

Time of questioning:.....

1. Symptoms, complaints

Is the patient suitable for questioning? Yes / no

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

2. 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

3. Examinations

3.1 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)

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

3.3 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

3.4 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
Bordetella pertussis

3.5 Other test:

Name:

Findings:

4. Therapy

4.1. Immunomodulation, other medication and therapy: 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:....

Blood purification methods: yes/no

if yes: CytoSorb / CRRT (continuous renal replacement therapy) / HD (hemodialysis) / other:....

if CytoSorb: duration of therapy:....(hours)

adsorbent number:.....(1-15)

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:

4.2 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)vO2 (lowest value):.....%

4.3 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

4.4 Ventilation (Lung function): yes / no

O2-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

Proning: 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*

4.5 Feeding

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

5. 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)

6. Epicrisis

What happened to the patient: stayed / discharged/ transferred / mortality / other:...

if discharged:

Time of discharge: when (date / hour: minute):

Is the patient asymptomatic? yes / no / no data

if transferred:

To: inpatient department / sub-intensive care unit / ICU / national center / other:....

Reason: clinical symptoms / home quarantine not feasible /other:.....

Diagnosis:

if mortality :

Date and time:

7. 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:**.....

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

8. File upload and comments

File upload

Comments:

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