OMB Control No. 0910-0500 Expiration Date: 9/30/2023

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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.

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

COVID-1	19 Critical Care Drug Monitori	ng 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 L	ist	•	•		•
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 Ca			T	_	
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	Are you Experiencing Delays in Receiving the Drug?
				Supply?	
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 List	ed	•			
*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 Experiencin g Delays in Receiving the Drug?
Additional Comments					