ]  PO [ ]  IV [ ]  IM[ ]  Other: \_\_\_\_\_\_\_\_ |  |  |  |  |
| Tocilizumab | [ ]  Y [ ]  N [ ]  Unk | [ ]  PO [ ]  IV [ ]  IM[ ]  Other: \_\_\_\_\_\_\_\_ |  |  |  |  |
| Sarilumab | [ ]  Y [ ]  N [ ]  Unk | [ ]  PO [ ]  IV [ ]  IM[ ]  Other: \_\_\_\_\_\_\_\_ |  |  |  |  |
| NSAIDs | [ ]  Y [ ]  N [ ]  Unk |  |  |  |  |  |
|  If yes, name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  PO [ ]  IV [ ]  IM[ ]  Other: \_\_\_\_\_\_\_\_ |  |  |  |  |
| Aspirin | [ ]  Y [ ]  N [ ]  Unk | [ ]  PO [ ]  IV [ ]  IM[ ]  Other: \_\_\_\_\_\_\_\_ |  |  |  |  |
| Interferon Alpha | [ ]  Y [ ]  N [ ]  Unk | [ ]  PO [ ]  IV [ ]  IM[ ]  Other: \_\_\_\_\_\_\_\_ |  |  |  |  |
| Interferon Beta | [ ]  Y [ ]  N [ ]  Unk | [ ]  PO [ ]  IV [ ]  IM[ ]  Other: \_\_\_\_\_\_\_\_ |  |  |  |  |
| Azithromycin | [ ]  Y [ ]  N [ ]  Unk | [ ]  PO [ ]  IV [ ]  IM[ ]  Other: \_\_\_\_\_\_\_\_ |  |  |  |  |
| Other antibiotics | [ ]  Y [ ]  N [ ]  Unk |  |  |  |  |  |
|  If yes, name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  PO [ ]  IV [ ]  IM[ ]  Other: \_\_\_\_\_\_\_\_ |  |  |  |  |
|  If yes, name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  PO [ ]  IV [ ]  IM[ ]  Other: \_\_\_\_\_\_\_\_ |  |  |  |  |
|  If yes, name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  PO [ ]  IV [ ]  IM[ ]  Other: \_\_\_\_\_\_\_\_ |  |  |  |  |
|  If yes, name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  PO [ ]  IV [ ]  IM[ ]  Other: \_\_\_\_\_\_\_\_ |  |  |  |  |
|  If yes, name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  PO [ ]  IV [ ]  IM[ ]  Other: \_\_\_\_\_\_\_\_ |  |  |  |  |
| Systemic corticosteroids | [ ]  Y [ ]  N [ ]  Unk | [ ]  PO [ ]  IV [ ]  IM[ ]  Other: \_\_\_\_\_\_\_\_ |  |  |  |  |
| Systemic Antifungals | [ ]  Y [ ]  N [ ]  Unk |  |  |  |  |  |
|  If yes, name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  PO [ ]  IV [ ]  IM[ ]  Other: \_\_\_\_\_\_\_\_ |  |  |  |  |
|  If yes, name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  PO [ ]  IV [ ]  IM[ ]  Other: \_\_\_\_\_\_\_\_ |  |  |  |  |
|  If yes, name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  PO [ ]  IV [ ]  IM[ ]  Other: \_\_\_\_\_\_\_\_ |  |  |  |  |
| Inhaled Nitrous Oxide | [ ]  Y [ ]  N [ ]  Unk | [ ]  PO [ ]  IV [ ]  IM[ ]  Other: \_\_\_\_\_\_\_\_ |  |  |  |  |
| Epoprostenol (Flolan) | [ ]  Y [ ]  N [ ]  Unk | [ ]  PO [ ]  IV [ ]  IM[ ]  Other: \_\_\_\_\_\_\_\_ |  |  |  |  |
| Other relevant treatment for this illness:\_\_\_\_\_\_\_\_\_ | [ ]  Y [ ]  N [ ]  Unk | [ ]  PO [ ]  IV [ ]  IM[ ]  Other: \_\_\_\_\_\_\_\_ |  |  |  |  |
| Other relevant treatment for this illness:\_\_\_\_\_\_\_\_\_ | [ ]  Y [ ]  N [ ]  Unk | [ ]  PO [ ]  IV [ ]  IM[ ]  Other: \_\_\_\_\_\_\_\_ |  |  |  |  |

1. Was the patient in a clinical trial? [ ]  Yes [ ]  Not documented

If yes, what medication/intervention: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Imaging

1. Was a chest x-ray taken? [ ]  Yes [ ]  No [ ]  Unknown
2. Were any of these chest x-rays abnormal? [ ]  Yes [ ]  No [ ]  Unknown

Date of first abnormal chest x-ray: \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ (MM/DD/YYYY

1. For first abnormal chest x-ray, please check all that apply: Report not available: [ ]

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Air space density  | [ ]  Cannot rule out pneumonia | [ ]  ARDS (acute respiratory distress syndrome) | [ ]  Other |
| [ ]  Air space opacity  | [ ]  Consolidation  | [ ]  Lung infiltrate  | [ ]  Pleural Effusion  |
| [ ]  Bronchopneumonia/pneumonia  | [ ]  Cavitation | [ ]  Interstitial infiltrate  | [ ]  Empyema  |

Additional radiologist findings for first abnormal chest x-ray: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Was a chest CT/MRI taken? [ ]  Yes [ ]  No [ ]  Unknown
2. Were any of these chest CT/MRIs abnormal? [ ]  Yes [ ]  No [ ]  Unknown

Date of first abnormal CT/MRI: \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ (MM/DD/YYYY)

1. For first abnormal chest CT/MRI, please check all that apply: Report not available: [ ]

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Air space density | [ ]  Cavitation | [ ]  Empyema | [ ]  Englarged epiglottis |
| [ ]  Air space opacity/opacification | [ ]  Lung infiltrate | [ ]  Pneumothorax | [ ]  Tracheal narrowing |
| [ ]  ARDS (acute respiratory distress syndrome)  | [ ]  Interstitial infiltrate | [ ]  Pneumomediastinum | [ ]  Ground glass opacities |
| [ ]  Bronchopneumonia/pneumonia  | [ ]  Lobar infiltrate | [ ]  Widened mediastinum | [ ]  Cannot rule out pneumonia |
| [ ]  Consolidation  | [ ]  Pleural effusion | [ ]  Pulmonary Edema | [ ]  Other |

Additional radiologist findings for first abnormal chest CT/MRI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Infectious Disease Testing

1. SARS-CoV-2 Testing (Please report further test results in comments)

|  |  |  |  |
| --- | --- | --- | --- |
| Date of sample collection (MM/DD/YYYY)  | Sample Type | Result  | CT Value |
|  | [ ]  NP [ ]  OP [ ]  Sputum [ ]  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Pos [ ]  Neg [ ]  Inconclusive | \_\_\_\_\_\_\_\_\_ [ ]  not available |
|  | [ ]  NP [ ]  OP [ ]  Sputum [ ]  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Pos [ ]  Neg [ ]  Inconclusive | \_\_\_\_\_\_\_\_\_ [ ]  not available |
|  | [ ]  NP [ ]  OP [ ]  Sputum [ ]  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Pos [ ]  Neg [ ]  Inconclusive | \_\_\_\_\_\_\_\_\_ [ ]  not available |
|  | [ ]  NP [ ]  OP [ ]  Sputum [ ]  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Pos [ ]  Neg [ ]  Inconclusive | \_\_\_\_\_\_\_\_\_ [ ]  not available |
|  | [ ]  NP [ ]  OP [ ]  Sputum [ ]  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Pos [ ]  Neg [ ]  Inconclusive | \_\_\_\_\_\_\_\_\_ [ ]  not available |

1. Was patient tested for other viral respiratory pathogens during their illness? [ ]  Yes (report results below) [ ]  No [ ]  Unknown

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Positive | Negative | Not Tested/Unknown | Collection Date(MM/DD/YYY) | Specimen Type |
| Flu A | [ ]  | [ ]  | [ ]  | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ |  |
| Flu A H1 | [ ]  | [ ]  | [ ]  | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ |  |
| Flu A H3/H3N2 | [ ]  | [ ]  | [ ]  | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ |  |
| Flu B | [ ]  | [ ]  | [ ]  | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ |  |
| Flu (no type) | [ ]  | [ ]  | [ ]  |  |  |
| Respiratory syncytial virus/RSV | [ ]  | [ ]  | [ ]  | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ |  |
| Adenovirus | [ ]  | [ ]  | [ ]  | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ |  |
| Parainfluenza virus 1 | [ ]  | [ ]  | [ ]  | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ |  |
| Parainfluenza virus 2 | [ ]  | [ ]  | [ ]  | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ |  |
| Parainfluenza virus 3 | [ ]  | [ ]  | [ ]  | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ |  |
| Parainfluenza virus 4 | [ ]  | [ ]  | [ ]  | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ |  |
| Respiratory syncytial virus/RSV | [ ]  | [ ]  | [ ]  | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ |  |
| Human metapneumovirus | [ ]  | [ ]  | [ ]  | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ |  |
| Rhinovirus/enterovirus | [ ]  | [ ]  | [ ]  | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ |  |
| Human coronavirus 229E | [ ]  | [ ]  | [ ]  | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ |  |
| Human coronavirus HKU1 | [ ]  | [ ]  | [ ]  | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ |  |
| Human coronavirus NL63 | [ ]  | [ ]  | [ ]  | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ |  |
| Human coronavirus OC43 | [ ]  | [ ]  | [ ]  | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ |  |
| Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  | [ ]  | [ ]  | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ |  |

1. Were any bacterial culture tests performed during their illness? [ ]  Yes [ ]  No [ ]  Unknown

If yes, was there a positive culture for a bacterial pathogen? [ ]  Yes [ ]  No [ ]  Unknown

If yes, specify pathogen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, specify date of culture (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_

If yes, site where pathogen identified: [ ]  Blood [ ]  Sputum [ ]  Throat swab [ ]  Bronchoalveolar lavage (BAL) [ ]  Endotracheal aspirate [ ]  Pleural fluid [ ]  Cerebrospinal fluid (CSF) [ ]  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If more than one bacterial culture test was performed, please record in additional comments.

1. Were any fungal culture tests performed during their illness? [ ]  Yes [ ]  No [ ]  Unknown

If yes, was there a positive culture for a fungal pathogen? [ ]  Yes [ ]  No [ ]  Unknown

If yes, specify pathogen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, specify date of culture (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_

If yes, site where pathogen identified: [ ] Blood [ ] Sputum [ ] Bronchoalveolar lavage (BAL) [ ] Endotracheal aspirate [ ] Pleural fluid

[ ]  Cerebrospinal fluid (CSF) [ ] Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If more than one fungal culture test was performed, please record in additional comments.

## Outcome

1. Did the patient die as a result of this illness?

[ ]  Yes, Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (MM/DD/YYYY) [ ]  No [ ]  Unknown

Where did the death occur: [ ]  Home [ ]  Hospital [ ]  ER [ ]  Hospice [ ]  Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was autopsy performed? [ ]  Yes [ ]  No [ ]  Unknown

(If the following information is not currently available, please send an update later using death certificate or death note in hospital record.)

Contribution of COVID-19 to death [ ]  Underlying/primary [ ]  Contributing/secondary [ ]  No contribution to death [ ]  Unknown

Primary Cause of death (death certificate/coroner) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ICD-10-CM Cause of Death (for multiple codes, separate by semi-colon): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional SOFA Tables**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date (MM/DD/YYYY) |  |  |  |  |  |  |  |
| PaO2 (mmHg) |  |  |  |  |  |  |  |
| FiO2 (0-1) |  |  |  |  |  |  |  |
| Is pt on MV? | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| PLT (10^3/uL) |  |  |  |  |  |  |  |
| GCS |  |  |  |  |  |  |  |
| Bilirubin (mg/dL) |  |  |  |  |  |  |  |
| MAP OR vasoactive agents required |  |  |  |  |  |  |  |
| Creatinine or UOP |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date (MM/DD/YYYY) |  |  |  |  |  |  |  |
| PaO2 (mmHg) |  |  |  |  |  |  |  |
| FiO2 (0-1) |  |  |  |  |  |  |  |
| Is pt on MV? | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| PLT (10^3/uL) |  |  |  |  |  |  |  |
| GCS |  |  |  |  |  |  |  |
| Bilirubin (mg/dL) |  |  |  |  |  |  |  |
| MAP OR vasoactive agents required |  |  |  |  |  |  |  |
| Creatinine or UOP |  |  |  |  |  |  |  |

**Additional Medications**

|  |  |  |  |
| --- | --- | --- | --- |
| **Medication Name** | **Route** | **Frequency** | **Time period** |
|  | [ ]  PO [ ]  Injection [ ]  Topical [ ]  Inhaled [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  QD [ ]  BID [ ]  TID [ ]  QOD[ ]  Unknown [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Prior to admission[ ]  During adminssion[ ]  At discharge |
|  | [ ]  PO [ ]  Injection [ ]  Topical [ ]  Inhaled [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  QD [ ]  BID [ ]  TID [ ]  QOD[ ]  Unknown [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Prior to admission[ ]  During adminssion[ ]  At discharge |
|  | [ ]  PO [ ]  Injection [ ]  Topical [ ]  Inhaled [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  QD [ ]  BID [ ]  TID [ ]  QOD[ ]  Unknown [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Prior to admission[ ]  During adminssion[ ]  At discharge |
|  | [ ]  PO [ ]  Injection [ ]  Topical [ ]  Inhaled [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  QD [ ]  BID [ ]  TID [ ]  QOD[ ]  Unknown [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Prior to admission[ ]  During adminssion[ ]  At discharge |
|  | [ ]  PO [ ]  Injection [ ]  Topical [ ]  Inhaled [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  QD [ ]  BID [ ]  TID [ ]  QOD[ ]  Unknown [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Prior to admission[ ]  During adminssion[ ]  At discharge |
|  | [ ]  PO [ ]  Injection [ ]  Topical [ ]  Inhaled [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  QD [ ]  BID [ ]  TID [ ]  QOD[ ]  Unknown [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Prior to admission[ ]  During adminssion[ ]  At discharge |

Any additional comments or notes?