

Please complete for all PICU admissions with **paediatric inflammatory multisystem syndrome temporally associated with SARS-CoV-2 (PIMS-TS)** and/or with **COVID-19 confirmed by polymerase chain reaction (PCR) or lateral flow device (LFD) test** 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 (with PIMS-TS, COVID-19 confirmed by PCR/LFD test, or potential COVID-19 vaccine-related complications)

| | | |
|--|---|---|
| Reason for reporting <input type="checkbox"/> PIMS-TS <input type="checkbox"/> COVID-19 confirmed by PCR/LFD test (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/LFD test) | Does the patient have any underlying comorbidities? <input type="checkbox"/> No <input type="checkbox"/> Yes—record comorbidities in Diagnoses and procedures section of PICA Net admission | Number of doses of COVID-19 vaccine received (if patient is not vaccinated, record 0) <input type="text"/> Date of most recent COVID-19 vaccine <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/> Type of most recent COVID-19 vaccine <input type="checkbox"/> Moderna <input type="checkbox"/> Oxford/AstraZeneca <input type="checkbox"/> Pfizer/BioNTech <input type="checkbox"/> Janssen |
|--|---|---|

PIMS-TS

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

| | | |
|--|--|--|
| COVID-19 PCR/LFD test result during this admission <input type="checkbox"/> Positive <input type="checkbox"/> Negative Date of earliest positive COVID-19 test (include historic data if infection several weeks prior to PIMS-TS) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/> Main reason for PIMS-TS admission <input type="checkbox"/> Cardiovascular support <input type="checkbox"/> Gastrointestinal symptoms <input type="checkbox"/> Respiratory support <input type="checkbox"/> Other (specify) <input type="text"/> | Echo findings at any time during PICU stay (tick all that apply) <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 | Treatment for PIMS-TS (tick all that apply) <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"/> |
|--|--|--|

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/LFD test

Complete this section if reason for reporting is **COVID-19 confirmed by PCR/LFD test (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/LFD test)

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

EKG

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