Appendix B: Data Collection Form ECMOCARD

CORE CASE RECORD FORM (EOT ICU Admis)

1. UPON ICU ADMISSION – Please complete the below data as of the date and time of the patient’s admission to the ICU

Is this patient’s data collected using Full or Basic daily data forms?
- □ Full (forms completed every day of stay)
- □ Basic (reduced frequency of daily data collection)

DATE OF ICU ADMISSION: _____ / _____ / _____

1.1 HEIGHT (cm): __________

If this data has already been entered into the ‘Signs and Symptoms’ section of the ISARIC CRF, please DO NOT re-enter the data here. Leave this ‘1.1 Height’ box blank.

1.2 BODY WEIGHT (Kg): __________

If this data has already been entered into the ‘Signs and Symptoms’ section of the ISARIC CRF, please DO NOT re-enter the data here. Leave this ‘1.2 Body Weight’ box blank.

1.3 Arterial Hypertension

- □ Yes
- □ No

If this data has already been entered into the ‘Co-Morbidities & Risk Factors’ section of the ISARIC CRF, please DO NOT re-enter the data here. Leave this ‘1.3 Hypertension’ box blank.

1.3a Chronic anti-hypertensive therapy?

- □ Yes
- □ No

1.3b Chronic anti-hypertensive therapy (if ‘Yes’ to 1.3. Please select up to three)

- □ Diuretics
- □ Calcium channel blockers
- □ ACE inhibitors

If this data has already been entered in the ‘Pre-Admission Medication’ section of the ISARIC CRF, please DO NOT re-enter the data here. Leave this ‘ACE inhibitors’ box blank.
Angiotensin II receptor antagonists

If this data has already been entered in the ‘Pre-Admission Medication’ section of the ISARIC CRF, please DO NOT re-enter the data here. Leave this ‘Angiotensin II receptor antagonists’ box blank.

- Renin inhibitors
- Beta blockers
- Alpha blockers
- Vasodilators
- Aldosterone receptor antagonist
- Alpha-2 adrenergic receptor agonists
- Not applicable

1.4 PRE HOSPITAL ADMISSION CREATININE AVAILABLE?

- Yes
- No

1.4a PRE-HOSPITAL ADMISSION CREATININE: __________

1.4a Creatinine units

- mg/dL
- umol/L

1.5 GASTROINTESTINAL AND PANCREATIC COMORBIDITIES

- Yes
- No

1.6 HEPATIC AND BILIARY COMORBIDITIES

- Yes
- No

1.7 HAEMATOLOGIC AND SPLEEN COMORBIDITIES

- Yes
- No

1.8 IMMUNOLOGICAL AND TRANSPLANT COMORBIDITIES

- Yes
- No
1.9 ENDOCRINOLOGICAL COMORBIDITIES
☐ Yes
☐ No

1.10 GENITO-URINARY COMORBIDITIES
☐ Yes
☐ No

1.11 CHRONIC ALCOHOL ABUSE
☐ Yes
☐ No

1.12 INTRAVENOUS DRUGS ABUSE
☐ Yes
☐ No

1.13 IMMUNO-COMPETENT
☐ Yes
☐ No

1.14 APACHE II SCORE: __________ (ONLY NUMBERS FROM 0 to 71)

APACHE II score can be calculated at the following link https://www.mdcalc.com/apache-ii-score

☐ Not available

1.15 SOFA SCORE: __________ (ONLY NUMBERS FROM 0 to 24)

SOFA score can be calculated at the following link https://www.mdcalc.com/sequential-organ-failure-assessment-sofa-score

☐ Not available

**BLOOD GAS ANALYSIS (Qs 1.16 – 1.21) – Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to ICU admission. ‘Worst’ blood gas is defined as the blood gas with the lowest PaO2/FiO2 ratio.**

1.16 ARTERIAL pH IN THE 6h BEFORE ICU ADMISSION: __________ (ONLY NUMBERS FROM 6.500 TO 7.600)
Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to ICU admission. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.

□ Not available

1.17 ARTERIAL PARTIAL PRESSURE OF OXYGEN IN THE 6h BEFORE ICU ADMISSION: __________

(ONLY NUMBERS FROM 10-500)

Units: □mmHg □kPa

Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to ICU admission. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.

□ Not available

1.18 ARTERIAL PARTIAL PRESSURE OF CARBON DIOXIDE IN THE 6h BEFORE ICU ADMISSION: __________

(ONLY NUMBERS FROM 10 TO 100)

Units: □mmHg □kPa

Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to ICU admission. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.

□ Not available

1.19 ARTERIAL BICARBONATE (HCO3⁻) IN THE 6h BEFORE ICU ADMISSION: ________________

Units: □mEq/L □mmol/L

Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to ICU admission. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.

□ Not available

1.20 ARTERIAL BASE EXCESS IN THE 6h BEFORE ICU ADMISSION: _______________ mmol/L

(ONLY NUMBERS FROM -50 - +50)

Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to ICU admission. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.

□ Not available

1.21 LACTATE IN THE 6h BEFORE ICU ADMISSION: _______________ mmol/L

Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to ICU admission. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.
Not available

1.22 Troponin in the last 12 hours: (tick 2 at most)

- Troponin T: __________ (☐ ng/mL or ☐ ng/L) ONLY NUMBERS FROM 0 TO 150
- Troponin I: __________ (☐ ng/mL or ☐ ng/L) ONLY NUMBERS FROM 0 TO 150
- High sensitivity troponin T: __________ (☐ ng/mL or ☐ ng/L) ONLY NUMBERS FROM 0 TO 150
- High sensitivity troponin I: __________ (☐ ng/mL or ☐ ng/L) ONLY NUMBERS FROM 0 TO 150
- Not available

1.23 Cardiac BNP in the last 12 hours: __________ (picograms/mL) ONLY NUMBERS BETWEEN 0-30000

1.24 Upon ICU admission, did the patient present with cutaneous manifestations?

- Yes
- No
- Not available

If yes to 1.24a, type of cutaneous manifestations (please select up to three (3) options)

- Bullae
- Macules
- Nodules
- Papules
- Plaques
- Purpura
- Pustules
- Rash
- Scale
- Urticaria
- Vesicles
- Other: __________

If yes to 1.24b, specify the involved regions (please select up to three (3) options):

- Face
- Truck
- Upper limbs
- Hands
- Lower limbs
- Feet
CORE CASE RECORD FORM (EOT Mech Vent)

2. UPON COMMENCEMENT OF MECHANICAL VENTILATION - ‘Mechanical ventilation’ includes invasive mechanical ventilation via an endotracheal tube or tracheostomy only. Importantly, this module will be active only when you click ‘YES’ in the field ‘1.17 Invasive ventilation’ of the ISARIC form.

2.1 DATE OF START OF MECHANICAL VENTILATION: _____ / _____ / _____ (DD/MM/YY)

2.2 SITE OF INTUBATION

- Outside hospital
- Intensive Care Unit
- Emergency Department
- Hospital Ward
- Different hospital, then patient was transferred
- Other

2.3 TYPE OF INTUBATION

- Elective
- Emergent

2.4 CARDIAC ARREST

- Yes
- No

2.5 VENTILATORY SUPPORT BEFORE INTUBATION

- High-Flow Oxygen Ventilation
- Mask non-invasive ventilation
- Full Face-mask non-invasive ventilation
- Helmet non-invasive ventilation
- Simple face mask oxygen therapy
- Venturi mask oxygen therapy
- Non re-breather face mask oxygen therapy
- Nasal prongs oxygen therapy
- Other
- Not available

BLOOD GAS ANALYSIS (Qs 2.6 – 2.11) – Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to commencement of mechanical ventilation. ‘Worst’ blood gas is defined as the blood gas with the lowest PaO2/FiO2 ratio.

2.6 ARTERIAL pH IN THE 6 HOURS BEFORE START OF MV: __________ (ONLY NUMBERS FROM 6.500 TO 7.600)

Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to commencement of mechanical ventilation. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.
2.7 ARTERIAL PARTIAL PRESSURE OF OXYGEN (mmHg) IN THE 6 HOURS BEFORE START OF MV: __________ (ONLY NUMBERS FROM 20 TO 500)
Units: □mmHg □kPa

Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to commencement of mechanical ventilation. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.

2.8 ARTERIAL PARTIAL PRESSURE OF CARBON DIOXIDE IN THE 6 HOURS BEFORE START OF MV: __________ (ONLY NUMBERS FROM 10 TO 100)
Units: □mmHg □kPa

Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to commencement of mechanical ventilation. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.

2.9 ARTERIAL HCO₃⁻ IN THE 6 HOURS BEFORE START OF MV: _______________ (ONLY NUMBERS FROM 1 TO 50)
Units □mEq/L □mmol/L

Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to commencement of mechanical ventilation. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.

2.10 ARTERIAL Base excess IN THE 6 HOURS BEFORE START OF MV _______________ mmol/L (ONLY NUMBERS FROM -50 TO +50)

Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to commencement of mechanical ventilation. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.

2.11 Lactate IN THE 6 HOURS BEFORE START OF MV _______________ mmol/L

Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to commencement of mechanical ventilation. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.
2.12 USE OF CONTINUOUS RENAL REPLACEMENT THERAPY BEFORE START OF MV

- Yes
- No

2.13 USE OF VASOACTIVE DRUGS BEFORE START OF MV

- Yes
- No

2.14 USE OF CARDIAC ASSIST DEVICES BEFORE START OF MV

- Yes
- No

2.15 ANTIBIOTICS BEFORE START OF MV

<table>
<thead>
<tr>
<th>Amikacin</th>
<th>Ceftazidime</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amoxicillin</td>
<td>Ceftazidime/Avibactam</td>
</tr>
<tr>
<td>Amoxicillin + Clavulanate</td>
<td>Ceftibuten</td>
</tr>
<tr>
<td>Ampicillin</td>
<td>Ceftizoxime</td>
</tr>
<tr>
<td>Ampicillin + Sulbactam</td>
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<td>Cefuroxime</td>
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<tr>
<td>Bacampicillin</td>
<td>Cephalexin</td>
</tr>
<tr>
<td>Bacitracin</td>
<td>Cephalothin</td>
</tr>
<tr>
<td>Capreomycin</td>
<td>Cephalpirin</td>
</tr>
<tr>
<td>Carbenicillin indanyl sodium</td>
<td>Cephradine</td>
</tr>
<tr>
<td>Cefaclor</td>
<td>Chloramphenicol</td>
</tr>
<tr>
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<td>Cinoxacin</td>
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<td>Clarithromycin</td>
</tr>
<tr>
<td>Cefdinir</td>
<td>Clindamycin</td>
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<tr>
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<td>Cloxacillin</td>
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<td>Cefotaxime</td>
<td>Dirithromycin</td>
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<td>Doxycycline</td>
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<tr>
<td>Cefoxitin</td>
<td>Enoxacin</td>
</tr>
<tr>
<td>Cepodoxime Proxetil</td>
<td>Ertapenem</td>
</tr>
<tr>
<td>Cefprozil</td>
<td>Erythromycin</td>
</tr>
<tr>
<td>Ceftaroline</td>
<td>Fosfomycin</td>
</tr>
</tbody>
</table>

| Gatifloxacin |
| Gemifloxacin |
| Gentamicin |
| Grepafloxacin |
| Imipenem/Cilastatin |
| Imiquimod |
| Kanamycin |
| Levofloxacin |
| Lincomycin |
| Linezolid |
| Lomefloxacin |
| Loracarbef |
| Mafenide |
| Meropenem |
| Methenamine hippurate |
| Methicillin |
| Metronidazole |
| Metzlocillin |
| Minocycline |
| Moxifloxacin |
| Mupirocin |
| Nafcillin |
| Nalidixic Acid |
| Neomycin |
| Netilmicin |
| Nitrofurantoin |
| Nitrofurazone |
| Norfloxacin |
| Novobiocin |
| Ofloxacin |
Oxacillin
Oxytetracycline
Penicillin
Piperacillin
Piperacillin + Tazobactam
Podofilox
Polymyxin B
Quinupristin + Dalfopristin
Retapamulin
Rifaximin
Saturated Solution of Potassium Iodide (SSKI)
Sparfloxacin
Spectinomycin
Streptomycin
Sulfadiazine
Sulfamethoxazole
Sulfisoxazole
Sulphur, precipitated in petrolatum
TCA (trichloroacetic acid), BCA (bichloroacetic acid).
Teicoplanin
Teicoplanin
Telithromycin
Terbinafine
Tetracycline
Ticarcillin
Ticarcillin + Clavulanic Acid
Tigecycline
Tobramycin
Trimethoprim
Trimethoprim + Sulfamethoxazole
Trovafoxacin
Vancomycin
CORE CASE RECORD FORM (EOT Start ECMO)

3. UPON COMMENCEMENT OF ECMO. Importantly, this module will be active only when you click ‘YES’ in the field ‘1.18 ECLS’ of the ISARIC form.

3.1 DATE OF START OF ECMO: ____/ ____/ ____ (DD/MM/YY)

3.2 Is this patient enrolled in the EXCEL study? (Australian sites only)

☐ Yes
☐ No

3.3 If Yes, what is the patient’s EXCEL study number________________________

3.4 Is this patient enrolled in the ELSO Registry?

☐ Yes
☐ No

3.5 If yes, what is the patient’s ELSO Registry number: __________________________

3.6 LOCATION OF ECMO CANNULATION:

☐ Same Hospital
☐ Other Hospital, then patient was retrieved and transferred

3.7 Type and Manufacturer of centrifugal blood pump driven circuit: __________ (TEXT)

3.8 Type and Manufacturer of low-resistance oxygenator: __________ (TEXT)

3.9 TYPE OF ECMO:

☐ Venous-venous
☐ Venous-arterial

3.10 DRAINAGE CANNULA INSERTION SITE:

☐ Left femoral vein
☐ Left internal jugular vein
☐ Right femoral vein
☐ Right internal jugular vein

3.10a DRAINAGE CANNULA SIZE recorded

☐ Yes
☐ No

3.10b DRAINAGE CANNULA SIZE

_________ Fr (ONLY NUMBERS, BETWEEN 5 and 30)
3.11 RETURN CANNULA INSERTION SITE:

- Left femoral vein
- Left internal jugular vein
- Right femoral vein
- Right internal jugular vein
- Left femoral artery
- Right femoral artery

3.11a RETURN CANNULA SIZE recorded

- Yes
- No

3.11b RETURN CANNULA SIZE

__________ Fr (ONLY NUMBERS, BETWEEN 5 and 30)

3.12 CARDIAC ARREST BEFORE START OF ECMO

- Yes
- No

3.13 USE OF PRONE POSITION BEFORE START OF ECMO:

- Yes
- No

3.14 USE OF NEUROMUSCULAR BLOCKADE BEFORE START OF ECMO:

- Yes
- No

3.15 USE OF RECRUITMENT MANOEUVRES BEFORE START OF ECMO:

- Yes
- No

3.16 USE OF INHALED NITRIC OXIDE BEFORE START OF ECMO:

- Yes
- No

3.17 USE OF BICARBONATE BEFORE START OF ECMO

- Yes
- No

3.18 VENTILATORY MODE BEFORE START OF ECMO:

- Synchronized Intermittent Mandatory Ventilation – Volume-Controlled (SIMV-V)
- Synchronized Intermittent Mandatory Ventilation – Pressure-Controlled (SIMV-P)
- Volume Controlled Ventilation
Pressure Controlled Ventilation
Pressure Regulated Volume Control (PRVC)
Airway Pressure Release Ventilation (APRV)
Pressure Support Ventilation (PSV)
Volume Support Ventilation (VSV)
High Frequency Oscillatory (HFO)
Bilevel Positive Airway Pressure (BiPAP)
Continuous Positive Airway Pressure (CPAP)
Proportional Assist Ventilation (PAV)
Neurally Adjusted Ventilatory Assist (NAVA)
Other: __________ (TEXT)

MECHANICAL VENTILATION & BLOOD GAS ANALYSIS (Qs 3.19 - 3.30) – Please document the ‘worst’ value in the 6 hours before the commencement of ECMO. ‘Worst’ means the values associated with the arterial blood gas with the lowest PaO2/FiO2 ratio. Please report ventilatory settings associated with the worst arterial blood gas.

3.19 INSPIRATORY FRACTION OF OXYGEN IN THE 6 HOURS BEFORE START OF ECMO: __________ (ONLY NUMBERS, BETWEEN 21 and 100)

Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to commencement of ECMO. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.

□ Not available

3.20 RESPIRATORY RATE IN THE 6 HOURS BEFORE START OF ECMO (breaths/min): __________ (ONLY NUMBERS, BETWEEN 2 and 60)

Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to commencement of ECMO. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.

□ Not available

3.21 TIDAL VOLUME (ml/Kg of Ideal Body Weight): __________ (ONLY NUMBERS, BETWEEN 1 and 14)

Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to commencement of ECMO. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.

Ideal Body Weight formula:
Male patients: 50 + (0.91 x [height in cm – 152.4])
Female patients: 45.5 + (0.91 x [height in cm – 152.4])

□ Not available

3.22 POSITIVE END EXPIRATORY PRESSURE IN THE 6 HOURS BEFORE START OF ECMO (cmH2O): __________ (ONLY NUMBERS, BETWEEN 0 and 25)
Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to commencement of ECMO. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.

□ Not available

3.23 PEAK AIRWAY PRESSURE IN THE 6 HOURS BEFORE START OF ECMO (cmH2O): __________ (ONLY NUMBERS, BETWEEN 0 and 85)

Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to commencement of ECMO. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.

□ Not available

3.24 AIRWAY PLATEAU PRESSURE IN THE 6 HOURS BEFORE START OF ECMO (cmH2O): __________ (ONLY NUMBERS, BETWEEN 0 and 50)

Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to commencement of ECMO. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.

□ Not available

3.25 ARTERIAL pH IN THE 6 HOURS BEFORE START OF ECMO: __________ (ONLY NUMBERS FROM 6.500 TO 7.600)

Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to commencement of ECMO. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.

□ Not available

3.26 ARTERIAL PARTIAL PRESSURE OF OXYGEN IN THE 6 HOURS BEFORE START OF ECMO: __________ (ONLY NUMBERS FROM 20 TO 500)

Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to commencement of ECMO. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.

Units: □ mmHg □ kPa

□ Not available

3.27 ARTERIAL PARTIAL PRESSURE OF CARBON DIOXIDE IN THE 6 HOURS BEFORE START OF ECMO: __________ (ONLY NUMBERS FROM 10 TO 150)

Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to commencement of ECMO. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.

Units: □ mmHg □ kPa

□ Not available
3.28 ARTERIAL HCO3- IN THE 6 HOURS BEFORE START OF ECMO: _______________ (ONLY NUMBERS FROM 1 TO 50)

*Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to commencement of ECMO. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.*

Units: □ mEq/L □ mmol/L

□ Not available

3.29 ARTERIAL Base excess IN THE 6 HOURS BEFORE START OF ECMO: _______________ mmol/L (ONLY NUMBERS FROM -50 TO +50)

*Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to commencement of ECMO. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.*

□ Not available

3.30 Lactate IN THE 6 HOURS BEFORE START OF ECMO: _______________ mmol/L

*Please document the values associated with the ‘worst’ blood gas analysis in the 6 hours prior to commencement of ECMO. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.*

□ Not available

3.31 USE OF CONTINUOUS RENAL REPLACEMENT THERAPY BEFORE START OF ECMO:

□ Yes
□ No

3.32 USE OF VASOACTIVE DRUGS BEFORE START OF ECMO:

□ Yes
□ No

3.33 USE OF CARDIAC ASSIST DEVICE BEFORE START OF ECMO:

□ Yes
□ No

3.34 USE OF ANTIBIOTICS BEFORE START OF ECMO:

□ Yes
□ No

3.35 ANTIBIOTICS BEFORE START OF ECMO:

□ Amikacin
□ Amoxicillin
□ Amoxicillin + Clavulanate
□ Amoxicillin + Clavulanate
□ Ampicillin
□ Ampicillin
□ Ampicillin + Sulbactam
□ Atovaquone
Azithromycin
Aztreonam
Bacampicillin
Bacitracin
Capreomycin
Carbenicillin indanyl sodium
Cefaclor
Cefadroxil
Cefamandole
Cefazolin
Cefdinir
Cefditoren
Cefepime
Cefixime
Cefmetazole
Cefonicid
Cefoperazone
Cefotaxime
Cefotetan
Cefoxitin
Cefpodoxime Proxetil
Cefprozil
Ceftaroline
Ceftazidime
Ceftazidime/Avibactam
Ceftibuten
Ceftizoxime
Ceftobiprole
Ceftolozane/Tazobactam
Ceftriaxone
Cefuroxime
Cephalixin
Cephalothin
Cephalpirin
Cephradine
Chloramphenicol
Cinocin
Ciprofloxacin
Clarithromycin
Clindamycin
Cloxacinil
Colistimethate
Cycloserine
Daptomycin
Demeclocycline
Dicloxacillin
Dirithromycin
Doripenem
Doxycline
Enoxacin
Ertaopenem
Erythromycin
Fosfomycin
Gatifloxacin
Gemifloxacin
Gentamicin
Grepafloxacin
Imipenem/Cilastatin
Imiquimod
Kanamycin
Levofoxacin
Lincomycin
Linezolid
Lomefloxacin
Loracarbef
Mafenide
Methenamine hippurate
Methicillin
Metronidazole
Mezlocillin
Minocycline
Moxifloxacin
Mupirocin
Naftilin
Nalidixic Acid
Neomycin
Netilimcin
Nitrofurantoin
Nitrofurazone
Norfloxacin
Novobiocin
Ofloxacin
Oxacillin
Oxytetracycline
Penicillin
Piperacillin
Piperacillin + Tazobactam
Podoflox
Polymyxin B
Quinupristin + Dalfopristin
Retapamulin
Rifapentine
Rifaximin
Saturated Solution of Potassium Iodide (SSKI)
Sparfloxacin
Spectinomycin
Streptomycin
Sulfadiazine
Sulfamethoxazole
Sulfisoxazole
Sulphur, precipitated in petrolatum
TCA (trichloroacetic acid), BCA (bichloroacetic acid).
Teicoplanin
Telavancin
Telithromycin
Terbinafine
Tetracycline
Ticarcillin
Ticarcillin + Clavulanic Acid
Tigecycline
Tobramycin
Trimethoprim
Trimethoprim + Sulfamethoxazole
Trofloxacin
Vancomycin

3.36 CHEST X-RAY WITHIN 24h PRE or POST- ECMO CANNULATION:

☐ Yes
☐ No
3.36a If yes to 3.36, Number of CHEST X-RAY quadrants with infiltrates:

- 0
- 1
- 2
- 3
- 4
- Unknown
## 4. DAILY CASE RECORD FORM (EOT Daily)

### Option 1: ‘FULL’ daily data

Complete the daily form every day of mechanical ventilation (ie. from mechanical ventilation commencement (intubation) to discontinuation of mechanical ventilation (extubation)). Please commence this data the day after the patient is intubated.

Please collect all daily data retrospectively, at least 24h after the day of assessment, since the worst parameters of the 24-h period of assessment need to be identified.

### Option 2: ‘BASIC’ data

Complete this daily form:
1. Mechanical ventilation commencement
2. ECMO commencement
3. Four (4) days after ICU admission (only if the patient is mechanically ventilated or ECMO at that time)
4. Mechanical ventilation discontinuation.
5. ECMO discontinuation

Please collect all daily data retrospectively, at least 24h after the day of assessment, since the worst parameters of the 24-h period of assessment need to be identified.

Importantly, parameters related to mechanical ventilation or ECMO will be active only when you click ‘YES’ in the field ‘1.17 Invasive ventilation’ or when you click ‘YES’ in the field ‘1.18 ECLS’, respectively, of the ISARIC “Daily Form”.

### 4.1 DATE: ____________________________

### 4.2 PATIENT POSITION:

**‘Full’ daily data collection:** Patient position applied most predominantly in the last 24 hours

**‘Basic’ daily data collection:** Patient position applied most predominantly since the last EOT Daily form

- If this is the ‘Four days after ICU admission’ timepoint, please collect the position applied most predominantly in the last 24 hours.

- Supine
- Prone

### 4.3 HIGHEST ECMO FLOW RATE IN THE LAST 24h (L/min): ________

### 4.4 HIGHEST ECMO GAS FLOW RATE IN THE LAST 24h (L/min): ________

### 4.5 ECMO CIRCUIT CHANGE:

**‘Full’ daily data collection:** Circuit change in the last 24 hours

**‘Basic’ daily data collection:** Circuit change since the last EOT Daily form

- If this is the ‘Four days after ICU admission’ timepoint, please answer with reference to the last 24 hours.

- Yes
- No
4.6 USE OF NEUROMUSCULAR BLOCKADE:

‘Full’ daily data collection: Neuromuscular blockade in the last 24 hours

‘Basic’ daily data collection: Neuromuscular blockade since the last EOT Daily form

- If this is the ‘Four days after ICU admission’ timepoint, please answer with reference to the last 24 hours.
  - Yes
  - No

4.7 USE OF RECRUITMENT MANOEUVRES:

‘Full’ daily data collection: Recruitment manoeuvres in the last 24 hours

‘Basic’ daily data collection: Recruitment manoeuvres since the last EOT Daily form

- If this is the ‘Four days after ICU admission’ timepoint, please answer with reference to the last 24 hours.
  - Yes
  - No

4.8 USE OF INHALED NITRIC OXIDE:

‘Full’ daily data collection: Inhaled nitric oxide in the last 24 hours

‘Basic’ daily data collection: Inhaled nitric oxide since the last EOT Daily form

- If this is the ‘Four days after ICU admission’ timepoint, please answer with reference to the last 24 hours.
  - Yes
  - No

4.9 MOST FREQUENT VENTILATORY MODE IN THE LAST 24h:

- Synchronized Intermittent Mandatory Ventilation – Volume-Controlled (SIMV-V)
- Synchronized Intermittent Mandatory Ventilation – Pressure-Controlled (SIMV-P)
- Volume Controlled Ventilation
- Pressure Controlled Ventilation
- Pressure Regulated Volume Control (PRVC)
- Airway Pressure Release Ventilation (APRV)
- Pressure Support Ventilation (PSV)
- Volume Support Ventilation (VSV)
- High Frequency Oscillatory (HFO)
- Bilevel Positive Airway Pressure (BiPAP)
- Continuous Positive Airway Pressure (CPAP)
- Proportional Assist Ventilation (PAV)
- Neuromally Adjusted Ventilatory Assist (NAVA)
- Other: __________ (TEXT)
MECHANICAL VENTILATION & BLOOD GAS ANALYSIS (Qs 4.10 – 4.21) – Please document the ‘worst’ value in the last 24 hours. ‘Worst’ means the values associated with the arterial blood gas with the lowest PaO2/FiO2 ratio. Please report ventilatory settings associated with the worst arterial blood gas.

4.10 INSPIRATORY FRACTION OF OXYGEN IN THE LAST 24h: __________ (ONLY NUMBERS, BETWEEN 21 and 100)
Please document the values associated with the ‘worst’ blood gas analysis in the last 24 hours. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.

□ Not available

4.11 RESPIRATORY RATE IN THE LAST 24h (breaths/min): __________ (ONLY NUMBERS, BETWEEN 2 and 60)
Please document the values associated with the ‘worst’ blood gas analysis in the last 24 hours. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio

□ Not available

4.12 TIDAL VOLUME IN THE LAST 24h (ml/Kg of Ideal Body Weight): __________ (ONLY NUMBERS, BETWEEN 1 and 14)
Please document the values associated with the ‘worst’ blood gas analysis in the last 24 hours. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.

Ideal Body Weight formula:
Male patients: 50 + (0.91 x [height in cm – 152.4])
Female patients: 45.5 + (0.91 x [height in cm – 152.4])

□ Not available

4.13 POSITIVE END EXPIRATORY PRESSURE IN THE LAST 24h (cmH2O): __________ (ONLY NUMBERS, BETWEEN 0 and 25)
Please document the values associated with the ‘worst’ blood gas analysis in the last 24 hours. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.

□ Not available

4.14 AIRWAY PLATEAU PRESSURE IN THE LAST 24h (cmH2O): __________ (ONLY NUMBERS, BETWEEN 0 and 50)
Please document the values associated with the ‘worst’ blood gas analysis in the last 24 hours. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.

□ Not available

4.15 ARTERIAL pH IN THE LAST 24h: __________ (ONLY NUMBERS FROM 6.500 TO 7.600)
Please document the values associated with the ‘worst’ blood gas analysis in the last 24 hours. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.
4.16 ARTERIAL PARTIAL PRESSURE OF OXYGEN IN THE LAST 24h: __________ (ONLY NUMBERS FROM 20 TO 500)

Units: □ mmHg □ kPa

Please document the values associated with the ‘worst’ blood gas analysis in the last 24 hours. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.

4.17 ARTERIAL PARTIAL PRESSURE OF CARBON DIOXIDE IN THE LAST 24h: __________ (ONLY NUMBERS FROM 10 TO 100)

Units: □ mmHg □ kPa

Please document the values associated with the ‘worst’ blood gas analysis in the last 24 hours. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.

4.18 ARTERIAL HCO3⁻ IN THE LAST 24h: _____________ (ONLY NUMBERS FROM 1 TO 50)

Units: □ mEq/L □ mmol/L

Please document the values associated with the ‘worst’ blood gas analysis in the last 24 hours. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.

4.19 ARTERIAL Base excess IN THE LAST 24h: ______________ mmol/L (ONLY NUMBERS FROM -50 TO +50)

Please document the values associated with the ‘worst’ blood gas analysis in the last 24 hours. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.

4.20 Lactate IN THE LAST 24h: ______________ mmol/L

Please document the values associated with the ‘worst’ blood gas analysis in the last 24 hours. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.

If this data has already been entered in the ‘Daily Case Report Form – Laboratory Results’ section of the ISARIC CRF, please DO NOT re-enter the data here. Please leave ‘4.20 Lactate’ blank.

4.21 CREATININE IN THE LAST 24h: __________

Units: □ mg/dL □ µmol/L

Please document the values associated with the ‘worst’ blood gas analysis in the last 24 hours. ‘Worst’ is defined as the blood gas with the lowest PaO2/FiO2 ratio.
□ Not available

*If this data has already been entered in the ‘Daily Case Report Form – Laboratory Results’ section of the ISARIC CRF, please DO NOT re-enter the data here. Please leave ‘4.21 Creatinine’ blank.*

**4.22 USE OF CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT):**

‘Full’ daily data collection: CRRT in the last 24 hours

‘Basic’ daily data collection: CRRT since the last EOT Daily form

- If this is the ‘Four days after ICU admission’ timepoint, please answer with reference to the last 24 hours.

□ Yes
□ No

**4.23 USE OF VASOACTIVE DRUGS IN THE LAST 24h:**

□ Yes
□ No

**4.24 TYPE OF VASOACTIVE DRUG 1:**

□ Dobutamine
□ Dopamine
□ Enoximone
□ Epinephrine: YES □ NO □
□ Esmolol
□ Levosimendan
□ Metaraminol
□ Metoprolol
□ Milrinone
□ Nicardipine
□ Nitroglycerin
□ Nitroprusside
□ Norepinephrine: YES □ NO □
□ Phenylephrine
□ Tolazoline
□ Vasopressin

**4.25 HIGHEST DOSE OF VASOACTIVE DRUG 1 IN THE LAST 24h (mcg/Kg/min):** __________

**4.26 TYPE OF VASOACTIVE DRUG 2:**

□ Dobutamine
□ Dopamine
□ Enoximone
□ Epinephrine: YES □ NO □
□ Esmolol
□ Levosimendan
□ Metaraminol
□ Metoprolol
□ Milrinone
Nicardipine ☐
Nitroglycerin ☐
Nitroprusside ☐
Norepinephrine: YES ☐ NO ☐
Phenylephrine ☐
Tolazoline ☐
Vasopressin ☐

4.27 HIGHEST DOSE OF VASOACTIVE DRUG 2 IN THE LAST 24h (mcg/Kg/min): __________

4.28 TYPE OF VASOACTIVE DRUG 3:
Dobutamine ☐
Dopamine ☐
Enoximone ☐
Epinephrine: YES ☐ NO ☐
Esmolol ☐
Levosimendan ☐
Metaraminol ☐
Metoprolol ☐
Milrinone ☐
Nicardipine ☐
Nitroglycerin ☐
Nitroprusside ☐
Norepinephrine: YES ☐ NO ☐
Phenylephrine ☐
Tolazoline ☐
Vasopressin ☐

4.29 HIGHEST DOSE OF VASOACTIVE DRUG 3 IN THE LAST 24h (mcg/Kg/min): __________

4.30 USE OF CARDIAC ASSIST DEVICES:
‘Full’ daily data collection: Cardiac assist device use in the last 24 hours
‘Basic’ daily data collection: Cardiac assist device use since the last EOT Daily form
• If this is the ‘Four days after ICU admission’ timepoint, please answer with reference to the last 24 hours.
  ☐ Yes
  ☐ No

4.31 USE OF ANTIBIOTICS:
‘Full’ daily data collection: Antibiotics administered in the last 24 hours
‘Basic’ daily data collection: Antibiotics administered since the last EOT Daily form
• If this is the ‘Four days after ICU admission’ timepoint, please answer with reference to the last 24 hours.
  ☐ Yes
  ☐ No
ANTIBIOTICS:

- Amikacin
- Amoxicillin
- Amoxicillin + Clavulanate
- Ampicillin
- Ampicillin + Sulbactam
- Atovaquone
- Azithromycin
- Aztreonam
- Bacampicillin
- Capreomycin
- Carbenicillin indanyl sodium
- Cefaclor
- Cefadroxil
- Cefamandole
- Cefazolin
- Cefdinir
- Cefditoren
- Cefepime
- Cefmetazole
- Cefonicid
- Cefoperazone
- Cefotaxime
- Cefotetan
- Cefoxitin
- Cepodoxime Proxetil
- Cefprozil
- Cefotaroline
- Ceftazidime
- Ceftazidime/Avibactam
- Ceftibuten
- Ceftizoxime
- Ceftepime
- Ceftobiprole
- Ceftolozane/Tazobactam
- Ceftiraxone
- Cefuroxime
- Cephalexin
- Cephalothin
- Cephapirin
- Cephradine
- Chloramphenicol
- Cinoxacin
- Ciprofloxacin
- Clarithromycin
- Clindamycin
- Cloxacillin
- Colistimethate
- Cycloserine
- Daptomycin
- Demeclocycline
- Dicloxacillin
- Dirithromycin
- Doripenem
- Doxycycline
- Enoxacin
- Ertapenem
- Erythromycin
- Fosfomycin
- Gatifloxacin
- Gemifloxacin
- Gentamicin
- Grepafloxacin
- Imipenem/Cilastatin
- Imiquimod
- Kanamycin
- Levofloxacin
- Lincomycin
- Linezolid
- Lomefloxacin
- Loracarbef
- Mafenide
- Meropenem
- Methenamine hippurate
- Methicillin
- Metronidazole
- Mezlocillin
- Minocycline
- Moxifloxacin
- Mupirocin
- Nafcillin
- Nalidixic Acid
- Neomycin
- Netilmicin
- Nitrofurantoin
- Nitrofurazone
- Norfloxacin
- Novobiocin
- Ofloxacin
- Oxacillin
- Oxytetracycline
- Penicillin
- Piperacillin
- Piperacillin + Tazobactam
- Podoflox
- Polymyxin B
- Quinuprixin + Dalfopristin
- Retapamulin
- Rifapentine
- Rifaximin
- Saturated Solution of Potassium Iodide (SSKI)
- Sparfloxacin
- Spectinomycin
- Streptomycin
- Sulfadiazine
- Sulfamethoxazole
- Sulfisoxazole
- Sulphur, precipitated in petrolatum
- TCA (trichloroacetic acid), BCA (bichloroacetic acid).
- Teicoplanin
- Telavancin
- Telithromycin
- Terbinafine
- Tetracycline
- Ticarcillin
- Ticarcillin + Clavulanic Acid
- Tigecycline
- Tobramycin
- Trimethoprim
- Trimethoprim + Sulfamethoxazole
- Trovafloxacin
- Vancomycin
4.32 Haemoglobin IN THE LAST 24h  g/dL ________________

☐ Not available

*If this data has already been entered in the ‘Daily Case Report Form – Laboratory Results’ section of the ISARIC CRF, please DO NOT re-enter the data here. Please leave ‘4.32 Haemoglobin’ blank.*

4.33 White Blood Cells IN THE LAST 24h

☐ Not available

*If this data has already been entered in the ‘Daily Case Report Form – Laboratory Results’ section of the ISARIC CRF, please DO NOT re-enter the data here. Please leave ‘4.33 White Blood Cells’ blank.*

4.34 White Blood Cells Unit

☐ X 10^9/L
☐ X 10^3/microL

4.35 AST/SGOT IN THE LAST 24h  U/L ________________

☐ Not available

*If this data has already been entered in the ‘Daily Case Report Form – Laboratory Results’ section of the ISARIC CRF, please DO NOT re-enter the data here. Please leave ‘4.34 AST’ blank.*

4.36 ALT/SGPT IN THE LAST 24h  U/L ________________

☐ Not available

*If this data has already been entered in the ‘Daily Case Report Form – Laboratory Results’ section of the ISARIC CRF, please DO NOT re-enter the data here. Please leave ‘4.36 ALT’ blank.*

4.37 ANTICOAGULANTS:

‘Full’ daily data collection: Anticoagulants administered in the last 24 hours

‘Basic’ daily data collection: Anticoagulants administered since the last EOT Daily form

☐ If this is the ‘Four days after ICU admission’ timepoint, please answer with reference to the last 24 hours.
☐ Yes
☐ No

4.38 TYPE OF ANTICOAGULANTS:

‘Full’ daily data collection: Anticoagulants administered in the last 24 hours

‘Basic’ daily data collection: Anticoagulants administered since the last EOT Daily form

☐ If this is the ‘Four days after ICU admission’ timepoint, please answer with reference to the last 24 hours.
☐ Continuous infusion of unfractionated heparin
☐ Subcutaneous unfractionated heparin only
☐ Low molecular heparin
4.39 TRANSFUSED PACKED RED BLOOD CELL (PRBC) CONCENTRATE:

‘Full’ daily data collection: PRBCs administered in the last 24 hours

‘Basic’ daily data collection: PRBCs administered since the last EOT Daily form

- If this is the ‘Four days after ICU admission’ timepoint, please answer with reference to the last 24 hours

☐ Yes
☐ No

4.40 TRANSFUSED PLATELETS CONCENTRATE:

‘Full’ daily data collection: Platelets administered in the last 24 hours

‘Basic’ daily data collection: Platelets administered since the last EOT Daily form

- If this is the ‘Four days after ICU admission’ timepoint, please answer with reference to the last 24 hours

☐ Yes
☐ No

4.41 TRANSFUSED FRESH FROZEN PLASMA (FFP):

‘Full’ daily data collection: FFP administered in the last 24 hours

‘Basic’ daily data collection: FFP administered since the last EOT Daily form

- If this is the ‘Four days after ICU admission’ timepoint, please answer with reference to the last 24 hours

☐ Yes
☐ No

4.42 TRANSFUSED CRYOPRECIPITATES:

‘Full’ daily data collection: Cryoprecipitate administered in the last 24 hours

‘Basic’ daily data collection: Cryoprecipitate administered since the last EOT Daily form

- If this is the ‘Four days after ICU admission’ timepoint, please answer with reference to the last 24 hours

☐ Yes
☐ No

4.43 INFECTION COMPLICATION 1:

‘Full’ daily data collection: Infectious complications diagnosed in the last 24 hours

‘Basic’ daily data collection: Infectious complications diagnosed since the last EOT Daily form
• If this is the ‘Four days after ICU admission’ timepoint, please answer with reference to the last 24 hours
  □ Yes
  □ No

4.44 INFECTION COMPLICATION 1 DATE OF DIAGNOSIS:
__ __ / __ __ / __ __ __ __ (DD/MM/YYYY)

4.45 SOURCE OF INFECTIOUS COMPLICATION 1

□ Lungs
□ Gastro-intestinal
□ Genito-urinary
□ Skin and soft tissue
□ Central nervous system
□ Osteoarticular and bone
□ Cardiac
□ Bloodstream
□ Not known

4.46 CAUSATIVE PATHOGEN 1:

□ Acinetobacter baumannii
□ Acinetobacter species
□ Aeromonas
□ Bacillus anthracis
□ Bacillus species
□ Bacteroides fragilis
□ Bacteroides species
□ Bartonella species
□ Bordetella species
□ Borrelia burgdorferi
□ Borrelia species
□ Brucella Species
□ Burkholderia cepacia
□ Burkholderia mallei
□ Burkholderia pseudomallei
□ Campylobacter and related species
□ Campylobacter jejuni
□ Campylobacter species
□ Capnocytophaga canimorsus
□ Chlamydia trachomatis
□ Chlamydia pneumoniae
□ Chlamydia psittaci
□ Citrobacter species
□ Clostridium botulinum
□ Clostridium difficile
□ Clostridium species
□ Clostridium tetani (Tetanus)
□ Corynebacterium diphtheriae
□ Coxiella burnetii
□ Ehrlichia species
□ Eikenella corrodens
□ Eikenella species
□ Entereobacter species
□ Enterococcus
□ Erysipelothrix rhusiopathiae
□ Escherichia coli
□ Francisella tularensis
□ Haemophilus ducreyi (Chancroid)
□ Haemophilus influenzae
□ Helicobacter cinaedi and related species
□ Helicobacter pylori
□ Klebsiella granulomatis (Antibiotic Guide)
□ Klebsiella species
□ ESBL Klebsiella pneumoniae
□ Lactobacillus
□ Legionella pneumophila
□ Legionella species
□ Leptospora interrogans
□ Listeria monocytogenes
□ Lymphogranuloma venereum (LGV)
□ Methicillin Resistant Staphylococcus aureus
□ Moraxella catarrhalis
□ Morganella
□ Mycobacterium abscessus
□ Mycobacterium avium-complex (MAC, MAI, non-HIV)
□ Mycobacterium chelonae
□ Mycobacterium fortuitum
□ Mycobacterium gordonae
□ Mycobacterium kansasii
□ Mycobacterium leprae
□ Mycobacterium marinum
□ Mycobacterium scrofulaceum
□ Mycobacterium tuberculosis
□ Mycobacterium ulcerans
□ Mycobacterium xenopi
□ Mycoplasma pneumoniae (Antibiotic Guide)
□ Neisseria gonorrhoeae
□ Neisseria meningitidis
□ Nocardia
□ Other atypical mycobacteria
□ Pasteurella multocida
□ Peptostreptococcus/Pep tococcus
□ Plesiomonas
□ Propionibacterium species
□ Proteus species
□ Providencia
□ Pseudomonas aeruginosa
□ Rhodococcus equi
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<td>Coccidioides immitis</td>
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<td>Cryptococcus neoformans</td>
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<td>Yersinia pestis</td>
<td>Cunninghamella</td>
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<td>Yersinia species (non-plague)</td>
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### 4.47 INFECTION COMPLICATION 2:

*Full* daily data collection: Infectious complications diagnosed **in the last 24 hours**

*Basic* daily data collection: Infectious complications diagnosed **since the last EOT Daily form**

- If this is the **Four days after ICU admission** timepoint, please answer with reference to the last 24 hours

- **Yes**
- **No**

### 4.48 INFECTION COMPLICATION 2 DATE OF DIAGNOSIS:

__ __ / __ __ / __ __ __ __ (DD/MM/YYYY)

### 4.49 SOURCE OF INFECTION COMPLICATION 2:

- **Lungs**
- **Gastro-intestinal**
- **Genito-urinary**
- **Skin and soft tissue**
- **Central nervous system**
- **Osteoarticular and bone**
- **Cardiac**
- **Bloodstream**
- **Not known**

### 4.50 CAUSATIVE PATHOGEN 2:

- **Acinetobacter baumannii**
- **Actinomyces**
- **Aeromonas**
- **Bacillus anthracis**
- **Bacillus species**
- **Bacteroides fragilis**
- **Bacteroides species**
- **Bartonella species**
- **Bordetella species**
- **Borrelia burgdorferi**
- **Borrelia species**
- **Brucella Species**
- **Burkholderia cepacia**
- **Burkholderia mallei**
- **Burkholderia pseudomallei**
- **Campylobacter and related species**
- **Campylobacter jejuni**
- **Capnocytophaga canimorsus**
- **Chlamydia trachomatis**
- **Chlamydomphila pneumonialis**
- Chlamydophila psittaci
- Clostridium botulinum
- Clostridium difficile
- Clostridium species
- Clostridium tetani (Tetanus)
- Corynebacterium diphtheriae
- Coxiella burnetii
- Ehrlichia species
- Eikenella corrodens
- Enterobacter species
- Enterococcus
- Erysipelothrix rhusiopathiae
- Escherichia coli
- Francisella tularensis
- Haemophilus ducreyi (Chancroid)
- Haemophilus influenzae
- Helicobacter cinaedi and related species
- Helicobacter pylori
- Klebsiella granulomatis (Antibiotic Guide)
- Klebsiella species
- ESBL Klebsiella pneumoniae
- Lactobacillus
- Legionella pneumophila
- Legionella species
- Leptospira interrogans
- Listeria monocytogenes
- Lymphogranuloma venereum (LGV)
- Methicillin Resistant Staphylococcus aureus
- Moraxella catarrhalis
- Morganella
- Mycobacterium abscessus
- Mycobacterium avium-complex (MAC, MAI, non-HIV)
- Mycobacterium chelonae
- Mycobacterium fortuitum
- Mycobacterium gordonae
- Mycobacterium kansasii
- Mycobacterium leprae
- Mycobacterium marinum
- Mycobacterium scrofulaceum
- Mycobacterium tuberculosis
- Mycobacterium ulcerans
- Mycoplasma pneumoniae (Antibiotic Guide)
- Neisseria gonorrhoeae
- Neisseria meningitidis
- Nocardia
- Other atypical mycobacteria
- Pasteurella multocida
- Peptostreptococcus/Peptococcus
- Plesiomonas
- Propionibacterium species
- Proteus species
- Providencia
- Pseudomonas aeruginosa
- Rhodococcus equi
- Rickettsia rickettsii
- Rickettsia species
- Salmonella species
- Serratia species
- Shigella dysenteriae
- Shigella species
- Staphylococci, coagulase negative
- Staphylococcus aureus
- Stenotrophomonas maltophilia
- Streptococcus pneumoniae
- Streptococcus pyogenes (Group A)
- Streptococcus species
- Treponema pallidum (syphilis)
- Tropheryma whippelii
- Vancomycin Resistant Enterococcus species
- Vancomycin Resistant Staphylococcus aureus
- Vibrio cholerae
- Vibrio species (noncholera)
- Yersinia pestis
- Yersinia species (non-plague)
- Absidia
- Aspergillus
- Basidiobolomyces
- Blastomyces dermatitidis
- Candida albicans
- Candida glabrata
- Candida guilliermondii
- Candida krusei
- Candida lusitaniae
- Candida parapsilosis
- Candida species
- Candida tropicalis
- Chromomycosis
- Coccidioides immitis
- Cryptococcus neoformans
- Cunninghamamella
- Dermatophytes
- Fusarium
- Histoplasma capsulatum
- Mucor
- Myctoma
- Pneumocystis carinii
- Pneumocystis jirovecii
- Pseudallescheria boydii
- Rhizomucor
- Rhizopus
- Saksanea
- Sporothrix schenckii
- Zygomycetes
4.51 INFECTION COMPLICATION 3:

‘Full’ daily data collection: Infectious complications diagnosed **in the last 24 hours**

‘Basic’ daily data collection: Infectious complications diagnosed **since the last EOT Daily form**

- If this is the ‘Four days after ICU admission’ timepoint, please answer with reference to the last 24 hours

☐ Yes
☐ No

4.52 INFECTION COMPLICATION 3 DATE OF DIAGNOSIS:

__ __ / __ __ / __ __ __ __ (DD/MM/YYYY)

4.53 SOURCE OF INFECTIOUS COMPLICATION 3:

☐ Lungs  ☐ Central nervous system  ☐ Cardiac
☐ Gastro-intestinal  ☐ Osteoarticular and bone  ☐ Bloodstream
☐ Genito-urinary  ☐ Skin and soft tissue  ☐ Not known

4.54 CAUSATIVE PATHOGEN 3:

☐ Acinetobacter baumannii  ☐ Coxiella burnetii  ☐ Mycobacterium avium-complex (MAC, MAI, non-HIV)
☐ Actinomycyes  ☐ Ehrlichia species  ☐ Mycobacterium cheloneae
☐ Aeromonas  ☐ Eikenella corrodens  ☐ Mycobacterium fortuitum
☐ Bacillus anthracis  ☐ Enterobacter species  ☐ Mycobacterium gordonae
☐ Bacillus species  ☐ Enterococcus  ☐ Mycobacterium kansasii
☐ Bacteroides fragilis  ☐ Erysipelothrix rhusiopathiae  ☐ Mycobacterium leprae
☐ Bacteroides species  ☐ Escherichia coli  ☐ Mycobacterium marinum
☐ Bartonella species  ☐ Francisella tularensis  ☐ Mycobacterium scrofulaceum
☐ Bordetella species  ☐ Haemophilus ducreyi (Chancroid)  ☐ Mycobacterium tuberculosis
☐ Borrelia burgdorferi  ☐ Haemophilus influenzae  ☐ Mycobacterium ulcerans
☐ Borrelia species  ☐ Helicobacter cinaedi and related species  ☐ Neisseria gonorrhoeae
☐ Brucella Species  ☐ Helicobacter pylori  ☐ Neisseria meningitidis
☐ Burkholderia cepacia  ☐ Klebsiella granulomatis  (Antibiotic Guide)
☐ Burkholderia mallei  ☐ Klebsiella species  ☐ Nocardia
☐ Burkholderia pseudomallei  ☐ ESBL Klebsiella pneumoniae  ☐ Other atypical mycobacteria
☐ Campylobacter and related species  ☐ Lactobacillus  ☐ Pasteurella multocida
☐ Campylobacter jejuni  ☐ Legionella pneumophila  ☐ Peptostreptococcus/Peptococcus
☐ Capnocytophaga canimorsus  ☐ Legionella species  ☐ Plesiomonas
☐ Chlamydia trachomatis  ☐ Leptospira interrogans  ☐ Propionibacterium species
☐ Chlamydophila pneumoniae  ☐ Listeria monocytogenes  ☐ Proteus species
☐ Chlamyphilia psittaci  ☐ Lymphogranuloma venereum (LGV)  ☐ Providencia
☐ Citrobacter species  ☐ Methicillin Resistant Staphylococcus aureus  ☐ Pseudomonas aeruginosa
☐ Clostridium botulinum  ☐ Moraxella catarrhalis  ☐ Corynebacterium diphtheriae
☐ Clostridium difficile  ☐ Morganella  ☐ ESBL Klebsiella pneumoniae
☐ Clostridium species  ☐ Mycobacterium abscessus  ☐ Lactobacillus
☐ Clostridium tetani (Tetanus)  ☐ Mycobacterium avium complex (MAC, MAI, non-HIV)
☐ Corynebacterium diptheriae  ☐ Mycobacterium cheloneae  ☐ Mycobacterium fortuitum

Version 1.2.8
22 July 2020
4.55 HAEMORRHAGIC COMPLICATION 1:

**‘Full’ daily data collection:** Haemorrhagic complications diagnosed in the last 24 hours

**‘Basic’ daily data collection:** Haemorrhagic complications diagnosed since the last EOT Daily form

- If this is the ‘Four days after ICU admission’ timepoint, please answer with reference to the last 24 hours

- Yes
- No

4.56 SOURCE OF HAEMORRHAGIC COMPLICATION 1:

- Lungs
- Gastro-intestinal
- Genito-urinary
- Skin and soft tissue
- Central nervous system
- Osteoarticular and bone
- Cardiac
- Bloodstream
- Not known

4.57 HAEMORRHAGIC COMPLICATION 2:

**‘Full’ daily data collection:** Haemorrhagic complications diagnosed in the last 24 hours

**‘Basic’ daily data collection:** Haemorrhagic complications diagnosed since the last EOT Daily form

- If this is the ‘Four days after ICU admission’ timepoint, please answer with reference to the last 24 hours

- Yes
- No

4.58 SOURCE OF HAEMORRHAGIC COMPLICATION 2:

- Lungs
- Gastro-intestinal
- Genito-urinary
- Skin and soft tissue
- Central nervous system
- Osteoarticular and bone
- Cardiac
- Bloodstream
- Not known
4.59 OTHER NON-HAEMORRHAGIC COMPLICATION:

‘Full’ daily data collection: Haemorrhagic complications diagnosed in the last 24 hours
‘Basic’ daily data collection: Haemorrhagic complications diagnosed since the last EOT Daily form

- If this is the ‘Four days after ICU admission’ timepoint, please answer with reference to the last 24 hours

____________________________________________________________________________________ ________________________

4.60 Troponin in the last 24 hours:

- Troponin T: _________ (☐ ng/mL  ☐ ng/L)
- Troponin I: _________ (☐ ng/mL  ☐ ng/L)

If this data has already been entered in the ‘Daily Case Report Form – Laboratory Results’ section of the ISARIC CRF, please DO NOT re-enter the data here. Please leave ‘4.59 Troponin I’ blank.

- High sensitivity troponin T: _________ (☐ ng/mL  ☐ ng/L)
- High sensitivity troponin I: _________ (☐ ng/mL  ☐ ng/L)
- Not available

4.61 Cardiac BNP in the last 24 hours: __________ (picograms/mL) ONLY NUMBERS BETWEEN 0-1000

- Not available
CORE CASE RECORD FORM (EOT Final)

5 OUTCOMES

5.1 DATE OF ECMO DISCONTINUATION: _____ / _____ / _____
5.2 DATE OF INVASIVE MECHANICAL VENTILATION DISCONTINUATION: _____ / _____ / _____
5.3 DATE OF ICU DISCHARGE: _____ / _____ / _____
5.4 DATE OF HOSPITAL DISCHARGE: _____ / _____ / _____
5.5 DATE OF DEATH: _____ / _____ / _____  ☐ Not applicable
5.6 SITE OF DEATH
☐ ICU
☐ HOSPITAL
☐ OUTSIDE HOSPITAL
☐ Not applicable
5.7 MAIN CAUSE OF ICU DEATH
☐ Respiratory Failure
☐ Cardiac Failure
☐ Liver Failure
☐ Cerebrovascular accident
☐ Septic shock
☐ Haemorrhagic shock
☐ Other
☐ Not applicable
5.8 ALIVE AT 28 DAYS POST ICU ADMISSION?
☐ Yes
☐ No
5.9 FINAL ASSESSMENT NOTES
________________________________________________________________________________________
________________________________________________________________________________________

5.10 At any time post-ICU admission and until ICU discharge, did the patient present new cutaneous manifestations?
☐ Yes
☐ No
☐ Not available

If yes to 5.10, type of cutaneous manifestations (please select up to three (3) options)
☐ Bullae
- Macules
- Nodules
- Papules
- Plaques
- Purpura
- Pustules
- Rash
- Scale
- Urticaria
- Vesicles
- Other: __________

If yes to 5.10, specify the involved regions (please select up to three (3) options):
- Face
- Truck
- Upper limbs
- Hands
- Lower limbs
- Feet

5.11 At any time post ICU admission and until ICU discharge, did the patient have a stroke?
- Yes
- No
- Not available

If yes to 5.11, type of stroke (please select up to two (2) options)
- Ischemic stroke
- Intraparenchymal haemorrhage
- Subarachnoid haemorrhage
- Hypoxic ischemic brain injury/anoxic brain injury
- Cerebral venous sinus thrombosis
- Other
- Unknown

If yes to 5.11, side of stroke (please select only one)
- Right side
- Left side
- Multifocal
- Unknown