COVID-19 CASE REPORT FORM
RAPID CRITICAL CARE MODULE

To be completed for patients receiving critical care on whom the data below are available, **together with the RAPID CRF.**

RAPID COVID-19 CRF users:

- Sites should select whether they complete **Part A only** or both **Parts A & B** where resources allows.
- In addition always complete the **RAPID CRF Module 1** on day of admission to the hospital.

For patients receiving critical care complete:

- **PART A** - Complete on every day for patients receiving critical care beginning on the day of admission to an intensive care / high dependency unit, or on the first day of deterioration to severe disease in any ward where the data below is available. Complete daily for as many days as resources allow. In addition, complete the **RAPID CRF Module 2 (Daily Form).**
- **PART B** - Complete Section 1 on the day of admission to an intensive care / high dependency unit. Complete Section 2 every day during critical care. In addition, complete the **RAPID CRF Module 2 (Daily Form).**
- **Complete the RAPID CRF Module 3 on death or hospital discharge for all patients.**

PART A

ADMISSION AND DAILY IN ICU/HDU

DATE OF ASSESSMENT *(DD/MM/YYYY):* [_D_][_D_]/[_M_][_M_]/[__2_][__0_][_Y_][_Y_]

Current admission to ICU or other High Dependency Unit (HDU)? ☐YES – ICU ☐ Yes - HDU ☐ NO ☐Unknown

Is the patient currently receiving, or has received (between 00:00 to 24:00 on day of assessment)

Any vasopressor/inotropic support? ☐YES ☐NO ☐Unknown

If YES, what was the highest level of support received on the date of assessment?

☐**Dopamine <5µg/kg/min OR Dobutamine OR milrinone OR levosimendan**

☐**Dopamine 5-15µg/kg/min OR Epinephrine/Norepinephrine < 0.1µg/kg/min OR vasopressin OR phenylephrine**

☐**Dopamine >15µg/kg/min OR Epinephrine/Norepinephrine > 0.1µg/kg/min**

☐**Unknown**

Prone positioning? ☐YES ☐NO ☐Unknown

Neuromuscular blocking agents? ☐YES ☐NO ☐Unknown **Inhaled Nitric Oxide?** ☐YES ☐NO ☐Unknown

Tracheostomy inserted? ☐YES ☐NO ☐Unknown **Dialysis/Hemofiltration**? ☐YES ☐NO ☐Unknown

Other intervention or procedure not already recorded in this form or in the RAPID Module 2 form:

☐YES ☐NO ☐Unknown If YES, Specify: _____

Record the values associated with the 'worst' blood gas analysis on the day of assessment. 'Worst' is defined as the blood gas with the lowest PaO2/FiO2 ratio.

Any supplemental oxygen (record the highest level of support on day of assessment):

FiO_2 ***(0.21-1.0)*** [___].[___][___] or [___][___] **% or [___][___]L/min**

PaO_2 *(at time nearest to the FiO_2 above)* [___][___][___]☐kPa *or* ☐mmHg ☐Not done

PaO_2 sample type: ☐Arterial ☐Capillary ☐Unknown

From same blood gas record as PaO_2:

PCO_2 _____☐kPa *or* ☐mmHg **| pH** _____ **| HCO_3-** _____mEq/L | **Base excess** _____ mmol/L

Richmond Agitation-Sedation Scale (RASS) [___] or Riker Sedation-Agitation Scale (SAS) [___] ☐Unknown

Most abnormal mean arterial blood pressure [___][___][___]mmHg ☐Unknown

Urine flow rate IF patient age >18 years [___][___][___][___][___]mL/24 hours ☐Check if estimated ☐Unknown

IF patient age <18 years [___][___][___][___][___]mL/kg/24hrs ☐Check if estimated ☐Unknown

PART B

ICU/HDU ADMISSION FORM

ICU ADMISSION DATE *(DD/MM/YYYY):* [_D_][_D_]/[_M_][_M_]/[__2_][__0_][_Y_][_Y_]

Enrolment in interventional clinical study? ☐YES ☐NO ☐ Unknown **If YES,** name of study:_____ or

Treatment/s trialled:_____

_____☐ Unknown

Reason for ICU admission (tick all that apply): ☐Respiratory failure ☐Septic shock ☐Venous thromboembolism

☐Cardiovascular complications ☐Acute kidney injury ☐Acute liver injury ☐Neurological complications ☐Secondary infection

☐Pancreatic injury ☐Disseminated intravascular coagulation ☐Pregnancy related complications ☐Rhabdomyolysis

☐OTHER (please specify) _____ ☐ Unknown

Clinical Frailty Score (CFS/9) [_____] ☐ Unknown **Acute renal failure?** ☐YES ☐NO ☐ Unknown

DAILY FORM (Complete daily for duration of ICU/ITU/IMC/HDU admission)

(between 00:00 to 24:00 on day of assessment) Record the 'worst' value on the day of assessment.

IF patient is <18 years: PELOD Total Score [_____]☐ Unknown **PRISM III score**: [_____]☐ Unknown

Fluid balance (in last 24 hours) (mL) _____ ☐Unknown

Nutrition ☐ Parenteral ☐ Enteral ☐ NPO ☐Unknown **Best physical mobility** [___]**/10** (*see scoring below*) ☐ Unknown

0 Passively moved by staff (incl. passive cycling only)
1 Any activity in bed, but not moving out of or over edge of bed (incl. cycling)
2 Passively moved to chair (no standing or sitting at edge of bed)
3 Actively sitting over side of bed with some trunk control (may be assisted)
4 Standing
5 Transferring from bed to chair
6 Marching on the spot (at bedside; > 2steps/foot)
7 Walking with assistance of 2 or more people (>5m)
8 Walking with assistance of 1 person (>5m)
9 Walking independently with gait aid (>5m)
10 Walking independently without gait aid (>5m)

Is the patient currently receiving *(between 00:00 to 24:00 on day of assessment):*

Invasive ventilation? ☐YES ☐NO ☐Unknown **If YES:** ☐ ETT ☐Tracheostomy ☐ OTHER (please specify) _____ ☐Unknown

Non-invasive ventilation? ☐YES ☐NO ☐Unknown **If YES:** ☐ BIPAP ☐CPAP ☐OTHER (please specify) _____☐ Unknown

Humidified high flow nasal cannula (HHFNC)? ☐YES ☐NO ☐Unknown

If mechanically ventilated: Mode of ventilation (specify): ☐ Volume Controlled (VC) ☐ Pressure Controlled (PC)

☐ Other(drop down):_____ ☐Unknown

Highest Tidal volume within last 24hrs (ml/Kg of Ideal Body Weight):_____ ☐ Unknown

Highest Positive end expiratory pressure within last 24hrs (cmH2O): _____☐ Unknown

Highest Airway plateau pressure within last 24 hrs (cmH2O): _____☐ Unknown

Prone positioning? ☐YES ☐NO **If YES,** total duration _____hours spent ☐ Unknown

Sedation? ☐YES ☐NO ☐Unknown **If YES:** ☐Benzodiazepines ☐Propofol ☐Narcotics

☐Other (please specify) _____ ☐Unknown

Diuretic? ☐YES ☐NO ☐Unknown **If YES**, total duration _____ hours ☐ Unknown **Total daily dose** (mg)_____ ☐Unknown

Dialysis/Hemofiltration? ☐YES ☐NO ☐Unknown **If YES,** ☐CRRT ☐IHD ☐SLED ☐OTHER (please specify) _____ ☐ Unknown **If CRRT, type of anti-coagulant,** ☐Heparin ☐Citrate ☐None ☐Unknown

Heparin for systemic anticoagulation ? ☐YES ☐NO ☐Unknown **If YES,** ☐Low-molecular weight ☐Unfractionated ☐Unknown

If YES, ☐Subcutaneous ☐Intravenous (IV) ☐Unknown

If YES, ☐Therapeutic ☐Prophylactic ☐Unknown

Convalescent plasma? ☐YES ☐NO ☐Unknown **If YES,** transfusion volume (mL) _____☐Unknown

Blood transfusion? ☐YES ☐NO ☐Unknown **Platelet transfusion?** ☐YES ☐NO ☐Unknown