



**EUROPEAN SOCIETY OF
INTENSIVE CARE MEDICINE
COVID-19 Project
(UNITE-COVID)**

PATIENT CRF
Version 19MAY20

CLINICAL INCLUSION CRITERIA (all required)			
Proven infection with SARS-CoV2 <input type="checkbox"/> Yes <input type="checkbox"/> No Critically ill with COVID-19 <input type="checkbox"/> Yes <input type="checkbox"/> No			
DEMOGRAPHICS			
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not specified Age [][] years Height [][] cm Weight [][] kg			
Healthcare Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A			
Episode information			
LOS in hospital prior to ICU admission [][] days		Patient admitted in surge capacity bed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Interval start of symptoms – hospital admission [][] days <input type="checkbox"/> Unknown			
COMORBIDITIES (existing prior to admission)			
Chronic cardiac disease (not hypertension) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Chronic liver disease <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Arterial hypertension <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Chronic neurological disorder <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Chronic pulmonary disease <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Diabetes <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Malignant neoplasm <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Chronic kidney disease <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Immunosuppression <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
HIV <input type="checkbox"/> Yes-on ART <input type="checkbox"/> Yes-not on ART <input type="checkbox"/> No <input type="checkbox"/> Unknown			
PRE-ADMISSION & CHRONIC MEDICATION		Did the patient receive any of these regularly in 14 days prior to admission?	
ACE inhibitors <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Anticoagulation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Angiotensin II receptor blockers <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Antiplatelet therapy <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
ICU Admission data (in case a patient was referred from another ICU, these data should be from the current admission)			
ICU Admission diagnosis <input type="checkbox"/> Respiratory failure due to COVID-19 <input type="checkbox"/> Other complication of COVID-19 <input type="checkbox"/> Other diagnosis			
If other than Respiratory failure, please add detail: _____ <input type="checkbox"/> Referral from another ICU			
Was a thromboembolic complication present on admission? <input type="checkbox"/> DVT <input type="checkbox"/> PE <input type="checkbox"/> Other <input type="checkbox"/> None documented			
Did the patient receive respiratory support before ICU admission? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If YES, which type of support? <input type="checkbox"/> Standard oxygen <input type="checkbox"/> HFNO <input type="checkbox"/> CPAP <input type="checkbox"/> 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 (10 ⁹ /L of blood) [][]		
Highest neutrophil count (10 ⁹ /L of blood) [][]	Lowest Lymphocyte count (10 ⁹ /L of blood) [][]		
Highest C-reactive protein (mg/L) [][]	Highest pro-calcitonin (ng/mL) [][]		
Highest ferritin (mg/L) [][]	Highest hs-troponinT (ng/mL) [][]		
Clotting parameters on admission (record highest/lowest value in 24 hours following ICU admission)			
Highest fibrinogen (g/L) [][]	Highest aPTT (sec) [][]	Highest D-dimers (ng/mL) [][]	
Lowest platelet count (10 ⁹ /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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Prolonged delirium <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Sepsis induced cardiomyopathy <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Seizure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Stress cardiomyopathy <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Pressure sores – facial (prone) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Myocarditis <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Pressure sores – other <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Pericardial effusion <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Acute kidney injury <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Pneumothorax <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Tube obstruction <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Atelectasis <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Accidental extubation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
MEDICATION DURING ICU STAY: While hospitalized in the ICU were any of the following administered?			
Antivirals? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes: <input type="checkbox"/> Ribavirin <input type="checkbox"/> Lopinavir/Ritonavir <input type="checkbox"/> Neuraminidase inhibitor <input type="checkbox"/> Remdesivir			
Other: <input type="checkbox"/> Interferon alpha <input type="checkbox"/> Interferon beta <input type="checkbox"/> Tocilizumab <input type="checkbox"/> Anakinra <input type="checkbox"/> Convalescent plasma			
Corticosteroid? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, total duration: [][] days and interval after admission [][] days			
If yes, indication: <input type="checkbox"/> Shock <input type="checkbox"/> Hyperinflammation <input type="checkbox"/> Pneumonitis <input type="checkbox"/> Pre-existing condition <input type="checkbox"/> Other			
Antimalarial agent? <input type="checkbox"/> Chloroquine <input type="checkbox"/> Hydroxychloroquin <input type="checkbox"/> None If yes, total duration: [][] days			
Was the patient included in a clinical trial (drug) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
SUPPORTIVE CARE DURING ICU STAY: During hospitalization, did the patient receive/undergo:			
Sedation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, total duration: [][] days			
Renal replacement therapy (RRT) or dialysis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, total duration: [][] days			
If yes, method: <input type="checkbox"/> CRRT <input type="checkbox"/> Intermittent <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/> Mixture RRT method outside unit's usual practice? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other form of extracorporeal blood purification? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> hemoperfusion <input type="checkbox"/> hemoadsorption <input type="checkbox"/> other			
Inotropes/vasopressors? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, total duration: [][] days			
Was the patient tracheostomized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 total white cell count (10⁹/ml of blood) [][][]
 Highest neutrophil count (10⁹/ml of blood) [][][] Lowest Lymphocyte count (10⁹/ml of blood) [][][]
 Highest ferritin (mg/L) [][][] Highest hs-troponinT (ng/mL) [][][]

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 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, total duration: [][] days

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: VCV PCV BIPAP APRV PSV Tidal Volume (mL) [][][] PEEP (cmH₂O): [][]

FiO₂ (%): [][][] P/F ratio: [][][] PaCO₂ (mmHg): [][][] Driving Pressure (cmH₂O): [][]

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

Clotting parameters during ICU stay (record highest/lowest value DURING ICU admission)

Highest fibrinogen (g/L) [][][] Highest D-dimers (ng/mL) [][][][][]

Lowest platelet count (10⁹/ml of blood) [][][] Highest platelet count (10⁹/ml of blood) [][][]

Highest prothrombin (time (sec) [][][] Highest aPTT (sec) [][][] Highest ferritin(mg/L) [][][][][]

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?

Antibiotics Yes No Unknown if yes insert codes here [][] - [][] - [][] - [][]

Antifungal Yes No Unknown if yes insert codes here [][] - [][] - [][] - [][]

Was bacterial pulmonary co-infection present at admission? Yes No

Did the patient develop an infection at any point during ICU stay Yes No If yes, severity Sepsis Septic shock

Bacterial pulmonary infection	<input type="checkbox"/> Yes <input type="checkbox"/> No	Urinary tract infection	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Fungal respiratory infection	<input type="checkbox"/> Yes <input type="checkbox"/> No	CNS infection	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Abdominal infection	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other infection	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Bacteremia (not catheter related)	<input type="checkbox"/> Yes <input type="checkbox"/> No	CLABSI	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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 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: [][]



Information for completing the UNITE COVID19 patient CRF