Click here to access the portal.

Supported Browsers: Google Chrome*, Mozilla Firefox, Microsoft Edge, and Apple Safari
Preferred for optimal functionality.

Introduction

The Food and Drug Administration (FDA) plays a vital role in helping to address the Coronavirus Disease (COVID-19) pandemic and recognizes the critical role of your organization. Currently, FDA is working to identify critical care drugs essential for the care and management of hospitalized patients with COVID-19, particularly for those managed in the intensive care units.

Input from you and organizations like yours help to identify drugs that may be at risk of a regional or national shortage. We are requesting for you or another member of your organization to complete a brief survey on a weekly basis. The initial survey will require that you register in FDA's secure portal and complete a quick survey as soon as possible. The information you provide to us should be to the best of your knowledge at the time you complete the survey for the week that the survey is sent, and will be used to help ensure these drugs remain available to meet the needs of your state and our nation.

For any questions or if you would like to speak to someone at the FDA to assist in providing the information in the survey, please reach out to Stephanie Omokaro at the following email: DMPD-COVID-19@fda.hhs.gov.
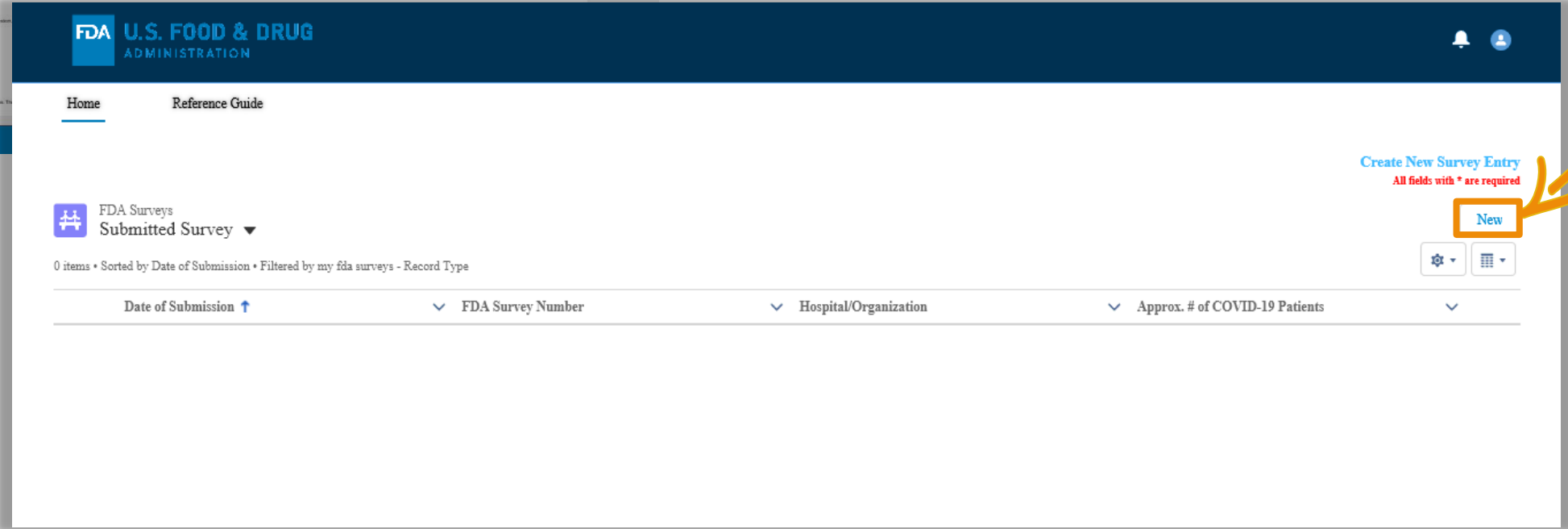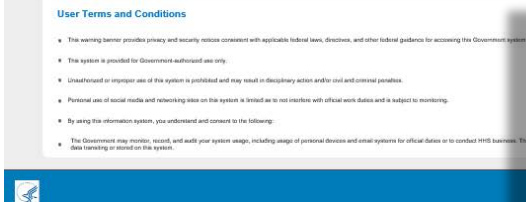
Portal Homepage

Step 1. Once you land on the Portal homepage, Click **New** to begin the COVID-19 Critical Care Drug Monitoring Survey**.**

Hospital/Organization Information

For New Users:

Step 1. Select **+ New Hospital Organization**.

Step 2. From the pop-up window complete the information requested:

- Enter the **Hospital Organization name**.
- Enter the **Address**.
- Enter the **City**.
- Select the **State** from the dropdown box.
- Enter the **Zip or Postal Code**.

⚠ Mandatory fields (*) are required to proceed.

Step 3. Click **Save**.

ⓘ For returning users, select the Hospital Organization from the search bar and continue with the survey.

Hospital/Organization Information

Step 4. Verify your Hospital/Organization was entered successfully.

Step 5. Complete the information requested:
- Select your **Role** from the dropdown
- Enter the **Number of Hospitals/Organization represented in the survey**.
- Enter the **Number of Hospital Beds**.
- Select **Yes or No f**rom the dropdown if there is an Intensive Care Unit (ICU).
- Enter the **Number of ICU Beds**.
- Select the **State(s) represented in the survey**
  - From the *Available* column, highlight the State(s). Click **forward** (▶) arrow to move the selections to the *Choose* column.
  - To deselect State(s), highlight State(s) from the *Choose* column, hit the **reverse** (◀) arrow to move the selections to the *Available* column.
- Enter the **Number of ICU COVID-19 Patients non-ventilated**
- Enter the **Number of ICU COVID-19 Patients ventilated**

Step 6. Click **Save**.

FDA Critical Care Drug List

Step 7. From the dropdown menu, select the **Number of Days** that correspond to your On-Hand Day Supply for the current week for each drug listed.

Additionally,

- Select the **Yes or No** checkbox to indicate if your organization has changed its medical practice to manage the inventory for each drug listed.
- Select the **Yes or No** checkbox to indicate if your organization is experiencing delays in receiving each drug listed.

Optional Survey

Step 8. Provide information on drugs that are currently on FDA's Drug Shortages List. From the dropdown menu, select the **Number of Days** that correspond to the drug(s) listed with your On-Hand Day Supply for the current week.

Additionally,

- Select the **Yes** or **No** checkbox to indicate if your organization has changed its medical practice to manage the inventory for each drug listed.
- Select the **Yes** or **No** checkbox to indicate if your organization is experiencing delays in receiving each drug listed.

Additional Drugs Not Listed

Step 9. Click **New** to report information on Additional Drug(s) not listed.

Step 10. From the pop-up window complete the information requested:
- Enter the **Drug Name.**
- Select your **On-Hand Day Supply** from the dropdown.
- Click the checkbox to indicate if your organization is changing its medical practice to manage the supply for the drug.
- Click the checkbox to indicate if your organization is experiencing delays in receiving the drug.

Step 11. Click **Save.**

Additional Drugs Not Listed

New

Please add any additional drugs that your hospital/organization is concerned about.

Drugs Name

New Additional Drug Names

* Drug Name

What is Your On-Hand Day Supply?

Select One

☐ Are you Changing Medical Practice to Manage Supply?

☐ Are you Experiencing Delays in Receiving the Drug?

Cancel　　Save

COVID-19 Critical Care Drug Monitoring Survey

Additional Comments

Step 12. Add **Additional Comments**.

Submit the Survey

Step 13. Click the checkbox to verify the information submitted is for the current week.

Step 14. Click **Submit Notification of Drug Demand.**

Step 15. Click **OK** to confirm submission.

Receiving Notification(s) from FDA

You will receive an email confirming your submission of the COVID-19 Critical Care Drug Monitoring Survey.