

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)**

<b>Family name</b> <input type="text"/>	<b>Postcode</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Case note number</b> <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"/>
<b>First name</b> <input type="text"/>	<b>NHS/CHI/H&amp;C number</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Date of birth (dd/mm/yyyy)</b> <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 (with PIMS-TS, COVID-19 confirmed by PCR, or potential COVID-19 vaccine-related complications)**

<b>Reason for reporting</b> <input type="checkbox"/> PIMS-TS <input type="checkbox"/> COVID-19 confirmed by PCR (not PIMS-TS) <input type="checkbox"/> Potential COVID-19 vaccine-related complications, e.g. myocarditis/pericarditis (not PIMS-TS or COVID-19 confirmed by PCR)	<b>Does the patient have any underlying comorbidities?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes—record comorbidities in <b>Diagnoses and procedures</b> section of PICANet admission	<b>Number of doses of COVID-19 vaccine received (if patient is not vaccinated, record 0)</b> <input type="text"/>  <b>Date of most recent COVID-19 vaccine</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/>  <b>Type of most recent COVID-19 vaccine</b> <input type="checkbox"/> Moderna <input type="checkbox"/> Oxford/AstraZeneca <input type="checkbox"/> Pfizer/BioNTech <input type="checkbox"/> Janssen
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**PIMS-TS**

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

<b>COVID-19 PCR test result during this admission</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative  <b>Date of earliest positive COVID-19 test (include historic data if infection several weeks prior to PIMS-TS)</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/>  <b>Main reason for PIMS-TS admission</b> <input type="checkbox"/> Cardiovascular support <input type="checkbox"/> Gastrointestinal symptoms <input type="checkbox"/> Respiratory support <input type="checkbox"/> Other (specify) <input type="text"/>	<b>Echo findings at any time during PICU stay (tick all that apply)</b> <input type="checkbox"/> Echo not done <input type="checkbox"/> Normal <input type="checkbox"/> Reduced function <input type="checkbox"/> Effusion <input type="checkbox"/> Valve regurgitation <input type="checkbox"/> Bright coronaries <input type="checkbox"/> Dilated coronaries/aneurysm	<b>Treatment for PIMS-TS (tick all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> IVIG <input type="checkbox"/> Steroids <input type="checkbox"/> Tocilizumab <input type="checkbox"/> Anakinra <input type="checkbox"/> Infliximab <input type="checkbox"/> Baricitinib <input type="checkbox"/> High-dose aspirin <input type="checkbox"/> Low-dose aspirin <input type="checkbox"/> Other (specify) <input type="text"/>
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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](http://picanet.org.uk/contact-us)

For information about this custom data collection, go to [picanet.org.uk/covid-19](http://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 attributed to COVID-19 throughout PICU stay / asymptomatic

**RESPIRATORY**

Respiratory

**CARDIOVASCULAR**

Shock

Myocarditis

**NEUROLOGICAL**

Seizures

Encephalopathy

Other neurological symptoms (specify)

**GASTROINTESTINAL**

Gastrointestinal

**OTHER**

Other symptoms attributed to COVID-19 (specify)

**Treatment for COVID-19** (tick all that apply)

None

Steroids

Tocilizumab/sarilumab

Baricitinib

Remdesivir

Plasma

Monoclonal antibodies

Molnupiravir

Prophylactic dose anticoagulation

Therapeutic dose anticoagulation

Other (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)

**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 (specify)

**Investigations** (tick all that apply)

None

**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 (specify)

**Treatment for potential COVID-19 vaccine-related complications** (tick all that apply)

None

Aspirin

Steroids

Other anti-platelet

Inotropes

ACE-I or ARB

Anti-arrhythmics and/or beta blockers

Other (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