H1N1 Case Report Form: ADULT
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REDCap Instructions

Initiating a Patient in REDCap:

1. Enter website and log in:
2. Select "Patient" from the list of forms on the right of the screen.
3. Place curser in: "**New Patient ID**" field and enter the patient H1N1 subject number.
    a. The subject number will be 6 digits: first three digits represent site number the second three digits are the chronologic patient number. **Example: if you are site 999 and you are entering your ninth H1N1 subject, the subject number will be 999009.**
    b. After entering the subject number, hit the "tab" button on your keyboard.
4. Change the status to "complete" and select one of the save options:
    a. "Save" will save the data and returns to the patient selection screen for the current form
    b. "Save and continue" will save the patient into the system and keep the same form open.
    c. "Save and go to next form" will save the patient data and automatically open the next CRF for this subject.

Accessing an existing patient and entering/saving data:

1. From the "Patient" screen, select the patient you want from the "complete" or "incomplete" drop down menus. The list of forms on the right side of the screen will now appear with stop lights to indicate which forms that are complete (green) and incomplete (red) for this patient.
2. Once a patient is selected, clicking on the stop light in front of the form you wish to complete will open the form for that patient. ***NOTE:*** *clicking on the text of the form name rather than the stop light will allow you to complete this form for a different patient.*
3. Once you have completed entering the data, select complete or incomplete to indicate the form status and chose one of the save options from the bottom of the screen.

Study Days Description:

The case report forms will ask for data from "ICU days rather that "study days". ICU admission day refers to the day/date that the patient was admitted to the ICU. This day/date would also be considered "ICU day 1".

Example: If a patient is admitted to the ICU on November 2, 2009 then November 2 would be "ICU admit day". November 4, 2009 would be ICU day 3.

Section 1

Case Definition and ICU Location

Complete form at baseline.

1. Case definition: please choose confirmed or suspected. A ***confirmed case*** of influenza (any strain) virus infection is defined as a person with an acute illness admitted to an ICU with laboratory confirmed influenza A or B virus infection	☐ Confirmed case
A ***suspected case*** of influenza virus infection is defined as a person admitted to the ICU without a positive influenza test but where the clinical team's suspicion for influenza was enough to treat empirically with anti-virals for influenza for the lesser of 5 days or until death. If another diagnosis is found to explain the patient's acute illness (e.g. RSV or *Legionella pneumophila*)) then the person should NOT be considered a suspected case for this registry.	☐ Suspected case
2. First 3 digits of patient's zip code:	___ ___ ___
3. Type of ICU: Select the option that indicates the patient's location on ICU admit day.	☐ MICU or PICU ☐ SICU or Surgical PICU ☐ Cardiac SICU or PICU ☐ CCU ☐ Neuro ICU ☐ Burn ICU ☐ Trauma ICU ☐ Cancer Unit ☐ MICU/SICU ☐ NICU ☐ Other ____

Influenza Testing

Select all that apply; include all testing for influenza virus conducted during the ICU stay.

Data collection form on next page

1. Rapid Antigen Detection Tests done? Enter for all tests done (positive and negative)	☐ Done ☐Not done **If test done:** a. Date of test: ___/____/____ b. Specimen Tested (check one): ☐Nasal swab ☐Nasopharyngeal swab ☐Nasopharyngeal wash ☐Endotracheal aspirate ☐BAL ☐Throat swab ☐Sputum ☐Mixed Specimen ☐Lung tissue c. Results (select all that apply): ☐Influenza A ☐Influenza B ☐Negative
2. Direct Fluorescent Antibody Test (DFA) Enter for all tests done (positive and negative)	☐ Done ☐Not done **If test done:** a. Date of test: ___/____/____ b. Specimen Tested (check one): ☐Nasal swab ☐Nasopharyngeal swab ☐Nasopharyngeal wash ☐Endotracheal aspirate ☐BAL ☐Throat swab ☐Sputum ☐Mixed Specimen ☐Lung tissue c. Results (select all that apply): ☐Influenza A ☐Influenza B ☐Negative

3. rtPCR Enter for all tests done (positive and negative)	☐ Done ☐Not done **If test done:** a. Date of test: ___/____/____ b. Specimen Tested (check one): ☐Nasal swab ☐Nasopharyngeal swab ☐Nasopharyngeal wash ☐Endotracheal aspirate ☐BAL ☐Throat swab ☐Sputum ☐Mixed Specimen ☐Lung tissue c. Results (select all that apply): ☐ Novel A (H1N1) ☐ Seasonal A (H1N1) ☐ Seasonal A (H3N2) ☐ A, not subtyped ☐ B ☐ A/B not differentiated ☐Negative
4. Viral Culture Enter for all tests done (positive and negative)	☐ Done ☐Not done **If test done:** a. Date of test: ___/____/____ b. Specimen Tested (check one): ☐Nasal swab ☐Nasopharyngeal swab ☐Nasopharyngeal wash ☐Endotracheal aspirate ☐BAL ☐Throat swab ☐Sputum ☐Mixed Specimen ☐Lung tissue c. Results (select all that apply): ☐ Novel A (H1N1) ☐ Seasonal A (H1N1) ☐ Seasonal A (H3N2) ☐ A, not subtyped ☐ B ☐ A/B not differentiated ☐Negative

See data collection form on next page.

Influenza testing data collection form

Test	Date of test	Specimen Tested	Results
Rapid Antigen Detection Test		☐Nasal swab ☐Nasopharyngeal swab ☐Nasopharyngeal wash ☐Endotracheal aspirate ☐BAL ☐Throat swab ☐Sputum ☐Mixed Specimen ☐Lung tissue	☐Influenza A ☐Influenza B ☐Negative
Rapid Antigen Detection Test		☐Nasal swab ☐Nasopharyngeal swab ☐Nasopharyngeal wash ☐Endotracheal aspirate ☐BAL ☐Throat swab ☐Sputum ☐Mixed Specimen ☐Lung tissue	☐Influenza A ☐Influenza B ☐Negative
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Direct Fluorescent Antibody Test (DFA)		☐Nasal swab ☐Nasopharyngeal swab ☐Nasopharyngeal wash ☐Endotracheal aspirate ☐BAL ☐Throat swab ☐Sputum ☐Mixed Specimen ☐Lung tissue	☐Influenza A ☐Influenza B ☐Negative
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Viral Culture		☐Nasal swab ☐Nasopharyngeal swab ☐Nasopharyngeal wash ☐Endotracheal aspirate ☐BAL ☐Throat swab ☐Sputum ☐Mixed Specimen ☐Lung tissue	☐ Novel A (H1N1) ☐ Seasonal A (H1N1) ☐ Seasonal A (H3N2) ☐ A, not subtyped ☐ B ☐ A/B not differentiated ☐Negative

Test	Date of test	Specimen Tested	Results
Viral Culture		☐Nasal swab ☐Nasopharyngeal swab ☐Nasopharyngeal wash ☐Endotracheal aspirate ☐BAL ☐Throat swab ☐Sputum ☐Mixed Specimen ☐Lung tissue	☐ Novel A (H1N1) ☐ Seasonal A (H1N1) ☐ Seasonal A (H3N2) ☐ A, not subtyped ☐ B ☐ A/B not differentiated ☐Negative

Section 2

Baseline Variables Form

Complete form once at baseline.

1. Gender:	☐ Male ☐ Female
2. Patient age in years:	____ years
3. Ethnicity:	☐ Hispanic or Latino ☐ NOT Hispanic or Latino
4. Race: Select ALL that apply. **NOTE:** If the race(s) cannot be obtained, select **"not reported".**	
American Indian	☐
Alaskan Native	☐
Asian	☐
White (can be Hispanic or non-Hispanic)	☐
Black or African Native (can be Hispanic or non-Hispanic)	☐
Native Hawaiian or Pacifica Islander	☐
Not reported	☐
5. Healthcare worker?	☐ Yes ☐ No
6. Weight in kg:	_____ kg
7. Height in cm:	_____ cm
8. Influenza vaccination: Select yes, no or unknown for all vaccinations listed.	
a. 2008/09 Season	☐ Yes ☐ No ☐ Unknown
b. 2009/10 Season	☐ Yes ☐ No ☐ Unknown
c. Swine H1N1 Vaccination	☐ Yes ☐ No ☐ Unknown If YES, how many doses received? ☐ One ☐ Two ☐ Unknown
9. Is date of onset of initial influenza symptoms KNOWN?	☐ Yes ☐ No If YES (**KNOWN)**, enter date:
10. Clinical presentation on study hospital admission day (select all that apply):	
Lower respiratory infection	☐
Suspected central nervous system infection	☐
Shock requiring vasopressors	☐
Respiratory failure	☐
Cardiac arrest	☐
11. Clinical Features: Features of Influenza Disease that patient experienced (select all that apply)**.**	
Fever $\geq$ 100 F or 37.7 C	☐
Cough	☐

Shortness of breath	☐
Chills	☐
Wheezing	☐
Sore throat	☐
Rhinorrhea	☐
Nausea	☐
Vomiting	☐
Diarrhea	☐
Headache	☐
Myalgias	☐
Fatigue/Weakness	☐
Altered awareness/confusion	☐
Seizures	☐
12. Study hospital admission date:	
13. ICU admission date ():	
14. Healthy prior to present illness? *(Prior to present illness, was patient healthy, on no prescriptions, without underlying medical conditions, and not dependent on any medical devices?)*	☐ Yes ☐ No If no, complete co-morbidities (question 16).
15. Co-Morbidities: Select all co-morbidities that apply:	
Diabetes (Type I or II)	☐
Ischemic heart disease/Angina	☐
Congenital heart disease	☐
Arrhythmia	☐
Hypertension	☐
Peripheral vascular disease	☐
Congestive heart failure	☐
Valvular heart disease	☐
Cerebrovascular disease	☐
COPD	☐
Asthma	☐
Bronchopulmonary dysplasia	☐
Other chronic lung disease	☐
Gastrointestinal disease	☐
Cirrhosis of the liver	☐
Chronic renal insufficiency	☐
Cerebral palsy/Developmental delay	☐
Seizure disorder	☐
Other neurological/neuromuscular disease that could impair clearance of secretions	☐
Spina bifida	☐
Sickle cell disease	☐
Current (or active) Metastatic solid cancer	☐
Current (or active) Hematologic malignancy	☐
HIV	☐
Intravenous Drug Abuse (IVDA)	☐

Pregnant	☐
Renal failure requiring dialysis	☐
Other immunosuppression (such as bone marrow or organ transplant)	☐
16. Tobacco use (select one):	☐ Past smoker (i.e. Daily Tobacco use ever but not currently) ☐ Current Smoker (i.e. Daily Tobacco use during month prior to admission) ☐ Secondhand Smoke (i.e. Current exposure to tobacco in house) ☐ None/Unknown
17. Alcohol abuse (select one)? Answer if age > 12 years	☐ Past ETOH abuse (i.e. Past abuse ever but not currently) ☐ Current ETOH abuse (i.e. >= 4 drinks per day) ☐ None/Unknown
18. Medications on hospital admission: Select all medications that patient was on **at home prior to admission.**	
Aspirin (any dose)	☐
Non-steroidal anti-inflammatories (ibuprofen, Naprosyn, etc.)	☐
Statin (i.e. atorvastatin, cerivastatin, fluvastatin, lovastatin, mevastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin)	☐
Corticosteroids > 20mg/day prednisone equivalent for adults and > 0.3 mg/kg/day for patients < 18 years old **for any duration within 6 months of ICU admission?** ***20 mg methylprednisolone equivalents:*** *≥3.75 mg dexamethasone* *≥20 mg methylprednisolone* *≥25 mg prednisone* *≥100mg hydrocortisone*	☐
Other immunosuppressives chemo, mtx, azathioprine, fk506, tacrolimus, sirilimus	☐
Angiotensin converting enzyme inhibitors (i.e. benazepril, captopril, enalapril, fosinopril, lisinopril, perindopril, quinapril, ramipril, zofenopril)	☐
Anti-influenzals (i.e. amantadine, oseltamivir, paramivir, rimantadine, zanamivir)	☐ If selected, enter date started:
19. APACHE II Score if age ≥ 18 *Obtain worst values from the first 24 hours in the ICU.* ***The WORST values are those that result in the highest number of points.***	

20. PRISM III Score if age < 18 **Obtain worst values from the first 24 hours in the ICU**	
21. Baseline lab values (closest to ICU admission +/- 2 days): Enter available lab values fromICU admission day. If no values available on ICU admit day , select the values closest to ICU admission from **up to 2 days before and after ICU admission**.	
a. Creatinine	mg/dL
b. Total Bilirubin	mg/dL
c. CPK (creatinine phosphokinase)	U/L
d. WBC Count	mm^3
e. Polys (PMN/Neutrophils)	%
f. Lymphs	%
g. Eos	%
h. Mono/Mac	%
i. Other	%
j. Platelets	x 10^9/mL

Admission Assessment and Treatment Form

Complete this form for day of ICU admission.
Use values closest to time following ICU admission (may use values right before admission if on transport or from the ED).

1. Temperature (Celsius)**:**	° Celsius
2. Heart rate:	Beats/min
3. Respiratory rate:	Beats/min
4. Systolic Blood Pressure	mmHg
5. Diastolic Blood Pressure	mmHg
6. Vasopressor dose at time of ICU admission?	☐ None ☐ Dopamine <5 ug/kg/min or dobutamine at any dose ☐ Dopamine >/= 5 ug/kg/min or norepi/epi </=0.1 ug/kg/min or phenylephrine </= 0.5 ug/kg/min ☐ Dopamine > 15 ug/kg/min or norepi/epi > 0.1 ug/kg/min or phenylephrine > 0.5 ug/kg/min
7. P/F (closest to ICU admission):	
8. SaO2/FiO2 closest to ICU admission: (if no P/F available on day of ICU admit) *Example: If SpO2 is 85 % on 100 % oxygen, the S/F is 85/1.00 or 85*	
9. Glasgow Coma Score: (3-15)	
10. Chest x-ray done on ICU admit day? (+/- 1 day)	☐ Yes ☐ No If YES, enter # of quadrants with infiltrates: _____
11. Is patient on assisted breathing on ICU admit day?	☐ Yes ☐ No
12. Did patient receive non-invasive ventilation on ICU admit day ?	☐ Yes ☐ No
13. Is patient on RRT on ICU admit day ?	☐ Yes ☐ No

Section 3: Intermittent Updates

ICU Day Three Vital Status and Organ Failure Form

Complete information for ICU day 3.
Use available values closest to 8 AM.

1. Did patient receive Dialysis on any of ICU days 1-3?	☐ Yes ☐ No
2. Is patient still in the ICU?	☐ Yes ☐ No
a. If YES (still in ICU), is patient on assisted breathing?	☐ Yes ☐ No
b. If YES (still in ICU), did patient receive non-invasive ventilation?	☐ Yes ☐ No
c. If NO (not in ICU), was patient discharged from ICU alive or dead?* * If no longer in ICU**, complete d-f below** on this form and go to ICU Summary form	☐ Alive ☐ Dead
d. If discharged from ICU alive, date of ICU discharge:	Date:_____ **Did patient die after ICU d/c but before day 3?** ☐ Yes ☐ No If yes, complete question e. and f.
e. If deceased, date of death:	
f. Cause of death: Ask if autopsy was performed and fax a de-identified copy or attach as pdf	☐ Primary respiratory ☐ Primary cardiovascular ☐ Multiorgan failure ☐ Brain Death or severe brain injury ☐ Other If other, please specify_____
3. Creatinine:	mg/dL
4. Total Bilirubin:	mg/dL
5. Platelets:	x 10^9/mL
6. Systolic Blood Pressure	mmHg
7. Diastolic Blood Pressure	mmHg

8. Vasopressor dose at 0800 on ICU day 3?	☐ None ☐ Dopamine <5 ug/kg/min or dobutamine at any dose ☐ Dopamine >/= 5 ug/kg/min or norepi/epi </=0.1 ug/kg/min or phenylephrine </= 0.5 ug/kg/min ☐ Dopamine > 15 ug/kg/min or norepi/epi > 0.1 ug/kg/min or phenylephrine > 0.5 ug/kg/min
9. P/F closest to 0800 on day 3	
10. PEEP closest to 0800 on day 3	cm H20
11. SaO2/FiO2 closest to 0800 on day 3 *Example: If SpO2 is 85 % on 100 % oxygen, the S/F is 85/1.00 or 85*	
12. Glasgow Coma Score: (3-15)	

ICU Day Seven Vital Status and Organ Failure Form

Complete information for ICU day 7.
Use available values closest to 8 AM.

1. Did patient receive Dialysis on any day 4-7?	☐ Yes ☐ No
2. Is patient still in the ICU?	☐ Yes ☐ No
a. If YES (still in ICU), is patient on assisted breathing?	☐ Yes ☐ No
b. If YES (still in ICU), did patient receive non-invasive ventilation?	☐ Yes ☐ No
c. If NO (not in ICU), was patient discharged from ICU alive or dead?* * If no longer in ICU**, complete d-f below** on this form and go to ICU Summary form	☐ Alive ☐ Dead
d. If discharged from ICU alive, date of ICU discharge:	Date:_____ **Did patient die after ICU d/c but before day 7?** ☐ Yes ☐ No If yes, complete question e. and f.
e. If deceased, date of death:	
f. Cause of death: Ask if autopsy was performed and fax a de-identified copy or attach as pdf	☐ Primary respiratory ☐ Primary cardiovascular ☐ Multiorgan failure ☐ Brain Death or severe brain injury ☐ Other If other, please specify_____
3. Creatinine:	mg/dL
4. Total Bilirubin:	mg/dL
5. Platelets:	x 10^9/mL
6. Systolic Blood Pressure	mmHg
7. Diastolic Blood Pressure	mmHg

8. Vasopressor dose at 0800 on ICU day 7?	☐ None ☐ Dopamine <5 ug/kg/min or dobutamine at any dose ☐ Dopamine >/= 5 ug/kg/min or norepi/epi </=0.1 ug/kg/min or phenylephrine </= 0.5 ug/kg/min ☐ Dopamine > 15 ug/kg/min or norepi/epi > 0.1 ug/kg/min or phenylephrine > 0.5 ug/kg/min
9. P/F closest to 0800 on day 7	
10. PEEP closest to 0800 on day 7	cm H20
11. SaO2/FiO2 closest to 0800 on day 7 *Example: If SpO2 is 85 % on 100 % oxygen, the S/F is 85/1.00 or 85*	
12. Glasgow Coma Score: (3-15)	

ICU Day 14 Vital Status and Organ Failure Form

Complete information for ICU day 14.
Use available values closest to 8 AM.

1. Did patient receive Dialysis on any days 8-14?	☐ Yes ☐ No
2. Is patient still in the ICU?	☐ Yes ☐ No
a. If YES (still in ICU), is patient on assisted breathing?	☐ Yes ☐ No
b. If YES (still in ICU), did patient receive non-invasive ventilation?	☐ Yes ☐ No
c. If NO (not in ICU), was patient discharged from ICU alive or dead?* * If no longer in ICU**, complete d-f below** on this form and go to ICU Summary form	☐ Alive ☐ Dead
d. If discharged from ICU alive, date of ICU discharge:	Date:_____ **Did patient die after ICU d/c but before day 14?** ☐ Yes ☐ No If yes, complete question e. and f.
e. If deceased, date of death:	
f. Cause of death: Ask if autopsy was performed and fax a de-identified copy or attach as pdf	☐ Primary respiratory ☐ Primary cardiovascular ☐ Multiorgan failure ☐ Brain Death or severe brain injury ☐ Other If other, please specify_____
3. Creatinine:	mg/dL
4. Total Bilirubin:	mg/dL
5. Platelets:	x 10^9/mL
6. Systolic Blood Pressure	mmHg
7. Diastolic Blood Pressure	mmHg

8. Vasopressor dose at 0800 on ICU day 14?	☐ None ☐ Dopamine <5 ug/kg/min or dobutamine at any dose ☐ Dopamine >/= 5 ug/kg/min or norepi/epi </=0.1 ug/kg/min or phenylephrine </= 0.5 ug/kg/min ☐ Dopamine > 15 ug/kg/min or norepi/epi > 0.1 ug/kg/min or phenylephrine > 0.5 ug/kg/min
9. P/F closest to 0800 on day 14	
10. PEEP closest to 0800 on day 14	cm H20
11. SaO2/FiO2 closest to 0800 on day 14 *Example: If SpO2 is 85 % on 100 % oxygen, the S/F is 85/1.00 or 85*	
12. Glasgow Coma Score: (3-15)	

ICU Day 28 Vital Status

Complete for ICU day 28.
Please complete ICU Summary form once this form complete.

1. **Is patient still in the ICU?**	☐ Yes ☐ No
2. If NO (not in ICU), was patient discharged from ICU alive or dead?	☐ Alive ☐ Dead
3. If discharged from ICU alive, date of ICU discharge:	Date:_____ **Did patient die after ICU d/c but before day 28?** ☐ Yes ☐ No If yes, complete question 4 and 5.
4. If deceased, date of death:	
5. Cause of death: Ask if autopsy was performed and fax a de-identified copy or attach as pdf	☐ Primary respiratory ☐ Primary cardiovascular ☐ Multiorgan failure ☐ Brain Death or severe brain injury ☐ Other If other, please specify_____

Section 4

ICU Summary Form

Complete when patient is deceased, is discharged from the ICU, or on ICU day 28 (whichever occurs first).

1. Was patient also enrolled in either the SAILS or EDEN trial?	☐ Yes ☐ No If yes, enter ARDSNet study number: ___ __ ___
2. Was influenza confirmed by positive laboratory test?	☐ Yes ☐ No If YES, **please update Section 1 of CRF.**
Respiratory Summary	
3. Date of Intubation?	__/____/_____ ☐ Never Intubated
4. Date Extubated?	__/____/_____ ☐ Never Extubated
5. Empyema requiring thoracostomy drainage or VATS?	☐ Yes ☐ No
6. Clinical Diagnosis of Bacterial Pneumonia or superinfection?	☐ Yes ☐ No
a. If **question #5 yes,** was diagnosis of bacterial pneumonia or other evidence of bacterial superinfection present within 72 hours of ICU admission?	☐ Yes ☐ No
b. If **question #5 yes,** was bacterial pathogen identified from respiratory secretions?	☐ Yes ☐ No If yes, date of positive culture: ___/___/___ **If yes, select Yes or no for each pathogen:** ☐ Staph aureus (methicillin resistant) ☐ Staph aureus (methicillin sensitive) ☐ Group A strep ☐ Strep pneumoniae ☐ Pseudomonas Species ☐ Hemophilus influenza ☐ M.cattarhalis ☐ RSV ☐ Other Virus ☐ other_____
Non-Respiratory Summary	

7. Any positive <u>blood culture</u> for bacteria in the first 72 hours of admission??	☐ Yes ☐ No If yes, indicate pathogen(s): ☐ Staph aureus (methicillin resistant) ☐ Staph aureus (methicillin sensitive) ☐ Group A strep ☐ Strep pneumoniae ☐ Pseudomonas Species ☐ Hemophilus influenza ☐ M.cattarhalis ☐ Other Virus ☐ other_____
8. Echo done during first 5 days of hospital stay?	☐ Yes ☐ No **If yes:** Worst LVEF _____% Highest RVSP _____ (mmHg)
9. Seizure during ICU stay?	☐ Yes ☐ No
10. Was the patient diagnosed with myocarditis?	☐ Yes ☐ No
11. Encephalitis by MRI or high CSF protein or clinical diagnosis by neurologist?	☐ Yes ☐ No
12. Confirmed deep venous thrombosis or pulmonary embolism during hospital stay?	☐ Yes ☐ No
13. Did patient receive tracheostomy during ICU stay?	☐ Yes ☐ No
14. Was patient on dialysis on day 28 or ICU DC	☐ Yes ☐ No
15. Was patient pregnant on admission?	☐ Yes ☐ No If YES, indicate outcome of pregnancy: ☐ Spontaneous abortion/miscarriage ☐ Maintained intrauterine viable fetus ☐ Normal vaginal delivery ☐ Caesarean delivery If Vaginal or Caesarean delivery did infant survive to hospital d/c? ☐ Yes ☐ No Was the infant term (i.e. >36wks) ☐ Yes ☐ No
16. Experimental/Adjunctive therapies received during ICU stay? (Pick all that apply)	
a. Nitric oxide or inhaled epoprostenol	☐ Yes ☐ No
b. ECMO and variants	☐ Yes ☐ No

c. High Frequency Ventilation	☐ Yes ☐ No
d. High dose corticosteroids at any time: >= 100 mg/day methylprednisolone or >= 125 mg/day prednisone or >= 500 mg/day hydrocortisone or >= 20mg/day dexamethasone	☐ Yes ☐ No
e. Prone ventilation	☐ Yes ☐ No
f. Drotrecogin-alfa (activated)	☐ Yes ☐ No
g. Intravenous Immune globulin (IVIG)	☐ Yes ☐ No
h. Intravenous Immune plasma	☐ Yes ☐ No
i. Fresh frozen plasma (for any indication)	☐ Yes ☐ No
17. Highest Total CPK during hospitalization:	U/L ☐ Not measured
18. Highest Troponin level during hospitalization:	_____ ☐ Not measured
19. Highest creatinine value during hospitalization:	_____ mg/dL
20. Highest bilirubin value during hospitalization:	_____ mg/dL
21. Lowest platelet value during hospitalization:	_____ x 10^9/mL

Antiviral Form

Select yes or no to indicate whether these antivirals were administered **during the ICU stay.** If yes, indicate the **number of ICU days** each medication was administered and indicate all routes that apply.

1. Oseltamivir (Tamiflu)	☐ Yes ☐ No If YES, a. Enter # of ICU days antiviral received: ____ b. Select route (select all that apply): ☐ IV ☐ Oral/enteral ☐ Inhaled c. Average Daily Dose ☐ 75 mg bid ☐ 150 mg bid ☐ Other:
2. Zanamivir (Relenza)	☐ Yes ☐ No If YES, a. Enter # of ICU days antiviral received: ____ b. Select route (select all that apply): ☐ IV ☐ Oral/enteral ☐ Inhaled
3. Peramivir	☐ Yes ☐ No If YES, a. Enter # of ICU days antiviral received: ____ b. Select route (select all that apply): ☐ IV ☐ Oral/enteral ☐ Inhaled
4. Amantadine (Symmetrel)	☐ Yes ☐ No If YES, a. Enter # of ICU days antiviral received: ____ b. Select route (select all that apply): ☐ IV ☐ Oral/enteral ☐ Inhaled
5. Rimantadine (Flumadine)	☐ Yes ☐ No If YES, a. Enter # of ICU days antiviral received: ____ b. Select route (select all that apply): ☐ IV ☐ Oral/enteral ☐ Inhaled

6. Ribavirin	☐ Yes ☐ No If YES, c. Enter # of ICU days antiviral received: ____ d. Select route (select all that apply): ☐ IV ☐ Oral/enteral ☐ Inhaled
7. Other influenza antiviral	☐ Yes ☐ No If YES, Name of antiviral _____ a. Enter # of ICU days antiviral received: ____ b. Select route (select all that apply): ☐ IV ☐ Oral/enteral ☐ Inhaled

Section 5

Hospital Outcomes to Day 60

Complete only for patients still in the HOSPITAL beyond ICU day 28.

1. Discharged alive from hospital between days 28 and 60?	☐ Yes ☐ No If yes, date of hospital discharge: _____
2. Deceased between days 28 and 60? **Ask if autopsy was performed and fax a de-identified copy or attach as pdf**	☐ Yes ☐ No If yes, data of death: _____
3. Still alive and in study hospital at day 60?	☐ Yes ☐ No
4. Cause of death (if applicable):	☐ Primary respiratory ☐ Primary cardiovascular ☐ Multiorgan failure ☐ Brain Death or severe brain injury ☐ Other If other, please specify_____