|  |  |
| --- | --- |
| 1. Demographics | |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Date of birth: |  |  | / |  |  | / |  |  |  |  | |  | D | D |  | M | M |  | Y | Y | Y | Y |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Gender: |  | Male |  |  | Female |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Ethnicity: | |  |  |  |  | |  |  |  |  |  |  | |  | English/Welsh/Scottish/Northern Irish/British |  |  | Chinese |  | |  |  |  |  |  |  | |  | Irish |  |  | Any other Asian background |  | |  |  |  |  |  |  | |  | Gypsy or Irish Traveller |  |  | White and Black Caribbean |  | |  |  |  |  |  |  | |  | Any other White background |  |  | White and Black African |  | |  |  |  |  |  |  | |  | Indian |  |  | White and Asian |  | |  |  |  |  |  |  | |  | Pakistani |  |  | African |  | |  |  |  |  |  |  | |  | Bangladeshi |  |  | Caribbean |  | |  |  |  |  |  |  | |  | Any other mixed/multiple ethnic groups |  |  | Arab |  | |  |  |  |  |  |  | |  | Any other Black/African/Caribbean background |  |  | Any other ethnic group: |  | |  |  |  |  |  |  | |  | Prefer not to say/unknown |  |  |  | |  |  |  |  |  |  | | |
| 2. Admission | |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Date of admission: |  |  | / |  |  | / |  |  |  |  | |  | D | D |  | M | M |  | Y | Y | Y | Y | |  |  |  |  |  |  |  |  |  |  |  | | Time of admission: |  |  | : |  |  |  |  |  |  |  | | *(24hr clock)* | H | H |  | M | M |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Date of clinical SARS-CoV-2 swab: |  |  | / |  |  | / |  |  |  |  | |  | D | D |  | M | M |  | Y | Y | Y | Y | |  |  |  |  |  |  |  |  |  |  |  | | Time of clinical SARS-CoV-2 swab: |  |  | : |  |  |  |  |  |  |  | | *(24hr clock)* | H | H |  | M | M |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | | |
| 3. Presenting Features *(Tick all that apply)* | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Shortness of breath (SOB) |  |  | Confusion |  |  | Vomiting | | |  |  |  |  |  |  |  |  | |  | |  | Cough |  |  | Rash |  |  | Other: |  | | |  |  |  |  |  |  |  |  | |  | |  | Fever |  |  | Anosmia |  |  |  | | | |  |  |  |  |  |  |  |  | |  | |  | Sore throat |  |  | Abdominal pain |  |  |  | |  | |  |  |  |  |  |  |  |  | |  | |  | Headache |  |  | Diarrhoea |  |  |  | |  | |  |  |  |  |  |  |  |  | |  | | |
| 4. Symptom Duration | |
| |  |  |  | | --- | --- | --- | |  |  | days | |  |  |  | | |
| 5. Past Medical History *(Tick all that apply)* | |
| |  |  | | --- | --- | |  | Not applicable |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | Heart disease |  |  | Active malignancy *(last 6 months)* | |  | |  |  |  |  |  | | | |  | |  | Renal impairment |  |  | Immunosuppression | | | |  | |  |  |  |  |  | | | |  | |  | Steroid therapy |  |  | Other chronic lung disease | | | |  | |  |  |  |  |  | | | |  | |  | Asthma |  |  | Please specify: |  | | |  | |  |  |  |  |  | | | |  | |  | Diabetes |  |  | Hypertension | | | |  | |  |  |  |  |  | | | |  | | |
| 6. Antibiotics this illness? (*Has the patient had any antibiotics for their current illness?)* | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Yes\* |  |  | No |  |  | Unknown |  | | \*If yes, please complete table below | | | | | | | | |  |  |  | | --- | --- | | Antibiotic | Duration *(in days)* | |  |  | |  |  | |  |  | |  |  | |  |  | | |
| 7. COVID Status | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Has the participant had any contact with a confirmed COVID-19 case? | | | | | | | | | |  | Yes\* |  |  | No |  |  | Unknown |  | | \*If yes, what is the relationship to the participant: | | | | | | | | | |  | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Has the participant had any contact with someone displaying COVID-19 symptoms that haven’t been confirmed with a test? *Must have been within 2 meters of someone displaying symptoms for ≥15 minutes.* | | | | | | | | | | |  | Yes\* |  |  | No |  |  | Unknown |  | | \*If yes, what is the relationship to the participant: | | | | | | | | | |  | | | | | | | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Has the participant had a test for a previous SARS-CoV-2 infection? | | | | | | | | | |  | Yes\* |  |  | No |  |  | Unknown |  | | \*If yes, what was the test result? | | | | | | | | | |  | Positive |  |  | Negative |  |  | Indeterminate |  | |  | | | | | | | | | | |
| 8. Observations | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Respiratory rate: |  |  | breaths per minute (bpm) | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | Heart rate: |  |  |  | bpm | | | | | | | | | | | | | |  | | | | | | | | | | | | | | Temperature: |  |  | . |  | oC | |  | | | | | | | | | | | | | Blood pressure: |  |  |  | / |  |  | mmHg | |  | | | | | | | | | | | | | SaO2: |  |  | % |  | | | | | | | | | | | | | |  | | | | | | | | | | | FiO2: |  |  | % |  |  | On air*(21% FiO2)* | | | | |  | | | Not applicable | |  | | | | | | | | | | | | | | GCS: |  |  |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | E |  | V |  | M |  |  |  | Not available | | | | | | | |  | | | | | | | | | | | | | | AVPU: |  |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  |  | | --- | --- | |  | Not available | |  | |  | Not available | |  | |  | Not available | |  | |  | Not available | |  | |  | Not available | |  | |  | Not available | |  | |  | Not available | |  | |  | Not available | |  | |  | Not available | |  | |
| 9. Admission Tests and Investigations | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Were blood tests done? | | | | | | | | | |  | Yes\* |  |  | No |  |  |  |  | | \*If yes, please complete table below | | | | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Sodium (Na) |  | nmol/L |  | Not done |  | |  |  |  |  |  |  | | Potassium (K) |  | nmol/L |  | Not done |  | |  |  |  |  |  |  | | Urea |  | nmol/L |  | Not done |  | |  |  |  |  |  |  | | Creatinine |  | umol/L |  | Not done |  | |  |  |  |  |  |  | | Haemoglobin (Hb) |  | g/L |  | Not done |  | |  |  |  |  |  |  | | Platelets |  | x109/L |  | Not done |  | |  |  |  |  |  |  | | White Cell Count |  | x109/L |  | Not done |  | |  |  |  |  |  |  | | Lymphocytes |  | x109/L |  | Not done |  | |  |  |  |  |  |  | | Neutrophils |  | x109/L |  | Not done |  | |  |  |  |  |  |  | | Lactate |  | mmol/L |  | Not done |  | |  |  |  |  |  |  | | CRP |  | mg/L |  | Not done |  | |  |  |  |  |  |  | | D-dimer |  | ng/L |  | Not done |  | |  |  |  |  |  |  | | Troponin |  | ng/L |  | Not done |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | SARS-CoV-2 |  | RNA detected\* |  |  | No RNA detected |  |  | Not done | | *This refers to the swab for a lab PCR test (referred to in Section 2), not a rapid SARS-CoV-2 test* | | | | | | | | | |  |  |  |  |  | | --- | --- | --- | --- | | PCR kit used: |  | \*CT value |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Chest X-ray |  | COVID Typical |  |  | COVID Indeterminate |  |  | COVID Atypical | |  |  |  |  |  |  |  |  |  | |  |  | COVID Unlikely |  |  | Not done |  |  |  | |  |  |  |  |  |  |  |  |  | | Chest CT |  | COVID Typical |  |  | COVID Indeterminate |  |  | COVID Atypical | |  |  |  |  |  |  |  |  |  | |  |  | COVID Unlikely |  |  | Not done |  |  |  | |  |  |  |  |  |  |  |  |  | | Point-of-care US |  | COVID Typical |  |  | COVID Indeterminate |  |  | COVID Atypical | |  |  |  |  |  |  |  |  |  | |  |  | COVID Unlikely |  |  | Not done |  |  |  | |  |  |  |  |  |  |  |  |  | | ECG |  | Normal |  |  | Abnormal |  |  | Not done | |  |  |  |  |  |  |  |  |  | | |
| 10. Antibiotics whilst admitted*(Has patient been given any antibiotics during their admission?)* | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Yes\* |  |  | No |  |  | Unknown |  | | \*If yes, please complete table below | | | | | | | | |  |  |  | | --- | --- | | Antibiotic given | Where was antibiotic given, e.g. ED/Ward | |  |  | |  |  | |  |  | |  |  | |  |  | | |
| 11. Disposition | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Where was participant disposed to? | | | | | |  | |  |  |  |  |  | |  | |  | Discharged home |  |  | ICU | |  | |  |  |  |  |  | | | |  | |  | COVID ward |  |  | HDU | | | |  | |  |  |  |  |  | | | |  | |  | Non COVID ward |  |  | Other | | | |  | |  |  |  |  |  | | | |  | |  | Transferred to another hospital |  |  | Please specify: |  | | |  | |  |  |  |  |  | | | |  | |  | Acute Medical Unit |  |  |  | | | |  | |  |  |  |  |  | | | |  | | |
| 12. CRF completion | |
| |  |  | | --- | --- | | CRF completed by: |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Date completed: |  |  | / |  |  | / |  |  |  |  | |  | D | D |  | M | M |  | Y | Y | Y | Y | | |