

**H1N1**

- Suspected or confirmed
- Referred and assessed as requiring critical care

**Non-H1N1**

- Referred and assessed as requiring critical care (under usual / non-pandemic circumstances)
- Not admitted to a critical care unit in your hospital due to pandemic

**All**

NHS number (or equivalent):

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Date of birth:

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Sex:

- Female
- Male

Ethnicity:

- White
- Asian
- Black
- Mixed
- Other
- Not stated

Body composition:

- Very thin (BMI <16)
- Thin (BMI 16-18.5)
- Acceptable weight (BMI 18.6-24.9)
- Overweight (BMI 25-29.9)
- Obese (BMI 30-39.9)
- Morbidly obese (BMI ≥40)

Hospital number (mandatory):

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**H1N1 only**

Currently or recently pregnant:

- Currently pregnant
- Recently pregnant (within last 42 days)
- Not known to be pregnant

H1N1 status:

- Suspected
- Confirmed

H1N1 vaccine:

- Yes
- No

Statins:

- Yes
- No

Antivirals (tick all that apply):

- Oseltamivir (Tamiflu®)
- Zanamivir (Relenza®) inhaled/nebulised
- Zanamivir (Relenza®) intravenous
- Ribavirin
- Peramivir

H1N1 presentation:

- Viral pneumonitis / ARDS
- Secondary bacterial pneumonia
- Exacerbation of airflow limitation
- Intercurrent illness with H1N1

**Non-H1N1 only**

Primary reason for critical care:

Main condition requiring critical care: .....

### Assessment for critical care

NHS number (or equivalent):

Hospital number (mandatory):

### Assessment details

Date/Time of assessment (mandatory):

Location of patient at assessment:

- Emergency department
- Ward
- HDU
- Critical care unit
- Extended critical care area
- Other

### On assessment

Chronic organ dysfunction (tick all that apply):

Moderate: Severe:

- Respiratory
- Cardiovascular
- Renal
- Hepatic
- Neurological
- Immunocompromised

AVPU (tick one):

- Alert
- Voice
- Pain
- Unresponsive
- Not assessed

Confused:

### On assessment cont.

**Vital signs**

Temperature:  °C Site: Central  Non-central  Not assessed:

Blood pressure (systolic/paired diastolic):  /  mmHg

Heart rate:  beats min<sup>-1</sup>

Respiratory rate:  breaths min<sup>-1</sup>

**Oxygenation** Not assessed:

O<sub>2</sub> saturation:  %

FiO<sub>2</sub>:  %

**Test results** (last prior to assessment within four hours)

Base excess:  mEq l<sup>-1</sup> Not assessed:

Blood lactate:  mmol l<sup>-1</sup>

Serum urea:  mmol l<sup>-1</sup>

Creatine kinase:  U l<sup>-1</sup>

### Outcome

**Outcome of assessment:**

Critical care (your hospital)  Critical care (other hospital)  No critical care

**Date/Time critical care commenced:**  **Receiving hospital (name):**

**Date:**  **Time:**  24hr

**Main reason for refusal:**

- Futility
- Lack of staff
- Lack of staff and bed
- Lack of equipment (indicate in text box)

**Location of critical care:**

- Critical care unit (H1N1 only)
- Extended critical care area
- Non-critical care area

**Type of unit:**

- Adult, general
- Adult, surgical
- Adult, medical
- Paediatric
- Neurosciences
- Cardiac
- Thoracic
- Burns/plastic
- Spinal
- Renal
- Liver
- Obstetric

**Other identifiers:**

**CMP/SICSAG/PICANet ID:**

**GAInS Study number:**

**To: Daily assessment**

**Date/Time/Status critical care ended (non-H1N1)**

**Date:**  **Time:**  24hr

**Status:** Alive  Dead

**Text** .....

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# Daily critical care assessment

NHS number (or equivalent):

Hospital number:

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Date of daily assessment:      /      /

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# Daily critical care assessment (00:00-23:59)

Organ support <i>(tick all that apply):</i>	Ventilation <i>(Advanced respiratory support only):</i>
Advanced respiratory (Airway/Ventilation - paed) <input type="checkbox"/>	Prone positioning <input type="checkbox"/> ECMO <input type="checkbox"/> Surfactant <input type="checkbox"/>
Advanced cardiovascular (Cardiovascular - paed) <input type="checkbox"/>	Oscillation <input type="checkbox"/> Nitric oxide <input type="checkbox"/>
Renal <input type="checkbox"/>	
Hepatic <input type="checkbox"/>	
Neurological <input type="checkbox"/>	

Antivirals <i>(tick all that apply):</i>	Physiology	Not assessed:
Osetamivir (Tamiflu®) <input type="checkbox"/>	Lowest PaO <sub>2</sub> : [   ] [   ] [   ] kPa <input type="checkbox"/> mmHg <input type="checkbox"/>	<input type="checkbox"/>
Zanamivir (Relenza®) inhaled/nebulised <input type="checkbox"/>	Associated FiO <sub>2</sub> : [   ] [   ] % <input type="checkbox"/>	<input type="checkbox"/>
Zanamivir (Relenza®) intravenous <input type="checkbox"/>	Lowest blood pressure (lowest systolic/paired diastolic): [   ] [   ] / [   ] [   ] mmHg <input type="checkbox"/>	<input type="checkbox"/>
Ribavirin <input type="checkbox"/>	Highest heart rate: [   ] [   ] [   ] beats min <sup>-1</sup> <input type="checkbox"/>	<input type="checkbox"/>
Peramivir <input type="checkbox"/>	Highest central venous pressure : [   ] [   ] mmHg <input type="checkbox"/>	<input type="checkbox"/>

Other drugs <i>(tick all that apply):</i>	Physiology	Not assessed:
Antimicrobials <input type="checkbox"/>	Lowest total Glasgow Coma Score: [   ] [   ] <input type="checkbox"/>	<input type="checkbox"/>
Corticosteroids <input type="checkbox"/>	Highest total serum bilirubin: [   ] [   ] [   ] [   ] μmol l <sup>-1</sup> <input type="checkbox"/>	<input type="checkbox"/>
rhAPC (Xigris®) <input type="checkbox"/>	Lowest platelet count: [   ] [   ] [   ] x10 <sup>9</sup> l <sup>-1</sup> <input type="checkbox"/>	<input type="checkbox"/>
Dobutamine Any dose <input type="checkbox"/>	Highest blood lactate: [   ] [   ] [   ] mmol l <sup>-1</sup> <input type="checkbox"/>	<input type="checkbox"/>
Dopamine highest dose - μg kg <sup>-1</sup> min <sup>-1</sup> ≤5 <input type="checkbox"/> >5 and ≤15 <input type="checkbox"/> >15 <input type="checkbox"/>	Highest serum creatinine: [   ] [   ] [   ] μmol l <sup>-1</sup> <input type="checkbox"/>	<input type="checkbox"/>
Epinephrine highest dose - μg kg <sup>-1</sup> min <sup>-1</sup> ≤0.1 <input type="checkbox"/> >0.1 <input type="checkbox"/>	Total urine output: 24hr <input type="checkbox"/> [   ] [   ] [   ] ml Or over [   ] hrs <input type="checkbox"/>	<input type="checkbox"/>
Norepinephrine highest dose - μg kg <sup>-1</sup> min <sup>-1</sup> ≤0.1 <input type="checkbox"/> >0.1 <input type="checkbox"/>	Overall fluid balance: 24hr <input type="checkbox"/> + [   ] [   ] [   ] ml Or over [   ] hrs <input type="checkbox"/> - [   ] [   ] [   ] ml Or over [   ] hrs <input type="checkbox"/>	<input type="checkbox"/>

# By 23:59

H1N1 status:	Suspected <input type="checkbox"/> Confirmed <input type="checkbox"/> Confirmed - now suspected/tested negative <input type="checkbox"/> Suspected - now tested negative <input type="checkbox"/>
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Active treatment withdrawn:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Main reason active treatment withdrawn:	Futility <input type="checkbox"/> Lack of staff and bed <input type="checkbox"/> Lack of staff <input type="checkbox"/> Lack of equipment <input type="checkbox"/> <i>(indicate in text box)</i>
Daily outcome:	Died while receiving critical care (your hospital) <input type="checkbox"/> Critical care ended (your hospital) <input type="checkbox"/> Critical care continuing (your hospital) <input type="checkbox"/>
Time of death:	[   ] [   ] [   ] : [   ] 24hr
Time critical care ended:	[   ] [   ] [   ] : [   ] 24hr
END	Critical care ended early: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Main reason critical care ended early: Futility <input type="checkbox"/> Lack of staff and bed <input type="checkbox"/> Lack of staff <input type="checkbox"/> Lack of equipment <input type="checkbox"/> <i>(indicate in text box)</i>
END	Location following critical care: Non-critical care area (your hospital) <input type="checkbox"/> Non-critical care area (other hospital) <input type="checkbox"/> Not in hospital <input type="checkbox"/> Critical care area (other hospital) <input type="checkbox"/>
	Receiving hospital (name): [   ] [   ] [   ] [   ] [   ] [   ]
	END

  

Date/Time/Status critical care ended	Date: [   ] / [   ] / [   ] Time: [   ] : [   ] 24hr
Status	Alive <input type="checkbox"/> Dead <input type="checkbox"/>

  

END	Type of unit: Adult, general <input type="checkbox"/> Adult, surgical <input type="checkbox"/> Adult, medical <input type="checkbox"/> Paediatric <input type="checkbox"/> Neurosciences <input type="checkbox"/> Cardiac <input type="checkbox"/> Thoracic <input type="checkbox"/> Burns/plastic <input type="checkbox"/> Spinal <input type="checkbox"/> Renal <input type="checkbox"/> Liver <input type="checkbox"/> Obstetric <input type="checkbox"/>
	Other identifiers: CMP/SICSAG/PICANet ID: [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ]
	GAinS Study number: [   ] [   ] [   ] [   ]
	To: Next day assessment

  

Extended critical care area <input type="checkbox"/>	Non-critical care area <input type="checkbox"/>	Critical care location (your hospital): <input type="checkbox"/>
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Text: .....

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