

If yes, by how many days?





CovidCollab Data Tool

Trust identifi	ers (at																		
least two or a	attach																		
sticker):																			
Time, date admitted																			
Age (years) Sex If F, pregnant? Clinical Frailty Scale (1-9)																			
Previous residence Home no formal care Home with formal care 24-hour long-term care facility																			
Were there any other known/ suspected cases at this residence? (Y/N)																			
Presenting	Fever			Cough				Confusion				Other							
symptoms (ti							D			irium (Y,									
Diabetes Me	Cardiova			cular		pirat	atory Canc						1	Demer	ıtia				
		disease					diseas			e			healt	:h					
Medications (tick all)		· ·			NSA	ID	St	teroids			Immun	osupp	ippressants Ch			hemotherapy			
	ARB																		
Stopped on admission? (Y/N)																			
Newly comm																			
Antibiotics	None	Oral		Intra	aven		T	īme,	dat	te administered:									
				Blo	od pr	e		\	Oxygen saturations, inspired					ired (oxygen				
admission Temperature						Respiratory rate				Glasgow Coma Scale									
Height (m)				T				١	Neigh	nt (l	kg)								
Blood gas:	pН						pO2						p	pCO2					
Arterial/					FiO2														
venous (circle) HCO3-					Bas			e excess					Lactate						
Laboratory Urea			Creat				H	Hb			Lym			Net					
results			ALT	ALT		Ferr		tin		D-					ponin				
(first)												Dime	Dimers						
Chest X-ray c	hanges				neumonia						ARDS					performed			
Confirmed	Method used			PCR			If negative					Blood culture							
diagnosis (Y/	(circle)			Antibody test						(Y/N)		Sputum culture							
DNACPR decision?				Treatment limitatio				ns?			Were	these	se in place before admission?						
Outcomes																			
Incident (new)					Death during							D	Date of death						
delirium? (Y/N)					admission?														
.,,					(Y/N)														
If death, was	end of li	fe care	adm	ninister						W	ere fami	lv me	mber	s pres	ent?	(Y/N)			
Preferred place of care Own home						<u> </u>	Ca	re h	ome			pice		-i	spital		Othe	r	
Critical care					Date admitted to								Date discharged						
admission? (Y/N)					critical care								from critical care						
Emergency surgery? (Y/N)																			
Discharge date																			
Discharge Own ho		ome Ho		Home		24-h	our l	long	;-		Hosp	ice	Re	habili	abilitation/		Oth	er	
destination with no				with				care facility					step down unit						
	formal	care		care					<i>'</i>					•					
Was discharg	red delav	مر الم	to c	oncern	s ahr	nut coi	mmı	ınitv	, cnrc	a di	2 (V/NI)						•		

ACE-i = Angiotensin Converting Enzyme Inhibitor; ARB = Angiotensin Receptor Blocker; NSAID = Non-Steroidal Anti-Inflammatory Drug; Creat = Creatinine; Hb = Haemaglobin; Neu = Neutrophils; Lym = Lymphocytes; CRP = C-Reactive protein; ALT = Alanine Aminotransferease; ARDS = Acute Respiratory Distress Syndrome; DNACPR = Do Not Attempt CardioPulmonary Resuscitation