

Tartalom

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A form

Admission details and anamnestic data are recorded. Record data on this form until 23:59 on the day of admission.

1. Personal Information and Diagnosis

Date and Time of Admission:.....

Time of questioning:.....

Location of questioning: emergency outpatient / inpatient / subintensive care unit / ICU / other:....

Patient arrived from: home / other institution's emergency room / other institution (PCR result within 24 hours) **if inpatient** / other:....

Way of data collection: retrospective / prospective
If data collection is prospective, a signed consent form must be provided. If the patient is incapable of acting (confused, treated in an intensive care unit, or has an extremely rapid course of his or her disease), his or her data may be collected retrospectively.

Insurance number:

Name:

Date of birth:

Gender: male / female / no data

Race: White / Black / Indian / Asian / other:

Postal code:

Telephone number:

It's important that the patient has it on him/her. Mobile phone number if possible.

Former test result (SARS-CoV-2) to confirm infection: yes / no / no data

if yes: **Rapid test:** yes /no / no data
date:....
result: positive/negative/not informative
date:....
result: positive/negative/not informative
date:....
result: positive/negative/not informative

PCR yes / no / no data
Date of sampling:
Date of results:
Result: positive / negative / non-informative
 (the result must always be recorded on the day of sampling,
 even if it arrives later)

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

Take test (SARS-CoV-2) to confirm infection yes / no / no data
 Has a test been performed at the coronavirus center?

if yes: **Rapid test:** yes /no / no data
 date:....
 result: positive/negative/not informative
 date:....
 result: positive/negative/not informative
 date:....
 result: positive/negative/not 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

2. Details from medical history

2.1 Lifestyle

Occupation: healthcare worker / mental work / manual work / student / retired / unemployed
 / other:....
 manual work (blue collar): skilled, trained and auxiliary workers, etc.

intellectual work (white collar): office, administrative and banking area, etc.
If the patient is retired but works, check the type of the work instead of retired.

Smoking: yes / no

if yes: Amount (cigarettes/day):.....
For how many years?

if not: Did you smoke earlier? yes / no
if yes: Amount (pcs/occasion):.....
For how many years?.....
How long ago did you stop smoking?

Alcohol consumption: yes / no

if yes: frequency: occasionally/monthly/weekly/daily
amount (g/day):.....
since when? (years):.....
Alcohol consumption in the last 2 weeks:

if not: Did you drink alcohol earlier? yes / no
if yes: frequency: occasionally/monthly/weekly/daily
amount (g/occasion):.....
For how many years?.....
How long ago did you stop drinking alcohol?.....

Guide for estimation of the amount:

- 1 dl beer (4.5 vol. %) = ~3.5 g alcohol
- 1 dl wine (12.5 vol. %) = ~10 g alcohol
- 1 dl hard drink (50 vol. %) = ~40 g alcohol

Drug abuse: yes / no *Prescribed medication should not be included here.*

if yes: type of drug:.....
Amount:.....
for how many years:.....

Exercise

Do you exercise regularly for more than half an hour? yes / no / no data
if yes: frequency: daily, several times a week, once a week, monthly, less frequently than monthly
Outdoor or indoor?
type: walking / running / swimming / going to the gym / yoga / cycling / wall climbing / martial arts / dancing / gardening / ball game / other:.....
duration of one occasion: minutes (**average**)

2.2 Co-morbidities

Diabetes mellitus: yes / no / no data
 if yes: **Type?** Type I / Type II / Type III. / MODY / no data
Date of diagnosis (years)?.....

Hypertension: yes / no / no data
 if yes: **Date of diagnosis (years)?**.....
 (choose yes, if the patient has medication for it - even if blood pressure is in the physiological range)

COPD: yes / no / no data
 if yes: **Date of diagnosis (years)?**

Asthma: yes / no / no data
 if yes: **Date of diagnosis (years)?**.....

Cystic fibrosis: yes / no / no data
 if yes: **Date of diagnosis (years)?**..... ..

Other chronic respiratory disease: yes / no / no data
 if yes: **Date of diagnosis (years)?**..... ..
 (emphysema, silicosis, chronic bronchitis, pulmonary fibrosis, sarcoidosis, in case of any doubt ask the physician)

Autoimmune disease: yes / no / no data
 if yes: **Date of diagnosis (years)?**.....
 (inflammatory bowel disease, SLE, rheumatoid arthritis, Sjögren's syndrome, Basedow's disease, Hashimoto's thyroiditis, scleroderma, Reiter's syndrome, multiple sclerosis, anemia perniciosa, celiac disease, autoimmune hepatitis, PBC, PSC, ITP, in case of any doubt ask the physician)

Known underlying immunosuppression: yes / no / no data
 if yes: **type:** HIV-positive / long-term glucocorticoids / cyclosporine / azathioprine /other:
Since when (date: year)?
 Enter the oldest date

Cardiovascular diseases: yes / no / no data
 if yes: **type:** IHD / STEMI / NSTEMI / infarction/ angina / heart failure /cardiomyopathy / peripheral vascular disease / other:
Since when (date: year)?
 if heart failure: **NYHA class:** I / II / III / IV.

IHD: ischemic heart disease, STEMI and NSTEMI AMI, ie subtypes of acute myocardial infarction; infarction: if data about ST-elevation is not available
 cardiomyopathy: DCM, ie dilatative, HCM i.e. hypertrophic, RCM i.e. restrictive
 peripheral vascular disease: generalized atherosclerosis, bypass, stent
 if heart failure develops as a consequence of any of these disease, please indicate it here separately

Cancerous disease: yes / no / no data

Benign tumors (adenomas) are also to be indicated here

if yes: **type of tumor:** brain / thyroid / lung / breast / oral cavity / esophagus / stomach / colon / pancreas / liver / prostate / kidney / bladder / ovary / uterus / lymphoma / leukemia / skin: other.....

Date of diagnosis (years)?

Type? benign / malignant

Currently treated: yes / no

Cirrhosis of the liver: yes / no / no data

if yes: **Date of diagnosis (years)?**

Child class: A / B / C

Other chronic liver disease :: yes / no / no data

if yes, please specify

Date of diagnosis (years)?

(autoimmune hepatitis, PBC, PSC, adenoma, NAFLD, fatty liver, peilosis hepatis, intrahepatic cholestasis, chronic viral hepatitis, in case of any doubt the issue should be decided with medical help)

Dialysis-dependent: yes / no / no data

if yes: **Since when (date: year)?**

Other chronic kidney disease: yes / no / no data

if yes, please **specify:**.....

Date of diagnosis (years)?

(decrease of eGFR may help; nephrosclerosis, cirrhosis of the kidney, renal artery stenosis, if the patient has only one kidney but it is working well then it should not be marked. In case of any doubt the issue should be resolved with medical help)

2.3. Other

Do you need oxygen therapy at home? yes / no / no data

Recieved BCG vaccine: yes / no / no data

Currently pregnant? yes / no / no data

if yes: week of pregnancy?

Are you breastfeeding? yes / no / no data

Have you been hospitalized in the past year? yes / no / no I remember

if yes: **For what reason?** pregnancy / accident / surgery / treatment of my underlying disease / pneumonia / examination / I don't remember anymore, but I was in the hospital

How many times?

2.4 Medications

Medications taken regularly: yes / no

Please specify the name of the active substance (e.g. “acetylsalicylic acid”). Please specify the amount using the International System of Units –SI (e.g. milligram, gram)

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:

3. Risk behavior

(the patient should be told that we only use this as anonymous data, we are not interested in violations of current regulations, we just collect data on the spread of the virus)

How many people live in your household?

How much time passed between the onset of symptoms (if you had any) and your visit to the doctor? days / I didn't have symptoms

How many people have you met in the 2 weeks preceding your symptoms/ (incase of no symptoms) diagnosis?

Have you been in contact with someone who had characteristic symptoms or later was diagnosed with COVID-19 before the onset of your symptoms/your diagnosis? yes/no

With how many people have you been in contact after the onset of your symptoms/ diagnosis?

In the last two weeks, how often do you leave your home?/week

Before the onset of symptoms/ your diagnosis, did you use protective masks or gloves when you went shopping/ to the pharmacy or anywhere frequented? yes/no

Did you use public transport in the last two weeks? no/ (almost) every day/ a few times

4. Symptoms, complaints: yes / no / no data

according to the patient, it doesn't only apply to admission day

Can the patient be interviewed? yes/no

Symptoms, complaints: yes/no

If yes:

How long have you had symptoms (hours):

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 (**not stress induced**)

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
(what has been typical since the illness)

5. Status

On-admisszon status (ER) strictly!

Blood pressure: / Hgmm

Heart rate: / min

Mean Arterial Pressure (MAP) (automatically calculated)

Weight:..... kg or g

Height: cm

BMI (automatically calculated)

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:

If the patient is confused, GCS cannot be 15. In case of sedated or intubated patients please choose the no data option.

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

Kidney: creatinine> 170 µmol / l or urine volume <500 ml / 24 h

KIR: GCS score <13

Lungs: need oxygen therapy / ventilation

Circulation: vasopressor therapy

Liver: diagnosis of acute liver failure (requires medical competence)

6. Examinations

6.1 Laboratory: yes / no

Date:.....

If there isn't a laboratory test on this day, but there is one a few days earlier, fill out that data.

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:.....

6.2 Imaging: yes / no

Chest X-ray: yes / no

if yes:

date:.....

If there isn't a laboratory test on this day, but there is one a few days earlier, fill out that data.

negative result

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:.....

Involvement of lobes or bilateral lung disease should be marked in the case of the listed diseases except for the pericardial and pleural effusion.

Chest CT: yes / no

if yes:

date:.....

If there isn't a laboratory test on this day, but there is one a few days earlier, fill out that data.

negative result

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:.....

Involvement of lobes or bilateral lung disease should be marked in the case of the listed diseases except for the pericardial and pleural effusion.

Abdominal CT: yes / no / no data
if yes: date and copy results

Abdominal US: yes / no / no data
if yes: date and copy results

Skull CT: yes / no / no data
if yes: date and copy results

6.3 . Other test:

Name: **For example abdominal X-ray, Doppler, cardiac ultrasound etc.**

Date:

Findings:

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

7. Therapy

7.1. all medications administered this day

Immunoglobulin: Yes / No / no data available

if yes: 24-hour dose:

if the patient is receiving IVIG therapy.

Corticosteroids : Yes / No / no data

if yes:

active substance:..... dose:

active substance:..... dose:

active substance:..... dose:

(SYSTEMIC STEROID ONLY, inhalations are not indicated as immunosuppression):

beclomethasone

betamethasone

budesonide

cortisone

dexamethasone

hydrocortisone

methylprednisolone

prednisolone

prednisone
triamcinolone

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:

5'-Guanylmethylenebisphosphonate	Dasabuvir	Indinavir	Palivizumab
Abacavir	Delavirdine	Ingavirin	Paritaprevir
Acyclovir	Dexelvucitabine	Inosine pranobex	Peginterferon alfa-2a
Adafosbuvir	Didanosine	Interferon alfa	Peginterferon alfa-2b
Adefovir	Docosanol	Interferon alfacon-1	Penciclovir
Adefovir dipivoxil	Dolutegravir	Interferon alfa-n1	Peramivir
Alovudine	Doravirine	Interferon beta-1a	PF-232798
Alovudine F-18	Edoxudine	Islatravir	Pibrentasvir
Amantadine	Efavirenz	JE-2147	Pirodavir
Amprenavir	Elbasvir	JPC-3210	Pleconaril
Artesunate	Elvitegravir	L-756423	Podofilox
Asunaprevir	Elvucitabine	Lamivudine	Pritelivir
Atazanavir	Emivirine	Laninamivir	R-82913
Ateviridine	Emtricitabine	Laninamivir octanoate	Racivir
Baloxavir	Enfuvirtide	Lapachone	Radavirsen
Baloxavir marboxil	Entecavir	Ledipasvir	Raltegravir
Beclabuvir	Etravirine	Leronlimab	Ravidasvir
Betulinic Acid	Faldaprevir	Letermovir	Remdesivir
Bictegravir	Famciclovir	Lobucavir	Ribavirin
BMS-488043	Favipiravir	Lopinavir	Rilpivirine
BMS-955176	Fiacitabine	Maraviroc	Rimantadine
Boceprevir	Fialuridine	Maribavir	Ritonavir
Brivudine	Fomivirsen	Metisazone	Rupintrivir
Calanolide A	Fosamprenavir	Moroxydine	Ruzasvir
Capravirine	Foscarnet	Nelfinavir	Saquinavir
Cenicriviroc	Ganciclovir	Nevirapine	Simeprevir
Cidofovir	Glecaprevir	N-hydroxyguanidine	Sinecatechins
Clevudine	Grazoprevir	Odalasvir	Sofosbuvir
Daclatasvir	GS-441524	Ombitasvir	Sorivudine
Dapivirine	Ibacitabine	Opaviriline	Stavudine
Darunavir	Ibalizumab	Oseltamivir	Taribavirin
	Idoxuridine	Oseltamivir acid	Tecovirimat

Telaprevir	Triazavirin	Valganciclovir	Voxilaprevir
Telbivudine	Trifluridine	Valomaciclovir	Zalcitabine
Tenofovir	Tromantadine	Valomaciclovir stearate	Zanamivir
Tenofovir alafenamide	UC-781	Vedroprevir	Zidovudine
Tenofovir disoproxil	Umifenovir	Velpatasvir	
Tipranavir	Uprifosbuvir	Vesatolimod	
TMC-310911	Valaciclovir	Vidarabine	

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

Other medication?
All medications except the ones already indicated on this form should be uploaded.
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:

7.2 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 (automatically calculated)

S(c)vO₂ (lowest value):.....%

7.3 Fluid therapy

Intravenous fluid: yes / no
if yes: type of fluid:.....
amount:.....ml

Record the type and amount of fluids that had been ordered on the given day.

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

The difference between the amount of fluid taken into the body and the amount excreted or lost during 24 hours.

Cumulative fluid balance:.....mL

Fluid balance of the next day should be added to or extracted from the previous day's value.

7.4 Ventilation (Lung function): yes / no

O₂-therapy: yes / no
if yes: NC (nasal), FM, Venturi mask, NRB mask, HFNC

NIV: yes / no **non-invasive ventilation**
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):..... (number only, between 0-1)

Calculate it, based on:

<https://louisville.edu/medicine/departments/medicine/divisions/gimedicine/physician-resources/calculators-and-tools-files/fraction-of-inspired-oxygen-pdf>

PaO₂ (highest value):.....mmHg

PaO₂/FiO₂ (automatically calculated)

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

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

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

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

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*

7.5 Feeding

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

8. Scores

Chronic organ damage or immunosuppression: no / yes, patient underwent elective surgery / Yes, and patient is not operated or underwent emergency surgery / No data should be marked yes if NYHA IV; cirrhosis; chronic respiratory disease are checked, or if the patient has pulmonary pressure > 40 mmHg / due to inability to climb stairs / do minimal physical work / documented chronic hypoxia / hypercapnia, in need of respiratory support at home; dialysis; immunocompromised - due to AIDS, lymphoma, leukemia, chemotherapy, radiotherapy, immunosuppressive agents or steroid therapy

SOFA*

SOFA-CVS

SOFA-RESP

SOFA-Coag

SOFA-Liver

SOFA-Renal

SOFA-CNS

MEWS (Modified Early Warning Score)

9. Epicrisis (outcome of admission)

What happened to the patient: discharged/ transferred / mortality / staying at ward / other:....

if discharged:

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

According to the final report

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:

From the emergency department documentation

if mortality :

Date and time:

Epicrisis:.....

10. Biological samples

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

11. File upload and comments

File upload All documentation related to the case: former PCR results, final report, outpatient report

Comments:

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

12. Case characteristics

(data related to this specific case, can only be filled out when the case is closed)

Severity: mild / moderate / severe / critical

Classification according to the following criteria:

- *Mild Illness:* Individuals who have any of various signs and symptoms (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal imaging
- *Moderate Illness:* Individuals who have evidence of lower respiratory disease by clinical assessment or imaging and in need of oxygen or have dyspnea/tachypnea
- *Severe Illness:* Individuals who have respiratory frequency >30 breaths per minute, SpO₂ ≤93% on room air at sea level, ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO₂/FiO₂) <300, or lung infiltrates >50% (within 24-48 hours)
- *Critical Illness:* Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction or need to be ventilated

Mortality: yes / no

if yes: time of death:

Has a release test been performed? 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: (factory name)
test result: IgM pos / neg / non-informative
 IgA pos / neg / non-informative

IgG pos / neg / non-informative

Closing date:.....

B form

Should be filled out if the patient is at home and is still symptomatic. Record data on this form at the given day from 0:00 till 23:59. Record only the worst values in this time interval. In case of hospital admission this form will be discarded and a C or D form will be filled out instead.

1. General information

Date and time of calling:.....

Patient answered the phone: yes / no

if no: **time of new calling attempt:**.....

only applies to the given day

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 (not stress induced)

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
(if the patient didn't have stool since the last call, mark 'no stool')

3. Status

If there were several measurements, then upload the worst values for that day.

Blood pressure:...../ Hgmm

Heart rate:..... / perc

Weight:..... kg

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

All other medication taken on that day must be registered. You may want to ask if there is something new or stopped compared to the previous B from and modify the list accordingly.

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:

5. COVID test at home

Test performed? Yes / no / no data **Only on that day.**

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

Only if the examination happened at the patient's home. In case of an emergency room (ER) appearance, record that on the next section. Examination by an ambulance doctor does not matter.

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 no, jump to the epicrisis section

if yes: If yes, fill out all the following sections.

What happened to the patient: discharged / transferred(if transferred, fill out a C or D form) / 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

Record the worst values on the given day.

Blood pressure: ... / Hgmm Record the worst BP measurement based on the systolic value.

Heart rate: / min

Mean Arterial Pressure (MAP):

Weight:..... kg

Respiratory rate: / min

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

Oxygen saturation (SpO2):% Is the patient receiving oxygen therapy or on ventilation? yes/no

Glasgow scale:

If the patient is confused, GCS cannot be 15. In case of sedated or intubated patients please choose the no data option.

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

Kidney: creatinine > 170 µmol / l or urine volume <500 ml / 24 h

CNS: GCS score <13

Lungs: oxygen therapy / ventilation

Circulation: vasopressor therapy

Liver: diagnosis of acute liver failure (requires medical competence)

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)

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:.....

Involvement of lobes or bilateral lung disease should be marked in the case of the listed diseases except for the pericardial and pleural effusion.

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:.....

Involvement of lobes or bilateral lung disease should be marked in the case of the listed diseases except for the pericardial and pleural effusion.

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

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

all medications administered this day

Immunoglobulin: Yes / No / no data available
if yes: 24-hour dose:
if the patient is receiving IVIG therapy.

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

(SYSTEMIC STEROID ONLY, inhalations are not indicated as immunosuppression):

- beclomethasone
- betamethasone
- budesonide
- cortisone
- dexamethasone
- hydrocortisone
- methylprednisolone
- prednisolone
- prednisone
- triamcinolone

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:

- | | | | |
|-----------------|-----------------|-----------|-------------|
| 5'- | nebisphosphonat | Abacavir | Adafosbuvir |
| Guanylylmethyle | e | Acyclovir | Adefovir |

Adefovir dipivoxil	Emtricitabine	Lobucavir	Rupintrivir
Alovudine	Enfuvirtide	Lopinavir	Ruzasvir
Alovudine F-18	Entecavir	Maraviroc	Saquinavir
Amantadine	Etravirine	Maribavir	Simeprevir
Amprenavir	Faldaprevir	Metisazone	Sinecatechins
Artesunate	Famciclovir	Moroxydine	Sofosbuvir
Asunaprevir	Favipiravir	Nelfinavir	Sorivudine
Atazanavir	Fiacitabine	Nevirapine	Stavudine
Ateviridine	Fialuridine	N-	Taribavirin
Baloxavir	Fomivirsen	hydroxyguanidin	Tecovirimat
Baloxavir	Fosamprenavir	e	Telaprevir
marboxil	Foscarnet	Odalasvir	Telbivudine
Beclabuvir	Ganciclovir	Ombitasvir	Tenofovir
Betulinic Acid	Glecaprevir	Opaviralin	Tenofovir
Bictegravir	Grazoprevir	Oseltamivir	alafenamide
BMS-488043	GS-441524	Oseltamivir acid	Tenofovir
BMS-955176	Ibacitabine	Palivizumab	disoproxil
Boceprevir	Ibalizumab	Paritaprevir	Tipranavir
Brivudine	Idoxuridine	Peginterferon	TMC-310911
Calanolide A	Indinavir	alfa-2a	Triazavirin
Capravirine	Ingavirin	Peginterferon	Trifluridine
Cenicriviroc	Inosine pranobex	alfa-2b	Tromantadine
Cidofovir	Interferon alfa	Penciclovir	UC-781
Clevudine	Interferon	Peramivir	Umifenovir
Daclatasvir	alfacon-1	PF-232798	Uprifosbuvir
Dapivirine	Interferon alfa-n1	Pibrentasvir	Valaciclovir
Darunavir	Interferon beta-	Pirodavir	Valganciclovir
Dasabuvir	1a	Pleconaril	Valomaciclovir
Delavirdine	Islatravir	Podofilox	Valomaciclovir
Dexelvucitabine	JE-2147	Pritelivir	stearate
Didanosine	JPC-3210	R-82913	Vedroprevir
Docosanol	L-756423	Racivir	Velpatasvir
Dolutegravir	Lamivudine	Radavirsen	Vesatolimod
Doravirine	Laninamivir	Raltegravir	Vidarabine
Edoxudine	Laninamivir	Ravidasvir	Voxilaprevir
Efavirenz	octanoate	Remdesivir	Zalcitabine
Elbasvir	Lapachone	Ribavirin	Zanamivir
Elvitegravir	Ledipasvir	Rilpivirine	Zidovudine
Elvucitabine	Leronlimab	Rimantadine	
Emivirine	Letermovir	Ritonavir	

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?

All medications except the ones already indicated on this form should be uploaded.

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

10.3 Fluid therapy

Intravenous fluid: yes / no

if yes: type of fluid:.....

amount:.....ml

Record the type and amount of fluids that had been ordered on the given day.

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

The difference between total fluid intake and excretion during 24 hours.

Cumulative fluid balance:.....mL

Fluid balance of the next day should be added to or extracted from the previous day's value.

10.4 Ventilation (Lung function): yes / no

O2-therapy: yes / no

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

NIV: yes / no **non-invasive ventilation**

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):..... (number only, between 0-1)

Calculate it, based on:

<https://louisville.edu/medicine/departments/medicine/divisions/gimedicine/physician-resources/calculators-and-tools-files/fraction-of-inspired-oxygen-pdf>

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

PaO2/FiO2 (automatic)

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

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

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

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

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*

10.5 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 should be marked yes if NYHA IV; cirrhosis; chronic respiratory disease are checked, or if the patient has pulmonary pressure > 40 mmHg / due to inability to climb stairs / do minimal physical work / documented chronic hypoxia / hypercapnia, in need of respiratory support at home; dialysis; immunocompromised - due to AIDS, lymphoma, leukemia, chemotherapy, radiotherapy, immunosuppressive agents or steroid therapy

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

should be filled out the next morning:

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 froms?: doctor: ... nurse:

C Form

Record data on this form from 0:00 until 23:59 on the given day. Record only the worst values in this time interval. If the patient is transferred to sub-intensive or intensive care unit, fill out a D form. If the patient is discharged but still has symptoms, fill out a B form the next day.

Time of questioning:.....

1. Symptoms, complaints

Can the patient be interviewed? yes/no

Symptoms, complaints: 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 (**not stress induced**)

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
(if the patient didn't have stool since the last call, mark 'no stool')

2. Status

If there were several measurements, then upload the worst values for that day.

Blood pressure: ... / ... Hgmm
lowest, based on the systolic value

Heart rate: / min

Mean Arterial Pressure (MAP):

Weight:... .. kg

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:

If the patient is confused, GCS cannot be 15. In case of sedated or intubated patients please choose the no data option.

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

Kidney: creatinine > 170 $\mu\text{mol} / \text{l}$ or urine volume < 500 ml / 24 h

CNS: GCS score < 13

Lungs: oxygen therapy / ventilation

Circulation: vasopressor therapy

Liver: diagnosis of acute liver failure (requires medical competence)

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 ($\mu\text{g/l}$)

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 ($\mu\text{mol/l}$)

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) aktuális bikarbonát (mmol/l)

CHCO₃ (aP, st) standard bikarbonát (mmol/l)

Base Excess (BE) (mmol/l)

sO₂ (%)

Other:.....

3.2 Test

Take test (SARS-CoV-2) to confirm infection yes / no / no data
 Has a test been performed at the coronavirus center?

if yes: **Rapid test:** yes / no / no data
 date:.....
 result: positive/negative/not informative
 date:.....
 result: positive/negative/not informative
 date:.....
 result: positive/negative/not 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

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:.....

Involvement of lobes or bilateral lung disease should be marked in the case of the listed diseases except for the pericardial and pleural effusion.

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:.....

Involvement of lobes or bilateral lung disease should be marked in the case of the listed diseases except for the pericardial and pleural effusion.

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:

For example abdominal X-ray, Doppler, cardiac ultrasound etc.

Name:

Findings:

4. Therapy

4.1. Immunomodulation, other medication and therapy: yes / no

all medications administered this day

Immunoglobulin: Yes / No / no data available

if yes: 24-hour dose:

if the patient is receiving IVIG therapy.

Corticosteroids : Yes / No / no data

if yes:

active substance:..... dose:

active substance:..... dose:

active substance:..... dose:

(SYSTEMIC STEROID ONLY, inhalations are not indicated as immunosuppression):

beclomethasone

betamethasone

budesonide

cortisone

dexamethasone

hydrocortisone

methylprednisolone

prednisolone

prednisone

triamcinolone

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:

5'-Guanylmethylenebisphosphonate

Abacavir

Acyclovir

Adafosbuvir

Adefovir

Adefovir dipivoxil

Alovudine

Alovudine F-18

Amantadine

Amprenavir

Artesunate

Asunaprevir

Atazanavir

Ateviridine

Baloxavir

Baloxavir marboxil

Beclomethasone

Betulinic Acid

Bictegrovir

BMS-488043

BMS-955176

Boceprevir

Brivudine

Calanolide A

Capravirine

Cenicriviroc

Cidofovir

Clevudine

Daclatasvir

Dapivirine

Darunavir

Dasabuvir

Delavirdine

Dexelvucitabine

Didanosine

Docosanol

Dolutegravir

Doravirine

Edoxudine

Efavirenz

Elbasvir

Elvitegravir

Elvucitabine

Emivirine

Emtricitabine

Enfuvirtide

Entecavir

Etravirine

Faldaprevir

Famciclovir

Favipiravir

Fiacitabine

Fialuridine

Fomivirsen

Fosamprenavir

Foscarnet

Ganciclovir

Glecaprevir

Grazoprevir

GS-441524

Ibacitabine

Ibalizumab

Idoxuridine

Indinavir

Ingavirin

Inosine pranobex

Interferon alfa

Interferon alfacon-1	N-hydroxyguanidine	Ravidasvir	TMC-310911
Interferon alfa-n1	Odalasvir	Remdesivir	Triazavirin
Interferon beta-1a	Ombitasvir	Ribavirin	Trifluridine
Islatravir	Opaviralin	Rilpivirine	Tromantadine
JE-2147	Oseltamivir	Rimantadine	UC-781
JPC-3210	Oseltamivir acid	Ritonavir	Umifenovir
L-756423	Palivizumab	Rupintrivir	Upriposbuvir
Lamivudine	Paritaprevir	Ruzasvir	Valaciclovir
Laninamivir	Peginterferon alfa-2a	Saquinavir	Valganciclovir
Laninamivir octanoate	Peginterferon alfa-2b	Simeprevir	Valomaciclovir
Lapachone	Penciclovir	Sinecatechins	Valomaciclovir stearate
Ledipasvir	Peramivir	Sofosbuvir	Vedroprevir
Leronlimab	PF-232798	Sorivudine	Velpatasvir
Letermovir	Pibrentasvir	Stavudine	Vesatolimod
Lobucavir	Pirodavir	Taribavirin	Vidarabine
Lopinavir	Pleconaril	Tecovirimat	Voxilaprevir
Maraviroc	Podofilox	Telaprevir	Zalcitabine
Maribavir	Pritelivir	Telbivudine	Zanamivir
Metisazone	R-82913	Tenofovir	Zidovudine
Moroxydine	Racivir	Tenofovir alafenamide	
Nelfinavir	Radavirsen	Tenofovir disoproxil	
Nevirapine	Raltegravir	Tipranavir	

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?

All medications ordered on the given day should be uploaded.

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 Fluid therapy: yes / no

Intravenous fluid: yes / no

if yes: type of fluid:.....

amount:.....ml

Record the type and amount of fluids that had been ordered on the given day.

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

The difference between the amount of fluid taken into the body and the amount excreted or lost during 24 hours.

Cumulative fluid balance:.....mL

Fluid balance of the next day should be added to or extracted from the previous day's value.

4.3 Ventilation (Lung function): yes/no

If yes:

O2-therapy: yes / no

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

FiO2 (highest value):

Calculate it, based on:

<https://louisville.edu/medicine/departments/medicine/divisions/gimedicine/physician-resources/calculators-and-tools-files/fraction-of-inspired-oxygen-pdf>

4.4 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 should be marked yes if NYHA IV; cirrhosis; chronic respiratory disease are checked, or if the patient has pulmonary pressure > 40 mmHg / due to inability to climb stairs / do minimal physical work / documented chronic hypoxia / hypercapnia, in need of respiratory support at home; dialysis; immunocompromised - due to AIDS, lymphoma, leukemia, chemotherapy, radiotherapy, immunosuppressive agents or steroid therapy

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

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 transferred 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 transferred 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 transferred 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 transferred or discharged before sampling / human failure

8. File upload and comments

File upload

Comments:

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

D Form

Record data on this form from 0:00 until 23:59 on the given day. Record only the worst values in this time interval. If the patient is transferred to inpatient department, fill out a C form. If the patient is discharged but still has symptoms, fill out a B form the next day.

Time of questioning:.....

1. Symptoms, complaints

Is the patient suitable for questioning? Yes / no

Mark no if the patient is sedated or on ventilation. Mark yes if the patient is awake, oriented and able to answer questions.

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 (**not stress induced**)

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 **(if the patient didn't have stool since the last call, mark 'no stool')**

2. Status

If there were several measurements, then upload the worst values for that day.

Blood pressure: ... / ... Hgmm
lowest, based on the systolic value

Heart rate: ... / min

Mean Arterial Pressure (MAP):

Weight:... kg / g

Respiratory rate: ... / min

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

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

Glasgow scale:

If the patient is confused, GCS cannot be 15. In case of sedated or intubated patients please choose the no data option.

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

Kidney: creatinine > 170 $\mu\text{mol} / \text{l}$ or urine volume < 500 ml / 24 h

CNS: GCS score < 13

Lungs: oxygen therapy / ventilation

Circulation: vasopressor therapy

Liver: diagnosis of acute liver failure (requires medical competence)

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 ($\mu\text{g/l}$)

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 ($\mu\text{mol/l}$)

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) aktuális bikarbonát (mmol/l)

cHCO₃ (aP, st) standard bikarbonát (mmol/l)

Base Excess (BE) (mmol/l)

sO2 (%)

Other:.....

3.2 Test

Take test (SARS-CoV-2) to confirm infection yes / no / no data
 Has a test been performed at the coronavirus center?

if yes: **Rapid test:** yes /no / no data
 date:.....
 result: positive/negative/not 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

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:.....

Involvement of lobes or bilateral lung disease should be marked in the case of the listed diseases except for the pericardial and pleural effusion.

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:.....

Involvement of lobes or bilateral lung disease should be marked in the case of the listed diseases except for the pericardial and pleural effusion.

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:

For example abdominal X-ray, Doppler, cardiac ultrasound etc.

Name:

Findings:

4. Therapy

4.1. Immunomodulation, other medication and therapy: yes / no

all medications administered this day

Immunoglobulin: Yes / No / no data available

if yes: 24-hour dose:

if the patient is receiving IVIG therapy.

Corticosteroids : Yes / No / no data

if yes:

active substance:..... dose:

active substance:..... dose:

active substance:..... dose:

(SYSTEMIC STEROID ONLY, inhalations are not indicated as immunosuppression):

beclomethasone

betamethasone

budesonide

cortisone

dexamethasone

hydrocortisone

methylprednisolone

prednisolone

prednisone

triamcinolone

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:

5'-Guanylmethylenebisphosphate Acid nate

Abacavir

Acyclovir

Adafosbuvir

Adefovir

Adefovir dipivoxil

Alovudine

Alovudine F-18

Amantadine

Amprenavir

Artesunate

Asunaprevir

Atazanavir

Atevirdine

Baloxavir

Baloxavir marboxil

Beclabuvir

Bictegravir

BMS-488043

BMS-955176

Boceprevir

Brivudine

Calanolide A

Capravirine

Cenicriviroc

Cidofovir

Clevudine

Daclatasvir

Dapivirine

Darunavir

Dasabuvir

Delavirdine

Dexelvucitabine

Didanosine

Docosanol

Dolutegravir

Doravirine

Edoxudine

Efavirenz

Elbasvir

Elvitegravir

Elvucitabine

Emivirine

Emtricitabine

Enfuvirtide

Entecavir

Etravirine

Faldaprevir

Famciclovir

Favipiravir

Fiacitabine

Fialuridine

Fomivirsen

Fosamprenavir

Foscarnet

Ganciclovir

Glecaprevir

Grazoprevir

GS-441524

Ibicitabine

Ibalizumab

Idoxuridine

Indinavir

Ingavirin

Inosine pranobex

Interferon alfa

Interferon alfacon-1

Interferon alfa-n1

Interferon beta-1a

Islatravir

JE-2147	Opaviriline	Ribavirin	Triazavirin
JPC-3210	Oseltamivir	Rilpivirine	Trifluridine
L-756423	Oseltamivir acid	Rimantadine	Tromantadine
Lamivudine	Palivizumab	Ritonavir	UC-781
Laninamivir	Paritaprevir	Rupintrivir	Umifenovir
Laninamivir octanoate	Peginterferon alfa-2a	Ruzasvir	Uprifosbuvir
Lapachone	Peginterferon alfa-2b	Saquinavir	Valaciclovir
Ledipasvir	Penciclovir	Simeprevir	Valganciclovir
Leronlimab	Peramivir	Sinecatechins	Valomaciclovir
Letermovir	PF-232798	Sofosbuvir	Valomaciclovir stearate
Lobucavir	Pibrentasvir	Sorivudine	Vedroprevir
Lopinavir	Pirodavir	Stavudine	Velpatasvir
Maraviroc	Pleconaril	Taribavirin	Vesatolimod
Maribavir	Podofilox	Tecovirimat	Vidarabine
Metisazone	Pritelivir	Telaprevir	Voxilaprevir
Moroxydine	R-82913	Telbivudine	Zalcitabine
Nelfinavir	Racivir	Tenofovir	Zanamivir
Nevirapine	Radavirsen	Tenofovir alafenamide	Zidovudine
N-hydroxyguanidine	Raltegravir	Tenofovir disoproxil	
Odalasvir	Ravidasvir	Tipranavir	
Ombitasvir	Remdesivir	TMC-310911	

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?

All medications ordered on the given day should be uploaded.

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

Record the type and amount of fluids that had been ordered on the given day.

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

The difference between the amount of fluid taken into the body and the amount excreted or lost during 24 hours.

Cumulative fluid balance:.....mL

Fluid balance of the next day should be added to or extracted from the previous day's value.

4.4 Ventilation (Lung function): yes / no

O2-therapy: yes / no

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

NIV: yes / no **non-invasive ventilation**

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):.....

Calculate it, based on:

<https://louisville.edu/medicine/departments/medicine/divisions/gimedecine/physician-resources/calculators-and-tools-files/fraction-of-inspired-oxygen-pdf>

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 should be marked yes if NYHA IV; cirrhosis; chronic respiratory disease are checked, or if the patient has pulmonary pressure > 40 mmHg / due to inability to climb stairs / do minimal physical work / documented chronic hypoxia / hypercapnia, in need of respiratory support at home; dialysis; immunocompromised - due to AIDS, lymphoma, leukemia, chemotherapy, radiotherapy, immunosuppressive agents or steroid therapy

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 transferred 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

8. File upload and comments

File upload

Comments:

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