EUROPEAN SOCIETY OF INTENSIVE CARE MEDICINE
COVID-19 Project
(UNITE-COVID)
CLINICAL INCLUSION CRITERIA (all required)
Proven infection with SARS-CoV2 ☐ Yes ☐ No Critically ill with COVID-19 ☐ Yes ☐ No

DEMOGRAPHICS
Sex ☐ Male ☐ Female ☐ Not specified Age [ ] [ ] [ ] years Height [ ] [ ] [ ] cm Weight [ ] [ ] [ ] kg Healthcare Worker? ☐ Yes ☐ No ☐ Unknown Pregnant? ☐ Yes ☐ No ☐ Unknown ☐ N/A

Episode Information
LOS in hospital prior to ICU admission [ ] [ ] days Patient admitted in surge capacity bed ☐ Yes ☐ No Interval start of symptoms – hospital admission [ ] [ ] days ☐ Unknown

COMORBIDITIES (existing prior to admission)
Chronic cardiac disease (not hypertension) ☐ Yes ☐ No ☐ Unknown Chronic liver disease ☐ Yes ☐ No ☐ Unknown Arterial hypertension ☐ Yes ☐ No ☐ Unknown Chronic neurological disorder ☐ Yes ☐ No ☐ Unknown Chronic pulmonary disease ☐ Yes ☐ No ☐ Unknown Diabetes ☐ Type I ☐ Type II ☐ No ☐ Unknown Asthma ☐ Yes ☐ No ☐ Unknown Malignant neoplasm ☐ Yes ☐ No ☐ Unknown Chronic kidney disease ☐ Yes ☐ No ☐ Unknown Immunosuppression ☐ Yes ☐ No ☐ Unknown HIV ☐ Yes-on ART ☐ Yes-not on ART ☐ No ☐ Unknown

PRE-ADMISSION & CHRONIC MEDICATION Did the patient receive any of these regularly in 14 days prior to admission?
ACE inhibitors ☐ Yes ☐ No ☐ Unknown Anticoagulation ☐ Yes ☐ No ☐ Unknown Angiotensin II receptor blockers ☐ Yes ☐ No ☐ Unknown Antiplatelet therapy ☐ Yes ☐ No ☐ Unknown

ICU Admission Data (in case a patient was referred from another ICU, these data should be from the current admission)
ICU Admission diagnosis ☐ Respiratory failure due to COVID-19 ☐ Other complication of COVID-19 ☐ Other diagnosis
If other than Respiratory failure, please add detail: __________________________ ☐ Referral from another ICU
Was a thromboembolic complication present on admission? ☐ DVT ☐ PE ☐ Other ☐ None documented
Did the patient receive respiratory support before ICU admission? ☐ Yes ☐ No ☐ Unknown
If YES, which type of support? ☐ Standard oxygen ☐ HFNO ☐ CPAP ☐ NIV
Total duration of support (HFNO, CPAP and/or NIV) before admission [ ] [ ] days
Clinical and lab parameters on admission (record highest/lowest value in 24 hours following ICU admission)
Highest Temperature (°C) [ ] [ ] [ ] Highest total white cell count (10⁹/L of blood) [ ] [ ] [ ]
Highest neutrophil count (10⁹/L of blood) [ ] [ ] [ ] Lowest Lymphocyte count (10⁹/L of blood) [ ] [ ] [ ]
Highest C-reactive protein (mg/L) [ ] [ ] [ ] Highest pro-calcitonin (ng/mL) [ ] [ ] [ ]
Highest ferritin (mg/L) [ ] [ ] [ ] [ ] Highest hs-troponinT (ng/mL) [ ] [ ] [ ]
Cotting parameters on admission (record highest/lowest value in 24 hours following ICU admission)
Highest fibrinogen (g/L) [ ] [ ] [ ] [ ] Highest aPTT (sec) [ ] [ ] [ ] [ ]
Highest D-dimers (mg/mL) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Lowest platelet count (10⁹/L of blood) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Highest prothrombin time (sec) [ ] [ ] [ ] [ ] [ ]

COMPLICATIONS DURING ICU STAY: At any time during ICU stay did the patient experience:
Cardiac arrhythmia req therapy ☐ Yes ☐ No ☐ Unknown Prolonged delirium ☐ Yes ☐ No ☐ Unknown
Sepsis induced myocardiopathy ☐ Yes ☐ No ☐ Unknown Seizure ☐ Yes ☐ No ☐ Unknown
Stress myocardiopathy ☐ Yes ☐ No ☐ Unknown Pressure sores – facial (prone) ☐ Yes ☐ No ☐ Unknown
Myocarditis ☐ Yes ☐ No ☐ Unknown Pressure sores – other ☐ Yes ☐ No ☐ Unknown
Pericardial effusion ☐ Yes ☐ No ☐ Unknown Acute kidney injury ☐ Yes ☐ No ☐ Unknown
Pneumothorax ☐ Yes ☐ No ☐ Unknown Tube obstruction ☐ Yes ☐ No ☐ Unknown
Atelecasis ☐ Yes ☐ No ☐ Unknown Accidental extubation ☐ Yes ☐ No ☐ Unknown

MEDICATION DURING ICU STAY: While hospitalized in the ICU were any of the following administered?
Antivirals? ☐ Yes ☐ No ☐ Unknown If yes: ☐ Ribavirin ☐ Lopinavir/Ritonavir ☐ Neuraminidase inhibitor ☐ Remdesivir Other: ☐ Interferon alpha ☐ Interferon beta ☐ Tocilizumab ☐ Anakinra ☐ Convalescent plasma
Corticosteroid? ☐ Yes ☐ No ☐ Unknown If yes, total duration: [ ] [ ] days and interval after admission [ ] [ ] days
If yes, indication: ☐ Shock ☐ Hyperinflammation ☐ Pneumonitis ☐ Pre-existing condition ☐ Other
Antimalarial agent? ☐ Chloroquine ☐ Hydroxychloroquin ☐ None If yes, total duration: [ ] [ ] days
Was the patient included in a clinical trial (drug)? ☐ Yes ☐ No ☐ Unknown

SUPPORITIVE CARE DURING ICU STAY: During hospitalization, did the patient receive/undergo:
Sedation? ☐ Yes ☐ No ☐ Unknown If yes, total duration: [ ] [ ] days
Renal replacement therapy (RRT) or dialysis? ☐ Yes ☐ No ☐ Unknown If yes, total duration: [ ] [ ] days
If yes, method: ☐ CRRT ☐ Intermittent ☐ Peritoneal dialysis ☐ Mixture RRT method outside unit’s usual practice? ☐ Yes ☐ No
Other form of extracorporeal blood purification? ☐ Yes ☐ No ☐ Unknown If yes, total duration: [ ] [ ] days
Inotropes/vasopressors? ☐ Yes ☐ No ☐ Unknown If yes, total duration: [ ] [ ] days
Was the patient tracheostomized? ☐ Yes ☐ No ☐ Before this admission If yes, at which day of mechanical ventilation [ ] [ ]
| If yes: □ Surgical □ Dilatative/percutaneous □ Unknown |

**Clinical and lab parameters during ICU stay (record highest/lowest value DURING ICU admission)**

- **Highest Temperature (°C)**: __________
- **Highest neutrophil count (10^9/ml of blood)**: __________
- **Highest ferritin (mg/L)**: __________

| If no longer in ICU, ICU admission duration: [ ] days |
| If dead, did patient die in the ICU? □ Yes □ No |

If discharged alive/transfer, hospital admission duration: [ ] days

If discharged alive, was patient still on RRT? □ Yes □ No

**DOMAIN Respiratory**

Was the patient intubated at ICU admission? □ Yes □ No

If not, was the patient intubated during the ICU stay? □ Yes □ No

If the patient was intubated during the ICU stay, how many days after admission [ ] days

During ICU stay, did the patient receive any of the following:

**Non-invasive ventilation? (e.g. BIPAP, CPAP)** □ Yes □ No □ Unknown

If yes, duration (if intubated, before intubation): [ ][ ] days

**HFNC?** □ Yes □ No □ Unknown

If yes, duration (if intubated, before intubation): [ ][ ] days

**Invasive ventilation (Any)** □ Yes □ No □ Unknown

If yes, total duration: [ ][ ] days

**Extracorporeal support (ECMO)?** □ Yes □ No □ Unknown

If yes, total duration: [ ][ ] days

**Prone position?** □ Yes □ No □ Unknown

If yes, duration intubated: [ ][ ] days

If yes, duration not intubated: [ ][ ] days

**Neuromuscular blockers?** □ Yes □ No □ Unknown

If yes, duration: [ ][ ] days

**Ventilator not routinely used in your ICU?** □ Yes □ No

**How was the weaning process?** □ Normal □ Difficult □ Prolonged

Was the patient reintubated after initial extubation? □ Yes □ No □ Unknown

**DOMAIN Coagulation**

<table>
<thead>
<tr>
<th>Clotting parameters during ICU stay (record highest/lowest value DURING ICU admission)</th>
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</table>
| **Highest fibrinogen (g/L)**: __________
- **Lowest platelet count (10^9/ml of blood)**: __________
- **Highest prothrombin (time (sec))**: __________
- **Highest platelet count (10^9/ml of blood)**: __________
- **Highest D-dimers (ng/mL)**: __________
- **Highest D-dimer count (10^9/ml of blood)**: __________
- **Highest ferritin (mg/L)**: __________
- **Highest hs-troponinT (ng/mL)**: __________ |

| DVT prophylaxis (during first 24h of admission: drug and daily dose) |
| Antiplatelet prophylaxis (during first 24h of drug, daily dose) |
| Life-threatening hemorrhagic complications (e.g. shock, airway compromise, intracranial mass effect, etc.): □ Yes □ No |

**Source of bleeding** □ Lines □ GI □ Respiratory tract □ CNS □ Other

**Number of Packed cells transfused:** [ ]

**Thromboembolic complications** □ DVT □ PE □ Myocardial infarction □ Limb ischemia □ Stroke

**Therapeutic anticoagulation** □ Yes □ No ; if yes □ UFH □ LMWH □ other ; interval after ICU admission [ ]

**Indication for anticoagulation** □ DVT □ PE □ Myocardial infarction □ Limb ischemia □ Line or filter clot □ Prophylaxis □ Previous condition

**DOMAIN Infection**

| Did the patient receive the following within 24 hours of ICU admission? |
| Did the patient develop an infection at any point during ICU stay? □ Yes □ No □ If yes, severity □ Sepsis □ Septic shock |

**Antibiotics** □ Yes □ No □ Unknown if yes insert codes here [ ][ ]

**Antifungal** □ Yes □ No □ Unknown if yes insert codes here [ ][ ]

**Was bacterial pulmonary co-infection present during ICU stay?** □ Yes □ No

| **Was an MDR pathogen involved?** □ Yes □ No □ If yes, specify □ MRSA □ VRE □ MDR-PA □ CRE □ ESBL □ Acinetobacter |
| **Days alive without anti-microbial therapy at day 30** [ ] |

**DOMAIN Rehabilitation**

| Was the patient mobilized in the first 72h of ICU? □ Yes □ No □ Unknown |

| Was the patient mobilized in the first 72h of mechanical ventilation? |
| □ Yes □ No □ Unknown |

| If the patient was on ECMO, highest achieved IMS while on ECMO: [ ] |

**OUTCOME – to be evaluated at 60 days after admission to the ICU (based on information in ICU and hospital records)**

**Outcome:** □ Still in ICU □ Hospitalized □ Transfer to other facility □ Discharged alive □ Death □ Palliative discharge □ Unknown

| If no longer in ICU, ICU admission duration: [ ] days |
| If yes, total duration: [ ] days |

| If dead, did patient die in the ICU? □ Yes □ No |
| If yes, highest achieved IMS: [ ] |

| If discharged alive, was patient still on RRT? □ Yes □ No |

| If yes, total duration: [ ] days |

| If discharged alive/transfer, hospital admission duration: [ ] days |
| If yes, total duration: [ ] days |

| Did the patient receive the following within 24 hours of admission? |

| Driving Pressure (cmH2O): [ ] |

| Ventilator not routinely used in your ICU? □ Yes □ No |

| Which type of support did the patient receive after extubation/weaning? □ Standard oxygen □ HFNO □ CPAP □ NIV |

**For intubated patients: please indicate the ventilatory settings on the first day after intubation:**

**Mode:** □ CVV □ CVVH □ BIPAP □ CPAP □ APRV □ PSV

**Tidal Volume (ml)** [ ]

**PEEP (cmH2O):** [ ]

**FiO2 (%):** [ ]

**P/F ratio:** [ ]

**PaCO2 (mmHg):** [ ]

**Driving Pressure (cmH2O):** [ ]

**Was the patient mobilized in the first 72h of ICU? □ Yes □ No □ Unknown If yes, highest achieved IMS: [ ]**

**Was the patient mobilized in the first 72h of mechanical ventilation? □ Yes □ No □ Unknown If yes, highest achieved IMS: [ ]**

**If the patient was on ECMO, highest achieved IMS while on ECMO: [ ]**

**Diagnosis of sepsis** □ MRSA □ VRE □ MDR-PA □ CRE □ ESBL □ Acinetobacter
Information for completing the UNITE COVID19 patient CRF