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

Welcome to
FDA-CDER COVID-19 Critical Care Drug Monitoring Survey Portal - Pilot

Sign In

Username

Password

Under 18 U.S.C. 8521, anyone who enters a knowingly false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

I have read and agree to the Terms and Conditions listed above and below.

Sign In

Need help signing in?

Don't have an account? [Sign up](#)

User Terms and Conditions

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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.

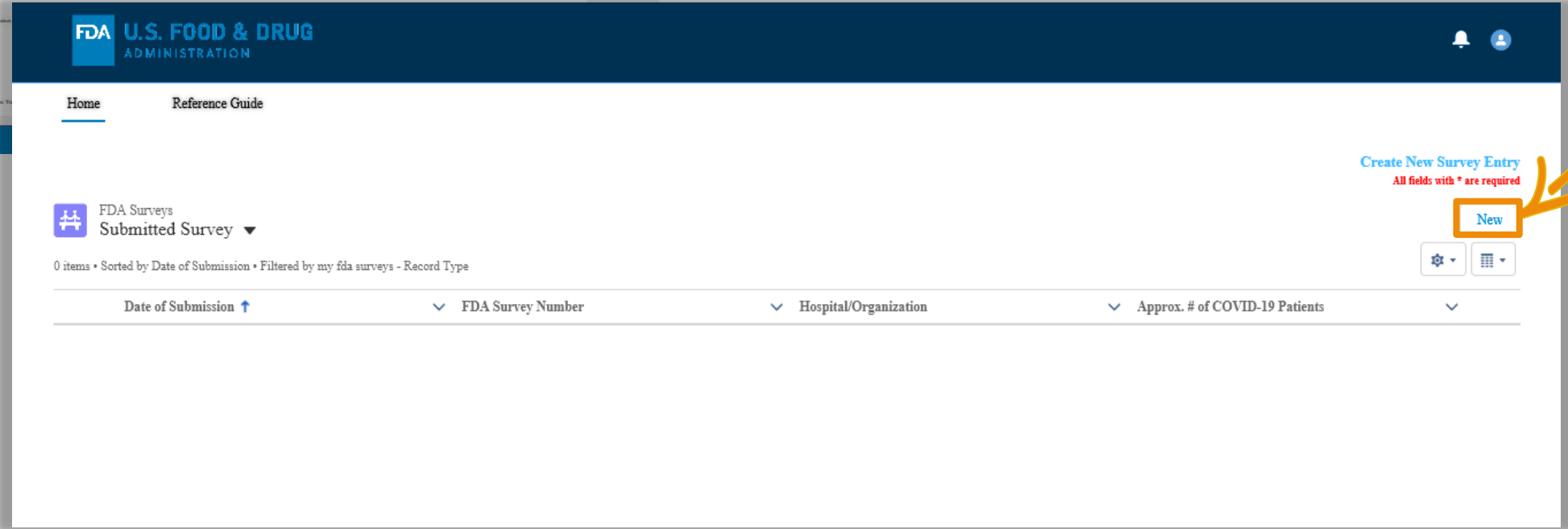
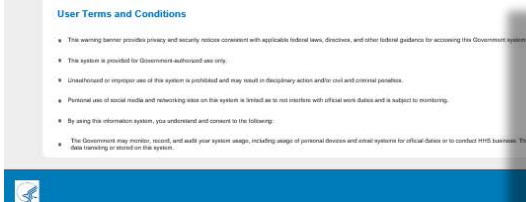
COVID-19 Critical Care Drug Monitoring Survey



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.

The image shows two overlapping screenshots of the 'New FDA Survey: Critical Care Drug Monitoring Survey' form. The top screenshot shows the main form with a search bar for 'Hospital/Organization' and a '+ New Hospital/Organization' button highlighted with an orange box. The bottom screenshot shows the 'New Hospital/Organization' pop-up window, which contains the following fields: 'Hospital/Organization' (with a red asterisk), 'Address Line 1', 'Address Line 2', 'City', 'State' (with a red asterisk and a dropdown menu), and 'Zip or Postal Code' (with a red asterisk). At the bottom right of the pop-up window, there are three buttons: 'Cancel', 'Save & New', and 'Save' (highlighted with an orange box). A blue arrow points from the '+ New Hospital/Organization' button in the top screenshot to the 'New Hospital/Organization' pop-up window in the bottom screenshot.

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** from 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**.

ADMINISTRATION

Home Reference Guide

FDA Surveys Submitted Survey

0 items • Sorted by Date of Submission • Filtered by my f

Date of Submission ↑

Create New Survey Entry
All fields with * are required

New

COVID-19 Patients

New FDA Survey: Critical Care Drug Monitoring Survey

*Hospital/Organization
New Hospital Test

*Role
--None--

*# of hospitals represented in survey ?

Number of Hospital Beds

*Does the hospital have an ICU?
--None--

Number of ICU Beds

*State(s) represented in this survey ?

Available	Chosen
Alaska	Alabama
Arizona	
Arkansas	

*Approx. # of COVID-19 Patients

of ICU COVID19 Patients non-ventilated

of ICU COVID19 Patients ventilated

Cancel Save & New 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.

FDA Critical Care Drug List

Instructions for Completing Survey:
FDA has identified the following drugs as important to the care of hospitalized COVID-19 patients and would like to monitor availability of these drugs.
1. Please select from the dropdown the number of days per supply remaining in your inventory for this week.
2. Additionally, if you have changed your current medical practice (e.g., use of second/third line drugs or other conservation strategies) to manage your inventory of these drugs, please check the "Yes" box.
3. Also, if you have experienced a delay in receiving any of these drugs, please check the "Yes" box.

All fields with * are required

Drug Names	*What is Your On-Hand Day Supply?	Are you Changing Medical Practice to Manage Supply?	Are you Experiencing Delays in Receiving the Drug?
Rocuronium, Injection	Select One Less than 2 Days 2 - 4 Days 7 Days or More I am Not Certain	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Succinylcholine, Injection	Select One	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vecuronium, Injection	Select One	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nondepolarizing, Injection	Select One	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phenylephrine, Injection	Select One	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vasopressin, Injection	Select One	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Azithromycin, Injection	Select One	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ceftriaxone, Injection	Select One	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Piperacillin/Tazobactam, Injection	Select One	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vancomycin, Injection	Select One	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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.

FDA COVID-19 Critical Care Drug on FDA Shortage List (Optional Survey) Assist FDA with Monitoring Drugs on the FDA Shortage List

Instructions for Completing Survey:
The following drugs are some of the drugs present on the FDA Drug Shortages list. If you are able, please provide any information on these drugs. Please complete this survey if you want to report shortages on Cisatracurium, Midazolam, Propofol, Ketamine, Dexmedetomidine, Fentanyl, Hydromorphone, Morphine, Epinephrine, Azithromycin, Cefepime, Cefotaxime, Normal Saline, Dialysis Fluid, Sodium Bicarbonate, Heparin/UFH, and Famotidine.

FDA COVID-19 Critical Care Drug on FDA Shortage List (Optional Survey) Assist FDA with Monitoring Drugs on the FDA Shortage List

Instructions for Completing Survey:
The following drugs are some of the drugs present on the FDA Drug Shortages list. If you are able, please provide any information on these drugs. Please complete this survey if you want to report shortages on Cisatracurium, Midazolam, Propofol, Ketamine, Dexmedetomidine, Fentanyl, Hydromorphone, Morphine, Epinephrine, Azithromycin, Cefepime, Cefotaxime, Normal Saline, Dialysis Fluid, Sodium Bicarbonate, Heparin/UFH, and Famotidine.

Drug Names	What is Your On-Hand Day Supply?	Are you Changing Medical Practice to Manage Supply?	Are you Experiencing Delays in Receiving the Drug?
Cisatracurium, Injection	<input type="text" value="Select One"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Midazolam, Injection	<input type="text" value="Less than 3 Days"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Propofol, Injection	<input type="text" value="3 - 6 Days"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ketamine, Injection	<input type="text" value="7 Days or More"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dexmedetomidine, Injection	<input type="text" value="I am Not Certain"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fentanyl, Injection	<input type="text" value="Select One"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hydromorphone, Injection	<input type="text" value="Select One"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Morphine, Injection	<input type="text" value="Select One"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epinephrine, Injection	<input type="text" value="Select One"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Azithromycin, Oral	<input type="text" value="Select One"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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?

Are you Changing Medical Practice to Manage Supply?

Are you Experiencing Delays in Receiving the Drug?

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.

☰
Additional Comments

Provide any additional comments(maximum of 300 characters)

The submission being made at this time reflects information for the current weekly reporting period from Sunday through Saturday (e.g. submission made on April 30, 2020 is a submission made for the week of April 26th to May 2nd). If multiple submissions are made within the week, the most recent submission will be used for reporting purposes. For additional questions, please reach out to FDA at DMPD-COVID-19@fda.hhs.gov

Submit Notification of Drug Demand

Confirm Submission

Press OK button below to confirm your submission

Cancel
OK

Receiving Notification(s) from FDA

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

Thank you for submitting your Critical Care Drug Survey. Your FDA Survey Number is **00000145**. Please use this FDA Survey Number to uniquely identify this submission to the FDA. Please log in to the FDA-CDER COVID-19 Critical Care Drug Monitoring Survey Portal-Pilot to review your submission: <https://InformaticsConnect.fda.gov>

Please note that no further action is needed at this time on your end. If you identify changes or corrections are needed, please contact OMP Drugs Team at DMPD-COVID-19@fda.hhs.gov.

For technical support, contact the Informatics Connect Portal Support Team [here](#).

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