



# Influenza, RSV and COVID-19 Enhanced Surveillance Critical Care – Adult Admission Form

Fidhmeannacht na Seirbhíse Sláinte  
Health Service Executive



Forename  Surname  MRN

Sex: Female  Male

DOB:  Age:  Weight  kg Height  m BMI  Kg/m<sup>2</sup>

HSE area of Residence  County of Residence  Country of Residence

Country of birth  Ethnicity  Occupation

GP Name  Health care worker Yes  No  Unknown

GP Telephone  GP Address

All information completed on this form should relate to the patient's admission to THIS hospital, not referring hospital

Name hospital

Date of hospital admission  Date of admission to ICU

Source of ICU admission: From within this hospital  Ward   
OR  
Emergency department

From another hospital  ICU   
OR  
Non-ICU  Name of hospital

## Clinical Details

Was COVID-19 infection the primary cause of ICU admission as clinically assessed by the ICU medical team

Yes  No, contributory factor  No  Not applicable (if notifying influenza)

If the answer is "no" or "no contributory factor", there is no requirement to complete this form. Please complete the form for influenza and RSV cases

Please select organisms that apply

SARS-CoV-2 (COVID-19)  Influenza A (not subtyped)  Influenza A (H1) pdm 2009   
Influenza A (H3)  Influenza B  Respiratory syncytial virus (RSV)

Co-infected with iGAS Yes  No  Unknown  Co-infected with RSV Yes  No  Unknown

Date of onset of symptoms  Date of diagnosis

Was the infection determined to be hospital acquired? Yes  No  Unknown

### Influenza Vaccine Status

Vaccinated against influenza Yes  No  Unknown  Date of influenza vaccination:

Influenza vaccine type (if available) LAIV (nasal)<sup>1</sup>  QIV<sup>2</sup>  Other  Unknown

### COVID-19 Vaccine Status

Vaccinated against COVID-19 (any dose) Yes  No  Unknown  Number of doses

## SOFA score on admission to this ICU

Parameter	0	1	2	3	4	Total
[PaO <sub>2</sub> kPa /FiO <sub>2</sub> ] ratio*	> 40	30-39	20-29	10-19	< 10	
Platelet count (10 <sup>6</sup> /L)	>150	≤150	≤ 100	≤ 50	≤ 20	
Bilirubin (umol/L)	< 20	20-32	33-100	101-203	> 203	
Hypotension	MAP > 70mmHg	MAP < 70mmHg	Dop ≤ 5 or equivalent	Dop >5 or Epi ≤ 0.1 or Norepi ≤ 0.1	Dop > 15 or Epi > 0.1 or Norepi > 0.1	
GCS	15	13-14	10-12	6-9	< 6	
Serum Creatinine* (umol/L)	< 106	107-168	169-300	301-433	> 434	
<b>Total</b>						

Does the patient have Acute Respiratory Distress Syndrome on admission\*? Yes  No

Does the patient require non-invasive advanced respiratory support (CPAP, BiPAP or HFNO) on admission? Yes  No

Does the patient require invasive mechanical ventilation on admission? Yes  No

Does the patient require renal replacement therapy (CRRT) on admission? Yes  No

\*See Definitions – page 4

## Comments

<sup>1</sup> LAIV refers to Live Attenuated Influenza Vaccine

<sup>2</sup> QIV refers to Quadrivalent Influenza Vaccine

Signature

Date

MRN Initials DOB **Underlying Medical Conditions in Adults**

Underlying medical condition	Yes	No	Unknown
Does the case have any underlying medical conditions?			
<b>Chronic heart disease</b>			
<b>Hypertension</b>			
<b>Chronic kidney disease</b>			
<b>Chronic liver disease</b>			
<b>Chronic neurological disease</b>			
<b>Cancer/malignancy</b> including hematological <sup>1</sup>			
<b>Immunodeficiency/Immunosuppression</b>			
Due to HIV			
Due to Solid Organ Transplantation			
Due to Therapy (chemotherapy, radiotherapy, high dose steroids, immunomodulators, anti-TNF agents, etc. (see definitions pg 4)			
Due to Primary immunodeficiency (see definitions pg4)			
Due to inherited metabolic disorders			
Due to asplenia or hyposplenia			
<b>Chronic respiratory disease including:</b>			
Chronic obstructive pulmonary disease (COPD) (including chronic bronchitis and emphysema)			
Bronchiectasis			
Cystic fibrosis			
Interstitial lung fibrosis			
Asthma (requiring medication)			
Mild to moderate			
Severe (uncontrolled despite proper medication and treatment)			
Other			
<b>Pregnant</b>			
Week of gestation			
<b>Is the case &lt;= 6 weeks post partum</b>			
<b>Diabetes mellitus</b>			
Type I			
Type II			
Gestational diabetes			
<b>Hypothyroidism</b>			
<b>Haemoglobinopathy</b>			
<b>Alcohol related disease</b>			
<b>Other</b>			

**Other underlying medical conditions, please specify:**Smoking status: Current smoker  Never smoked  Former smoker (stopped smoking ≥ 1 year ago)  Unknown <sup>1</sup>Includes, leukaemia, lymphomas, blood dyscrasias or other malignant neoplasms affecting the bone marrow or lymphatic systems.**Please send Critical Care Admission Form to HPSC when patient is first admitted to ICU****Email: [hpsc-data@hpsc.ie](mailto:hpsc-data@hpsc.ie) Fax: 01-8561299**



**Patient Details**

All information completed on this form should relate to the patient's current ICU admission

Forename  Surname  CIDR Event ID   
For Hpsc use only

DOB  MRN

Name hospital

Date of discharge from ICU  Length of stay in ICU (days)

**Clinical complications**

*Please tick all that apply*

	Yes	No		Yes	No
Primary viral pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	Myocarditis	<input type="checkbox"/>	<input type="checkbox"/>
Secondary bacterial pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	Encephalitis	<input type="checkbox"/>	<input type="checkbox"/>
Acute Respiratory Distress Syndrome <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	Sepsis	<input type="checkbox"/>	<input type="checkbox"/>
Multiorgan failure <sup>3</sup>	<input type="checkbox"/>	<input type="checkbox"/>	Acute kidney injury <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup>See AKI Definition on page 4  
<sup>2</sup>See Berlin ARDs and AKI definitions on page 4  
<sup>3</sup>See ICNARC definition on page 4

**Treatment intervention**

Antivirals commenced Yes  No  Unknown  Date antiviral treatment commenced

Oseltamivir Yes  No  Unknown  If other antiviral used please name

Pressor dependence at any time during ICU stay Yes  No

CRRT/IHD Yes  No

Required Anticoagulation Treatment for a Thrombotic Event Yes  No

**Non-invasive advanced respiratory support (CPAP, HFNO or BiPAP)**

	Yes	No		
CPAP/HFNO ventilation	<input type="checkbox"/>	<input type="checkbox"/>	Duration CPAP/HFNO ventilation (days)	<input type="text"/>
BiPAP ventilation	<input type="checkbox"/>	<input type="checkbox"/>	Duration BiPAP ventilation (days)	<input type="text"/>

**Invasive mechanical ventilation**

	Yes	No		
Conventional (including lung protective) mechanical ventilation	<input type="checkbox"/>	<input type="checkbox"/>	Duration conventional MV (days)	<input type="text"/>
ECMO	<input type="checkbox"/>	<input type="checkbox"/>	Duration ECMO (days)	<input type="text"/>

**Discharge Information**

**Transferred from ICU to:** Ward  Other Ward  HDU  Other HDU  Other\* ICU  ECMO abroad  Died   
\*Other refers to a different hospital

If transferred to other ICU, please state name

If patient transferred to different hospital for ECMO, please state hospital

**Deaths**

If died, date of death:

Is influenza a likely cause of death?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	Not applicable	<input type="checkbox"/>
Is COVID-19 a likely cause of death?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	Not applicable	<input type="checkbox"/>
Is RSV a likely cause of death?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	Not applicable	<input type="checkbox"/>
Coroner's case	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	Not applicable	<input type="checkbox"/>

**Comments**

Signature  Date

## Definitions

- ARDS**
- **Acute Respiratory Distress Syndrome**
  - Berlin Criteria
  - Include all ARDS – mild, moderate and severe

Timing	Within 1 week of a known clinical insult or new/worsening respiratory symptoms	
Chest Imaging*	Bilateral opacities not fully explained by effusion, lobar/lung collapse or nodules	
Origin of oedema	Respiratory failure not fully explained by cardiac failure of fluid overload Needs objective assessment (e.g echocardiography) to exclude hydrostatic oedema if no risk factor present	
Oxygenation	Mild	-26.6kPa < PaO <sub>2</sub> / FiO <sub>2</sub> = 39.9 kPa
	Moderate	-13.3kPa < PaO <sub>2</sub> / FiO <sub>2</sub> = 26.6 kPa
	Severe	- PaO <sub>2</sub> / FiO <sub>2</sub> = 13.3 kPa
	PEEP or CPAP = 5cmH2 all above	

\*chest radiograph or CT ref.table modified from BJA Education, Vol 17 Number 5 2017

\* FiO<sub>2</sub> = inspired O<sub>2</sub> concentration as a fraction of 1 (1=100% O<sub>2</sub>, 0.5 = 50% O<sub>2</sub>)

e.g if PaO<sub>2</sub> =20 kPa and FiO<sub>2</sub> = 0.5 then Paos/FiO<sub>2</sub> ratio = 20/0.5 = 40.

### Acute Kidney Injury

Use AKI classification

Stage	Creatinine Criteria	or	Urine output criteria
1	Cr. x 1.5–2 from baseline	or	<0.5 ml/kg/hr for 6 hours
2	Cr. x 2-3 from baseline	or	<0.5 ml/kg/hr for 12 hours
3	Cr. x 3 from baseline Or Cr? 354 umol/l with an acute rise > 44 umol/l or need RRT	or	< 0.3 ml/kg/hr for 24 hours or anuria for 12 hours or need for RRT

### Multi organ failure

Using ICNARC definition

ICNARC define level 3 care as patients requiring organ support for two or more organ systems, excluding gastrointestinal support.

### Immunodeficiency/Immunosuppression

Due to therapy	<p>The following dose of prednisolone (or equivalent dose of other glucocorticoid) are likely to be immunosuppressive. Adults and children = 10kg: =40mg/day for more than 1 week or= 20mg/day for 2 weeks or longer; Children &lt;10kg: 2mg/kg/day for 2 weeks or longer.</p> <p>Azathioprine, cyclophosphamide, cyclosporine, hydroxychloroquine, leflunomide, methotrexate, mycophenolic acid preparations, sirolimus and tacrolimus, in addition to biologics such as TNF α blocking agents (adalimumab, etanercept, infliximab), and others including abatacept, anakinra, eculizumab, rituximab and tocilizumab.</p>
Due to primary immunodeficiency	<p>Ataxia Telangiectasia; Bruton agammaglobulinemia (X linked agammaglobulinemia, XLA), Chronic granulomatous disease (CGD), Chronic mucocutaneous candidiasis (APECED syndrome), Complement deficiency, Common variable immunodeficiency (CVID) &amp; other immunoglobulin deficiencies, DiGeorge syndrome, Down syndrome, Fanconi's anaemia, Wiskott Aldrich Syndrome, Severe combined immunodeficiency syndrome (SCID).</p>