

Please complete for all PICU admissions with **PIMS-TS** and/or with **COVID-19 confirmed by PCR** and/or with **potential COVID-19 vaccine-related complications, e.g. myocarditis/pericarditis**

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"/>

All admissions

Reason for reporting

PIMS-TS

COVID-19 confirmed by PCR (not PIMS-TS)

Potential COVID-19 vaccine-related complications, e.g. myocarditis/pericarditis (not PIMS-TS or COVID-19 confirmed by PCR)

Does the patient have any underlying comorbidities?

No

Yes—record comorbidities in **Diagnoses and procedures** section of PICANet admission

Comorbidities

.....

.....

.....

PIMS-TS

Complete this section if reason for reporting is **PIMS-TS**

<p>COVID-19 PCR test result</p> <p><input type="checkbox"/> Positive</p> <p><input type="checkbox"/> Negative</p> <p>Date of earliest positive COVID-19 test (include historic data if infection several weeks prior to PIMS-TS)</p> <p><input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/></p> <p>Main reason for PIMS-TS admission</p> <p><input type="checkbox"/> Cardiovascular support</p> <p><input type="checkbox"/> Gastrointestinal symptoms</p> <p><input type="checkbox"/> Respiratory support</p> <p><input type="checkbox"/> Other reason (specify)</p> <p><input type="text"/></p>	<p>Echo findings at any time during PICU stay (tick all that apply)</p> <p><input type="checkbox"/> Echo not done</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Reduced function</p> <p><input type="checkbox"/> Effusion</p> <p><input type="checkbox"/> Valve regurgitation</p> <p><input type="checkbox"/> Bright coronaries</p> <p><input type="checkbox"/> Dilated coronaries/aneurysm</p>	<p>Treatment (tick all that apply)</p> <p><input type="checkbox"/> No treatment</p> <p><input type="checkbox"/> IVIG</p> <p><input type="checkbox"/> Steroids</p> <p><input type="checkbox"/> Tocilizumab</p> <p><input type="checkbox"/> Anakinra</p> <p><input type="checkbox"/> Infliximab</p> <p><input type="checkbox"/> Baricitinib</p> <p><input type="checkbox"/> High-dose aspirin</p> <p><input type="checkbox"/> Low-dose aspirin</p> <p><input type="checkbox"/> Other treatment (specify)</p> <p><input type="text"/></p>
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Form completed by

continued over

Contact us · picanet@leeds.ac.uk · 0113 343 8125

For more contact details, go to picanet.org.uk/contact-us

For information about this custom data collection, go to picanet.org.uk/covid-19

COVID-19 confirmed by PCR

Complete this section if reason for reporting is **COVID-19 confirmed by PCR** (not PIMS-TS)

Date of earliest positive test (including immediately prior to PICU admission)

 / / 20

Symptoms (tick all that apply)

No symptoms—asymptomatic throughout PICU stay

RESPIRATORY

Respiratory

CARDIOVASCULAR

Shock

Myocarditis

NEUROLOGICAL

Seizures

Encephalopathy

Other neurological symptoms (specify)

GASTROINTESTINAL

Gastrointestinal

OTHER

Other symptoms attributed to COVID-19 (specify)

Treatment (tick all that apply)

No treatment

Steroids

Tocilizumab/sarilumab

Baricitinib

Remdesivir

Plasma

Monoclonal antibodies

Molnupiravir

Prophylactic dose anticoagulation

Therapeutic dose anticoagulation

Other treatment (specify)

If patient died, was death related to COVID-19?

Yes

No

Not applicable (patient alive at discharge)

Potential COVID-19 vaccine-related complications, e.g. myocarditis/pericarditis

Complete this section if reason for reporting is **potential COVID-19 vaccine-related complications, e.g. myocarditis/pericarditis** (not PIMS-TS or COVID-19 confirmed by PCR)

Number of doses of vaccine received

Date of most recent vaccine

 / / 20

Type of most recent vaccine

Moderna

Oxford/AstraZeneca

Pfizer/BioNTech

Janssen

Has the patient suffered from COVID-19 infection or PIMS-TS in the past?

Yes, COVID-19 only

Yes, PIMS-TS only

Yes, both COVID-19 and PIMS-TS

No, neither

Unknown

Symptoms (tick all that apply)

Chest pain

Fever

Breathlessness

Palpitation

Pericardial effusion

Other symptoms (specify)

Investigations (tick all that apply)

No investigations

ECG

ST-elevation (pericarditis)

Nonspecific ST-T changes

Ischaemic changes

Arrhythmia

ECHO

Impaired myocardial function

Pericardial effusion

Coronary artery changes

Valve regurgitation

CARDIAC ENZYMES

Peak troponin

 ng/L

Peak NT-proBNP

 ng/L

Peak BNP

 pmol/L

CARDIAC MR

Impaired function

Myocardial oedema

Hyperaemia or late gadolinium enhancement

OTHER

Other investigations (specify)

Treatment (tick all that apply)

No treatment

Aspirin

Steroids

Other anti-platelet

Inotropes

ACE-I or ARB

Anti-arrhythmics and/or beta blockers

Other treatment (specify)

Outcome at PICU discharge

Complete resolution of signs/symptoms

Partial resolution of signs/symptoms

Other, if not a cardiac manifestation (specify)

Echo at discharge

Not done

Normal

Abnormal

Cardiac MR at discharge

Not done

Normal

Abnormal