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

|  |
| --- |
| Abstractor information Name 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?