OMB Control No. 0910-0500

Expiration Date: 9/30/2023

Paperwork Reduction Act Statement:  According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number.  The valid OMB control number for this information collection is 0910-0500 and the expiration date is 09/30/2023.  The time required to complete this information collection is estimated to average 15 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden, to [PRAStaff@fda.hhs.gov](mailto:PRAStaff@fda.hhs.gov).

The survey we are conducting is on behalf of the U.S. Food and Drug Administration (FDA).

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| **COVID-19 Critical Care Drug Monitoring Survey** | | | | | |
| **Survey Submitter Information** | | | | | |
| **\*Submitter First Name** |  | Submitter Middle Name |  | **\*Submitter Last Name** |  |
| Submitter Country |  | Submitter Phone Number |  | **\*Submitter Role** |  |
|  |  |  |  |  |  |
| **Hospital/Organization Information** | | | | | |
| **\*Hospital/Organization Name** |  | Address Line 1 |  | Address Line 2 |  |
| City |  | **\*State** |  | **\*Zip or Postal Code** |  |
| Hospital/Organization Details |  |  |  |  |  |
| **\*Number of Hospitals Represented in Survey?** |  | Number of Hospital Beds |  |  |  |
| **\*Does the Hospital have an ICU?** |  | Number of ICU Beds |  |  |  |
| **\*State(s) represented in this survey?** |  |  |  |  |  |
| **\*Approximate Number of COVID-19 Patients** |  |  |  |  |  |
| Number of ICU COVID-19 Patients (non-ventilated) |  |  |  |  |  |
| Number of ICU COVID-19 Patients (ventilated) |  |  |  |  |  |
|  |  |  |  |  |  |
| **\*FDA Critical Care Drug List** | | | | | |
| *Drug Name* | *Route of Administration* | ***\*What is Your On-Hand Day Supply?*** | *Is there a Particular Concentration for this Drug?* | *Are you Changing Medical Practice to Manage Supply?* | *Are you Experiencing Delays in Receiving the Drug?* |
| Rocuronium | Injection |  |  |  |  |
| Succinylcholine | Injection |  |  |  |  |
| Norepinephrine | Injection |  |  |  |  |
| Phenylephrine | Injection |  |  |  |  |
| Vasopressin | Injection |  |  |  |  |
| Azithromycin | Injection |  |  |  |  |
| Ceftriaxone | Injection |  |  |  |  |
| Piperacillin/Tazobactam | Injection |  |  |  |  |
| Vancomycin | Injection |  |  |  |  |
| Doxycycline | Injection |  |  |  |  |
| Albuterol MDI | Inhalation |  |  |  |  |
| Albuterol Neb | Inhalation |  |  |  |  |
| Ipratropium/albuterol | Inhalation |  |  |  |  |
| Dextrose 5% Water | Injection |  |  |  |  |
| Normal Saline 0.9% | Injection |  |  |  |  |
| Lactated Ringers | Injection |  |  |  |  |
| Enoxaparin/LMWH | Injection |  |  |  |  |
| Alteplase | Injection |  |  |  |  |
| Acetaminophen | Injection |  |  |  |  |
| Amiodarone | Injection |  |  |  |  |
| Tocilizumab | Injection (Actemra) |  |  |  |  |
|  |  |  |  |  |  |
| **FDA COVID-19 Critical Care Drug on FDA Shortage List (Optional Survey)** | | | | | |
| *Drug Name* | *Route of Administration* | *What is Your On-Hand Day Supply?* | *Is there a Particular Concentration for this Drug?* | *Are you Changing Medical Practice to Manage Supply?* | *Are you Experiencing Delays in Receiving the Drug?* |
| Cisatracurium | Injection |  |  |  |  |
| Vecuronium | Injection |  |  |  |  |
| Dexmedetomidine | Injection |  |  |  |  |
| Midazolam | Injection |  |  |  |  |
| Propofol | Injection |  |  |  |  |
| Ketamine | Injection |  |  |  |  |
| Fentanyl | Injection |  |  |  |  |
| Hydromorphone | Injection |  |  |  |  |
| Morphine | Injection |  |  |  |  |
| Epinephrine | Injection, Auto-Injector |  |  |  |  |
| Epinephrine | Injection, 0.1 mg/mL |  |  |  |  |
| Azithromycin | Oral |  |  |  |  |
| Cefepime | Injection |  |  |  |  |
| Cefotaxime | Injection |  |  |  |  |
| Heparin/UFH | Injection |  |  |  |  |
| Famotidine | Injection |  |  |  |  |
| Famotidine | Oral |  |  |  |  |
| Dexamethasone | Injection |  |  |  |  |
| Sodium Bicarbonate | Injection |  |  |  |  |
| Sodium Chloride 23.4% | Injection |  |  |  |  |
| Hydralazine | Injection |  |  |  |  |
| Pantoprazole | Injection |  |  |  |  |
| Enalaprilat | Injection |  |  |  |  |
| Phoxillum | CRRT Solution |  |  |  |  |
| PrismaSol | CRRT Solution |  |  |  |  |
| **Additional Drugs Not Listed** | | | | | |
| \*Drug Name | | What is Your On-Hand Day Supply? | Is there a Particular Concentration for this Drug? | Are you Changing Medical Practice to Manage Supply? | Are you Experiencing Delays in Receiving the Drug? |
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| **Additional Comments** | | | | | |
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