

Prospective data collection sheet

CCEDRRN

Patient Study ID _____

Prospective Data Collection Form

[Affix Patient Chart Label Here]

Complete for patients swabbed for COVID, OR patients presenting after a positive test and COVID symptoms

Hospital: _____ Arrival Time(hh:mm) ___:___ Your Name: _____ <input type="checkbox"/> Physician <input type="checkbox"/> Nurse		
PATIENT CHARACTERISTICS Arrival from: <input type="checkbox"/> Home <input type="checkbox"/> Long-term care/rehab <input type="checkbox"/> Shelter <input type="checkbox"/> Single room occupancy <input type="checkbox"/> No fixed address <input type="checkbox"/> Inter-hospital transfer <input type="checkbox"/> Other _____	EMS INFORMATION Maximum oxygen delivered by EMS: _____ Mode of oxygen delivery by EMS: <input type="checkbox"/> Nasal prongs <input type="checkbox"/> Simple rebreather <input type="checkbox"/> BiPAP <input type="checkbox"/> Facemask <input type="checkbox"/> Non-rebreather <input type="checkbox"/> CPAP	
HISTORY Date of First Symptoms: _____ (YYYY-MM-DD) Symptoms (check all that apply): <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Fever <input type="checkbox"/> Headache <input type="checkbox"/> Nausea/Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Myalgias <input type="checkbox"/> Dysguesia/Anosmia	COVID Swab administered Prior to ED Arrival within 14 days: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Results of Prior COVID Testing: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Unknown Risk for Infection (check all that apply): <input type="checkbox"/> Travel from country with known cases within 14d <input type="checkbox"/> Institutional exposure: _____ <input type="checkbox"/> Healthcare worker <input type="checkbox"/> Microbiology lab <input type="checkbox"/> Household/caregiver contact	
COMORBID CONDITIONS <input type="checkbox"/> Congestive heart failure <input type="checkbox"/> Coronary artery disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Asthma <input type="checkbox"/> Pulmonary fibrosis <input type="checkbox"/> Chronic lung disease (not asthma/IPF) <input type="checkbox"/> Chronic kidney disease <input type="checkbox"/> Dialysis <input type="checkbox"/> Diabetes <input type="checkbox"/> Mild liver disease <input type="checkbox"/> Moderate/severe liver disease <input type="checkbox"/> Organ transplant <input type="checkbox"/> Chronic neuro disorder (not dementia) <input type="checkbox"/> Dementia <input type="checkbox"/> Rheumatologic disorder <input type="checkbox"/> Active malignant neoplasm <input type="checkbox"/> Past malignant neoplasm <input type="checkbox"/> Obesity (clinical impression)		
ED PROVIDER IMPRESSION: Is the patient in respiratory distress? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
OTHER RISK FACTORS ACE Inhibitors: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown ACE Receptor Blocker: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Non-ACEI/ Non-ARB Antihypertensives: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown NSAIDs: <input type="checkbox"/> Reg <input type="checkbox"/> Prn <input type="checkbox"/> No <input type="checkbox"/> Unknown	Tobacco Smoking: <input type="checkbox"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Current Vaping: <input type="checkbox"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Current Alcohol Misuse: <input type="checkbox"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Current Illicit Substance Use: <input type="checkbox"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Current Describe illicit substance use: _____	

Revision Control Table

Revision #	Date (DD/MMM/YYYY)	Author's Initial	Description of revision
1	05/NOV/2020	CY	Created a new document after approval by CH.