|  |
| --- |
| 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. COVID vaccine |
|

|  |
| --- |
| Has the participant been vaccinated against SARS-CoV-2? |
|  | Yes\* |  | No |  | Unknown |  |
| \*If yes, please complete the questions below: |
| Which vaccine was the participant given? |
|  | Pfizer |  | Astra Zeneca |  | Moderna |  | Johnson & Johnson |  |
|  |  |  |  |  |  |  |  |  |
|  | Other: |  |  |  | Unknown |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of first dose: |  |  | / |  |  |  |  |
|  | M | M |  | Y | Y | Y | Y |

|  |
| --- |
| Has the participant had their second dose of the vaccine? |
|  | Yes\* |  | No |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| \*Date of second dose: |  |  | / |  |  |  |  |
|  | M | M |  | Y | Y | Y | Y |

 |
| 9. 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 |
|  |

 |
| 10. 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 |
|  |  |  |  |  |  |  |  |  |

 |
| 11. 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 |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

 |
| 12. 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 |  |  |  |  |
|  |  |  |  |  |  |

 |
| 13. CRF completion |
|

|  |  |
| --- | --- |
| CRF completed by: |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date completed: |  |  | / |  |  | / |  |  |  |  |
|  | D | D |  | M | M |  | Y | Y | Y | Y |

 |