

**1. General information**

Date and time of calling:.....

Patient answered the phone: yes / no  
if no: time of new calling attempt:.....  
Patient answered the phone: yes / no  
if no: reason:.....  
if yes:

**2. Symptoms, complaints**

Can the patient be interviewed? yes /no

Symptoms, complaints:yes / no / no data  
according to the patient, applies to the given day

if yes:

Chills: yes / no / no data

Subfebrility / fever: yes / no / no data  
if yes: Since when? .....  
Body Temperature?... .. °C (axillary / rectal /  
forehead/ intravascular/ other:.....)

Cough: yes / no / no data  
if yes: Type? dry / productive

Shortness of breath: yes / no / no data  
If yes: at rest / during physical exercise

Stress induced dyspnoe: yes / no / no data

Chest pain: yes / no  
if yes: How long (hours)?.....  
Intensity (1-10)? .....  
Radiation?.....

Loss or changed sense of taste: yes / no / no data

Loss or changed sense of smell: yes / no / no data

Muscle pain: yes / no / no data

**Joint pain:** yes / no / no data

**Weakness, fatigue:** yes / no / no data

**Fainting / loss of consciousness:** yes / no / no data

**Dizziness:** yes / no / no data

**Nasal discharge:** Yes / No / No data

**Nasal congestion:** yes / no / no data

**Hoarseness:** yes / no / no data

**Headache:** yes / no / no data

**Sore throat:** yes / no / no data

**Nausea:** yes / no / no data

**Vomiting:** yes / no / no data  
if yes: **How many times:** .....

**Appetite:** good / retained / bad / no data

**Abdominal pain:** yes / no / no data

**Stool:** normal / diarrhea / constipation / fatty / putrid / undigested food / bloody / mucus /no data available

### **3. Status**

**Blood pressure:**...../ ..... Hgmm

**Heart rate:**..... / perc

**Weight:**..... kg or g

**Respiratory rate:**..... / perc

**Body temperature:** ..... ° C (axillary / rectal / forehead/ intravascular/ other:.....)

### **4. Therapy**

**Corticosteroids :** Yes / No / no data

if yes:  
active substance:..... dose: .....  
active substance:..... dose: .....  
active substance:..... dose: .....

**Tocilizumab:** Yes / No / no data  
if yes: dose: ....

**Antiviral substance:** Yes / No / no data  
if yes:  
active substance:..... dose: .. ...  
active substance:..... dose: .....  
active substance:..... dose: .....

**Chloroquine:** Yes / No / no data  
if yes: dose: ....

**Azithromycin:** Yes / No / no data  
if yes: dose: .....

**Other medication?**

yes / no / no data

if yes: Do you take them? Yes / no

If yes: name of medication:.....  
active substance:.....  
dose: ..... (number only!)  
unit: g / mg / IU / ug / ng  
if fluid, concentration (e.g. 10%, 1g/2ml, etc.).....  
how many times per day (e.g. 3): .....  
method of administration: intravenous / intramuscular / oral / enteral / subcutan /  
inhalation/ transdermal / nasal / rectal / other:.....other  
notes: .....

**Feeding**

**Type of feeding:** per os / nasogastric / nasojejunal / parenteral / PEG / other:....

**5. COVID test at home**

**Test performed?** Yes / no / no data

if yes, **reason:** repeating / diagnosis confirmation / release / other

**Take test (SARS-CoV-2) to confirm infection**      yes / no / no data

if yes: **rapid test:**      **yes/no/no data**

date  
result: positive/negative/non-informative  
date  
result: positive/negative/non-informative  
date  
result: positive/negative/non-informative

**PCR**            yes / no / no data  
**date of sampling:** .....  
**date of results:** .....  
**result:**    positive / negative / non-informative

**serology**        yes / no / no data  
**date of sampling:** .....  
**date of results:** .....  
**test type:**rapid test / ELISA / other test name:....(factory name)  
**test result:**    IgM pos / neg / non-informative  
                          IgA pos / neg / non-informative  
  
                          IgG pos / neg / non-informative

**Officially released from quarantine?** Yes / no

**6. Doctor’s visit at home**

**Examination by doctor:** yes / no / no data  
if yes: **reason:** because of symptoms / officially ordered / because of releasing test

if because of symptoms: **decision by doctor:** hospital admission / medication / symptomatic treatment / no further steps / classified as recovered

**7. Doctors visit at hospital: yes / no**

if yes:

**What happened to the patient:** discharged / transferred / mortality

if transferred: **to where:** inpatient department / sub-intensive care unit / ICU  
**Reason of transfer:** due to clinical symptoms / home quarantine not feasible  
**If clinical symptoms are also entered, then diagnosis:** ..... .

if mortality: **date and time:** .....

If patient is discharged, then:

## **8. Status**

**Blood pressure:** ..... / ..... Hgmm

**Heart rate:** ..... / min

**Mean Arterial Pressure (MAP):**

**Weight:**..... kg or g

**Respiratory rate:** ..... / min

**Body temperature:** ..... ° C (axillary / rectal / forehead/ intravascular/ other:.....)

**Oxygen saturation (SpO2):** .....% **Is the patient receiving oxigen therapy or on ventillation?** yes/no

**Glasgow scale:** .....

**AVPU scale:** alert / responding to verbal stimulus / responding to pain / unresponsive

**Acute organ failure:** yes / no,  
if yes, **organ system:** kidney / central nervous system / lungs / circulation / liver

## **9. Examinations**

### **9.1 Laboratory: yes/no**

**Blood type:** 0 / A / AB / B RH: positive / negative

erythrocyte sedimentation rate (mm/h)

CRP (mg/l)

IL-6 (pg/ml)

PCT (ng/mL)

D-Dimer (mg/L)

Ferritin (µg/l)

Lactate (mmol/L)

#### **Blood: yes / no**

WBC count (G/l)

RBC count (T/l)

Hemoglobin (g/l)

Hematokrit (%)

MCV

Platelet count (G/l)

Neutrophil (G/l)

Lymphocyte (G/l)  
Neutrophil to lymphocyte ratio  
Lymphocyte to CRP ratio

**Ions: yes / no**

Sodium (mmol/l)  
Potassium (mmol/l)  
Calcium (mmol/l)  
Magnesium (mmol/l)  
Phosphate (mmol/l)  
Chloride (mmol/l)  
Iron (umol/l)

**Pancreas: yes / no**

Glucose (mmol/l)  
Amylase (U/l)  
Lipase (U/l)

**Renal functions: yes / no**

Urea (mmol/l)  
Creatinine (umol/l)  
eGFR

**Liver functions: yes / no**

Total bilirubin (umol/l)  
Direct/conjugated bilirubin (umol/l)  
Indirect bilirubin (umol/l)  
ASAT/GOT (U/l)  
ALAT/GPT (U/l)  
Gamma GT (U/l)  
Alkaline phosphatase (U/l)  
Lactate dehydrogenase LDH (U/l)  
Protrombin (%)  
Protrombin INR

**Metabolism: yes / no**

Cholesterol (mmol/l)  
HDL cholesterol (mmol/l)  
LDL cholesterol (mmol/l)  
Triglycerides (mmol/l)  
Uric acid (umol/l)  
TSH (mU/l)  
HgbA1C (%)

**Proteins: yes / no**

- Total protein (g/l)
- Albumin (g/l)
- Globulin alfa1 (g/l)
- Globulin alfa2 (g/l)
- Globulin beta (g/l)
- Globulin gamma (g/l)
- Fibrinogen (g/l)

**Blood gases: yes / no**

sample: arterial/venous/capillary

- pH
- PaCO2 (Hgmm)
- PaO2 (Hgmm)
- cHCO3 (aP) actual bicarbonate (mmol/l)
- cHCO3 (aP,st) standard bicarbonate (mmol/l)
- Base excess (Be) (mmol/l)
- sO2 (%)

**Other: yes / no**

**9.2 Test**

**Take test (SARS-CoV-2) to confirm infection**      yes / no / no data

- if yes: rapid test      yes/no/no data  
date  
result: positive/negative/non-informative  
date  
result: positive/negative/non-informative  
date  
result: positive/negative/non-informative

**PCR**      yes / no / no data  
**date of sampling:** .....  
**date of results:** .....  
**result:** positive / negative / non-informative

**serology**      yes / no / no data  
**date of sampling:** .....  
**date of results:** .....  
**test type:**rapid test / ELISA / other test name:....(factory name)  
**test result:**    IgM pos / neg / non-informative  
                      IgA pos / neg / non-informative  
                      IgG pos / neg / non-informative

**9.3 Imaging: yes/no**

**Chest X-ray: yes / no**

if yes:

negative results

or

Ground-glass opacity: yes / no

Linear opacities: yes / no

Consolidation: yes / no

Interlobular septal thickening: yes / no

Crazy-paving pattern: yes / no

Spider web sign: yes / no

Bronchial wall thickening: yes / no

Subpleural curvilinear line: yes / no

Nodule: yes / no

Reticulation: yes / no

Lymph node enlargement: yes / no

Pleural effusion: yes / no

Pericardial effusion: yes / no

Involvement of

Right upper lobe: yes / no

Right middle lobe: yes / no

Right lower lobe: yes / no

Left upper lobe: yes / no

Left lower lobe: yes / no

Bilateral lung disease: yes / no

Number of lobes involved:.....

**Chest CT: yes / no**

if yes:

negative results

or

Ground-glass opacity: yes / no

Linear opacities: yes / no

Consolidation: yes / no

Interlobular septal thickening: yes / no

Crazy-paving pattern: yes / no

Spider web sign: yes / no

Bronchial wall thickening: yes / no

Subpleural curvilinear line: yes / no

Nodule: yes / no

Reticulation: yes / no

Lymph node enlargement: yes / no

Pleural effusion: yes / no



Pericardial effusion: yes / no

Involvement of

Right upper lobe: yes / no

Right middle lobe: yes / no

Right lower lobe: yes / no

Left upper lobe: yes / no

Left lower lobe: yes / no

Bilateral lung disease: yes / no

Number of lobes involved:.....

**Abdominal CT:** yes / no / no data

if yes: copy results

**Abdominal US:** yes / no / no data

if yes: copy results

**Skull CT:** yes / no / no data

if yes: copy results

**9.4 Respiratory tract infections:** yes/no

if yes:

**Pathogen:**

Influenza A

Influenza A H1N1/2009 subtype

Influenza A H1 subtype

Influenza A H3 subtype

Influenza B

Coronavirus 229E

Coronavirus HKU1

Coronavirus NL63

Coronavirus OC43

Parainfluenza virus 1

Parainfluenza virus 2

Parainfluenza virus 3

Parainfluenza virus 4

Respiratory syncytial virus A/B

Human metapneumovirus A/B

Adenovirus

Bocavirus

Rhinovirus/Enterovirus

Mycoplasma pneumoniae

Legionella pneumophila

## 10. Therapy

### 10.1. Immunomodulation and other medication: yes / no

**Immunoglobulin:** Yes / No / no data available  
if yes: 24-hour dose: .....

**Corticosteroids :** Yes / No / no data  
if yes:  
active substance:..... dose: .....

active substance:..... dose: .....

active substance:..... dose: .....

**Tocilizumab:** Yes / No / no data  
if yes: dose: ....

**Antiviral substance:** Yes / No / no data  
if yes:  
active substance:..... dose: .....

active substance:..... dose: .....

active substance:..... dose: .....

**Chloroquine:** Yes / No / no data  
if yes: dose: ....

**Azithromycin:** Yes / No / no data  
if yes: dose: ....

**Blood derivative:** yes/no  
if yes:convalescent plasma/rbc concentrate/fresh frozen plasma(FFP)/ platelet  
concentrate/granulocyte concentrate/other:.....

#### **Other medication?**

yes / no / no data

If yes: name of medication:.....

active substance:.....

dose: ..... (number only!)

unit: g / mg / IU / ug / ng

if fluid, concentration (e.g. 10%, 1g/2ml, etc.).....

how many times per day (e.g. 3): .....

method of administration: intravenous / intramuscular / oral / enteral / subcutan /  
inhalation/ transdermal / nasal / rectal / other:.....other  
notes: .....

**10.2 Circulatory support therapy: yes / no**

**Noradrenaline:** yes / no

if yes: highest dose:.....µg/kg/min daily dose:.....µg/24h

**2nd vasopressor/vasoactive agent:** yes / no

if yes: vasopressin, dopamine, ephinephrine, dobutamine  
dose:

**Lowest MAP:**..... (mmHg)

**MAP/NA ratio** (automatic)

**S(c)vO<sub>2</sub>** (lowest value):.....%

**10.3 Fluid therapy**

**Intravenous fluid:** yes / no

if yes: type of fluid:.....  
amount:.....ml

**Fluid balance in the last 24 hours:**.....mL

**Cumulative fluid balance:**.....mL

**10.4 Ventilation (Lung function): yes / no**

**O<sub>2</sub>-therapy:** yes / no

if yes: NC (nasal), FM, Venturi mask, NRB mask, HFNC

**NIV:** yes / no

if yes: Nasal, FM, Helmet

**Invasive ventilation:** yes /no

if yes: **mode of ventilation:** CPAP-PS, SIMV, PCV, BiPAP, ASV, APRV

**Prone:** Yes/No

**FiO2** (highest value):.....

**PaO2** (highest value):.....mmHg

**PaO2/FiO2**

**Tidal volume** (highest value):.....mL

**PEEP** (highest value):.....cmH2O

**Peak P** (highest value):.....cmH2O

**Driving pressure** (dP, cmH2O)\*(Peak P-PEEP)

**PaCO2** (highest value):.....mmHg

**ECMO:** Yes/No

**ECCO2R:** Yes/No

**EVLWi** (mL/kg)\*

*\* if PiCCO monitoring is available and considered by the treating physician*

**PVPI\***

*\* if PiCCO monitoring is available and considered by the treating physician*

### **Feeding**

**Type of feeding:** per os / nasogastric / nasojejunal / parenteral / PEG / other:....

## **11. Scores**

**Chronic organ damage or immunosuppression:** no / yes, patient underwent elective surgery / Yes, and patient is not operated or underwent emergency surgery / No data

SOFA\*

SOFA-CVS

SOFA-RESP

SOFA-Coag

SOFA-Liver

SOFA-Renal

SOFA-CNS

MEWS (Modified Early Warning Score)

**12. Time spent at the hospital**

Hours:....

**13. Epicrisis**

**What happened to the patient:** stayed at home / transferred / mortality

if stayed at home: **Is the patient asymptomatic?** yes / no / no data

if hospital admission: **site:** inpatient departmenty /subintensive care unit / ICU/ national center / other:...

**reason of admission:** due to clinical symptoms / home quarantine not feasible

if mortality: **date and time:** .....

**Epicrisis:**.....

**14. Biological samples**

**Whole blood:**            yes / no            if yes: **date of sampling:**.....  
if no: **reason:** no need, according to protocol / patient has been transfered or discharged before sampling / human failure

**Serum:**                    yes / no            if yes: **date of sampling:**.....  
if no: **reason:** no need, according to protocol / patient has been transfered or discharged before sampling / human failure

**Plasma:**                    yes / no            if yes: **date of sampling:**.....  
if no: **reason:** no need, according to protocol / patient has been transfered or discharged before sampling / human failure

**Saliva:**                    yes / no,            if yes: **date of sampling:**.....  
if no: **reason:** no need, according to protocol / patient has been transfered or discharged before sampling / human failure

**15. File upload and comments**

File upload

**Comments:** .....

**Who helped with filling out the forms?:** doctor: ..... nurse: .....