



Influenza, RSV and COVID-19 Enhanced Surveillance Critical Care  
Neonatal & Paediatric (0-14 years)



Admission Form

Intensive Care Society of Ireland

Patient Details

CIDR Event ID (Official Use Only)

Forename  Surname  MRN

DOB:  Age:  y  m Gestational age at time of birth (weeks):  Sex: Female  Male

HSE area of Residence  County of Residence  Country of Residence

Country of birth  Ethnicity

GP Name  GP Address

GP Telephone

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 - non ICU  → Name of other hospital   
From another hospital - ICU  → Name of other hospital

Clinical Details

Was COVID-19 infection the primary cause of ICU admission as clinically assessed by the 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 invasive Group A Strep (iGAS) Yes  No  Unknown

If notifying RSV, did the patient receive monoclonal antibody? Yes  No  Not applicable

Premature 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 during current influenza season Yes  No  Unknown  Date of influenza vaccination:

Influenza vaccine type (if available) LAIV (nasal)<sup>2</sup>  Inactivated QIV<sup>3</sup>  Other  Unknown

COVID-19 Vaccine Status

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

**PIM/PIM2 Physiology**

Blood gas in first hour? Yes  No

Arterial PaO<sup>2</sup>  kPa OR  mmHg  
FiO<sup>2</sup> \*

Intubation  Headbox

PIM Score  PIM2 Score

\*As recorded at the time of the above PaO<sup>2</sup> sample

Comments

State first measurements recorded during the first hour after admission to your unit:

**Systolic Blood Pressure**  mmHg

**Base Excess** (arterial/capillary)  +  -

**Pupil reaction**  Both fixed and dilated  
 Other reaction  
 Not known

Did the child receive any of the following during the first hour after admission to your unit?

Non-invasive advanced respiratory support? Yes  No  Unknown

Invasive mechanical ventilation? Yes  No  Unknown

Does the patient require ECMO? Yes  No  Unknown

<sup>1</sup>PIMS-TS refers to Paediatric Inflammatory Multisystem Syndrome Case definition TBD

<sup>2</sup> LAIV refers to Live Attenuated Influenza Vaccine

<sup>3</sup> QIV refers to Quadrivalent Influenza Vaccine

Signature   
Date

PTO



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Admission Form  Intensive Care Society of Ireland



MRN 

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      Initials 

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      DOB 

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Underlying medical condition	Yes	No	Unknown
Does the case have any underlying medical conditions?			
<b>Chronic respiratory disease</b>			
Bronchiectasis			
Cystic fibrosis			
Asthma (requiring medication)			
Mild to moderate			
Severe (uncontrolled despite proper medication and treatment)			
<b>Cardiovascular condition/treatment for Congenital Heart Disease</b>			
<b>Cancer</b> including haematological <sup>1</sup>			
<b>Chronic renal disease</b>			
Nephrotic syndrome			
Congenital renal disease			
<b>Diabetes mellitus</b>			
Type I			
Type II			
<b>Hypothyroidism</b>			
<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 pg4)			
Due to primary immunodeficiency (see definitions pg4)			
Due to inherited metabolic disorder			
Due to asplenia or hyposplenia			
Due to haematopoietic stem cell transplant (HSCT)			
<b>Chronic liver disease</b>			
Long term aspirin therapy			
<b>Chronic Neurological disease</b>			
Seizure disorder			
Cerebral palsy			
Spina bifida			
Myotonic and muscular dystrophy			
Other			

**Other underlying medical conditions, please specify:**

<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**



# Influenza, RSV and COVID-19 Enhanced Surveillance Critical Care Neonatal & Paediatric (0-14 years)

## Discharge Form

Intensive Care Society of Ireland



### Patient Details

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

Forename  Surname  CIDR Event ID

DOB  MRN

Name Of Hospital

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

### Clinical complications

Please tick all that apply

	Yes	No		Yes	No
Apnoea	<input type="checkbox"/>	<input type="checkbox"/>	Hypoxemia	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	Sepsis	<input type="checkbox"/>	<input type="checkbox"/>
Acute Kidney Injury <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	Multiorgan failure <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>
Tracheostomy	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	<input type="checkbox"/>	<input type="checkbox"/>
Croup	<input type="checkbox"/>	<input type="checkbox"/>	Bronchiolitis	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup> See AKI Definition on page 4  
<sup>2</sup> See ICNARC definition on page 4

### Treatment intervention

	Yes	No		Yes	No
Pressor dependence at any time during ICU stay	<input type="checkbox"/>	<input type="checkbox"/>	Nebulisation Therapy in ICU	<input type="checkbox"/>	<input type="checkbox"/>
CRRT/IHD	<input type="checkbox"/>	<input type="checkbox"/>	High flow nasal oxygen in ICU	<input type="checkbox"/>	<input type="checkbox"/>

### Mechanical ventilation (in current PICU/NICU i.e. data should not include mechanical ventilation in other hospitals)

**Non-invasive advanced respiratory support**

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

Hemofiltration/Plasmapheresis

	Yes	No		
	<input type="checkbox"/>	<input type="checkbox"/>	Duration O <sup>2</sup> (days)	<input type="text"/>
			Home on O <sup>2</sup>	Yes <input type="checkbox"/> No <input type="checkbox"/>

### 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 a different hospital for ECMO, please state country

### Deaths

If died, date of death:

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 influenza 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

Please send Critical Care Admission Form to HPSC when patient is first discharged from ICU  
Email: [hpsc-data@hpsc.ie](mailto:hpsc-data@hpsc.ie) Fax: 01-8561299



## Definitions

### Acute Kidney Injury Use AKIN 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

### Immunodeficiency/Immunosuppression

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

### Multiorgan failure

Using ICNARC definition

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