

## Risk stratification of patients with suspected COVID-19 presenting to the ED

**COUNTRY:** .....

**SITE NUMBER:** |\_|\_|

**PATIENT SEQUENCE NUMBER:** |\_|\_|\_|\_|\_|\_|\_|\_|

### DEMOGRAPHICS

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Date of admission: |\_|\_|/|\_|\_|/20|\_|\_|

Time of admission: |\_|\_| : |\_|\_| hr : min

Age: |\_|\_|\_| years

Gender: M  F

Healthcare Worker: Yes  No

Institutional living: Yes  No

**Close contact** with a Covid-19 patient: Yes  No

If Yes: Confirmed case  suspected case

### COMORBIDITIES

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Diabetes Yes  No

Hypertension Yes  No

Chronic Heart failure Yes  No

Coronary artery disease Yes  No

Active Malignant neoplasm Yes  No

Chronic respiratory insufficiency (Defined by Oxygen at home or home respiratory assistance) Yes  No

COPD Yes  No

Asthma Yes  No

Stroke / TIA Yes  No

Chronic Liver disease Yes  No

Chronic kidney disease Yes  No

Other: .....

#### Other severity factors:

Immune suppression Yes  No

If Yes:  >15mg/day prednisone during more 3 weeks  Chemotherapy  HIV  Other: .....

Current smoking Yes  No

Alcohol chronic consumption Yes  No

Hospitalized over the last year Yes  No

History of bacterial pneumonia Yes  No

Chronic Hemodialysis Yes  No

Overweight/obesity Yes  No

If Yes: Body mass index > 30  Body mass index > 40

Current Pregnancy Yes  No

## Pre-admission Treatment, Were any of the following taken within 14 days before ED arrival?

Angiotensin converting enzyme inhibitors (ACE inhibitors)? Yes  No   
 Angiotensin II receptor blockers (ARBs)? Yes  No   
 Non-steroidal anti-inflammatory (NSAID)? Yes  No

## SYMPTOMS

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Number of days since first symptoms:    days

A history of self-reported feverishness or measured fever of  $\geq 38^{\circ}\text{C}$  Yes  No

Cough Yes  No

Sputum production Yes  No

Sore throat Yes  No

Runny nose (rhinorrhoea) Yes  No

Shortness of breath Yes  No

If Yes to shortness of breath:  intense effort  Fast walking  normal walking  shortness of breath at rest

Chest pain Yes  No

Muscle aches (myalgia) Yes  No

Abdominal pain Yes  No

Diarrhea Yes  No

Vomiting / Nausea Yes  No

Headache Yes  No

Altered consciousness/confusion Yes  No

Ageusia (Loss of taste) Yes  No

Anosmia (Loss of smell) Yes  No

Agnosia Yes  No

Skin rash Yes  No

Other signs:

## CLINICAL PRESENTATION AT ED ADMISSION

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Temperature . $^{\circ}\text{C}$

Heart rate beats/min

Respiratory rate breaths/min

Blood Pressure (systolic) (diastolic) mmHg

Oxygen saturation: % on  room air  oxygen therapy  Unknown

Glasgow Coma Score (GCS /15)

Height: cm Weight: kg

Pulmonary auscultation: Normal  Crackles  Other: .....

Swinging thoracoabdominal: Yes  No

Supra clavicular pulling: Yes  No

Subcostal pulling: Yes  No

**INVESTIGATIONS**

RT-PCR SARS-Cov2      Positive     Négative     Not done     Date: |\_|\_|/|\_|\_|/20|\_|\_|  
 Chest radiography:    Infiltrat     Pleural effusion     Not done   
 Thoracic CT scan:    In favor of COVID-19     Not in favor of COVID-19     Not Done   
 Date CT scan: |\_|\_|/|\_|\_|/20|\_|\_|

**LABORATORY RESULTS ON ADMISSION:** Done     Not done

	Value*	Not done	Parameter	Value*	Not done
Haemoglobin (g/L)		<input type="checkbox"/>	Creatinine ( $\mu\text{mol/L}$ )		<input type="checkbox"/>
WBC count ( $\times 10^9/\text{L}$ )		<input type="checkbox"/>	Sodium (mEq/L)		<input type="checkbox"/>
Haematocrit (%)		<input type="checkbox"/>	Potassium (mEq/L)		<input type="checkbox"/>
Platelets ( $\times 10^9/\text{L}$ )		<input type="checkbox"/>	Procalcitonin (ng/mL)		<input type="checkbox"/>
INR		<input type="checkbox"/>	CRP (mg/L)		<input type="checkbox"/>
ALT/SGPT (U/L)		<input type="checkbox"/>	LDH (U/L)		<input type="checkbox"/>
Total bilirubin ( $\mu\text{mol/L}$ )		<input type="checkbox"/>	Creatine kinase (U/L)		<input type="checkbox"/>
AST/SGOT (U/L)		<input type="checkbox"/>	Troponin (ng/mL)		<input type="checkbox"/>
Urea (BUN) (mmol/L)		<input type="checkbox"/>	D-dimer ( $\mu\text{g/L}$ )		<input type="checkbox"/>
Lactate (mmol/L)		<input type="checkbox"/>	Ferritin (ng/mL)		<input type="checkbox"/>

Arterial blood gas in the ED	Value	Not done
pH		<input type="checkbox"/>
PaCO <sub>2</sub> (mmHg)		<input type="checkbox"/>
PaO <sub>2</sub> (mmHg)		<input type="checkbox"/>
SaO <sub>2</sub> (%)		<input type="checkbox"/>
Bicarbonates (mmol/L)		<input type="checkbox"/>

**ED MANAGEMENT**

Oxygen therapy Yes  No     If yes, complete all below O<sub>2</sub> flow:  1-5 L/min  6-10 L/min  11-15 L/min  
 >15 L/min  
 Non-invasive ventilation? (e.g.BIPAP/CPAP) Yes     No   
 Invasive ventilation (Any)?    Yes     No   
 Inotropes/vasopressors?    Yes     No   
 Antiviral:    Yes     No     If Yes names: .....  
 Antibiotics    Yes     No     If Yes names: .....

**ED MAIN DIAGNOSIS:** .....

**ED DISPOSITION**

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Admission to the ED observation unit: Yes  No 

Date of ED discharge: |\_|\_|/|\_|\_|/20|\_|\_|

ED disposition

- Discharged Home (Including nursing home)  
 Admitted to ward  
 Admitted to ICU  
 Death in the ED

**HOSPITAL MANAGEMENT**

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Oxygen therapy  Yes  No If yes, complete all below O2 flow:  1-5 L/min  6-10 L/min  11-15 L/min  >15 L/minNon-invasive ventilation? (e.g.BIPAP/CPAP) Yes  No High Flow Nasal Oxygen Yes  No Invasive ventilation (Any)? Yes  No Inotropes/vasopressors? Yes  No Extracorporeal (ECMO) support? Yes  No Hemodialysis Yes  No Antiviral: Yes  No  If Yes names: .....Antibiotic: Yes  No  If Yes names: .....**Hospital MAIN discharge DIAGNOSIS:** .....**Hospital DISPOSITION for those hospitalized**

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Date of hospital discharge: |\_|\_|/|\_|\_|/20|\_|\_|

Length of hospital stay: |\_|\_|\_| days

Length of stay in ICU if admitted to ICU: |\_|\_|\_| days

- Discharged alive  
 Transfer to another facility (including palliative facility)  
 Still hospitalized (at 30 days)  
 Death during hospitalization

**FOLLOW-UP at 30 Days (+/- 5 Days)**

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Outcome date: |\_|\_|/|\_|\_|/20|\_|\_|

New ED visit during follow-up (FU): Yes  No New Hospitalization during FU Yes  No 

If Yes: date of hospitalization : |\_|\_|/|\_|\_|/20|\_|\_|

Death: Yes  No 

If Yes: date of death: |\_|\_|/|\_|\_|/20|\_|\_|

Cause of death: .....

RT-PCR SARS-Cov2            Positive     Négative     Not done     Date: |\_|\_|/|\_|\_|/20|\_|\_|

Thoracic CT scan:    In favor of COVID-19     Not in favor of COVID-19     Not Done

Date CT scan: |\_|\_|/|\_|\_|/20|\_|\_|