

Please complete for all PICU admissions with a **positive diagnosis of COVID-19 (confirmed by laboratory testing)** and/or with **COVID-19 suspected or probable at discharge**, including children admitted with **paediatric multisystem inflammatory syndrome temporally associated with COVID-19 (PIMS-TS)**

Patient details (or hospital label)

Family name <input type="text"/>	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Case note number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
First name <input type="text"/>	NHS/CHI/H&C number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of birth (dd/mm/yyyy) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Testing and sampling for COVID-19

COVID-19 test positive prior to this PICU admission?

Yes

No

If yes, **record testing prior to this admission in TESTING I** and any further testing this admission in **TESTING II** and **III**. Otherwise, **record the first positive sample and the two most recent negative samples**—either from the same testing or prior to the positive sample. For example, **TESTING I: throat swab negative; TESTING II: ET secretions positive and NPA negative**

TESTING I	TESTING II	TESTING III
Date and time of testing <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	Date and time of testing <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	Date and time of testing <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
Reason for testing <input type="checkbox"/> Suspected infection <input type="checkbox"/> Routine screening	Reason for testing <input type="checkbox"/> Suspected infection <input type="checkbox"/> Routine screening	Reason for testing <input type="checkbox"/> Suspected infection <input type="checkbox"/> Routine screening
TYPES OF SAMPLES TAKEN Nasopharyngeal aspirate <input type="checkbox"/> Sample not taken <input type="checkbox"/> Positive result <input type="checkbox"/> Negative result <input type="checkbox"/> Failed test Throat swab <input type="checkbox"/> Sample not taken <input type="checkbox"/> Positive result <input type="checkbox"/> Negative result <input type="checkbox"/> Failed test Endotracheal secretions <input type="checkbox"/> Sample not taken <input type="checkbox"/> Positive result <input type="checkbox"/> Negative result <input type="checkbox"/> Failed test Bronchoalveolar lavage fluid <input type="checkbox"/> Sample not taken <input type="checkbox"/> Positive result <input type="checkbox"/> Negative result <input type="checkbox"/> Failed test Other sample (state type and result) <input type="text"/>	TYPES OF SAMPLES TAKEN Nasopharyngeal aspirate <input type="checkbox"/> Sample not taken <input type="checkbox"/> Positive result <input type="checkbox"/> Negative result <input type="checkbox"/> Failed test Throat swab <input type="checkbox"/> Sample not taken <input type="checkbox"/> Positive result <input type="checkbox"/> Negative result <input type="checkbox"/> Failed test Endotracheal secretions <input type="checkbox"/> Sample not taken <input type="checkbox"/> Positive result <input type="checkbox"/> Negative result <input type="checkbox"/> Failed test Bronchoalveolar lavage fluid <input type="checkbox"/> Sample not taken <input type="checkbox"/> Positive result <input type="checkbox"/> Negative result <input type="checkbox"/> Failed test Other sample (state type and result) <input type="text"/>	TYPES OF SAMPLES TAKEN Nasopharyngeal aspirate <input type="checkbox"/> Sample not taken <input type="checkbox"/> Positive result <input type="checkbox"/> Negative result <input type="checkbox"/> Failed test Throat swab <input type="checkbox"/> Sample not taken <input type="checkbox"/> Positive result <input type="checkbox"/> Negative result <input type="checkbox"/> Failed test Endotracheal secretions <input type="checkbox"/> Sample not taken <input type="checkbox"/> Positive result <input type="checkbox"/> Negative result <input type="checkbox"/> Failed test Bronchoalveolar lavage fluid <input type="checkbox"/> Sample not taken <input type="checkbox"/> Positive result <input type="checkbox"/> Negative result <input type="checkbox"/> Failed test Other sample (state type and result) <input type="text"/>

continued over

Contact us - picanet@leeds.ac.uk

General enquiries 0113 343 8125*	Data collection queries 0116 252 5414*	For more information, go to www.picanet.org.uk/covid-19
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Form completed by

Laboratory markers at admission

None of these laboratory markers were tested

C-reactive protein

mg/L

Ferritin

microg/L

Haemoglobin

g/L

Lymphocyte count

. x10⁹/L

Neutrophil count

. x10⁹/L

Platelet count

x10⁹/L

Serum triglycerides

. mmol/L

BNP

pmol/L

NT-proBNP

ng/L

Troponin I

ng/L

D-dimer (specify units, e.g. microg/mL FEU, microg/mL DDU)

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Symptoms

Identify all symptoms (tick all that apply)

- No symptoms
- Abdominal pain
- Anosmia
- Conjunctivitis
- Cough
- Diarrhoea
- Fever >37.8°C
- Rash
- Runny nose
- Shock
- Sore throat
- Other symptom (specify)

Imaging this admission

Was an echocardiogram performed this admission?

- Yes
- No

If yes, complete this section; otherwise, go to the next section

Was there echocardiographic evidence of coronary artery aneurysm?

- Yes
- No

If yes, state date of first echocardiogram when aneurysms were detected

/ / 20

Was an echocardiogram performed that DID NOT detect evidence of coronary artery aneurysm?

- Yes
- No

If yes, state date of last echocardiogram when aneurysms were NOT detected

/ / 20

Coinfection

Other respiratory organisms identified by testing

(tick all that apply)

- No other respiratory organisms
- Acinetobacter baumannii
- Adenovirus
- Citrobacter freundii
- Human metapneumovirus
- Influenza
- Klebsiella pneumoniae
- Mycoplasma pneumoniae
- Parainfluenza
- Pseudomonas aeruginosa
- Respiratory syncytial virus
- Rhinovirus
- Staphylococcus aureus
- Streptococcus pneumoniae
- Other respiratory organism (specify)

Other infection (specify organism and site)

Medication

Medication used (tick all that apply)

No medication used

ANTIVIRALS

- Inhaled interferon beta-1a
- Lopinavir with ritonavir
- Oseltamivir
- Remdesivir

ANTIBIOTICS

- Azithromycin
- Ciprofloxacin
- Clarithromycin
- Co-amoxiclav
- Gentamicin
- Piperacillin with tazobactam

IMMUNE MODULATORS

- Anakinra
- Dexamethasone (excluding for extubation)
- Hydroxychloroquine
- Intravenous immunoglobulin
- Tocilizumab

OTHER

Other medication (specify)