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Form 6C: Infection (COVID-19)

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Not Started

To be completed for both pre-transplant and post-transplant COVID-19 infections

1 Was patient managed with COVID-19 as inpatient only, outpatient only, or both? Inpatient only
 Outpatient only
 Both

Question Added: 30 APR 2020
PMGMTS

1a Date of Admission
Same or different from date of infection

Missing Reason:
 Unknown

Question Added: 30 APR 2020
INFADMTDT

2 Date of Infection
Date of diagnosis or clinical presentation, whichever date is earliest.
MM/DD/YYYY

Question Added: 30 APR 2020
INFDATE

3 Mode of Diagnosis COVID-19 Test Positive
 Known Exposure to COVID-19 Positive Patient
 Presumed COVID-19 Positive Based on Symptoms, no known exposure or test

Question Added: 30 APR 2020
DXMODE

4 Drug Therapy at Time of Infection Yes
 No
 Unknown
Indicate if there was an ongoing prophylactic drug therapy at time (date) of infection diagnosis (i.e. valganciclovir for CMV prophylaxis post-transplant). Do not include drugs that have been prescribed to treat a specific previous infection unless that previous infection is considered to be resolved and the patient is now on long-term prophylaxis. Do not include therapy for the current infection. Drug therapy for the current infection should be entered under 'intervention'.

Question Added: 30 APR 2020
DRGTHR

4a Specify current medications at time of Diagnosis of COVID-19 Infection.

<input type="checkbox"/> Acyclovir	ACYCIN
<input type="checkbox"/> Alemtuzumab (Campath)	ALEMTUZ
<input type="checkbox"/> ATGAM	ATGAM
<input type="checkbox"/> Azathioprine (Imuran)	AZATIN
<input type="checkbox"/> Basiliximab (Simulect)	BASILI
<input type="checkbox"/> Bortezomib (Velcade)	BORTEZ
<input type="checkbox"/> CMV Immunglobulin, Cytogam	CMVIMM
<input type="checkbox"/> Cyclosporine	CYCLIN
<input type="checkbox"/> Cytoxan (cyclophosphamide)	CYTOXAN
<input type="checkbox"/> Dapsone	DAPSONE
<input type="checkbox"/> Everolimus (Certican)	EVERO
<input type="checkbox"/> Fluconazole	FLUCON
<input type="checkbox"/> Ganciclovir or Valganciclovir	GANCIN
<input type="checkbox"/> Immunglobulin, IV Ig	IMGLIN
<input type="checkbox"/> Methotrexate	METHIN
<input type="checkbox"/> Mycophenylate, MMF (Cellcept, Myfortic)	MYCOIN
<input type="checkbox"/> Nystatin	NYSTATIN
<input type="checkbox"/> Oseltamivir	OSELT
<input type="checkbox"/> Pentamidine	PENTAM
<input type="checkbox"/> Prednisone	PREDIN
<input type="checkbox"/> Rituximab (Rituxan)	RITIN
<input type="checkbox"/> Sirolimus (Rapamycin)	SIROIN
<input type="checkbox"/> Tacrolimus (Prograf, FK506)	TACRIN
<input type="checkbox"/> Thymoglobulin/ATG	ATGIN
<input type="checkbox"/> Trimethaprim-sulfamethoxazole, Septra	TSLFIN
<input type="checkbox"/> Valacyclovir	VALAC
<input type="checkbox"/> Other, specify <input type="text"/>	F6DTOT F6DTSP
<input type="checkbox"/> ACEi	ACEI
<input type="checkbox"/> Hydroxychloroquine (Chronic or prophylactic use)	HYDRPRO
<input type="checkbox"/> ARB	ARB

Question Added: 30 APR 2020

4b Ganciclovir or Valganciclovir IV
 PO

Question Added: 30 APR 2020
GANVALRT

Labs

5a WBC - Low
Lowest count during hospital stay cell / mm^3

Missing Reason:
 Unknown
 Not Done

Question Added: 30 APR 2020

5b **WBC - High**
 Highest count during hospital stay cell / mm³ **Missing Reason:**
 Unknown
 Not Done Question Added: 30 APR 2020

5c **BUN**
 Blood Urea Nitrogen - highest during hospital stay mg/dL
 Urea mmol/L **Range Information**
 Too Low: < 0
 Normal: Between 4 and 20
 Question Zone: > 40
 Red Flag Zone: > 120 **Missing Reason:**
 Unknown
 Not Done Question Added: 30 APR 2020

5d **Creatinine**
 mg/dL
 umol/L **Range Information**
 Too Low: < 0
 Normal: Between 0.2 and 1.3
 Question Zone: > 2.6
 Red Flag Zone: > 10 **Missing Reason:**
 Unknown
 Not Done Question Added: 30 APR 2020

5e **LDH**
 Highest during hospital stay un / L **Missing Reason:**
 Unknown
 Not Done Question Added: 30 APR 2020

5f **ALT/SGPT**
 Alanine transaminase (also SGPT) U/L **Range Information**
 Too Low: < 0
 Normal: Between 7 and 45
 Question Zone: > 90
 Red Flag Zone: > 1000 **Missing Reason:**
 Unknown
 Not Done Question Added: 30 APR 2020

5g **Bilirubin Total**
 mg/dL
 umol/L **Range Information**
 Too Low: < 0
 Normal: Between 0.3 and 1.2
 Question Zone: > 2.4
 Red Flag Zone: > 10 **Missing Reason:**
 Unknown
 Not Done Question Added: 30 APR 2020

5h **CRP**
 C reactive protein - highest during hospital stay mg/dL
 mg/L **Range Information**
 Too Low: < 0
 Normal: Between 0 and 0.5
 Question Zone: > 5
 Red Flag Zone: > 50 **Missing Reason:**
 Unknown
 Not Done Question Added: 30 APR 2020

5i **Procalcitonin**
 Highest during hospital stay ng/ml **Missing Reason:**
 Unknown
 Not Done Question Added: 30 APR 2020

5j **BNP**
 B-type natriuretic peptide pg/ml or ng/L
 pmol/L **Range Information**
 Too Low: < 0
 Normal: Between 10 and 100
 Question Zone: > 1000
 Red Flag Zone: > 10000 **Missing Reason:**
 Unknown
 Not Done Question Added: 30 APR 2020

5k **Troponin**
 Highest during hospital stay ng/ml **Missing Reason:**
 Unknown
 Not Done Question Added: 30 APR 2020

5l **Platelet Count - Lowest**
 Lowest count during hospitalization cell / microliter **Missing Reason:**
 Unknown
 Not Done Question Added: 30 APR 2020

5m **Platelet Count - Highest**
 Highest count during hospitalization cell / microliter **Missing Reason:**
 Unknown
 Not Done Question Added: 30 APR 2020

5n **Hemoglobin - Lowest**
 Lowest count during hospitalization g / dL **Missing Reason:**
 Unknown
 Not Done Question Added: 30 APR 2020

5o **Hemoglobin - Highest**
 Highest count during hospitalization g / dL **Missing Reason:**
 Unknown
 Not Done Question Added: 30 APR 2020

Echo

6 **Was at least one echo done at the time of the evaluation for COVID-19?** Yes
 No
 Unknown Question Added: 30 APR 2020

6a **Was the function on the worst echo mildly, moderately, or severely worse than pre-COVID-19?** Mildly Worse
 Moderately Worse
 Severely Worse
 Unchanged
 Unknown

6b If the echo was changed from baseline, did it return to baseline before discharge? Yes No Unknown

7 COVID-19 Infection Involvement Gastrointestinal infection (ie. Gastritis, colitis, infectious diarrhea) ILGI Heart (includes endocarditis) ILHEART Respiratory (includes Pneumonia/ Bronchiolitis/Tracheitis/ Pleuritis) ILLUNG Fever ILFEVER

8 Were there other infections at the same time during hospitalization with COVID-19? Yes No Unknown
Select ALL additional organisms at the time of infection

8a Bacterial Infection Bordetella Pertussis INF_BORC Chlamydia INF_CHLJ Clostridium Difficile INF_CDIF Enterobacter INF_ENTE Enterococcus (including VRE) INF_ENTC Escherichia Coli INF_ECOI Haemophilus influenzae INF_FLL Haemophilus, NOS INF_NOS Klebsiella, NOS INF_KLEE Moraxella INF_MORJ Mycoplasma pneumoniae INF_MYCC Nocardia INF_NOCJ Pseudomonas INF_PSEL Salmonella INF_SALA Serratia INF_SERF Staphylococcus Aureus, Methicillin/Oxacillin Resistant (MRSA) INF_MRSJ Staphylococcus Aureus, Methicillin/Oxacillin Sensitive (MSSA) INF_MSSJ Staphylococcus, Coagulase-Negative (Staph Epidermidis) INF_CNEC Staphylococcus, Other STAPH_C Streptococcus Pneumoniae (Streptococcal Pneumonia) STREP_NEL Streptococcus, Group A (S. pyogenes) STREP_J Streptococcus, Viridians Group STREP_VIR Streptococcus, NOS STREP_NOS Streptococcus, Group B (S. agalactiae) STREP_B Stenotrophomonas INF_STEN Mycobacterium tuberculosis (TB) INF_TB Nontuberculous mycobacterium (NTM) INF_NTM Bacterial Organism(s) Unknown BACT_UNJ Other, specify BACT_SF

8a Fungal Infection Aspergillus INF_ASF Candida albicans INF_ALA Candida, Not Albicans/Other INF_CANC Coccidioidomycosis INF_COCC Cryptococcus INF_CRYF Histoplasmosis HISTPLA Mucormycosis INF_MUCC Pneumocystis (PCP/PJP) INF_PCF Fungal Organism(s) Unknown FUNG_UNJ Other, specify FUNG_OTJ Other, specify FUNG_SF

8a Protozoan Infection Cryptosporidium INF_SPOF Giardia INF_GIAF Toxoplasma (Toxo) INF_TOXC Protozoan/parasitic Organism(s) Unknown PROT_UNJ Other, specify PROT_OTJ Other, specify PROT_SF

8a Viral Infection Adenovirus INF_ADEJ Bk Virus INF_BKJ Coronavirus (Other than SARS-CoV-2) INF_CORC Coxsackievirus (all serotypes) INF_COX Cytomegalovirus, CMV INF_CMV Enterovirus INF_ENTC Epstein Barr Virus, EBV (symptomatic) INF_EBJ Hepatitis A INF_HEPJ Hepatitis B INF_HEPB Hepatitis C INF_HEPC Hepatitis D INF_HEPD HIV INF_HIJ Human Herpes Simplex Virus, Type 1/Type 2 INF_HHSJ Influenzavirus A INF_FLUJ Influenzavirus B INF_FLUB Influenzavirus H1N1 INF_H1N Influenzavirus, NOS INF_NOS Metapneumovirus (HMPV) INF_HMPJ Norovirus (Norwalk Virus) INF_NORC Parainfluenza PARAFLL Parvovirus INF_PARJ Respiratory Syncytial Virus (RSV) INF_RSJ Rhinovirus INF_COLI Rhino/Enterovirus, NOS INF_REJ Rotavirus INF_ROTJ Varicella (Chicken Pox/Shingles) INF_POJ West Nile Virus INF_WNJ Viral Organism(s) Unknown VIRAL_UNJ Other, specify VIRAL_OTJ Other, specify VIRAL_SF

8b Was the additional infection treated with antibiotics? Yes No Unknown

9 Location of exposure Home Community In Hospital Out of Hospital Unknown
This is where the patient was at the time they developed the infection

Interventions

10 Drug Therapy to Treat Infection Hydroxychloroquine DRGHYDRO Azithromycin DRGAZITH Anti-Viral, specify DRGANTI Hyperimmune Globulin DRGHYPER

10a

Specify anti-viral

Question Added: 30 APR 2020
DRGANTISPC

10b

Anti-viral administration method IV
 PO

Question Added: 30 APR 2020
DRGANTIMT

11

Is the patient on baseline immunosuppression? Yes
 No
 Unknown

Question Added: 30 APR 2020
BSLIMMUNO

11a

Indicate which Immunosuppressive drugs were reduced None IMREDNONE
 Unknown IMREDUNK
 CNI IMREDCNI
 Antimetabolite IMREDANTI
 PSI/mTOR inhibitor IMREDPSI
 Steroids IMREDSTE

Question Added: 30 APR 2020

12

Did the patient receive inotropic support? Yes
 No
 Unknown

Question Added: 30 APR 2020
INGSUPPORT

13

Other Interventions Newly required Dialysis INTNDIAL
This is for treatments only, not diagnostic procedures. Newly required mechanical support INTNMEC
 Non-invasive ventilation: NC O2 NINCO2
 Non-invasive ventilation: HF O2 NIHF02
 Non-invasive ventilation: CPAP NICPAP
 Non-invasive ventilation: BIPAP NIBIPAP
 Invasive Mechanical Ventilation THRVENT
 Surgical therapy, specify SURGINT
 Supportive Care Only INFSUP
 Unknown UNKTHR
 Other, specify OTHRINV
 OTRINVSP

Question Added: 30 APR 2020

13a

Intervention - Surgical therapy, specify Surgery INTSRG
(Do not include invasive diagnostic procedures (i.e. biopsies) or short term device placement for therapy (i.e. central line placement, PD placement, or ECMO procedures)) New Device placed for treatment of infection INTSDP
 Removal of pre-existing device INTPED
 Non-invasive procedure, specify INTNIP
 Unknown INTUNK
 Other, specify INTOTH
 INT_OTHSP

Question Added: 30 APR 2020

13a.i

Surgery, specify ENT INTSENT
 GI INTSGI
 Dental INTSDENT
 Neurology (Brain, Peripheral/Spine) INTSNEURO
 Cardiothoracic INTSCARDIO
 Nephrology/Urology INTSNEPH
 Orthopedic INTSORTHO
 Ophthalmology INTSOPH

Question Added: 30 APR 2020

13a.i.1

GI, specify Appendectomy INTSGIAP
 Other, specify INTSGIAPO
 INTSGIAPOS

Question Added: 30 APR 2020

13a.ii

New Device placed for treatment of infection, specify Chest tube INTDPCHT
 Long term central line INTDPLTL
 Other, specify INTDPO
 INTDPOSP

Question Added: 30 APR 2020

13a.iii

Removal of pre-existing device, specify Replaced during same hospitalization INTPEDRS
 Replaced after discharge INTPEDRA

Question Added: 30 APR 2020

13a.iv

Non-invasive procedure, specify

Question Added: 30 APR 2020
INTNIPSP

13a.iii.1

Replaced after discharge, specify Permanent pacemaker/AICD
 Long term PD catheter
 Long term central line
 VAD (complete Form 15)
 Other, specify

INTPEDRAPP
INTPEDRAPD
INTPEDRACL
INTPEDRAVAD
INTPEDRAO
INTPEDRAOSP

Question Added: 30 APR 2020

14

Days in ICU

Missing Reason:
 Unknown

Question Added: 30 APR 2020
DAYSIUC

15

Days intubated on ventilator

Missing Reason:
 Unknown

Question Added: 30 APR 2020
DAYSENTU

16

Days hospitalized

Missing Reason:
 Unknown

Question Added: 30 APR 2020
DAYSHOSP

17

Outcome at 30 days post-date of infection Death
 Resolution
 Significant Long Term Sequelae
 Unresolved at 30 days
 Unknown
Check only one.
Significant long term sequelae means any residual medical problem persisting for > 30 days after the onset of the infection (e.g.) renal failure, respiratory failure.

Question Added: 30 APR 2020
OUTCOME

17a

Date of Death

Question Added: 30 APR 2020
DTHDT

17b

Primary Cause of Death COVID-19
 Cardiovascular
 Pulmonary
 MSOF
 Renal
 Neurologic

Question Added: 30 APR 2020
DTHCAUSE

17b.i

Did COVID-19 contribute to death? Yes
 No
 Unknown

Question Added: 30 APR 2020
INFCNTR

17c

Details of Sequelae **Kidney Consequences at 30 days**

Choose all that apply
**All current definitions of pediatric ARF or AKI (including KDIGO AKI which is the current recommended definition by peds nephrology) are based on measurements within the first 2 weeks.
**All current definitions of CKD (eGFR < 60 – measured by egfr = (0.413 * height) / creatinine) are based on eGFR < 60 persisting for 3 months.

- Acute Kidney Injury (Definition: serum creatinine >= 2 times baseline) that resolved by 30 days SLTS_AK30
- Acute Kidney Injury (Definition: serum creatinine >= 2 times baseline) still present at 30 days SLTS_NOAK30
- Chronic kidney insufficiency unchanged from before infection SLTS_CKIU
- Worsened chronic kidney insufficiency SLTS_CKIW
- Currently requiring dialysis SLTS_DIAL

Neurological consequences at 30 days

- Neurological complication that resolved by 30 days and no longer requiring treatment (please specify complication) SLTS_NRES
SLTS_NRESP
- Encephalopathy with ongoing mental status changes or deficits SLTS_ENC
- Hydrocephalus requiring treatment or VP shunt SLTS_HYD
- Seizures requiring ongoing therapy SLTS_SEIZ
- Residual deficits from stroke SLTS_STR

Respiratory Consequences at 30 days

- Need for invasive mechanical ventilation that resolved by 30 days SLTS_MECH
- Need for non-invasive mechanical (CPAP, BiPAP) ventilation that resolved by 30 days SLTS_NOMECH
- Ongoing need for non-invasive ventilation SLTS_NIV
- New or ongoing need for mechanical vent or trach SLTS_MV

GI Consequences at 30 days

Question Added: 30 APR 2020

PHTS - Form 6C: Infection (COVID-19)

GI symptoms that resolved by 30 days (please specify)

Ongoing TPN

Colostomy/ostomy

None of these

None of these

SLTS_GIRES

SLTS_GIRESP

SLTS_TPN

SLTS_COL

DTSQNONE