



Mayo Clinic  
Research Computing Facility

**Viral Infection and Respiratory illness Universal Study [VIRUS]: COVID19 Registry-Validation of C2D2 (Critical Care Data Dictionary)**

[Project Home](#) [Project Setup](#) [Online Designer](#) [Data Dictionary](#) [Codebook](#)

**Data Dictionary Codebook**

09/18/2020 9:50pm

[^ Collapse all instruments](#)

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)												
Instrument: <b>Core Data I (Inclusion, Testing, Trials, Location, Admin)</b> (core_data_i_inclusion_testing_trials_location_admi) <a href="#">^ Collapse</a>															
1	icu_id	Hospital/ICU Identifier	text												
2	patient_study_id	Patient Study (ID) please don't write clinical number or any other identifier- instructions here --> <i>Hospital/ICU Identifier-001, Hospital/ICU Identifier-002...</i>	text												
3	inclusion	Section Header: <i>Inclusion-Exclusions-COVID19 Testing</i> Inclusion <i>If yes for any, go ahead and check for exclusions</i>	checkbox, Required <table border="1"> <tr> <td>1</td> <td>inclusion__1</td> <td>COVID-19 PCR (any other SARS-CoV-2) test positive (within 21 days)</td> </tr> <tr> <td>2</td> <td>inclusion__2</td> <td>COVID-19 PCR (any other SARS-CoV-2) test pending</td> </tr> <tr> <td>3</td> <td>inclusion__3</td> <td>COVID-19 high clinical suspicion</td> </tr> </table>	1	inclusion__1	COVID-19 PCR (any other SARS-CoV-2) test positive (within 21 days)	2	inclusion__2	COVID-19 PCR (any other SARS-CoV-2) test pending	3	inclusion__3	COVID-19 high clinical suspicion			
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3	inclusion__3	COVID-19 high clinical suspicion													
4	exclusions	Exclusions <i>If you click anything other than None, stop here and move on to enroll another patient</i>	checkbox, Required <table border="1"> <tr> <td>1</td> <td>exclusions__1</td> <td>Patient without Prior Research Authorization (only applicable to Mayo Clinic sites)</td> </tr> <tr> <td>2</td> <td>exclusions__2</td> <td>Non COVID-19 related admissions</td> </tr> <tr> <td>3</td> <td>exclusions__3</td> <td>Already Included in VIRUS- COVID19 Registry</td> </tr> <tr> <td>4</td> <td>exclusions__4</td> <td>None</td> </tr> </table>	1	exclusions__1	Patient without Prior Research Authorization (only applicable to Mayo Clinic sites)	2	exclusions__2	Non COVID-19 related admissions	3	exclusions__3	Already Included in VIRUS- COVID19 Registry	4	exclusions__4	None
1	exclusions__1	Patient without Prior Research Authorization (only applicable to Mayo Clinic sites)													
2	exclusions__2	Non COVID-19 related admissions													
3	exclusions__3	Already Included in VIRUS- COVID19 Registry													
4	exclusions__4	None													
5	peds_misc	Does the patient meet the CDC Case Definition of Multi-system Inflammatory Syndrome- Children (MIS-C)? <i>• An individual aged &lt; 21 years presenting with fever, laboratory evidence of inflammation, and evidence of clinically severe illness requiring hospitalization, with multisystem (&gt;2) organ involvement (cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic or neurological); AND • No alternative plausible diagnoses; AND • Positive for current or recent SARS-CoV-2 infection by RT-PCR, serology, or antigen test; or COVID-19 exposure within the 4 weeks prior to the onset of symptoms if Fever &gt;38.0°C for ≥24 hours, or report of subjective fever lasting ≥24 hours including, but not limited to, one or more of the following: an elevated C-reactive protein (CRP), erythrocyte sedimentation rate (ESR), fibrinogen, procalcitonin, d-dimer, ferritin, lactic acid dehydrogenase (LDH), or interleukin 6 (IL-6), elevated neutrophils, reduced lymphocytes and low albumin</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No								
1	Yes														
0	No														
6	covid_igg_serum_misc Show the field ONLY if: [peds_misc] = '1'	COVID-19 Serum IgG result	dropdown, Required <table border="1"> <tr> <td>0</td> <td>Not done</td> </tr> <tr> <td>1</td> <td>Positive</td> </tr> <tr> <td>2</td> <td>In-determinant</td> </tr> <tr> <td>3</td> <td>Negative</td> </tr> </table>	0	Not done	1	Positive	2	In-determinant	3	Negative				
0	Not done														
1	Positive														
2	In-determinant														
3	Negative														
7	date_filling_first_form	Date for filling this form	text (date_mdy), Required												
8	was_covid_testing_performe	Is COVID testing performed prior to admission?	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No								
1	Yes														
0	No														
9	days_prior_covid_testing Show the field ONLY if: [was_covid_testing_performe] = "1"	How many days prior to admission was COVID testing performed?	text, Required												

10	day_covid_19_pcr_test Show the field ONLY if: [was_covid_testing_performe] = "0"	Which hospital day was first COVID test performed? <i>1 or 2 or 3 or 4...</i>	text (number), Required
11	was_covid_testing_done_on	Was COVID testing done on multiple days?	yesno 1 Yes 0 No
12	total_number_of_covid_test Show the field ONLY if: [was_covid_testing_done_on] = '1'	Total number of COVID tests sent?	radio, Required 1 1 2 2 3 3 4 4+
13	number_before_positive Show the field ONLY if: [was_covid_testing_done_on] = '1'	Which number of COVID tests came with positive result?	checkbox, Required 1 number_before_positive__1 1 2 number_before_positive__2 2 3 number_before_positive__3 3 4 number_before_positive__4 4+ 5 number_before_positive__5 All negative
14	day_prior_covid19_symptoms	How many days prior to hospitalization COVID-19 symptoms started? <i>1 or 2 or 3 or 4...</i>	text (number), Required
15	site_of_covid_test	Site of COVID-19 Test	dropdown, Required 1 Nasopharyngeal Swab 2 Sputum/Tracheal Aspirate 3 BAL- Bronchoalveolar Lavage 11 Others
16	test_other Show the field ONLY if: [site_of_covid_test] = '11'	Test_Other	text, Required
17	covid19_test_date	COVID19 Test date (If your IRB allowed you to enter this Date, please do, otherwise leave it blank)	text (date_mdy)
18	is_patient_participating_i	Section Header: <i>Other COVID19 Clinical Trials</i> Is Patient Participating in Another Clinical Trial or Prospective Study Related to COVID-19	checkbox, Required 1 is_patient_participating_i__1 COVID19 2 is_patient_participating_i__2 Flu trials other than COVID19 3 is_patient_participating_i__3 ARDS 4 is_patient_participating_i__4 Pneumonia 5 is_patient_participating_i__5 Convalescent Plasma study 6 is_patient_participating_i__6 ISARIC Study 7 is_patient_participating_i__7 PETAL Study 10 is_patient_participating_i__10 Other Trials 11 is_patient_participating_i__11 None
19	if_yes_please_specify_clin Show the field ONLY if: [is_patient_participating_i(1)] = '1' or [is_patient_participating_i(3)] = '1' or [is_patient_participating_i(4)] = '1' or [is_patient_participating_i(5)] = '1' or [is_patient_participating_i(6)] = '1' or [is_patient_participating_i(7)] = '1' or [is_patient_participating_i(10)] = '1' or [is_patient_participating_i(2)] = '1'	If yes , Please specify Clinical Trial or Prospective Study name or Novel Drug Therapy or Trial/NCT ID	notes, Required
20	isaric_study_id Show the field ONLY if: [is_patient_participating_i(6)] = '1'	ISARIC Study ID	text, Required
21	petal_study_id Show the field ONLY if: [is_patient_participating_i(7)] = '1'	PETAL Study ID	text, Required

22	country	<p>Section Header: <i>Location</i></p> <p>Country</p> <p><i>If other, fill contry name in box below</i></p>	<p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>United States</td></tr> <tr><td>2</td><td>Argentina</td></tr> <tr><td>3</td><td>Belgium</td></tr> <tr><td>4</td><td>Bolivia</td></tr> <tr><td>5</td><td>Bosnia and Herzegovina</td></tr> <tr><td>6</td><td>Canada</td></tr> <tr><td>7</td><td>China</td></tr> <tr><td>8</td><td>Croatia</td></tr> <tr><td>9</td><td>Dominican Republic</td></tr> <tr><td>10</td><td>France</td></tr> <tr><td>11</td><td>Germany</td></tr> <tr><td>12</td><td>Greece</td></tr> <tr><td>13</td><td>India</td></tr> <tr><td>14</td><td>Iran</td></tr> <tr><td>15</td><td>Italy</td></tr> <tr><td>16</td><td>Japan</td></tr> <tr><td>17</td><td>Lebanon</td></tr> <tr><td>18</td><td>Libya</td></tr> <tr><td>19</td><td>Mexico</td></tr> <tr><td>20</td><td>Pakistan</td></tr> <tr><td>21</td><td>Peru</td></tr> <tr><td>22</td><td>Philippines</td></tr> <tr><td>23</td><td>Saudi Arabia</td></tr> <tr><td>24</td><td>Serbia</td></tr> <tr><td>25</td><td>South Korea</td></tr> <tr><td>26</td><td>Spain</td></tr> <tr><td>27</td><td>Spain</td></tr> <tr><td>28</td><td>Turkey</td></tr> <tr><td>29</td><td>UAE</td></tr> <tr><td>30</td><td>Uganda</td></tr> <tr><td>51</td><td>Other</td></tr> </table>	1	United States	2	Argentina	3	Belgium	4	Bolivia	5	Bosnia and Herzegovina	6	Canada	7	China	8	Croatia	9	Dominican Republic	10	France	11	Germany	12	Greece	13	India	14	Iran	15	Italy	16	Japan	17	Lebanon	18	Libya	19	Mexico	20	Pakistan	21	Peru	22	Philippines	23	Saudi Arabia	24	Serbia	25	South Korea	26	Spain	27	Spain	28	Turkey	29	UAE	30	Uganda	51	Other
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23	country_other Show the field ONLY if: [country] = '51'	Country_Other	text, Required																																																														
24	employed_as_a_healthcare_w	<p>Section Header: <i>Administrative Data</i></p> <p>Patient Employed as a Healthcare Worker or in a Microbiology Laboratory?</p>	<p>yesno, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																										
1	Yes																																																																
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25	hcw_cateogry Show the field ONLY if: [employed_as_a_healthcare_w] = '1'	Healthcare Worker- Category	<p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>Staff Doctor/Consultant/Attending</td></tr> <tr><td>2</td><td>Trainee Doctor- Resident/Fellow/Medical Student</td></tr> <tr><td>3</td><td>Nurse</td></tr> <tr><td>4</td><td>Respiratory Therapist</td></tr> <tr><td>5</td><td>Pharmacist</td></tr> <tr><td>6</td><td>Support Staff- Unit secretary/ Environmental/ Food help</td></tr> <tr><td>7</td><td>EMS personnel</td></tr> <tr><td>8</td><td>Research Staff</td></tr> <tr><td>9</td><td>Nurse Aid/ Midwife</td></tr> <tr><td>10</td><td>Nursing Home Staff</td></tr> <tr><td>20</td><td>Other</td></tr> </table>	1	Staff Doctor/Consultant/Attending	2	Trainee Doctor- Resident/Fellow/Medical Student	3	Nurse	4	Respiratory Therapist	5	Pharmacist	6	Support Staff- Unit secretary/ Environmental/ Food help	7	EMS personnel	8	Research Staff	9	Nurse Aid/ Midwife	10	Nursing Home Staff	20	Other																																								
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26	hcw_other Show the field ONLY if: [employed_as_a_healthcare_w] = '1' and [hcw_cateogry] = '20'	Health Care Worker_Other	text, Required																																																														

27	hospital_admission_source	Hospital Admission Source	dropdown, Required <table border="1"> <tr><td>1</td><td>Home</td></tr> <tr><td>2</td><td>Nursing Home</td></tr> <tr><td>3</td><td>Hospital ED</td></tr> <tr><td>4</td><td>Outside ED</td></tr> <tr><td>5</td><td>Transfer from other Facility</td></tr> <tr><td>6</td><td>Other</td></tr> </table>	1	Home	2	Nursing Home	3	Hospital ED	4	Outside ED	5	Transfer from other Facility	6	Other		
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6	Other																
28	if_other_please_explain Show the field ONLY if: [hospital_admission_source] = '6'	If other, please explain	text, Required														
29	days_at_prior_trans Show the field ONLY if: [hospital_admission_source] = '5'	Days of Stay at Prior Transferring Facility	text, Required														
30	admitted_to_icu	Admitted to ICU	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
31	day_to_icu Show the field ONLY if: [admitted_to_icu] = '1'	Which Hospital Day Patient Got admitted to ICU <i>1 or 2 or 3 or 4...</i>	text (number), Required														
32	icu_adm_source Show the field ONLY if: [admitted_to_icu] = '1'	ICU admission source <i>If other, fill the next box</i>	dropdown, Required <table border="1"> <tr><td>1</td><td>Nursing Home</td></tr> <tr><td>2</td><td>Hospital ED</td></tr> <tr><td>3</td><td>Outside ED/Hospital (Transfer)</td></tr> <tr><td>6</td><td>Outside ICU (Transfer)</td></tr> <tr><td>4</td><td>Hospital Floor/Ward</td></tr> <tr><td>5</td><td>Operating room</td></tr> <tr><td>10</td><td>Other</td></tr> </table>	1	Nursing Home	2	Hospital ED	3	Outside ED/Hospital (Transfer)	6	Outside ICU (Transfer)	4	Hospital Floor/Ward	5	Operating room	10	Other
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33	icu_adm_source_1 Show the field ONLY if: [admitted_to_icu] = '1' and [icu_adm_source] = '10'	If other, please explain	text														
34	comment_core_i	Comment_Core Data I	notes														
35	core_data_i_inclusion_testing_trials_location_admi_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete								
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2	Complete																
Instrument: <b>Core Data II (Demographics, Symptoms, Premeds, History, Diagnosis)</b> (core_data_ii_demographics_symptoms_premeds_history) <span style="float: right;">^ Collapse</span>																	
36	age	Section Header: <i>Demographics</i> Age (if more than 90, just write >90 - (do not write exact age in this case) <i>Age must be entered in years (for peds patient age in days should be converted to years up to 3 decimal points) download Age calculator--&gt; https://docs.google.com/spreadsheets/d/1wQJP-yhmG19pDAOGR-FIEQx-x167dfumYn15W_aZ7o8/edit#gid=0</i>	text, Required														
37	peds_age_months	For Paediatric Patient, Age in Months (if less than 5 years) <i>fill only in months if pediatric patients &lt; 5 years</i>	text Field Annotation: @HIDDEN														
38	sex	Sex <i>Assigned sex at birth</i>	dropdown, Required <table border="1"> <tr><td>1</td><td>Male</td></tr> <tr><td>2</td><td>Female</td></tr> <tr><td>3</td><td>Intersex</td></tr> <tr><td>4</td><td>Transgender</td></tr> </table> Field Annotation: @HIDECHOICE='4'	1	Male	2	Female	3	Intersex	4	Transgender						
1	Male																
2	Female																
3	Intersex																
4	Transgender																
39	gender_identity	Gender Identity (if different)	dropdown <table border="1"> <tr><td>1</td><td>Man/transman/FTM</td></tr> <tr><td>2</td><td>Woman/Transwoman/MTF</td></tr> <tr><td>3</td><td>Non-binary</td></tr> <tr><td>4</td><td>Something else</td></tr> </table>	1	Man/transman/FTM	2	Woman/Transwoman/MTF	3	Non-binary	4	Something else						
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3	Non-binary																
4	Something else																

40	prgnant Show the field ONLY if: [sex] = '2'	Is Patient Pregnant?	dropdown, Required 1 Yes 2 No 3 Unknown
41	gestational_age Show the field ONLY if: [sex] = '2' and [prgnant] = '1'	Gestational Age at Hospital Admission (in weeks)	text, Required
42	weight	Weight (kg) at Hospital Admission <small>xxx</small>	text (number, Min: 2, Max: 450), Required
43	height	Height (cm) <small>xxx</small>	text (number, Min: 10, Max: 250), Required
44	race	Race	dropdown, Required 1 American Indian or Alaska Native 2 Asian American 3 Black or African American 4 Native Hawaiian or Other Pacific Islander 5 White Caucasian 7 East Asian (China, Hongkong, Japan, S. Korea etc.) 8 South Asian (India, Pakistan, Sri Lanka etc.) 9 West Asian (including Arabic) 10 South East Asian (Philippines, Thailand, Malaysia, Singapore, VietNam etc.) 11 Mixed Race 6 Other
45	other_race Show the field ONLY if: [race] = '6'	Other-Race	text, Required
46	ethnic_group	Ethnic group	dropdown, Required 0 Unknown 1 Hispanic 2 Non Hispanic 3 Not Applicable

47	signs_and_symptoms_at_hosp	<p>Section Header: <i>COVID-19 Signs and Symptom</i></p> <p>Signs And Symptoms At Hospital Admission (Check all that apply)</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>0</td><td>signs_and_symptoms_at_hosp__0</td><td>None</td></tr> <tr><td>1</td><td>signs_and_symptoms_at_hosp__1</td><td>Abdominal Pain</td></tr> <tr><td>2</td><td>signs_and_symptoms_at_hosp__2</td><td>Ageusia- Loss of Taste</td></tr> <tr><td>3</td><td>signs_and_symptoms_at_hosp__3</td><td>Anorexia- Loss of Appetite</td></tr> <tr><td>4</td><td>signs_and_symptoms_at_hosp__4</td><td>Anosmia- Loss of Smell</td></tr> <tr><td>5</td><td>signs_and_symptoms_at_hosp__5</td><td>Arthralgia</td></tr> <tr><td>6</td><td>signs_and_symptoms_at_hosp__6</td><td>Chest Pain/Tightness</td></tr> <tr><td>7</td><td>signs_and_symptoms_at_hosp__7</td><td>Chills/Rigors</td></tr> <tr><td>8</td><td>signs_and_symptoms_at_hosp__8</td><td>Confusion/Delirium</td></tr> <tr><td>9</td><td>signs_and_symptoms_at_hosp__9</td><td>Conjunctival Congestion</td></tr> <tr><td>10</td><td>signs_and_symptoms_at_hosp__10</td><td>Cough - Dry</td></tr> <tr><td>11</td><td>signs_and_symptoms_at_hosp__11</td><td>Cough - with Sputum</td></tr> <tr><td>12</td><td>signs_and_symptoms_at_hosp__12</td><td>Diarrhea</td></tr> <tr><td>13</td><td>signs_and_symptoms_at_hosp__13</td><td>Dizziness/Lightheadedness</td></tr> <tr><td>14</td><td>signs_and_symptoms_at_hosp__14</td><td>Dyspnea/Shortness of Breath</td></tr> <tr><td>15</td><td>signs_and_symptoms_at_hosp__15</td><td>Fever</td></tr> <tr><td>16</td><td>signs_and_symptoms_at_hosp__16</td><td>Headache</td></tr> <tr><td>17</td><td>signs_and_symptoms_at_hosp__17</td><td>Hemoptysis</td></tr> <tr><td>18</td><td>signs_and_symptoms_at_hosp__18</td><td>Malaise</td></tr> <tr><td>19</td><td>signs_and_symptoms_at_hosp__19</td><td>Myalgia Or Fatigue</td></tr> <tr><td>20</td><td>signs_and_symptoms_at_hosp__20</td><td>Nasal Congestion/Rhinorrhea</td></tr> <tr><td>21</td><td>signs_and_symptoms_at_hosp__21</td><td>Nausea/Vomiting</td></tr> <tr><td>22</td><td>signs_and_symptoms_at_hosp__22</td><td>Night Sweat</td></tr> <tr><td>23</td><td>signs_and_symptoms_at_hosp__23</td><td>Seizure</td></tr> <tr><td>24</td><td>signs_and_symptoms_at_hosp__24</td><td>Sneezing</td></tr> <tr><td>25</td><td>signs_and_symptoms_at_hosp__25</td><td>Sore Throat/Throat Irritation</td></tr> <tr><td>26</td><td>signs_and_symptoms_at_hosp__26</td><td>Rash</td></tr> <tr><td>27</td><td>signs_and_symptoms_at_hosp__27</td><td>Swollen Neck Glands/Lymphadenopathy</td></tr> <tr><td>51</td><td>signs_and_symptoms_at_hosp__51</td><td>Other ( Please List )</td></tr> </table>	0	signs_and_symptoms_at_hosp__0	None	1	signs_and_symptoms_at_hosp__1	Abdominal Pain	2	signs_and_symptoms_at_hosp__2	Ageusia- Loss of Taste	3	signs_and_symptoms_at_hosp__3	Anorexia- Loss of Appetite	4	signs_and_symptoms_at_hosp__4	Anosmia- Loss of Smell	5	signs_and_symptoms_at_hosp__5	Arthralgia	6	signs_and_symptoms_at_hosp__6	Chest Pain/Tightness	7	signs_and_symptoms_at_hosp__7	Chills/Rigors	8	signs_and_symptoms_at_hosp__8	Confusion/Delirium	9	signs_and_symptoms_at_hosp__9	Conjunctival Congestion	10	signs_and_symptoms_at_hosp__10	Cough - Dry	11	signs_and_symptoms_at_hosp__11	Cough - with Sputum	12	signs_and_symptoms_at_hosp__12	Diarrhea	13	signs_and_symptoms_at_hosp__13	Dizziness/Lightheadedness	14	signs_and_symptoms_at_hosp__14	Dyspnea/Shortness of Breath	15	signs_and_symptoms_at_hosp__15	Fever	16	signs_and_symptoms_at_hosp__16	Headache	17	signs_and_symptoms_at_hosp__17	Hemoptysis	18	signs_and_symptoms_at_hosp__18	Malaise	19	signs_and_symptoms_at_hosp__19	Myalgia Or Fatigue	20	signs_and_symptoms_at_hosp__20	Nasal Congestion/Rhinorrhea	21	signs_and_symptoms_at_hosp__21	Nausea/Vomiting	22	signs_and_symptoms_at_hosp__22	Night Sweat	23	signs_and_symptoms_at_hosp__23	Seizure	24	signs_and_symptoms_at_hosp__24	Sneezing	25	signs_and_symptoms_at_hosp__25	Sore Throat/Throat Irritation	26	signs_and_symptoms_at_hosp__26	Rash	27	signs_and_symptoms_at_hosp__27	Swollen Neck Glands/Lymphadenopathy	51	signs_and_symptoms_at_hosp__51	Other ( Please List )
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48	<p>signs_symptoms_others</p> <p>Show the field ONLY if: [signs_and_symptoms_at_hosp(51)] = '1'</p>	Signs-Symptoms_Others	text, Required																																																																																							
49	travel_hx_yes_no	<p>Section Header: <i>Contact/Travel History</i></p> <p>Did patient Have Any Recent Contact/Travel History (before onset of illness) Since December 2019 ?</p>	<p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Unknown</td></tr> </table>	1	Yes	2	No	3	Unknown																																																																																	
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50	<p>travel_hx_details</p> <p>Show the field ONLY if: [travel_hx_yes_no] = '1'</p>	<p>Did patient have any of the following? <i>Past 14-30 days (before onset of illness)</i></p>	<p>checkbox, Required</p> <table border="1"> <tr> <td data-bbox="1015 174 1047 247">1</td> <td data-bbox="1047 174 1226 247">travel_hx_details__1</td> <td data-bbox="1226 174 1464 247">A history of travel to an area with documented cases of SARS-CoV-2 infection</td> </tr> <tr> <td data-bbox="1015 247 1047 367">2</td> <td data-bbox="1047 247 1226 367">travel_hx_details__2</td> <td data-bbox="1226 247 1464 367">Close contact with a confirmed or probable case of SARS-CoV-2 infection, while that patient was symptomatic</td> </tr> <tr> <td data-bbox="1015 367 1047 466">3</td> <td data-bbox="1047 367 1226 466">travel_hx_details__3</td> <td data-bbox="1226 367 1464 466">Presence in a healthcare facility where SARS-CoV-2 infections have been managed</td> </tr> <tr> <td data-bbox="1015 466 1047 564">4</td> <td data-bbox="1047 466 1226 564">travel_hx_details__4</td> <td data-bbox="1226 466 1464 564">Presence in a laboratory handling suspected or confirmed SARS-CoV-2 samples</td> </tr> <tr> <td data-bbox="1015 564 1047 772">5</td> <td data-bbox="1047 564 1226 772">travel_hx_details__5</td> <td data-bbox="1226 564 1464 772">Direct contact with animals in countries where the SARS-CoV-2 is known to be circulating in animal populations or where human infections have occurred as a result of presumed zoonotic transmission</td> </tr> <tr> <td data-bbox="1015 772 1047 804">6</td> <td data-bbox="1047 772 1226 804">travel_hx_details__6</td> <td data-bbox="1226 772 1464 804">Seafood Wholesale Market</td> </tr> <tr> <td data-bbox="1015 804 1047 877">7</td> <td data-bbox="1047 804 1226 877">travel_hx_details__7</td> <td data-bbox="1226 804 1464 877">Contact With Another Person With Respiratory Symptoms</td> </tr> <tr> <td data-bbox="1015 877 1047 951">8</td> <td data-bbox="1047 877 1226 951">travel_hx_details__8</td> <td data-bbox="1226 877 1464 951">No Exposure To Either Market Or Person With Respiratory Symptoms</td> </tr> <tr> <td data-bbox="1015 951 1047 1014">9</td> <td data-bbox="1047 951 1226 1014">travel_hx_details__9</td> <td data-bbox="1226 951 1464 1014">History of Travel to Affected Regions/Countries</td> </tr> <tr> <td data-bbox="1015 1014 1047 1045">10</td> <td data-bbox="1047 1014 1226 1045">travel_hx_details__10</td> <td data-bbox="1226 1014 1464 1045">History of travel on Cruise</td> </tr> <tr> <td data-bbox="1015 1045 1047 1077">11</td> <td data-bbox="1047 1045 1226 1077">travel_hx_details__11</td> <td data-bbox="1226 1045 1464 1077">Contact With Wildlife</td> </tr> <tr> <td data-bbox="1015 1077 1047 1129">12</td> <td data-bbox="1047 1077 1226 1129">travel_hx_details__12</td> <td data-bbox="1226 1077 1464 1129">Family Exposure (Spouse, Parents, Kids etc.)</td> </tr> <tr> <td data-bbox="1015 1129 1047 1161">31</td> <td data-bbox="1047 1129 1226 1161">travel_hx_details__31</td> <td data-bbox="1226 1129 1464 1161">Other ( Please specify)</td> </tr> </table>	1	travel_hx_details__1	A history of travel to an area with documented cases of SARS-CoV-2 infection	2	travel_hx_details__2	Close contact with a confirmed or probable case of SARS-CoV-2 infection, while that patient was symptomatic	3	travel_hx_details__3	Presence in a healthcare facility where SARS-CoV-2 infections have been managed	4	travel_hx_details__4	Presence in a laboratory handling suspected or confirmed SARS-CoV-2 samples	5	travel_hx_details__5	Direct contact with animals in countries where the SARS-CoV-2 is known to be circulating in animal populations or where human infections have occurred as a result of presumed zoonotic transmission	6	travel_hx_details__6	Seafood Wholesale Market	7	travel_hx_details__7	Contact With Another Person With Respiratory Symptoms	8	travel_hx_details__8	No Exposure To Either Market Or Person With Respiratory Symptoms	9	travel_hx_details__9	History of Travel to Affected Regions/Countries	10	travel_hx_details__10	History of travel on Cruise	11	travel_hx_details__11	Contact With Wildlife	12	travel_hx_details__12	Family Exposure (Spouse, Parents, Kids etc.)	31	travel_hx_details__31	Other ( Please specify)
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52	<p>pediatric_yes</p>	<p>Section Header: <i>Comorbidities</i></p> <p>Is this a Pediatric patient (age &lt; 18 years)? <i>Yes- Pediatric, No- Adult</i></p>	<p>yesno, Required</p> <table border="1"> <tr> <td data-bbox="1015 1291 1047 1323">1</td> <td data-bbox="1047 1291 1079 1323">Yes</td> </tr> <tr> <td data-bbox="1015 1323 1047 1354">0</td> <td data-bbox="1047 1323 1079 1354">No</td> </tr> </table>	1	Yes	0	No																																			
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24	comorbidities__24	Paralysis																																																																																																																			
25	comorbidities__25	Rheumatoid Arthritis/Collagen Vascular Disease																																																																																																																			
26	comorbidities__26	Blood Loss Anemia																																																																																																																			
27	comorbidities__27	Iron Deficiency Anemia																																																																																																																			
28	comorbidities__28	Coagulopathy																																																																																																																			
29	comorbidities__29	Malnutrition																																																																																																																			
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31	comorbidities__31	Substance Use Disorder																																																																																																																			
32	comorbidities__32	Depression																																																																																																																			
33	comorbidities__33	Psychosis																																																																																																																			
34	comorbidities__34	Dementia																																																																																																																			
35	comorbidities__35	OSA/ Home CPAP/Bi-Pap Use																																																																																																																			
36	comorbidities__36	Venous Thromboembolism-DVT/PE																																																																																																																			
37	comorbidities__37	Dyslipidemia/Hyperlipidemia																																																																																																																			
51	comorbidities__51	Other																																																																																																																			
54	<p>comorbidites_other</p> <p>Show the field ONLY if: [comorbidities(51)] = '1'</p>	<p>Comorbidites_Other</p>	<p>text, Required</p>																																																																																																																		
55	<p>ckd_stages</p> <p>Show the field ONLY if: [comorbidities(10)] = '1'</p>	<p>CKD Stages</p>	<p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>CKD 1</td></tr> <tr><td>2</td><td>CKD 2</td></tr> <tr><td>3</td><td>CKD 3</td></tr> <tr><td>4</td><td>CKD 4</td></tr> <tr><td>5</td><td>CKD 5 (Not on HD)</td></tr> <tr><td>6</td><td>ESRD (CKD 5 on HD)</td></tr> </table>	1	CKD 1	2	CKD 2	3	CKD 3	4	CKD 4	5	CKD 5 (Not on HD)	6	ESRD (CKD 5 on HD)																																																																																																						
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56	if_congestive_heart_failur Show the field ONLY if: [comorbidities(5)] = '1'	If Congestive heart failure (CHF)	dropdown, Required <table border="1"> <tr><td>0</td><td>NYHA I</td></tr> <tr><td>1</td><td>NYHA II</td></tr> <tr><td>2</td><td>NYHA III</td></tr> <tr><td>3</td><td>NYHA IV</td></tr> </table>	0	NYHA I	1	NYHA II	2	NYHA III	3	NYHA IV																
0	NYHA I																										
1	NYHA II																										
2	NYHA III																										
3	NYHA IV																										
57	pediatric_pre_existing Show the field ONLY if: [pediatric_yes] = '1'	Is Pediatric Pre-Existing Conditions present?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										
58	cardiac_peds Show the field ONLY if: [pediatric_pre_existing] = '1'	Cardiac	checkbox, Required <table border="1"> <tr><td>0</td><td>cardiac_peds__0</td><td>None</td></tr> <tr><td>1</td><td>cardiac_peds__1</td><td>Congenital Corrected</td></tr> <tr><td>2</td><td>cardiac_peds__2</td><td>Congenital Uncorrected</td></tr> <tr><td>3</td><td>cardiac_peds__3</td><td>Cardiomyopathy/Heart Failure</td></tr> <tr><td>4</td><td>cardiac_peds__4</td><td>Arrhythmia</td></tr> <tr><td>5</td><td>cardiac_peds__5</td><td>Single Ventricle With or Without Staged Palliation</td></tr> <tr><td>6</td><td>cardiac_peds__6</td><td>Acquired Cardiac Disease (Ex Myocarditis, Kawasaki)</td></tr> <tr><td>11</td><td>cardiac_peds__11</td><td>Other</td></tr> </table>	0	cardiac_peds__0	None	1	cardiac_peds__1	Congenital Corrected	2	cardiac_peds__2	Congenital Uncorrected	3	cardiac_peds__3	Cardiomyopathy/Heart Failure	4	cardiac_peds__4	Arrhythmia	5	cardiac_peds__5	Single Ventricle With or Without Staged Palliation	6	cardiac_peds__6	Acquired Cardiac Disease (Ex Myocarditis, Kawasaki)	11	cardiac_peds__11	Other
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11	cardiac_peds__11	Other																									
59	pulmonary_peds Show the field ONLY if: [pediatric_pre_existing] = '1'	Pulmonary	checkbox, Required <table border="1"> <tr><td>0</td><td>pulmonary_peds__0</td><td>None</td></tr> <tr><td>1</td><td>pulmonary_peds__1</td><td>Chronic Ventilation (Tracheostomy)</td></tr> <tr><td>2</td><td>pulmonary_peds__2</td><td>Chronic Ventilation (NIPPV)</td></tr> <tr><td>3</td><td>pulmonary_peds__3</td><td>Asthma</td></tr> <tr><td>4</td><td>pulmonary_peds__4</td><td>Chronic Lung Disease/BPD</td></tr> <tr><td>5</td><td>pulmonary_peds__5</td><td>Cystic Fibrosis</td></tr> <tr><td>11</td><td>pulmonary_peds__11</td><td>Other</td></tr> </table>	0	pulmonary_peds__0	None	1	pulmonary_peds__1	Chronic Ventilation (Tracheostomy)	2	pulmonary_peds__2	Chronic Ventilation (NIPPV)	3	pulmonary_peds__3	Asthma	4	pulmonary_peds__4	Chronic Lung Disease/BPD	5	pulmonary_peds__5	Cystic Fibrosis	11	pulmonary_peds__11	Other			
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5	pulmonary_peds__5	Cystic Fibrosis																									
11	pulmonary_peds__11	Other																									
60	kindey_peds Show the field ONLY if: [pediatric_pre_existing] = '1'	Kidney	checkbox, Required <table border="1"> <tr><td>0</td><td>kindey_peds__0</td><td>None</td></tr> <tr><td>1</td><td>kindey_peds__1</td><td>CKD - on Dialysis</td></tr> <tr><td>2</td><td>kindey_peds__2</td><td>CKD - NOT on dialysis</td></tr> <tr><td>3</td><td>kindey_peds__3</td><td>CAKUT (Congenital Anomalies of The Kidney And Urinary Tract)</td></tr> <tr><td>11</td><td>kindey_peds__11</td><td>Other</td></tr> </table>	0	kindey_peds__0	None	1	kindey_peds__1	CKD - on Dialysis	2	kindey_peds__2	CKD - NOT on dialysis	3	kindey_peds__3	CAKUT (Congenital Anomalies of The Kidney And Urinary Tract)	11	kindey_peds__11	Other									
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11	kindey_peds__11	Other																									
61	cns_peds Show the field ONLY if: [pediatric_pre_existing] = '1'	CNS	checkbox, Required <table border="1"> <tr><td>0</td><td>cns_peds__0</td><td>None</td></tr> <tr><td>1</td><td>cns_peds__1</td><td>Static Encephalopathy/CP</td></tr> <tr><td>2</td><td>cns_peds__2</td><td>Seizures/Epilepsy</td></tr> <tr><td>3</td><td>cns_peds__3</td><td>Stroke</td></tr> <tr><td>4</td><td>cns_peds__4</td><td>Developmental Delay</td></tr> <tr><td>11</td><td>cns_peds__11</td><td>Other</td></tr> </table>	0	cns_peds__0	None	1	cns_peds__1	Static Encephalopathy/CP	2	cns_peds__2	Seizures/Epilepsy	3	cns_peds__3	Stroke	4	cns_peds__4	Developmental Delay	11	cns_peds__11	Other						
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4	cns_peds__4	Developmental Delay																									
11	cns_peds__11	Other																									
62	gi_liver_peds Show the field ONLY if: [pediatric_pre_existing] = '1'	GI/Liver	checkbox, Required <table border="1"> <tr><td>0</td><td>gi_liver_peds__0</td><td>None</td></tr> <tr><td>1</td><td>gi_liver_peds__1</td><td>Chronic Liver Disease</td></tr> <tr><td>2</td><td>gi_liver_peds__2</td><td>Chronic Cholestasis</td></tr> <tr><td>3</td><td>gi_liver_peds__3</td><td>Inflammatory Bowel Disease</td></tr> <tr><td>4</td><td>gi_liver_peds__4</td><td>Obesity</td></tr> <tr><td>5</td><td>gi_liver_peds__5</td><td>Malnutrition</td></tr> <tr><td>11</td><td>gi_liver_peds__11</td><td>Other</td></tr> </table>	0	gi_liver_peds__0	None	1	gi_liver_peds__1	Chronic Liver Disease	2	gi_liver_peds__2	Chronic Cholestasis	3	gi_liver_peds__3	Inflammatory Bowel Disease	4	gi_liver_peds__4	Obesity	5	gi_liver_peds__5	Malnutrition	11	gi_liver_peds__11	Other			
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5	gi_liver_peds__5	Malnutrition																									
11	gi_liver_peds__11	Other																									

63	rhem_imm_onco_endo_peds Show the field ONLY if: [pediatric_pre_existing] = '1'	Rheumatology/Immunology/Endocrine/Oncology/Hemat	checkbox, Required <table border="1"> <tr><td>0</td><td>rhem_imm_onco_endo_peds__0</td><td>None</td></tr> <tr><td>1</td><td>rhem_imm_onco_endo_peds__1</td><td>Immunodeficiency</td></tr> <tr><td>2</td><td>rhem_imm_onco_endo_peds__2</td><td>SLE</td></tr> <tr><td>3</td><td>rhem_imm_onco_endo_peds__3</td><td>Diabetes (Type 1 or 2)</td></tr> <tr><td>4</td><td>rhem_imm_onco_endo_peds__4</td><td>Leukemia/Lymphoma</td></tr> <tr><td>5</td><td>rhem_imm_onco_endo_peds__5</td><td>Solid Tumor</td></tr> <tr><td>6</td><td>rhem_imm_onco_endo_peds__6</td><td>In Remission</td></tr> <tr><td>11</td><td>rhem_imm_onco_endo_peds__11</td><td>Other</td></tr> </table>	0	rhem_imm_onco_endo_peds__0	None	1	rhem_imm_onco_endo_peds__1	Immunodeficiency	2	rhem_imm_onco_endo_peds__2	SLE	3	rhem_imm_onco_endo_peds__3	Diabetes (Type 1 or 2)	4	rhem_imm_onco_endo_peds__4	Leukemia/Lymphoma	5	rhem_imm_onco_endo_peds__5	Solid Tumor	6	rhem_imm_onco_endo_peds__6	In Remission	11	rhem_imm_onco_endo_peds__11	Other																														
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11	rhem_imm_onco_endo_peds__11	Other																																																							
64	transplant_peds Show the field ONLY if: [pediatric_pre_existing] = '1'	Transplant	checkbox, Required <table border="1"> <tr><td>0</td><td>transplant_peds__0</td><td>None</td></tr> <tr><td>1</td><td>transplant_peds__1</td><td>BMT</td></tr> <tr><td>2</td><td>transplant_peds__2</td><td>Liver Transplant</td></tr> <tr><td>3</td><td>transplant_peds__3</td><td>Heart</td></tr> <tr><td>4</td><td>transplant_peds__4</td><td>Lung</td></tr> <tr><td>5</td><td>transplant_peds__5</td><td>Kidney</td></tr> <tr><td>6</td><td>transplant_peds__6</td><td>Multivisceral</td></tr> <tr><td>11</td><td>transplant_peds__11</td><td>Other</td></tr> </table>	0	transplant_peds__0	None	1	transplant_peds__1	BMT	2	transplant_peds__2	Liver Transplant	3	transplant_peds__3	Heart	4	transplant_peds__4	Lung	5	transplant_peds__5	Kidney	6	transplant_peds__6	Multivisceral	11	transplant_peds__11	Other																														
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11	transplant_peds__11	Other																																																							
65	peds_pre_existing_others Show the field ONLY if: [cardiac_peds(11)] = '1' or [pulmonary_peds(11)] = '1' or [kidney_peds(11)] = '1' or [cns_peds(11)] = '1' or [gi_liver_peds(11)] = '1' or [rhem_imm_onco_endo_peds(11)] = '1' or [transplant_peds(11)] = '1'	Peds Pre-Existing Conditions- Others <i>For others Cardiac to other Transplant- list here in sequence</i>	notes, Required																																																						
66	pre_hospital_medication	Section Header: <i>Pre-Hospital (Home) Medications</i> Pre-Hospital (Home) Medication (check all that apply)	checkbox, Required <table border="1"> <tr><td>0</td><td>pre_hospital_medication__0</td><td>None</td></tr> <tr><td>1</td><td>pre_hospital_medication__1</td><td>Ace Inhibitor</td></tr> <tr><td>2</td><td>pre_hospital_medication__2</td><td>Angiotensin Receptor Blocker</td></tr> <tr><td>3</td><td>pre_hospital_medication__3</td><td>Antiretroviral Therapy</td></tr> <tr><td>4</td><td>pre_hospital_medication__4</td><td>Antibiotics</td></tr> <tr><td>5</td><td>pre_hospital_medication__5</td><td>Aspirin</td></tr> <tr><td>6</td><td>pre_hospital_medication__6</td><td>Chemotherapy Currently In the Last 3 Months</td></tr> <tr><td>7</td><td>pre_hospital_medication__7</td><td>Immunotherapy (I.E., CNI Mab, Thymoglobulin, Ant Proliferatives)</td></tr> <tr><td>8</td><td>pre_hospital_medication__8</td><td>Inhaled Corticosteroids</td></tr> <tr><td>9</td><td>pre_hospital_medication__9</td><td>NSAID/Ibuprofen</td></tr> <tr><td>10</td><td>pre_hospital_medication__10</td><td>Other Anti-Hypertensive Agent (Eg., Beta Blocker, Calcium Channel Blocker Diuretic)</td></tr> <tr><td>11</td><td>pre_hospital_medication__11</td><td>Paracetamol/Acetaminophen</td></tr> <tr><td>12</td><td>pre_hospital_medication__12</td><td>Proton Pump Inhibitors</td></tr> <tr><td>13</td><td>pre_hospital_medication__13</td><td>Statins</td></tr> <tr><td>14</td><td>pre_hospital_medication__14</td><td>Systemic Corticosteroids</td></tr> <tr><td>15</td><td>pre_hospital_medication__15</td><td>Anticoagulants</td></tr> <tr><td>16</td><td>pre_hospital_medication__16</td><td>Hydroxychloroquine (Plaquenil)</td></tr> <tr><td>51</td><td>pre_hospital_medication__51</td><td>Other (Please Specify)</td></tr> </table>	0	pre_hospital_medication__0	None	1	pre_hospital_medication__1	Ace Inhibitor	2	pre_hospital_medication__2	Angiotensin Receptor Blocker	3	pre_hospital_medication__3	Antiretroviral Therapy	4	pre_hospital_medication__4	Antibiotics	5	pre_hospital_medication__5	Aspirin	6	pre_hospital_medication__6	Chemotherapy Currently In the Last 3 Months	7	pre_hospital_medication__7	Immunotherapy (I.E., CNI Mab, Thymoglobulin, Ant Proliferatives)	8	pre_hospital_medication__8	Inhaled Corticosteroids	9	pre_hospital_medication__9	NSAID/Ibuprofen	10	pre_hospital_medication__10	Other Anti-Hypertensive Agent (Eg., Beta Blocker, Calcium Channel Blocker Diuretic)	11	pre_hospital_medication__11	Paracetamol/Acetaminophen	12	pre_hospital_medication__12	Proton Pump Inhibitors	13	pre_hospital_medication__13	Statins	14	pre_hospital_medication__14	Systemic Corticosteroids	15	pre_hospital_medication__15	Anticoagulants	16	pre_hospital_medication__16	Hydroxychloroquine (Plaquenil)	51	pre_hospital_medication__51	Other (Please Specify)
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51	pre_hospital_medication__51	Other (Please Specify)																																																							
67	home_medications_others Show the field ONLY if: [pre_hospital_medication(51)] = '1'	Home Medications_Others	text, Required																																																						

68	known_med_allergy	Any Known Medication Allergy	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																	
1	Yes																							
0	No																							
69	any_medication_allergy Show the field ONLY if: [known_med_allergy] = '1'	Medication Allergy Details	text, Required																					
70	social_history	Section Header: <i>Social and Vaccination History</i> Social History	checkbox, Required <table border="1"> <tr> <td>6</td> <td>social_history__6</td> <td>None</td> </tr> <tr> <td>1</td> <td>social_history__1</td> <td>Current Smoler</td> </tr> <tr> <td>2</td> <td>social_history__2</td> <td>Former Smoker</td> </tr> <tr> <td>3</td> <td>social_history__3</td> <td>Vaping</td> </tr> <tr> <td>4</td> <td>social_history__4</td> <td>Alcohol use disorder</td> </tr> <tr> <td>5</td> <td>social_history__5</td> <td>Substance use disorder</td> </tr> </table>	6	social_history__6	None	1	social_history__1	Current Smoler	2	social_history__2	Former Smoker	3	social_history__3	Vaping	4	social_history__4	Alcohol use disorder	5	social_history__5	Substance use disorder			
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71	vaccinations	Vaccinations?	checkbox, Required <table border="1"> <tr> <td>4</td> <td>vaccinations__4</td> <td>None</td> </tr> <tr> <td>1</td> <td>vaccinations__1</td> <td>Pneumococcal</td> </tr> <tr> <td>2</td> <td>vaccinations__2</td> <td>Seasonal Flu vaccine in 2019-2020</td> </tr> <tr> <td>3</td> <td>vaccinations__3</td> <td>Seasonal Flu vaccine prior to 2019</td> </tr> <tr> <td>6</td> <td>vaccinations__6</td> <td>BCG (For TB-Tuberculosis)</td> </tr> <tr> <td>5</td> <td>vaccinations__5</td> <td>Unknown</td> </tr> <tr> <td>11</td> <td>vaccinations__11</td> <td>Others</td> </tr> </table>	4	vaccinations__4	None	1	vaccinations__1	Pneumococcal	2	vaccinations__2	Seasonal Flu vaccine in 2019-2020	3	vaccinations__3	Seasonal Flu vaccine prior to 2019	6	vaccinations__6	BCG (For TB-Tuberculosis)	5	vaccinations__5	Unknown	11	vaccinations__11	Others
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11	vaccinations__11	Others																						
72	other_vaccination Show the field ONLY if: [vaccinations(11)] = '1'	Other_Vaccination	text																					

73	admission_diagnosis	<p>Section Header: <i>COVID-19 Diagnosis and Complications</i></p> <p>Admission Diagnosis/Complications (check all that apply)</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>admission_diagnosis__1</td><td>Acute Hypoxic Respiratory Failure (Non-ARDS)</td></tr> <tr><td>2</td><td>admission_diagnosis__2</td><td>Acute Liver Injury</td></tr> <tr><td>3</td><td>admission_diagnosis__3</td><td>Acute Myocardial Infarction</td></tr> <tr><td>4</td><td>admission_diagnosis__4</td><td>Acute Renal Failure Requiring Hemofiltration</td></tr> <tr><td>5</td><td>admission_diagnosis__5</td><td>Acute Renal Injury, No Hemofiltration</td></tr> <tr><td>6</td><td>admission_diagnosis__6</td><td>ARDS</td></tr> <tr><td>7</td><td>admission_diagnosis__7</td><td>Bacteremia</td></tr> <tr><td>8</td><td>admission_diagnosis__8</td><td>Bacterial Pneumonia</td></tr> <tr><td>9</td><td>admission_diagnosis__9</td><td>Cardiac Arrest</td></tr> <tr><td>10</td><td>admission_diagnosis__10</td><td>Cardiac Arrhythmia: Atrial Fibrillation</td></tr> <tr><td>11</td><td>admission_diagnosis__11</td><td>Cardiac Arrhythmia: Heart Block</td></tr> <tr><td>12</td><td>admission_diagnosis__12</td><td>Cardiac Arrhythmia: Torsades Des Point</td></tr> <tr><td>13</td><td>admission_diagnosis__13</td><td>Cardiac Arrhythmia: Ventricular Tachycardia</td></tr> <tr><td>14</td><td>admission_diagnosis__14</td><td>Congestive Heart Failure / Cardiomyopathy</td></tr> <tr><td>15</td><td>admission_diagnosis__15</td><td>Delirium / Encephalopathy</td></tr> <tr><td>16</td><td>admission_diagnosis__16</td><td>Disseminated Intravascular Coagulation</td></tr> <tr><td>17</td><td>admission_diagnosis__17</td><td>Gastrointestinal Hemorrhage</td></tr> <tr><td>18</td><td>admission_diagnosis__18</td><td>Hyperglycemia</td></tr> <tr><td>19</td><td>admission_diagnosis__19</td><td>Hypoglycemia</td></tr> <tr><td>20</td><td>admission_diagnosis__20</td><td>Meningitis/Encephalitis</td></tr> <tr><td>21</td><td>admission_diagnosis__21</td><td>Myocarditis</td></tr> <tr><td>22</td><td>admission_diagnosis__22</td><td>Pneumothorax</td></tr> <tr><td>23</td><td>admission_diagnosis__23</td><td>Pleural Effusion</td></tr> <tr><td>24</td><td>admission_diagnosis__24</td><td>Rhabdomyolysis / Myositis</td></tr> <tr><td>25</td><td>admission_diagnosis__25</td><td>Seizure</td></tr> <tr><td>26</td><td>admission_diagnosis__26</td><td>Sepsis</td></tr> <tr><td>27</td><td>admission_diagnosis__27</td><td>Shock</td></tr> <tr><td>28</td><td>admission_diagnosis__28</td><td>Stroke</td></tr> <tr><td>31</td><td>admission_diagnosis__31</td><td>Other (Please List All)</td></tr> </table>	1	admission_diagnosis__1	Acute Hypoxic Respiratory Failure (Non-ARDS)	2	admission_diagnosis__2	Acute Liver Injury	3	admission_diagnosis__3	Acute Myocardial Infarction	4	admission_diagnosis__4	Acute Renal Failure Requiring Hemofiltration	5	admission_diagnosis__5	Acute Renal Injury, No Hemofiltration	6	admission_diagnosis__6	ARDS	7	admission_diagnosis__7	Bacteremia	8	admission_diagnosis__8	Bacterial Pneumonia	9	admission_diagnosis__9	Cardiac Arrest	10	admission_diagnosis__10	Cardiac Arrhythmia: Atrial Fibrillation	11	admission_diagnosis__11	Cardiac Arrhythmia: Heart Block	12	admission_diagnosis__12	Cardiac Arrhythmia: Torsades Des Point	13	admission_diagnosis__13	Cardiac Arrhythmia: Ventricular Tachycardia	14	admission_diagnosis__14	Congestive Heart Failure / Cardiomyopathy	15	admission_diagnosis__15	Delirium / Encephalopathy	16	admission_diagnosis__16	Disseminated Intravascular Coagulation	17	admission_diagnosis__17	Gastrointestinal Hemorrhage	18	admission_diagnosis__18	Hyperglycemia	19	admission_diagnosis__19	Hypoglycemia	20	admission_diagnosis__20	Meningitis/Encephalitis	21	admission_diagnosis__21	Myocarditis	22	admission_diagnosis__22	Pneumothorax	23	admission_diagnosis__23	Pleural Effusion	24	admission_diagnosis__24	Rhabdomyolysis / Myositis	25	admission_diagnosis__25	Seizure	26	admission_diagnosis__26	Sepsis	27	admission_diagnosis__27	Shock	28	admission_diagnosis__28	Stroke	31	admission_diagnosis__31	Other (Please List All)
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74	<p>other_admission_diagnosis</p> <p>Show the field ONLY if: [admission_diagnosis(31)] = '1'</p>	Other- Admission Diagnosis	text, Required																																																																																							
75	<p>ards_type</p> <p>Show the field ONLY if: [admission_diagnosis(6)] = '1'</p>	<p>ARDS Type</p> <p>(<a href="https://www.medscape.com/answers/168402-27299/what-are-the-classifications-of-acute-respiratory-distress-syndrome-ards-in-sepsis/septic-shock">https://www.medscape.com/answers/168402-27299/what-are-the-classifications-of-acute-respiratory-distress-syndrome-ards-in-sepsis/septic-shock</a>)</p>	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Mild (P:F 200-300)</td></tr> <tr><td>2</td><td>Moderate (P:F 100-199)</td></tr> <tr><td>3</td><td>Severe (P:F&lt; 100)</td></tr> </table>	1	Mild (P:F 200-300)	2	Moderate (P:F 100-199)	3	Severe (P:F< 100)																																																																																	
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76	<p>type_of_shock</p> <p>Show the field ONLY if: [admission_diagnosis(27)] = '1'</p>	Type of Shock	<p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>Distributive Shock (Due To Infections)</td></tr> <tr><td>2</td><td>Hypovolemic Shock (Caused By Too Little Blood Volume)</td></tr> <tr><td>3</td><td>Anaphylactic Shock (Caused By Allergic Reaction)</td></tr> <tr><td>4</td><td>Cardiogenic Shock (Due To Heart Problems)</td></tr> <tr><td>5</td><td>Neurogenic Shock (Caused By Damage To The Nervous System)</td></tr> </table>	1	Distributive Shock (Due To Infections)	2	Hypovolemic Shock (Caused By Too Little Blood Volume)	3	Anaphylactic Shock (Caused By Allergic Reaction)	4	Cardiogenic Shock (Due To Heart Problems)	5	Neurogenic Shock (Caused By Damage To The Nervous System)																																																																													
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77	baseline_code_status	Hospital/ICU admission 'limitation to life support interventions' status (code status) - Baseline	dropdown <table border="1"> <tr><td>1</td><td>Full Code</td></tr> <tr><td>2</td><td>No Chest Compression (DNR), but Intubation Okay</td></tr> <tr><td>3</td><td>No Intubation (DNI), but chest compression Okay</td></tr> <tr><td>4</td><td>DNI and DNR both</td></tr> <tr><td>5</td><td>Unknown</td></tr> </table>	1	Full Code	2	No Chest Compression (DNR), but Intubation Okay	3	No Intubation (DNI), but chest compression Okay	4	DNI and DNR both	5	Unknown					
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78	comment_core_ii	Comment_Core Data II	notes															
79	core_data_ii_demographics_symptoms_premeds_history_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete									
0	Incomplete																	
1	Unverified																	
2	Complete																	
Instrument: <b>Core Data III (Microbiology, Misc Tests)</b> (core_data_iii_microbiology_misc_tests)			<a href="#">^ Collapse</a>															
80	was_pathogen_testing_done	Section Header: <i>Microbiology Data</i> Was Other Pathogen Testing Done During This Illness Episode?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
81	influenza_rsv_pcr_performed <small>Show the field ONLY if: [was_pathogen_testing_done] = '1'</small>	Influenza/RSV PCR performed	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
82	date_of_influenza_rsv_pcr <small>Show the field ONLY if: [influenza_rsv_pcr_performed] = '1'</small>	Which Hospital Day influenza/RSV PCR Was Done <small>-3 -2, -1, ..1 or 2 or 3 or 4...</small>	text (number), Required															
83	actual_date_of_influenza_rsv_pcr <small>Show the field ONLY if: [influenza_rsv_pcr_performed] = '1'</small>	Date of influenza/RSV PCR Was Done (if your IRB allows to enter date)	text (date_dmy)															
84	influenza_rsv_pcr_positive <small>Show the field ONLY if: [influenza_rsv_pcr_performed] = '1'</small>	Influenza/RSV PCR Positive	dropdown, Required <table border="1"> <tr><td>1</td><td>Yes Confirmed</td></tr> <tr><td>2</td><td>Yes Probable</td></tr> <tr><td>3</td><td>No</td></tr> </table>	1	Yes Confirmed	2	Yes Probable	3	No									
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85	influenza_rsv_pcr_test_res <small>Show the field ONLY if: [influenza_rsv_pcr_positive] = '1' or [influenza_rsv_pcr_positive] = '2'</small>	Influenza/RSV PCR Test Results	checkbox, Required <table border="1"> <tr><td>1</td><td>influenza_rsv_pcr_test_res__1</td><td>Influenza A</td></tr> <tr><td>2</td><td>influenza_rsv_pcr_test_res__2</td><td>Influenza B</td></tr> <tr><td>3</td><td>influenza_rsv_pcr_test_res__3</td><td>RSV</td></tr> <tr><td>4</td><td>influenza_rsv_pcr_test_res__4</td><td>None</td></tr> </table>	1	influenza_rsv_pcr_test_res__1	Influenza A	2	influenza_rsv_pcr_test_res__2	Influenza B	3	influenza_rsv_pcr_test_res__3	RSV	4	influenza_rsv_pcr_test_res__4	None			
1	influenza_rsv_pcr_test_res__1	Influenza A																
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3	influenza_rsv_pcr_test_res__3	RSV																
4	influenza_rsv_pcr_test_res__4	None																
86	type_of_influenza_a <small>Show the field ONLY if: [influenza_rsv_pcr_test_res(1)] = '1'</small>	Type of Influenza A	checkbox, Required <table border="1"> <tr><td>1</td><td>type_of_influenza_a__1</td><td>A/H3N2</td></tr> <tr><td>2</td><td>type_of_influenza_a__2</td><td>A/H1N1pdm09</td></tr> <tr><td>3</td><td>type_of_influenza_a__3</td><td>A/H7N9</td></tr> <tr><td>4</td><td>type_of_influenza_a__4</td><td>A/H5N1</td></tr> <tr><td>5</td><td>type_of_influenza_a__5</td><td>A, not typed</td></tr> </table>	1	type_of_influenza_a__1	A/H3N2	2	type_of_influenza_a__2	A/H1N1pdm09	3	type_of_influenza_a__3	A/H7N9	4	type_of_influenza_a__4	A/H5N1	5	type_of_influenza_a__5	A, not typed
1	type_of_influenza_a__1	A/H3N2																
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4	type_of_influenza_a__4	A/H5N1																
5	type_of_influenza_a__5	A, not typed																
87	respiratory_viral_panel_performed <small>Show the field ONLY if: [was_pathogen_testing_done] = '1'</small>	Respiratory Viral Panel (RVP) Performed	dropdown, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No											
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2	No																	
88	date_of_rvp_pcr <small>Show the field ONLY if: [respiratory_viral_panel_performed] = '1'</small>	Which Hospital Day RVP PCR Was Done? <small>1 or 2 or 3 or 4...</small>	text (number), Required															
89	actual_date_of_rvp_pcr <small>Show the field ONLY if: [respiratory_viral_panel_performed] = '1'</small>	Date of RVP PCR Done? (if your IRB allows)	text (date_dmy)															
90	rvp_pcr_positive <small>Show the field ONLY if: [respiratory_viral_panel_performed] = '1'</small>	RVP PCR Positive	dropdown <table border="1"> <tr><td>1</td><td>Yes Confirmed</td></tr> <tr><td>2</td><td>Yes Probable</td></tr> <tr><td>3</td><td>No</td></tr> </table>	1	Yes Confirmed	2	Yes Probable	3	No									
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91	<p>rvp_pathogens_detected</p> <p>Show the field ONLY if: [rvp_pcr_positive] = '1' or [rvp_pcr_positive] = '2'</p>	RVP Pathogens Detected	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>rvp_pathogens_detected__1</td><td>Adenovirus B/E</td></tr> <tr><td>2</td><td>rvp_pathogens_detected__2</td><td>Adenovirus C</td></tr> <tr><td>3</td><td>rvp_pathogens_detected__3</td><td>Bordetella Holmesii</td></tr> <tr><td>4</td><td>rvp_pathogens_detected__4</td><td>Bordetella Parapertussis/B. Bronchiseptica</td></tr> <tr><td>5</td><td>rvp_pathogens_detected__5</td><td>Bordetella Pertussis</td></tr> <tr><td>6</td><td>rvp_pathogens_detected__6</td><td>Chlamydomphila Pneumoniae,</td></tr> <tr><td>7</td><td>rvp_pathogens_detected__7</td><td>Coronavirus 229E</td></tr> <tr><td>8</td><td>rvp_pathogens_detected__8</td><td>Coronavirus HKU1</td></tr> <tr><td>9</td><td>rvp_pathogens_detected__9</td><td>Coronavirus NL63</td></tr> <tr><td>10</td><td>rvp_pathogens_detected__10</td><td>Coronavirus OC43</td></tr> <tr><td>11</td><td>rvp_pathogens_detected__11</td><td>Human Metapneumovirus</td></tr> <tr><td>12</td><td>rvp_pathogens_detected__12</td><td>Human Rhinovirus/Enterovirus</td></tr> <tr><td>13</td><td>rvp_pathogens_detected__13</td><td>Influenza A H1</td></tr> <tr><td>14</td><td>rvp_pathogens_detected__14</td><td>Influenza A H3</td></tr> <tr><td>15</td><td>rvp_pathogens_detected__15</td><td>Influenza A Subtypes 2009H1N1</td></tr> <tr><td>16</td><td>rvp_pathogens_detected__16</td><td>Influenza A</td></tr> <tr><td>17</td><td>rvp_pathogens_detected__17</td><td>Influenza B</td></tr> <tr><td>18</td><td>rvp_pathogens_detected__18</td><td>Mycoplasma Pneumoniae</td></tr> <tr><td>19</td><td>rvp_pathogens_detected__19</td><td>Parainfluenza Virus Types 1</td></tr> <tr><td>20</td><td>rvp_pathogens_detected__20</td><td>Parainfluenza Virus Types 2</td></tr> <tr><td>21</td><td>rvp_pathogens_detected__21</td><td>Parainfluenza Virus Types 3</td></tr> <tr><td>22</td><td>rvp_pathogens_detected__22</td><td>Parainfluenza Virus Types 4</td></tr> <tr><td>23</td><td>rvp_pathogens_detected__23</td><td>Respiratory Syncytial Virus</td></tr> <tr><td>25</td><td>rvp_pathogens_detected__25</td><td>None</td></tr> </table>	1	rvp_pathogens_detected__1	Adenovirus B/E	2	rvp_pathogens_detected__2	Adenovirus C	3	rvp_pathogens_detected__3	Bordetella Holmesii	4	rvp_pathogens_detected__4	Bordetella Parapertussis/B. Bronchiseptica	5	rvp_pathogens_detected__5	Bordetella Pertussis	6	rvp_pathogens_detected__6	Chlamydomphila Pneumoniae,	7	rvp_pathogens_detected__7	Coronavirus 229E	8	rvp_pathogens_detected__8	Coronavirus HKU1	9	rvp_pathogens_detected__9	Coronavirus NL63	10	rvp_pathogens_detected__10	Coronavirus OC43	11	rvp_pathogens_detected__11	Human Metapneumovirus	12	rvp_pathogens_detected__12	Human Rhinovirus/Enterovirus	13	rvp_pathogens_detected__13	Influenza A H1	14	rvp_pathogens_detected__14	Influenza A H3	15	rvp_pathogens_detected__15	Influenza A Subtypes 2009H1N1	16	rvp_pathogens_detected__16	Influenza A	17	rvp_pathogens_detected__17	Influenza B	18	rvp_pathogens_detected__18	Mycoplasma Pneumoniae	19	rvp_pathogens_detected__19	Parainfluenza Virus Types 1	20	rvp_pathogens_detected__20	Parainfluenza Virus Types 2	21	rvp_pathogens_detected__21	Parainfluenza Virus Types 3	22	rvp_pathogens_detected__22	Parainfluenza Virus Types 4	23	rvp_pathogens_detected__23	Respiratory Syncytial Virus	25	rvp_pathogens_detected__25	None
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0	No																																																																										
93	<p>date_brp</p> <p>Show the field ONLY if: [biofire_respiratory_panel] = '1'</p>	<p>Which Hospital Day BRP Was performed? <i>1 or 2 or 3 or 4...</i></p>	text (number), Required																																																																								
94	<p>actual_date_brp</p> <p>Show the field ONLY if: [biofire_respiratory_panel] = '1'</p>	Date of BRP performed? (If IRB allows the date)	text (date_dmy)																																																																								
95	<p>brp_pos</p> <p>Show the field ONLY if: [biofire_respiratory_panel] = '1'</p>	BRP positive?	<p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>Yes Confirmed</td></tr> <tr><td>2</td><td>Yes Probable</td></tr> <tr><td>3</td><td>No</td></tr> </table>	1	Yes Confirmed	2	Yes Probable	3	No																																																																		
1	Yes Confirmed																																																																										
2	Yes Probable																																																																										
3	No																																																																										

96	brp_pathogens_detected Show the field ONLY if: [brp_pos] = '1' or [brp_pos] = '2'	BRP- pathogens detected	checkbox, Required <table border="1"> <tr><td>1</td><td>brp_pathogens_detected__1</td><td>Adenovirus</td></tr> <tr><td>2</td><td>brp_pathogens_detected__2</td><td>Bordetella parapertussis*</td></tr> <tr><td>3</td><td>brp_pathogens_detected__3</td><td>Bordetella pertussis</td></tr> <tr><td>4</td><td>brp_pathogens_detected__4</td><td>Chlamydia pneumoniae</td></tr> <tr><td>5</td><td>brp_pathogens_detected__5</td><td>Coronavirus 229E</td></tr> <tr><td>6</td><td>brp_pathogens_detected__6</td><td>Coronavirus HKU1</td></tr> <tr><td>7</td><td>brp_pathogens_detected__7</td><td>Coronavirus NL63</td></tr> <tr><td>8</td><td>brp_pathogens_detected__8</td><td>Coronavirus OC43</td></tr> <tr><td>9</td><td>brp_pathogens_detected__9</td><td>Human Metapneumovirus</td></tr> <tr><td>10</td><td>brp_pathogens_detected__10</td><td>Human Rhinovirus/Enterovirus</td></tr> <tr><td>11</td><td>brp_pathogens_detected__11</td><td>Influenza A</td></tr> <tr><td>12</td><td>brp_pathogens_detected__12</td><td>Influenza A/H1</td></tr> <tr><td>13</td><td>brp_pathogens_detected__13</td><td>Influenza A/H1-2009</td></tr> <tr><td>14</td><td>brp_pathogens_detected__14</td><td>Influenza A/H3</td></tr> <tr><td>15</td><td>brp_pathogens_detected__15</td><td>Influenza B</td></tr> <tr><td>16</td><td>brp_pathogens_detected__16</td><td>Mycoplasma pneumoniae</td></tr> <tr><td>17</td><td>brp_pathogens_detected__17</td><td>Parainfluenza Virus 1</td></tr> <tr><td>18</td><td>brp_pathogens_detected__18</td><td>Parainfluenza Virus 2</td></tr> <tr><td>19</td><td>brp_pathogens_detected__19</td><td>Parainfluenza Virus 3</td></tr> <tr><td>20</td><td>brp_pathogens_detected__20</td><td>Parainfluenza Virus 4</td></tr> <tr><td>21</td><td>brp_pathogens_detected__21</td><td>Respiratory Syncytial Virus (RSV)</td></tr> <tr><td>25</td><td>brp_pathogens_detected__25</td><td>None</td></tr> </table>	1	brp_pathogens_detected__1	Adenovirus	2	brp_pathogens_detected__2	Bordetella parapertussis*	3	brp_pathogens_detected__3	Bordetella pertussis	4	brp_pathogens_detected__4	Chlamydia pneumoniae	5	brp_pathogens_detected__5	Coronavirus 229E	6	brp_pathogens_detected__6	Coronavirus HKU1	7	brp_pathogens_detected__7	Coronavirus NL63	8	brp_pathogens_detected__8	Coronavirus OC43	9	brp_pathogens_detected__9	Human Metapneumovirus	10	brp_pathogens_detected__10	Human Rhinovirus/Enterovirus	11	brp_pathogens_detected__11	Influenza A	12	brp_pathogens_detected__12	Influenza A/H1	13	brp_pathogens_detected__13	Influenza A/H1-2009	14	brp_pathogens_detected__14	Influenza A/H3	15	brp_pathogens_detected__15	Influenza B	16	brp_pathogens_detected__16	Mycoplasma pneumoniae	17	brp_pathogens_detected__17	Parainfluenza Virus 1	18	brp_pathogens_detected__18	Parainfluenza Virus 2	19	brp_pathogens_detected__19	Parainfluenza Virus 3	20	brp_pathogens_detected__20	Parainfluenza Virus 4	21	brp_pathogens_detected__21	Respiratory Syncytial Virus (RSV)	25	brp_pathogens_detected__25	None
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21	brp_pathogens_detected__21	Respiratory Syncytial Virus (RSV)																																																																			
25	brp_pathogens_detected__25	None																																																																			
97	bpp_performed Show the field ONLY if: [was_pathogen_testing_done] = '1'	Biofire Pneumonia Panel (BPP) Performed	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																														
1	Yes																																																																				
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98	date_bpp Show the field ONLY if: [bpp_performed] = '1'	Which Hospital Day BPP Was Performed? <i>1 or 2 or 3 or 4...</i>	text (number), Required																																																																		
99	actual_date_bpp Show the field ONLY if: [bpp_performed] = '1'	Date of BPP Performed? (If IRB allows for date)	text (date_dmy)																																																																		
100	bpp_positive Show the field ONLY if: [bpp_performed] = '1'	BPP positive	dropdown, Required <table border="1"> <tr><td>1</td><td>Yes Confirmed</td></tr> <tr><td>2</td><td>Yes Probable</td></tr> <tr><td>3</td><td>No</td></tr> </table>	1	Yes Confirmed	2	Yes Probable	3	No																																																												
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101	<p>bpp_pathogens</p> <p>Show the field ONLY if: [bpp_positive] = '1' or [bpp_posit ive] = '2'</p>	BPP Pathogens	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>bpp_pathogens__1</td><td>Adenovirus</td></tr> <tr><td>2</td><td>bpp_pathogens__2</td><td>Coronavirus</td></tr> <tr><td>3</td><td>bpp_pathogens__3</td><td>Metapneumovirus</td></tr> <tr><td>4</td><td>bpp_pathogens__4</td><td>Rhinovirus/Enterovirus</td></tr> <tr><td>5</td><td>bpp_pathogens__5</td><td>Influenza A</td></tr> <tr><td>6</td><td>bpp_pathogens__6</td><td>Influenza B</td></tr> <tr><td>7</td><td>bpp_pathogens__7</td><td>Parainfluenza</td></tr> <tr><td>8</td><td>bpp_pathogens__8</td><td>Respiratory Syncytial Virus</td></tr> <tr><td>9</td><td>bpp_pathogens__9</td><td>Acinetobacter</td></tr> <tr><td>10</td><td>bpp_pathogens__10</td><td>Enterobacter</td></tr> <tr><td>11</td><td>bpp_pathogens__11</td><td>Escherichia coli</td></tr> <tr><td>12</td><td>bpp_pathogens__12</td><td>Haemophilus influenzae</td></tr> <tr><td>13</td><td>bpp_pathogens__13</td><td>Klebsiella</td></tr> <tr><td>14</td><td>bpp_pathogens__14</td><td>Moraxella</td></tr> <tr><td>15</td><td>bpp_pathogens__15</td><td>Proteus</td></tr> <tr><td>16</td><td>bpp_pathogens__16</td><td>Pseudomonas</td></tr> <tr><td>17</td><td>bpp_pathogens__17</td><td>Serratia marcescens</td></tr> <tr><td>18</td><td>bpp_pathogens__18</td><td>Staphylococcus aureus</td></tr> <tr><td>19</td><td>bpp_pathogens__19</td><td>Streptococcus</td></tr> <tr><td>20</td><td>bpp_pathogens__20</td><td>Chlamydia</td></tr> <tr><td>21</td><td>bpp_pathogens__21</td><td>Mycoplasma</td></tr> <tr><td>22</td><td>bpp_pathogens__22</td><td>Legionella</td></tr> <tr><td>25</td><td>bpp_pathogens__25</td><td>None</td></tr> </table>	1	bpp_pathogens__1	Adenovirus	2	bpp_pathogens__2	Coronavirus	3	bpp_pathogens__3	Metapneumovirus	4	bpp_pathogens__4	Rhinovirus/Enterovirus	5	bpp_pathogens__5	Influenza A	6	bpp_pathogens__6	Influenza B	7	bpp_pathogens__7	Parainfluenza	8	bpp_pathogens__8	Respiratory Syncytial Virus	9	bpp_pathogens__9	Acinetobacter	10	bpp_pathogens__10	Enterobacter	11	bpp_pathogens__11	Escherichia coli	12	bpp_pathogens__12	Haemophilus influenzae	13	bpp_pathogens__13	Klebsiella	14	bpp_pathogens__14	Moraxella	15	bpp_pathogens__15	Proteus	16	bpp_pathogens__16	Pseudomonas	17	bpp_pathogens__17	Serratia marcescens	18	bpp_pathogens__18	Staphylococcus aureus	19	bpp_pathogens__19	Streptococcus	20	bpp_pathogens__20	Chlamydia	21	bpp_pathogens__21	Mycoplasma	22	bpp_pathogens__22	Legionella	25	bpp_pathogens__25	None
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25	bpp_pathogens__25	None																																																																						
102	<p>other_infectious_respirato</p> <p>Show the field ONLY if: [was_pathogen_testing_done] = '1'</p>	Other Infectious Respiratory Diagnosis	<p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>Yes Confirmed</td></tr> <tr><td>2</td><td>Yes Probable</td></tr> <tr><td>3</td><td>No</td></tr> </table>	1	Yes Confirmed	2	Yes Probable	3	No																																																															
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103	<p>other_inf_res</p> <p>Show the field ONLY if: [other_infectious_respirato] = '1' or [other_infectious_respirato] = '2'</p>	Other Infectious Respiratory diagnosis, specify	text, Required																																																																					
104	<p>any_other_pos</p>	<p>Any of These Positive? (check all that apply) <i>if HIV status is protected in your state - don't check it</i></p>	<p>checkbox, Required</p> <table border="1"> <tr><td>0</td><td>any_other_pos__0</td><td>None</td></tr> <tr><td>1</td><td>any_other_pos__1</td><td>HIV</td></tr> <tr><td>2</td><td>any_other_pos__2</td><td>Hepatitis B</td></tr> <tr><td>3</td><td>any_other_pos__3</td><td>Hepatitis C</td></tr> <tr><td>4</td><td>any_other_pos__4</td><td>TB (Tuberculosis)</td></tr> <tr><td>5</td><td>any_other_pos__5</td><td>Not done</td></tr> <tr><td>11</td><td>any_other_pos__11</td><td>Others</td></tr> </table>	0	any_other_pos__0	None	1	any_other_pos__1	HIV	2	any_other_pos__2	Hepatitis B	3	any_other_pos__3	Hepatitis C	4	any_other_pos__4	TB (Tuberculosis)	5	any_other_pos__5	Not done	11	any_other_pos__11	Others																																																
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11	any_other_pos__11	Others																																																																						
105	<p>others_anything_else</p> <p>Show the field ONLY if: [any_other_pos(11)] = '1'</p>	Others_write	text, Required																																																																					
106	<p>viral_load_undetectable</p> <p>Show the field ONLY if: [any_other_pos(1)] = '1' and [any _other_pos(2)] = '1' and [any_oth er_pos(3)] = '1'</p>	Viral load undetectable	<p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																																	
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0	No																																																																							



107	test_other_performed	Are Any of These Tests Performed ? (check all that apply)	checkbox, Required <table border="1"> <tr><td>1</td><td>test_other_performed__1</td><td>CMV PCR</td></tr> <tr><td>2</td><td>test_other_performed__2</td><td>Cryptococcal Antigen</td></tr> <tr><td>3</td><td>test_other_performed__3</td><td>Histoplasma Urine Antigen</td></tr> <tr><td>4</td><td>test_other_performed__4</td><td>Legionella UAg</td></tr> <tr><td>5</td><td>test_other_performed__5</td><td>Monospot</td></tr> <tr><td>6</td><td>test_other_performed__6</td><td>PCP PCR</td></tr> <tr><td>11</td><td>test_other_performed__11</td><td>None</td></tr> </table>	1	test_other_performed__1	CMV PCR	2	test_other_performed__2	Cryptococcal Antigen	3	test_other_performed__3	Histoplasma Urine Antigen	4	test_other_performed__4	Legionella UAg	5	test_other_performed__5	Monospot	6	test_other_performed__6	PCP PCR	11	test_other_performed__11	None
1	test_other_performed__1	CMV PCR																						
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5	test_other_performed__5	Monospot																						
6	test_other_performed__6	PCP PCR																						
11	test_other_performed__11	None																						
108	test_other_positive Show the field ONLY if: [test_other_performed(1)] = '1' or [test_other_performed(2)] = '1' or [test_other_performed(3)] = '1' or [test_other_performed(4)] = '1' or [test_other_performed(5)] = '1'	Are Any of These Tests Positive ? (check all that apply)	checkbox, Required <table border="1"> <tr><td>1</td><td>test_other_positive__1</td><td>CMV PCR</td></tr> <tr><td>2</td><td>test_other_positive__2</td><td>Cryptococcal Antigen</td></tr> <tr><td>3</td><td>test_other_positive__3</td><td>Histoplasma Urine Antigen</td></tr> <tr><td>4</td><td>test_other_positive__4</td><td>Legionella UAg</td></tr> <tr><td>5</td><td>test_other_positive__5</td><td>Monospot</td></tr> <tr><td>6</td><td>test_other_positive__6</td><td>PCP PCR</td></tr> <tr><td>11</td><td>test_other_positive__11</td><td>None</td></tr> </table>	1	test_other_positive__1	CMV PCR	2	test_other_positive__2	Cryptococcal Antigen	3	test_other_positive__3	Histoplasma Urine Antigen	4	test_other_positive__4	Legionella UAg	5	test_other_positive__5	Monospot	6	test_other_positive__6	PCP PCR	11	test_other_positive__11	None
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11	test_other_positive__11	None																						
109	cmv_pcr_value Show the field ONLY if: [test_other_positive(1)] = '1'	CMV PCR Value	text, Required																					
110	blood_cultures_performed	Blood Cultures Performed?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																	
1	Yes																							
0	No																							
111	blood_cultures_positive Show the field ONLY if: [blood_cultures_performed] = "1"	Blood Cultures Positive?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																	
1	Yes																							
0	No																							
112	date_blood_cultures Show the field ONLY if: [blood_cultures_positive] = "1"	Which Hospital Day(s) Positive Blood Cultures Performed?	text, Required																					
113	positive_blood_culture_org Show the field ONLY if: [blood_cultures_positive] = "1"	Positive Blood Culture Organism?	text, Required																					
114	sputum_cultures_performed	Sputum Culture Performed?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																	
1	Yes																							
0	No																							
115	sputum_culture_positive Show the field ONLY if: [sputum_cultures_performed] = "1"	Sputum Culture Positive?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																	
1	Yes																							
0	No																							
116	date_sputum_cultures Show the field ONLY if: [sputum_culture_positive] = "1"	Which Hospital Day(s) Positive Sputum Culture Performed?	text, Required																					
117	positive_sputum_culture_or Show the field ONLY if: [sputum_culture_positive] = "1"	Positive Sputum Culture Organism?	text, Required																					
118	urine_culture_performed	Urine Culture Performed?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																	
1	Yes																							
0	No																							
119	urine_culture_positive Show the field ONLY if: [urine_culture_performed] = "1"	Urine Culture Positive?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																	
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0	No																							
120	date_urine_culture Show the field ONLY if: [urine_culture_positive] = "1"	Which Hospital Day(s) Positive Urine Culture Performed?	text, Required																					

121	urine_culture_organism Show the field ONLY if: [urine_culture_positive] = "1"	Urine Culture Organism?	text, Required																											
122	blood_type	Section Header: <i>Blood Group &amp; Type</i> Blood Type	dropdown, Required <table border="1"> <tr><td>0</td><td>Not known</td></tr> <tr><td>1</td><td>A</td></tr> <tr><td>2</td><td>B</td></tr> <tr><td>3</td><td>AB</td></tr> <tr><td>4</td><td>O</td></tr> </table>	0	Not known	1	A	2	B	3	AB	4	O																	
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1	A																													
2	B																													
3	AB																													
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123	rh_type_d_antigen Show the field ONLY if: [blood_type] = '1' or [blood_type] = '2' or [blood_type] = '3' or [blood_d_type] = '4'	Rh type (D Antigen)	dropdown, Required <table border="1"> <tr><td>0</td><td>Negative (-)</td></tr> <tr><td>1</td><td>Positive (+)</td></tr> </table>	0	Negative (-)	1	Positive (+)																							
0	Negative (-)																													
1	Positive (+)																													
124	comment_core_iii	Comment Core Data III	notes																											
125	core_data_iii_microbiology_misc_tests_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																					
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Instrument: <b>Core Data IV (Daily- Imaging, MV)</b> (core_data_iv_daily_imaging_mv)			<a href="#">^ Collapse</a>																											
126	hospital_day_core_iv	Section Header: <i>Imaging Data</i> Hospital Day 1, 2, 3, 4, 5...	text (number), Required																											
127	icu_day_core_iv	ICU Day 1, 2, 3, 4, 5..... (Write NA if not in ICU)	text, Required																											
128	peformed	Are any of these performed today (Check all that apply)	checkbox, Required <table border="1"> <tr><td>0</td><td>peformed__0</td><td>None</td></tr> <tr><td>1</td><td>peformed__1</td><td>Chest X-ray</td></tr> <tr><td>2</td><td>peformed__2</td><td>CT Chest</td></tr> <tr><td>3</td><td>peformed__3</td><td>Lung US</td></tr> <tr><td>4</td><td>peformed__4</td><td>Cardiac Echo</td></tr> <tr><td>11</td><td>peformed__11</td><td>Others</td></tr> </table>	0	peformed__0	None	1	peformed__1	Chest X-ray	2	peformed__2	CT Chest	3	peformed__3	Lung US	4	peformed__4	Cardiac Echo	11	peformed__11	Others									
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3	peformed__3	Lung US																												
4	peformed__4	Cardiac Echo																												
11	peformed__11	Others																												
129	imaging_others Show the field ONLY if: [peformed(11)] = '1'	Imaging_Others	text, Required																											
130	were_infiltrates_present Show the field ONLY if: [peformed(1)] = '1'	Were infiltrates present?	dropdown, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No																							
1	Yes																													
2	No																													
131	cxr_pattern Show the field ONLY if: [were_infiltrates_present] = '1'	CXR pattern	checkbox, Required <table border="1"> <tr><td>1</td><td>cxr_pattern__1</td><td>Interstitial pattern</td></tr> <tr><td>2</td><td>cxr_pattern__2</td><td>Opacities</td></tr> <tr><td>3</td><td>cxr_pattern__3</td><td>Multifocal</td></tr> <tr><td>4</td><td>cxr_pattern__4</td><td>Bilateral</td></tr> <tr><td>5</td><td>cxr_pattern__5</td><td>Pleural effusion</td></tr> </table>	1	cxr_pattern__1	Interstitial pattern	2	cxr_pattern__2	Opacities	3	cxr_pattern__3	Multifocal	4	cxr_pattern__4	Bilateral	5	cxr_pattern__5	Pleural effusion												
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5	cxr_pattern__5	Pleural effusion																												
132	ct_chest_abnormal Show the field ONLY if: [peformed(2)] = '1'	CT Chest abnormal	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																							
1	Yes																													
0	No																													
133	ct_chest_pattern Show the field ONLY if: [ct_chest_abnormal] = '1'	CT chest pattern	checkbox, Required <table border="1"> <tr><td>1</td><td>ct_chest_pattern__1</td><td>Ground Glass Opacity (GGO)</td></tr> <tr><td>2</td><td>ct_chest_pattern__2</td><td>Crazy paving</td></tr> <tr><td>3</td><td>ct_chest_pattern__3</td><td>Multifocal</td></tr> <tr><td>4</td><td>ct_chest_pattern__4</td><td>Bilateral</td></tr> <tr><td>5</td><td>ct_chest_pattern__5</td><td>Lymphadenopathy (LAP)</td></tr> <tr><td>6</td><td>ct_chest_pattern__6</td><td>Pleural effusion</td></tr> <tr><td>7</td><td>ct_chest_pattern__7</td><td>Opacity</td></tr> <tr><td>8</td><td>ct_chest_pattern__8</td><td>Consolidation</td></tr> <tr><td>9</td><td>ct_chest_pattern__9</td><td>Pulmonary nodules</td></tr> </table>	1	ct_chest_pattern__1	Ground Glass Opacity (GGO)	2	ct_chest_pattern__2	Crazy paving	3	ct_chest_pattern__3	Multifocal	4	ct_chest_pattern__4	Bilateral	5	ct_chest_pattern__5	Lymphadenopathy (LAP)	6	ct_chest_pattern__6	Pleural effusion	7	ct_chest_pattern__7	Opacity	8	ct_chest_pattern__8	Consolidation	9	ct_chest_pattern__9	Pulmonary nodules
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134	if_ct_s_o_pleural_effusion Show the field ONLY if: [ct_chest_pattern(6)] = '1'	If CT s/o Pleural Effusion ; Quantity of pleural effusion in CT	dropdown, Required 1 Small 2 Moderate 3 Large
135	lung_ultrasound_abnormal Show the field ONLY if: [peformed(3)] = '1'	Lung Ultrasound abnormal	yesno, Required 1 Yes 0 No
136	lung_ultrasound_signs Show the field ONLY if: [lung_ultrasound_abnormal] = '1'	Lung Ultrasound Signs	checkbox, Required 1 lung_ultrasound_signs__1 Bat sign (pleural line) 2 lung_ultrasound_signs__2 Lung sliding 3 lung_ultrasound_signs__3 A line horizontal artifact 4 lung_ultrasound_signs__4 Quoad sign 5 lung_ultrasound_signs__5 Sinusoid sign 6 lung_ultrasound_signs__6 Fractal and Tissue like sign 7 lung_ultrasound_signs__7 B line (vertical artifact ) 8 lung_ultrasound_signs__8 Lung rockets 9 lung_ultrasound_signs__9 Abolished lung sliding with Stratosphere sign 10 lung_ultrasound_signs__10 Lung point 11 lung_ultrasound_signs__11 Lung pulse 12 lung_ultrasound_signs__12 Dynamic air bronchogram
137	oxygenation	Section Header: <i>Oxygenation and Mechanical Ventilation</i> Oxygenation (click all that apply)	checkbox, Required 2 oxygenation__2 Invasive Mechanical Ventilation 3 oxygenation__3 Noninvasive Ventilation (CPAP or BIPAP) 1 oxygenation__1 High Flow Nasal Cannula 4 oxygenation__4 Oxygen Therapy- Bag Mask 5 oxygenation__5 Oxygen Therapy- Non-Rebreathable Mask 6 oxygenation__6 Nasal Canula 11 oxygenation__11 Other 9 oxygenation__9 None
138	oxygenation_other Show the field ONLY if: [oxygenation(11)] = '1'	other	text, Required
139	duration_for_worst_oxygena	Duration for Worst oxygenation mode (if more than one, write in sequence) <i>xx hours/out of 24 hours, yy/out of 24 hours</i>	notes
140	vent_v2 Show the field ONLY if: [oxygenation(2)] = '1'	Ventilator mode	dropdown, Required 1 Volume control (VC) 2 Pressure control (PC) 3 Pressure Support (PS) 4 APRV 11 Others
141	vent_mode_other_v2 Show the field ONLY if: [vent_v2] = '11'	Vent Mode- Other	text, Required
142	respiratory_rate_set Show the field ONLY if: [oxygenation(2)] = '1'	Respiratory Rate- set	text, Required
143	tv_v2 Show the field ONLY if: [oxygenation(2)] = '1'	Tidal volume (ml) - set (not ml/kg), (must for volume control mode)	text (number), Required
144	ppp_v2 Show the field ONLY if: [oxygenation(2)] = '1'	Plateau pressure (cm H2O)	text (number), Required

145	peep_v2 Show the field ONLY if: [oxygenation(2)] = '1'	PEEP (cm H2O)	text (number), Required
146	pressure_support Show the field ONLY if: [oxygenation(2)] = '1'	Pressure support (cm H2O) - set (must for Pressure control)	text (number)
147	vap Show the field ONLY if: [oxygenation(2)] = '1'	Documented ventilator associated pneumonia (VAP)	radio, Required 0 No 1 Yes
148	spont_breath Show the field ONLY if: [oxygenation(2)] = '1'	Documented assessment of spontaneous breathing trial?	dropdown, Required 0 No 1 Yes 2 not indicated
149	comment_core_iv	Comments_Core Data IV	notes
150	core_data_iv_daily_imaging_mv_complete	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: <b>Core Data V (Daily- Processes of Care, VAP Bundle)</b> (core_data_v_daily_processes_of_care_vap_bundle) <span style="float: right;">^ Collapse</span>			
151	hospital_day_core_v	Section Header: <i>Daily Processes of Care</i> Hospital Day 1, 2, 3, 4, 5...	text (number), Required
152	icu_day_core_v	ICU Day 1, 2, 3, 4, 5.... (Write NA if not in ICU)	text, Required
153	family_conf_discus	Documented Family Conference/Discussion? (check all that apply)	checkbox, Required 1 family_conf_discus__1 Phone 2 family_conf_discus__2 Video 3 family_conf_discus__3 Email 4 family_conf_discus__4 Text 5 family_conf_discus__5 In-Person 6 family_conf_discus__6 None 11 family_conf_discus__11 Family Not Available
154	code_status_change	Was 'limitation to life support interventions' status (code status) changed today?	dropdown, Required 0 No 1 Yes 2 N/A
155	code_change Show the field ONLY if: [code_status_change] = '1'	Specify the 'changed to' status	dropdown, Required 1 Changed to 'no chest compression' (no CPR) -DNR 2 Changed to 'no intubation' - DNI 3 Changed to both- DNI-DNR 4 Changed to full support (full code) 5 Changed to comfort measures only
156	palliative_care_consul	Was Palliative Care consulted today?	dropdown, Required 0 No 1 Yes 2 Not applicable
157	is_patient_ventilated_toda	Section Header: <i>VAP Bundle</i> Is patient mechanically ventilated today or have a risk for stress ulcer/VPE (Venous Pulmonary Embolism)?	dropdown, Required 1 Yes 0 No

158	<p>vap_bundle</p> <p>Show the field ONLY if: [is_patient_ventilated_toda] = '1'</p>	<p>Are any of these documented? (check all that apply)</p> <p><i>SCD-Sequential Compression Device</i></p>	<p>checkbox, Required</p> <table border="1"> <tr> <td>0</td> <td>vap_bundle__0</td> <td>None</td> </tr> <tr> <td>1</td> <td>vap_bundle__1</td> <td>Head of the bed elevation 30 degrees</td> </tr> <tr> <td>2</td> <td>vap_bundle__2</td> <td>Oral Care - Chlorhexidine/Povidone-Iodine</td> </tr> <tr> <td>3</td> <td>vap_bundle__3</td> <td>DVT prophylaxis- Anticoagulation</td> </tr> <tr> <td>4</td> <td>vap_bundle__4</td> <td>DVT prophylaxis- Compression Stockings/SCD</td> </tr> </table>	0	vap_bundle__0	None	1	vap_bundle__1	Head of the bed elevation 30 degrees	2	vap_bundle__2	Oral Care - Chlorhexidine/Povidone-Iodine	3	vap_bundle__3	DVT prophylaxis- Anticoagulation	4	vap_bundle__4	DVT prophylaxis- Compression Stockings/SCD					
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4	vap_bundle__4	DVT prophylaxis- Compression Stockings/SCD																					
159	<p>nmb_given</p> <p>Show the field ONLY if: [is_patient_ventilated_toda] = '1'</p>	<p>NeuroMuscular Blockers (NMB) Given?</p>	<p>dropdown, Required</p> <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>Atracurium</td></tr> <tr><td>2</td><td>Cisatracurium</td></tr> <tr><td>3</td><td>Mivacurium</td></tr> <tr><td>4</td><td>Pancuronium</td></tr> <tr><td>5</td><td>Rocuronium</td></tr> <tr><td>6</td><td>Vecuronium</td></tr> <tr><td>7</td><td>Other</td></tr> </table>	0	None	1	Atracurium	2	Cisatracurium	3	Mivacurium	4	Pancuronium	5	Rocuronium	6	Vecuronium	7	Other				
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160	<p>nmb_dose</p> <p>Show the field ONLY if: [nmb_given] = '1' or [nmb_given] = '2' or [nmb_given] = '3' or [nmb_given] = '4' or [nmb_given] = '5' or [nmb_given] = '6' or [nmb_given] = '7'</p>	<p>NMB (Bolus/infusion doses) or other NMBs</p>	<p>notes, Required</p>																				
161	<p>ulcer_prophlyx</p>	<p>Which of the following are currently being administered for Peptic Ulcer Prophylaxis (PUP)?</p>	<p>dropdown, Required</p> <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>Not Indicated</td></tr> <tr><td>2</td><td>Pantoprazole</td></tr> <tr><td>3</td><td>Ranitidine</td></tr> <tr><td>4</td><td>Sucralfate</td></tr> <tr><td>5</td><td>Famotidine</td></tr> <tr><td>6</td><td>Omeprazole</td></tr> <tr><td>7</td><td>Lansoprazole</td></tr> <tr><td>8</td><td>Esomeprazole</td></tr> <tr><td>11</td><td>Other</td></tr> </table>	0	None	1	Not Indicated	2	Pantoprazole	3	Ranitidine	4	Sucralfate	5	Famotidine	6	Omeprazole	7	Lansoprazole	8	Esomeprazole	11	Other
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162	<p>other_pup</p> <p>Show the field ONLY if: [ulcer_prophlyx] = '11'</p>	<p>Other PUP</p>	<p>text, Required</p>																				
163	<p>pup_route</p> <p>Show the field ONLY if: [ulcer_prophlyx] = '2' or [ulcer_prophlyx] = '3' or [ulcer_prophlyx] = '5' or [ulcer_prophlyx] = '6' or [ulcer_prophlyx] = '7' or [ulcer_prophlyx] = '8' or [ulcer_prophlyx] = '4' or [ulcer_prophlyx] = '8' or [ulcer_prophlyx] = '11'</p>	<p>PUP route</p>	<p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>Enteral (via mouth/NG tube)</td></tr> <tr><td>2</td><td>Intravenous (IV)</td></tr> </table>	1	Enteral (via mouth/NG tube)	2	Intravenous (IV)																
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164	<p>pup_dosing_frequency</p> <p>Show the field ONLY if: [ulcer_prophlyx] = '2' or [ulcer_prophlyx] = '3' or [ulcer_prophlyx] = '4' or [ulcer_prophlyx] = '5' or [ulcer_prophlyx] = '6' or [ulcer_prophlyx] = '7' or [ulcer_prophlyx] = '8' or [ulcer_prophlyx] = '11'</p>	<p>PUP Dosing Frequency</p>	<p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>Daily</td></tr> <tr><td>2</td><td>Twice daily</td></tr> <tr><td>3</td><td>Three times daily</td></tr> <tr><td>4</td><td>Four times daily</td></tr> <tr><td>5</td><td>Continuous infusion</td></tr> </table>	1	Daily	2	Twice daily	3	Three times daily	4	Four times daily	5	Continuous infusion										
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165	<p>pup_doses</p> <p>Show the field ONLY if: [ulcer_prophlyx] = '2' or [ulcer_prophlyx] = '3' or [ulcer_prophlyx] = '4' or [ulcer_prophlyx] = '5' or [ulcer_prophlyx] = '6' or [ulcer_prophlyx] = '7' or [ulcer_prophlyx] = '8' or [ulcer_prophlyx] = '11'</p>	<p>PUP Doses-(in mg) (if a continuously infused medication is being given- use a standardized entry value (e.g. mg/hr dose)</p> <p><i>mg or mg/hour</i></p>	<p>text, Required</p>																				

166	anticoagulation_category  	Which of the following anticoagulation therapies are currently being administered?	checkbox, Required <table border="1"> <tr><td>0</td><td>anticoagulation_category__0</td><td>None</td></tr> <tr><td>1</td><td>anticoagulation_category__1</td><td>Not indicated</td></tr> <tr><td>2</td><td>anticoagulation_category__2</td><td>Argatroban</td></tr> <tr><td>3</td><td>anticoagulation_category__3</td><td>Bivalirudin</td></tr> <tr><td>4</td><td>anticoagulation_category__4</td><td>Dabigatran</td></tr> <tr><td>5</td><td>anticoagulation_category__5</td><td>Fondaparinux</td></tr> <tr><td>6</td><td>anticoagulation_category__6</td><td>Heparin-unfractionated</td></tr> <tr><td>7</td><td>anticoagulation_category__7</td><td>Heparin- low molecular weight</td></tr> <tr><td>8</td><td>anticoagulation_category__8</td><td>Vitamin K antagonist</td></tr> <tr><td>9</td><td>anticoagulation_category__9</td><td>Edoxaban</td></tr> <tr><td>10</td><td>anticoagulation_category__10</td><td>Rivaroxaban</td></tr> <tr><td>11</td><td>anticoagulation_category__11</td><td>Apixaban</td></tr> <tr><td>12</td><td>anticoagulation_category__12</td><td>Betrixaban</td></tr> <tr><td>13</td><td>anticoagulation_category__13</td><td>Enoxaparin</td></tr> <tr><td>14</td><td>anticoagulation_category__14</td><td>TPA/rTPA</td></tr> <tr><td>21</td><td>anticoagulation_category__21</td><td>Others</td></tr> </table>	0	anticoagulation_category__0	None	1	anticoagulation_category__1	Not indicated	2	anticoagulation_category__2	Argatroban	3	anticoagulation_category__3	Bivalirudin	4	anticoagulation_category__4	Dabigatran	5	anticoagulation_category__5	Fondaparinux	6	anticoagulation_category__6	Heparin-unfractionated	7	anticoagulation_category__7	Heparin- low molecular weight	8	anticoagulation_category__8	Vitamin K antagonist	9	anticoagulation_category__9	Edoxaban	10	anticoagulation_category__10	Rivaroxaban	11	anticoagulation_category__11	Apixaban	12	anticoagulation_category__12	Betrixaban	13	anticoagulation_category__13	Enoxaparin	14	anticoagulation_category__14	TPA/rTPA	21	anticoagulation_category__21	Others
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167	other_anticoagulants  Show the field ONLY if: [anticoagulation_category(21)] = '1'	Other Anticoagulants	text, Required																																																
168	anticoag_doses  Show the field ONLY if: [anticoagulation_category(2)] = '1' or [anticoagulation_category(3)] = '1' or [anticoagulation_category(4)] = '1' or [anticoagulation_category(5)] = '1' or [anticoagulation_category(6)] = '1' or [anticoagulation_category(7)] = '1' or [anticoagulation_category(8)] = '1' or [anticoagulation_category(9)] = '1' or [anticoagulation_category(10)] = '1' or [anticoagulation_category(11)] = '1' or [anticoagulation_category(12)] = '1' or [anticoagulation_category(13)] = '1' or [anticoagulation_category(14)] = '1' or [anticoagulation_category(21)] = '1'	Anticoagulation Doses-(in mg or mg/kg dose)	text, Required																																																
169	anticoag_dosing_frequency  Show the field ONLY if: [anticoagulation_category(2)] = '1' or [anticoagulation_category(3)] = '1' or [anticoagulation_category(4)] = '1' or [anticoagulation_category(5)] = '1' or [anticoagulation_category(6)] = '1' or [anticoagulation_category(7)] = '1' or [anticoagulation_category(8)] = '1' or [anticoagulation_category(9)] = '1' or [anticoagulation_category(10)] = '1' or [anticoagulation_category(11)] = '1' or [anticoagulation_category(12)] = '1' or [anticoagulation_category(13)] = '1' or [anticoagulation_category(14)] = '1' or [anticoagulation_category(21)] = '1'	Anticoagulants Dosing Frequency	dropdown, Required <table border="1"> <tr><td>1</td><td>Daily</td></tr> <tr><td>2</td><td>Twice daily</td></tr> <tr><td>3</td><td>Three times daily</td></tr> <tr><td>4</td><td>Four times daily</td></tr> <tr><td>5</td><td>Continuous infusion</td></tr> </table>	1	Daily	2	Twice daily	3	Three times daily	4	Four times daily	5	Continuous infusion																																						
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170	sed_v2	<p>Section Header: <i>Sedatives, Analgesics, and Paralytics Use</i></p> <p>Any use of IV continuous sedation/analgesics/paralytics ? (check all that apply)</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>0</td><td>sed_v2__0</td><td>None</td></tr> <tr><td>1</td><td>sed_v2__1</td><td>Dexametomidine</td></tr> <tr><td>2</td><td>sed_v2__2</td><td>Fentanyl</td></tr> <tr><td>3</td><td>sed_v2__3</td><td>Ketamine</td></tr> <tr><td>4</td><td>sed_v2__4</td><td>Lorazepam</td></tr> <tr><td>5</td><td>sed_v2__5</td><td>Midazolam</td></tr> <tr><td>6</td><td>sed_v2__6</td><td>Morphine</td></tr> <tr><td>7</td><td>sed_v2__7</td><td>Pentobarbital</td></tr> <tr><td>8</td><td>sed_v2__8</td><td>Propofol</td></tr> <tr><td>9</td><td>sed_v2__9</td><td>Hydromorphone</td></tr> <tr><td>10</td><td>sed_v2__10</td><td>Remifentanyl</td></tr> <tr><td>11</td><td>sed_v2__11</td><td>Clonidine</td></tr> <tr><td>12</td><td>sed_v2__12</td><td>Oral Benzodiazepine</td></tr> <tr><td>21</td><td>sed_v2__21</td><td>Others</td></tr> </table>	0	sed_v2__0	None	1	sed_v2__1	Dexametomidine	2	sed_v2__2	Fentanyl	3	sed_v2__3	Ketamine	4	sed_v2__4	Lorazepam	5	sed_v2__5	Midazolam	6	sed_v2__6	Morphine	7	sed_v2__7	Pentobarbital	8	sed_v2__8	Propofol	9	sed_v2__9	Hydromorphone	10	sed_v2__10	Remifentanyl	11	sed_v2__11	Clonidine	12	sed_v2__12	Oral Benzodiazepine	21	sed_v2__21	Others
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2	sed_v2__2	Fentanyl																																											
3	sed_v2__3	Ketamine																																											
4	sed_v2__4	Lorazepam																																											
5	sed_v2__5	Midazolam																																											
6	sed_v2__6	Morphine																																											
7	sed_v2__7	Pentobarbital																																											
8	sed_v2__8	Propofol																																											
9	sed_v2__9	Hydromorphone																																											
10	sed_v2__10	Remifentanyl																																											
11	sed_v2__11	Clonidine																																											
12	sed_v2__12	Oral Benzodiazepine																																											
21	sed_v2__21	Others																																											
171	sed_other_v2	Sedation/analgesics/paralytics_other	text, Required																																										
	Show the field ONLY if: [sed_v2(21)] = '1'																																												
172	sedation_analgesics_paraly	Sedation/analgesics/paralytics dosing frequency	<p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>Daily</td></tr> <tr><td>2</td><td>Twice daily</td></tr> <tr><td>3</td><td>Three times daily</td></tr> <tr><td>4</td><td>Four times daily</td></tr> <tr><td>5</td><td>Continuous infusion</td></tr> <tr><td>6</td><td>As Needed- IV/SC Dose</td></tr> </table>	1	Daily	2	Twice daily	3	Three times daily	4	Four times daily	5	Continuous infusion	6	As Needed- IV/SC Dose																														
1	Daily																																												
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	Show the field ONLY if: [sed_v2(1)] = '1' or [sed_v2(2)] = '1' or [sed_v2(3)] = '1' or [sed_v2(4)] = '1' or [sed_v2(5)] = '1' or [sed_v2(6)] = '1' or [sed_v2(7)] = '1' or [sed_v2(8)] = '1' or [sed_v2(9)] = '1' or [sed_v2(10)] = '1' or [sed_v2(11)] = '1' or [sed_v2(12)] = '1' or [sed_v2(21)] = '1'																																												
173	sedation_analgesics_paraly_dose	Sedation/Analgesics/Paralytics Dose <i>xx mg/kg or xx mcg/kg/min</i>	text, Required																																										
	Show the field ONLY if: [sed_v2(1)] = '1' or [sed_v2(2)] = '1' or [sed_v2(3)] = '1' or [sed_v2(4)] = '1' or [sed_v2(5)] = '1' or [sed_v2(6)] = '1' or [sed_v2(7)] = '1' or [sed_v2(8)] = '1' or [sed_v2(9)] = '1' or [sed_v2(10)] = '1' or [sed_v2(11)] = '1' or [sed_v2(12)] = '1' or [sed_v2(21)] = '1'																																												
174	comments_core_v	Comments_Core Data V	notes																																										
175	core_data_v_daily_processes_of_care_vap_bundle_complete	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																																				
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Instrument: <b>Core Data VI (Daily-Fluid, Vasopressors, Other Meds)</b> (core_data_vi_dailyfluid_vasopressors_other_meds) <a href="#">^ Collapse</a>																																													
176	hospital_day_core_vi	<p>Section Header: <i>Fluid Vasopressors Urine Output</i></p> <p>Hospital Day <i>1, 2, 3, 4, 5...</i></p>	text (number), Required																																										
177	icu_day_core_vi	<p>ICU Day <i>1, 2, 3, 4, 5.... (Write NA if not in ICU)</i></p>	text, Required																																										
178	totak_iv_fluid	<p>Total fluids administered (ml.) not rate ml/hour (IV infusion+Oral+Bolus) <i>Midnight to Midnight 0:00-24:00</i></p>	text (number), Required																																										
179	uo_v2	<p>TOTAL Urine Output (ml) in 24 hours? (not in ml/h) <i>Midnight to Midnight 0:00-24:00</i></p>	text (number), Required																																										
180	fluid_balance	<p>Fluid Balance (Total Intake- Total Output) <i>Midnight to Midnight 0:00-24:00</i></p>	text (number), Required																																										

181	types_of_vasopressors	Types of Inotropes/Vasopressors use in 24 hour	checkbox, Required <table border="1"> <tr><td>1</td><td>types_of_vasopressors__1</td><td>Angiotensin II</td></tr> <tr><td>2</td><td>types_of_vasopressors__2</td><td>Dobutamine</td></tr> <tr><td>3</td><td>types_of_vasopressors__3</td><td>Dopamine</td></tr> <tr><td>4</td><td>types_of_vasopressors__4</td><td>Droxidopa</td></tr> <tr><td>5</td><td>types_of_vasopressors__5</td><td>Epinephrine</td></tr> <tr><td>6</td><td>types_of_vasopressors__6</td><td>Isoproterenol</td></tr> <tr><td>7</td><td>types_of_vasopressors__7</td><td>Milrinone</td></tr> <tr><td>8</td><td>types_of_vasopressors__8</td><td>Norepinephrine</td></tr> <tr><td>9</td><td>types_of_vasopressors__9</td><td>Phenylephrine</td></tr> <tr><td>10</td><td>types_of_vasopressors__10</td><td>Vasopressin</td></tr> <tr><td>12</td><td>types_of_vasopressors__12</td><td>Trelipressin</td></tr> <tr><td>11</td><td>types_of_vasopressors__11</td><td>None</td></tr> <tr><td>21</td><td>types_of_vasopressors__21</td><td>Other</td></tr> </table>	1	types_of_vasopressors__1	Angiotensin II	2	types_of_vasopressors__2	Dobutamine	3	types_of_vasopressors__3	Dopamine	4	types_of_vasopressors__4	Droxidopa	5	types_of_vasopressors__5	Epinephrine	6	types_of_vasopressors__6	Isoproterenol	7	types_of_vasopressors__7	Milrinone	8	types_of_vasopressors__8	Norepinephrine	9	types_of_vasopressors__9	Phenylephrine	10	types_of_vasopressors__10	Vasopressin	12	types_of_vasopressors__12	Trelipressin	11	types_of_vasopressors__11	None	21	types_of_vasopressors__21	Other
1	types_of_vasopressors__1	Angiotensin II																																								
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11	types_of_vasopressors__11	None																																								
21	types_of_vasopressors__21	Other																																								
182	vasoactive_other_v2 Show the field ONLY if: [types_of_vasopressors(21)] = '1'	If Other Inotropes/Vasopress Please specify	text, Required																																							
183	blood_products	Section Header: <i>Blood Products Use</i> Any Blood Product Usage during this 24 hours? <i>0:00 to 24:00</i>	checkbox, Required <table border="1"> <tr><td>1</td><td>blood_products__1</td><td>Packed Red Blood Cells</td></tr> <tr><td>2</td><td>blood_products__2</td><td>Fresh Frozen Plasma</td></tr> <tr><td>3</td><td>blood_products__3</td><td>Platelets</td></tr> <tr><td>4</td><td>blood_products__4</td><td>Albumin</td></tr> <tr><td>5</td><td>blood_products__5</td><td>Cryoprecipitate</td></tr> <tr><td>6</td><td>blood_products__6</td><td>IV Immunoglobulin (IG)</td></tr> <tr><td>7</td><td>blood_products__7</td><td>Convalescent Plasma</td></tr> <tr><td>10</td><td>blood_products__10</td><td>None</td></tr> </table>	1	blood_products__1	Packed Red Blood Cells	2	blood_products__2	Fresh Frozen Plasma	3	blood_products__3	Platelets	4	blood_products__4	Albumin	5	blood_products__5	Cryoprecipitate	6	blood_products__6	IV Immunoglobulin (IG)	7	blood_products__7	Convalescent Plasma	10	blood_products__10	None															
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10	blood_products__10	None																																								
184	rbc_indication_v2 Show the field ONLY if: [blood_products(1)] = '1'	Indication for RBC transfusion?	dropdown, Required <table border="1"> <tr><td>1</td><td>1. Active Bleeding</td></tr> <tr><td>2</td><td>2. Hb &lt; 7</td></tr> <tr><td>3</td><td>3. Early Septic Shock</td></tr> <tr><td>4</td><td>4. Other</td></tr> </table>	1	1. Active Bleeding	2	2. Hb < 7	3	3. Early Septic Shock	4	4. Other																															
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185	rbc_indication_other_v2 Show the field ONLY if: [rbc_indication_v2] = '4'	Other_Indication for RBC transfusion?	text, Required																																							
186	ffp_indication_v2 Show the field ONLY if: [blood_products(2)] = '1'	Indication for FFP transfusion?	dropdown, Required <table border="1"> <tr><td>1</td><td>1. Active Bleeding</td></tr> <tr><td>2</td><td>2. Other</td></tr> </table>	1	1. Active Bleeding	2	2. Other																																			
1	1. Active Bleeding																																									
2	2. Other																																									
187	ffp_indication_other_v2 Show the field ONLY if: [ffp_indication_v2] = '2'	Other_Indication for FFP transfusion?	text, Required																																							
188	platelet_indication_v2 Show the field ONLY if: [blood_products(3)] = '1'	Indication for Platelet transfusion?	dropdown, Required <table border="1"> <tr><td>1</td><td>1. Active Bleeding</td></tr> <tr><td>2</td><td>2. Severe Thrombocytopenia (&lt; 10,000)</td></tr> <tr><td>3</td><td>3. Other</td></tr> </table>	1	1. Active Bleeding	2	2. Severe Thrombocytopenia (< 10,000)	3	3. Other																																	
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189	platelet_indication_other_v2 Show the field ONLY if: [platelet_indication_v2] = '3'	Other_Indication for Platelet transfusion?	text, Required																																							



190	medications	Section Header: <i>Medications</i> What Medications are Given? (check all that apply)	checkbox, Required <table border="1"> <tr><td>0</td><td>medications__0</td><td>None</td></tr> <tr><td>1</td><td>medications__1</td><td>Antifungal</td></tr> <tr><td>2</td><td>medications__2</td><td>Antiviral</td></tr> <tr><td>3</td><td>medications__3</td><td>Azithromycin</td></tr> <tr><td>4</td><td>medications__4</td><td>Corticosteroid</td></tr> <tr><td>5</td><td>medications__5</td><td>Diuretics</td></tr> <tr><td>6</td><td>medications__6</td><td>Hydroxychlorquine</td></tr> <tr><td>7</td><td>medications__7</td><td>Statin</td></tr> <tr><td>8</td><td>medications__8</td><td>Anticoagulants-Therapeutic</td></tr> <tr><td>9</td><td>medications__9</td><td>Antibacterials</td></tr> <tr><td>10</td><td>medications__10</td><td>Inhaled B-agonists (albuterol, levalbuterol, salmeterol, formoterol etc.)</td></tr> <tr><td>11</td><td>medications__11</td><td>Vitamin B</td></tr> <tr><td>12</td><td>medications__12</td><td>Vitamin C (ascorbic acid or ascorbate)</td></tr> <tr><td>13</td><td>medications__13</td><td>Vitamin D</td></tr> <tr><td>14</td><td>medications__14</td><td>Zinc</td></tr> <tr><td>15</td><td>medications__15</td><td>Insulin</td></tr> <tr><td>16</td><td>medications__16</td><td>NSAIDs</td></tr> <tr><td>23</td><td>medications__23</td><td>Acetaminophen/Tylenol</td></tr> <tr><td>17</td><td>medications__17</td><td>Amlodipine</td></tr> <tr><td>18</td><td>medications__18</td><td>Metoprolol</td></tr> <tr><td>19</td><td>medications__19</td><td>Aspirin</td></tr> <tr><td>20</td><td>medications__20</td><td>Levothyroxine</td></tr> <tr><td>22</td><td>medications__22</td><td>Potassium Chloride</td></tr> <tr><td>21</td><td>medications__21</td><td>Others</td></tr> </table>	0	medications__0	None	1	medications__1	Antifungal	2	medications__2	Antiviral	3	medications__3	Azithromycin	4	medications__4	Corticosteroid	5	medications__5	Diuretics	6	medications__6	Hydroxychlorquine	7	medications__7	Statin	8	medications__8	Anticoagulants-Therapeutic	9	medications__9	Antibacterials	10	medications__10	Inhaled B-agonists (albuterol, levalbuterol, salmeterol, formoterol etc.)	11	medications__11	Vitamin B	12	medications__12	Vitamin C (ascorbic acid or ascorbate)	13	medications__13	Vitamin D	14	medications__14	Zinc	15	medications__15	Insulin	16	medications__16	NSAIDs	23	medications__23	Acetaminophen/Tylenol	17	medications__17	Amlodipine	18	medications__18	Metoprolol	19	medications__19	Aspirin	20	medications__20	Levothyroxine	22	medications__22	Potassium Chloride	21	medications__21	Others
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21	medications__21	Others																																																																									
191	other_medications Show the field ONLY if: [medications(21)] = '1'	Other_Medications	text, Required																																																																								
192	name_of_antiviral Show the field ONLY if: [medications(2)] = '1'	Name of Antivirals used (check all that apply)	checkbox, Required <table border="1"> <tr><td>1</td><td>name_of_antiviral__1</td><td>Interferon alpha</td></tr> <tr><td>2</td><td>name_of_antiviral__2</td><td>Interferon beta</td></tr> <tr><td>3</td><td>name_of_antiviral__3</td><td>Lopinavir</td></tr> <tr><td>4</td><td>name_of_antiviral__4</td><td>Neuraminidase inhibitor</td></tr> <tr><td>5</td><td>name_of_antiviral__5</td><td>Remdesivir</td></tr> <tr><td>6</td><td>name_of_antiviral__6</td><td>Ribavirin</td></tr> <tr><td>7</td><td>name_of_antiviral__7</td><td>Ritonavir</td></tr> <tr><td>8</td><td>name_of_antiviral__8</td><td>Other</td></tr> </table>	1	name_of_antiviral__1	Interferon alpha	2	name_of_antiviral__2	Interferon beta	3	name_of_antiviral__3	Lopinavir	4	name_of_antiviral__4	Neuraminidase inhibitor	5	name_of_antiviral__5	Remdesivir	6	name_of_antiviral__6	Ribavirin	7	name_of_antiviral__7	Ritonavir	8	name_of_antiviral__8	Other																																																
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193	if_other_antiviral_please_v2 Show the field ONLY if: [name_of_antiviral(8)] = '1'	If other Antiviral , Please specify name	text, Required																																																																								
194	if_yes_steroid_route_of_ad_v2 Show the field ONLY if: [medications(4)] = '1'	Corticosteroid, Route of administration	dropdown, Required <table border="1"> <tr><td>1</td><td>Oral</td></tr> <tr><td>2</td><td>Intravenous</td></tr> <tr><td>3</td><td>Inhaled</td></tr> </table>	1	Oral	2	Intravenous	3	Inhaled																																																																		
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195	steroid_name_dose Show the field ONLY if: [medications(4)] = '1'	Please specify the corticosteroid name and dose	text, Required																																																																								
196	antifungal_name_dose Show the field ONLY if: [medications(1)] = '1'	Antifungal -Name and Dose	text, Required																																																																								
197	hydroxychlorquine_dose Show the field ONLY if: [medications(6)] = '1'	Hydroxychlorquine - Dose	text, Required																																																																								

198	azithromycin_dose Show the field ONLY if: [medications(3)] = '1'	Azithromycin -Dose	text, Required																																							
199	antibacterials_names_and_d Show the field ONLY if: [medications(9)] = '1'	Antibacterials - Names and Doses	text, Required																																							
200	mis_medications	Miscellaneous Medications	checkbox, Required <table border="1"> <tr><td>0</td><td>mis_medications__0</td><td>None</td></tr> <tr><td>1</td><td>mis_medications__1</td><td>IL-6 inhibitors - Tocilizumab</td></tr> <tr><td>2</td><td>mis_medications__2</td><td>IL-6 inhibitors - Sarilumab</td></tr> <tr><td>3</td><td>mis_medications__3</td><td>Emapalumab</td></tr> <tr><td>4</td><td>mis_medications__4</td><td>Anakinra</td></tr> <tr><td>5</td><td>mis_medications__5</td><td>JAK Inhibitors - Baricitinib</td></tr> <tr><td>6</td><td>mis_medications__6</td><td>JAK Inhibitors - Others</td></tr> </table>	0	mis_medications__0	None	1	mis_medications__1	IL-6 inhibitors - Tocilizumab	2	mis_medications__2	IL-6 inhibitors - Sarilumab	3	mis_medications__3	Emapalumab	4	mis_medications__4	Anakinra	5	mis_medications__5	JAK Inhibitors - Baricitinib	6	mis_medications__6	JAK Inhibitors - Others																		
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201	mis_med_dose Show the field ONLY if: [mis_medications(1)] = '1' and [mis_medications(2)] = '1' and [mis_medications(3)] = '1' and [mis_medications(4)] = '1' and [mis_medications(5)] = '1' and [mis_medications(6)] = '1' and [mis_medications(7)] = '1'	Please Write Dose	text, Required																																							
202	comments_core_vi	Comments_Core Data VI	notes																																							
203	core_data_vi_dailyfluid_vasopressors_other_meds_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																																	
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Instrument: <b>Core Data VII (Outcomes)</b> (core_data_vii_outcomes) <span style="float: right;">^ Collapse</span>																																										
204	hospital_day_core_vii	Hospital Day <i>Please ignore- hospital and ICU day has been recently added to the core data VII (28 day outcome) section This is a mistake at our end.</i>	text (number) Field Annotation: @HIDDEN-FORM																																							
205	icu_day_core_vii_2	ICU Day <i>Please ignore- hospital and ICU day has been recently added to the core data VII (28 day outcome) section This is a mistake at our end.</i>	text Field Annotation: @HIDDEN-FORM																																							
206	are_there_lack_of_avai	Section Header: <i>Outcomes Data</i> Are There Any Lack of Available Resources	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																			
1	Yes																																									
0	No																																									
207	lack_of_avail_resour Show the field ONLY if: [are_there_lack_of_avai] = '1'	Lack of Available Resources (check all that apply)	checkbox, Required <table border="1"> <tr><td>1</td><td>lack_of_avail_resour__1</td><td>Not Enough ICU Bed</td></tr> <tr><td>2</td><td>lack_of_avail_resour__2</td><td>Not Enough Ventilator</td></tr> <tr><td>3</td><td>lack_of_avail_resour__3</td><td>Not Enough IV Sets</td></tr> <tr><td>4</td><td>lack_of_avail_resour__4</td><td>Not Enough ECMO Circuit</td></tr> <tr><td>5</td><td>lack_of_avail_resour__5</td><td>Doubling-up of Ventilators</td></tr> <tr><td>6</td><td>lack_of_avail_resour__6</td><td>Out of PPEs for Providers</td></tr> <tr><td>7</td><td>lack_of_avail_resour__7</td><td>Not Enough Providers</td></tr> <tr><td>8</td><td>lack_of_avail_resour__8</td><td>Not Enough Sedatives</td></tr> <tr><td>9</td><td>lack_of_avail_resour__9</td><td>Not Enough Analgesics</td></tr> <tr><td>10</td><td>lack_of_avail_resour__10</td><td>Not Enough Vasopressors</td></tr> <tr><td>11</td><td>lack_of_avail_resour__11</td><td>Not Enough Hydroxychloroquine</td></tr> <tr><td>12</td><td>lack_of_avail_resour__12</td><td>Not Enough Hospital Beds</td></tr> <tr><td>21</td><td>lack_of_avail_resour__21</td><td>Others</td></tr> </table>	1	lack_of_avail_resour__1	Not Enough ICU Bed	2	lack_of_avail_resour__2	Not Enough Ventilator	3	lack_of_avail_resour__3	Not Enough IV Sets	4	lack_of_avail_resour__4	Not Enough ECMO Circuit	5	lack_of_avail_resour__5	Doubling-up of Ventilators	6	lack_of_avail_resour__6	Out of PPEs for Providers	7	lack_of_avail_resour__7	Not Enough Providers	8	lack_of_avail_resour__8	Not Enough Sedatives	9	lack_of_avail_resour__9	Not Enough Analgesics	10	lack_of_avail_resour__10	Not Enough Vasopressors	11	lack_of_avail_resour__11	Not Enough Hydroxychloroquine	12	lack_of_avail_resour__12	Not Enough Hospital Beds	21	lack_of_avail_resour__21	Others
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208	resource_lack_other Show the field ONLY if: [lack_of_avail_resour(21)] = '1'	Resource Lack_Other	text																																							

209	oxygenation_methods_2	Did patient receive any of these oxygenation methods during this hospitalization?	checkbox, Required <table border="1" data-bbox="1015 170 1455 436"> <tr><td>0</td><td>oxygenation_methods_2__0</td><td>None</td></tr> <tr><td>1</td><td>oxygenation_methods_2__1</td><td>Invasive</td></tr> <tr><td>2</td><td>oxygenation_methods_2__2</td><td>Non-invasive</td></tr> <tr><td>3</td><td>oxygenation_methods_2__3</td><td>HFNC</td></tr> <tr><td>4</td><td>oxygenation_methods_2__4</td><td>Face mask oxygenation</td></tr> <tr><td>7</td><td>oxygenation_methods_2__7</td><td>Nasal Cannula</td></tr> <tr><td>5</td><td>oxygenation_methods_2__5</td><td>Proning</td></tr> <tr><td>6</td><td>oxygenation_methods_2__6</td><td>ECMO</td></tr> </table>	0	oxygenation_methods_2__0	None	1	oxygenation_methods_2__1	Invasive	2	oxygenation_methods_2__2	Non-invasive	3	oxygenation_methods_2__3	HFNC	4	oxygenation_methods_2__4	Face mask oxygenation	7	oxygenation_methods_2__7	Nasal Cannula	5	oxygenation_methods_2__5	Proning	6	oxygenation_methods_2__6	ECMO															
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210	imv_days Show the field ONLY if: [oxygenation_methods_2(1)] = '1'	Invasive mechanical ventilation duration during the entire hospitalization? (for hospital stay > 28 days, please add comments) <i>Copy the calculator--&gt; <a href="https://docs.google.com/spreadsheets/d/1wQJP-yhmGl9pDAOGR-FIEQx-xl67dfumYnl5W_az7o8/edit?usp=sharing">https://docs.google.com/spreadsheets/d/1wQJP-yhmGl9pDAOGR-FIEQx-xl67dfumYnl5W_az7o8/edit?usp=sharing</a></i>	text, Required																																							
211	nimv_days Show the field ONLY if: [oxygenation_methods_2(2)] = '1'	Non-Invasive mechanical ventilation duration during the entire hospitalization? <i>Copy the calculator--&gt; <a href="https://docs.google.com/spreadsheets/d/1wQJP-yhmGl9pDAOGR-FIEQx-xl67dfumYnl5W_az7o8/edit?usp=sharing">https://docs.google.com/spreadsheets/d/1wQJP-yhmGl9pDAOGR-FIEQx-xl67dfumYnl5W_az7o8/edit?usp=sharing</a></i>	text, Required																																							
212	hfnc_duration Show the field ONLY if: [oxygenation_methods_2(3)] = '1'	HFNC ventilation duration during the entire hospitalization? <i>Copy the calculator--&gt; <a href="https://docs.google.com/spreadsheets/d/1wQJP-yhmGl9pDAOGR-FIEQx-xl67dfumYnl5W_az7o8/edit?usp=sharing">https://docs.google.com/spreadsheets/d/1wQJP-yhmGl9pDAOGR-FIEQx-xl67dfumYnl5W_az7o8/edit?usp=sharing</a></i>	text, Required																																							
213	ecmo_type Show the field ONLY if: [oxygenation_methods_2(6)] = '1'	ECMO Type	radio, Required <table border="1" data-bbox="1015 747 1073 814"> <tr><td>1</td><td>VV</td></tr> <tr><td>2</td><td>VA</td></tr> </table>	1	VV	2	VA																																			
1	VV																																									
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214	ecmo_duration_hosp Show the field ONLY if: [oxygenation_methods_2(6)] = '1'	ECMO duration (during whole hospitalization) <i>Copy the calculator--&gt; <a href="https://docs.google.com/spreadsheets/d/1wQJP-yhmGl9pDAOGR-FIEQx-xl67dfumYnl5W_az7o8/edit?usp=sharing">https://docs.google.com/spreadsheets/d/1wQJP-yhmGl9pDAOGR-FIEQx-xl67dfumYnl5W_az7o8/edit?usp=sharing</a></i>	text, Required																																							
215	icu_level_care	Other ICU Support Measures Needed? (check all that apply) <i>Also apply to the patients who are in make shift ICU</i>	checkbox, Required <table border="1" data-bbox="1015 936 1455 1451"> <tr><td>0</td><td>icu_level_care__0</td><td>None</td></tr> <tr><td>1</td><td>icu_level_care__1</td><td>AirVo (High Flow Nasal Cannula)</td></tr> <tr><td>2</td><td>icu_level_care__2</td><td>CRRT/HD</td></tr> <tr><td>3</td><td>icu_level_care__3</td><td>Inotropes</td></tr> <tr><td>4</td><td>icu_level_care__4</td><td>Mechanical Ventilation</td></tr> <tr><td>5</td><td>icu_level_care__5</td><td>Non-Invasive Positive Pressure Ventilation</td></tr> <tr><td>6</td><td>icu_level_care__6</td><td>Vasopressors</td></tr> <tr><td>7</td><td>icu_level_care__7</td><td>Neuromuscular Blocking Agents</td></tr> <tr><td>8</td><td>icu_level_care__8</td><td>Prone Ventilation</td></tr> <tr><td>9</td><td>icu_level_care__9</td><td>Inhaled Nitric Oxide or Epoprostenol</td></tr> <tr><td>10</td><td>icu_level_care__10</td><td>Tracheostomy Insertion</td></tr> <tr><td>11</td><td>icu_level_care__11</td><td>Self Proning- While Not On Ventilator</td></tr> <tr><td>21</td><td>icu_level_care__21</td><td>Other</td></tr> </table> <p>Field Annotation: @HIDECHOICE='1,2,4,5,8'</p>	0	icu_level_care__0	None	1	icu_level_care__1	AirVo (High Flow Nasal Cannula)	2	icu_level_care__2	CRRT/HD	3	icu_level_care__3	Inotropes	4	icu_level_care__4	Mechanical Ventilation	5	icu_level_care__5	Non-Invasive Positive Pressure Ventilation	6	icu_level_care__6	Vasopressors	7	icu_level_care__7	Neuromuscular Blocking Agents	8	icu_level_care__8	Prone Ventilation	9	icu_level_care__9	Inhaled Nitric Oxide or Epoprostenol	10	icu_level_care__10	Tracheostomy Insertion	11	icu_level_care__11	Self Proning- While Not On Ventilator	21	icu_level_care__21	Other
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216	other_icu_care Show the field ONLY if: [icu_level_care(21)] = '1'	If Other ICU care level (Please Write)	text, Required																																							

217	complications	Any Documented Complication During Hospitalization (New onset) (click all that apply)	checkbox, Required <table border="1"> <tr><td>0</td><td>complications__0</td><td>None</td></tr> <tr><td>1</td><td>complications__1</td><td>Acute Cardiac Injury</td></tr> <tr><td>2</td><td>complications__2</td><td>Acute Kidney Injury</td></tr> <tr><td>3</td><td>complications__3</td><td>Anemia</td></tr> <tr><td>4</td><td>complications__4</td><td>Bacteremia</td></tr> <tr><td>5</td><td>complications__5</td><td>Bacterial Pneumonia</td></tr> <tr><td>6</td><td>complications__6</td><td>Bed Ulcers</td></tr> <tr><td>7</td><td>complications__7</td><td>Bronchiolitis</td></tr> <tr><td>8</td><td>complications__8</td><td>Cardiac Arrest</td></tr> <tr><td>9</td><td>complications__9</td><td>Cardiac Arrhythmia New Onset</td></tr> <tr><td>10</td><td>complications__10</td><td>Cardiomyopathy</td></tr> <tr><td>11</td><td>complications__11</td><td>Co- or Secondary Infection</td></tr> <tr><td>12</td><td>complications__12</td><td>Coagulation Disorder / Disseminated Intravascular Coagulation</td></tr> <tr><td>13</td><td>complications__13</td><td>Congestive Heart Failure</td></tr> <tr><td>14</td><td>complications__14</td><td>Cryptogenic Organizing Pneumonia (COP)</td></tr> <tr><td>15</td><td>complications__15</td><td>Deep Vein Thrombosis</td></tr> <tr><td>16</td><td>complications__16</td><td>Empyema</td></tr> <tr><td>17</td><td>complications__17</td><td>Endocarditis</td></tr> <tr><td>18</td><td>complications__18</td><td>Gastrointestinal Hemorrhage</td></tr> <tr><td>19</td><td>complications__19</td><td>Hepatomegaly</td></tr> <tr><td>20</td><td>complications__20</td><td>High BNP/NT Pro BNP</td></tr> <tr><td>21</td><td>complications__21</td><td>High Troponin I/T/High Sensitivity</td></tr> <tr><td>22</td><td>complications__22</td><td>Hyperglycemia</td></tr> <tr><td>23</td><td>complications__23</td><td>Hypoglycemia</td></tr> <tr><td>24</td><td>complications__24</td><td>Liver Dysfunction</td></tr> <tr><td>25</td><td>complications__25</td><td>Lung Abscesses</td></tr> <tr><td>26</td><td>complications__26</td><td>Meningitis / Encephalitis</td></tr> <tr><td>27</td><td>complications__27</td><td>Myocarditis</td></tr> <tr><td>28</td><td>complications__28</td><td>Pancreatitis</td></tr> <tr><td>29</td><td>complications__29</td><td>Pericarditis</td></tr> <tr><td>30</td><td>complications__30</td><td>Pleural Effusions</td></tr> <tr><td>31</td><td>complications__31</td><td>Pleurisy</td></tr> <tr><td>32</td><td>complications__32</td><td>Pneumothorax</td></tr> <tr><td>33</td><td>complications__33</td><td>Renal Failure (AKI) - Ignore This If You Check Aki Above</td></tr> <tr><td>34</td><td>complications__34</td><td>Respiratory Failure (ARDS)</td></tr> <tr><td>42</td><td>complications__42</td><td>Pediatric ARDS (PARDS)</td></tr> <tr><td>35</td><td>complications__35</td><td>Rhabdomyolysis / Myositis</td></tr> <tr><td>36</td><td>complications__36</td><td>Seizure</td></tr> <tr><td>37</td><td>complications__37</td><td>Septic Shock</td></tr> <tr><td>38</td><td>complications__38</td><td>Splenomegaly</td></tr> <tr><td>39</td><td>complications__39</td><td>ST Elevations ECG</td></tr> <tr><td>40</td><td>complications__40</td><td>Stroke / Cerebrovascular Accident</td></tr> <tr><td>41</td><td>complications__41</td><td>Viral Pneumonitis</td></tr> <tr><td>71</td><td>complications__71</td><td>Other (Please Specify)</td></tr> </table>	0	complications__0	None	1	complications__1	Acute Cardiac Injury	2	complications__2	Acute Kidney Injury	3	complications__3	Anemia	4	complications__4	Bacteremia	5	complications__5	Bacterial Pneumonia	6	complications__6	Bed Ulcers	7	complications__7	Bronchiolitis	8	complications__8	Cardiac Arrest	9	complications__9	Cardiac Arrhythmia New Onset	10	complications__10	Cardiomyopathy	11	complications__11	Co- or Secondary Infection	12	complications__12	Coagulation Disorder / Disseminated Intravascular Coagulation	13	complications__13	Congestive Heart Failure	14	complications__14	Cryptogenic Organizing Pneumonia (COP)	15	complications__15	Deep Vein Thrombosis	16	complications__16	Empyema	17	complications__17	Endocarditis	18	complications__18	Gastrointestinal Hemorrhage	19	complications__19	Hepatomegaly	20	complications__20	High BNP/NT Pro BNP	21	complications__21	High Troponin I/T/High Sensitivity	22	complications__22	Hyperglycemia	23	complications__23	Hypoglycemia	24	complications__24	Liver Dysfunction	25	complications__25	Lung Abscesses	26	complications__26	Meningitis / Encephalitis	27	complications__27	Myocarditis	28	complications__28	Pancreatitis	29	complications__29	Pericarditis	30	complications__30	Pleural Effusions	31	complications__31	Pleurisy	32	complications__32	Pneumothorax	33	complications__33	Renal Failure (AKI) - 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218	if_other_complication_plea Show the field ONLY if: [complications(71)] = '1'	If Other complication , Please Specify	text, Required																																																																																																																																				

219	if_yesARDS_please_specify Show the field ONLY if: [complications(34)] = '1'	IF Yes ARDS , Please Specify severity	dropdown, Required <table border="1"> <tr><td>1</td><td>Mild (P:F 200-300)</td></tr> <tr><td>2</td><td>Moderate (P:F 100-199)</td></tr> <tr><td>3</td><td>Severe (P:F &lt; 100)</td></tr> <tr><td>4</td><td>Unknown</td></tr> </table>	1	Mild (P:F 200-300)	2	Moderate (P:F 100-199)	3	Severe (P:F < 100)	4	Unknown										
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220	pARDS_please_specify Show the field ONLY if: [complications(42)] = '1'	IF Yes Pediatric ARDS- PARDS , Please Specify severity- <a href="http://rc.rcjournal.com/content/62/6/718/tab-figures-data">http://rc.rcjournal.com/content/62/6/718/tab-figures-data</a>	dropdown, Required <table border="1"> <tr><td>1</td><td>Non-invasive vent (P:F ≤300 or S:F ≤264)</td></tr> <tr><td>2</td><td>Invasive Mild: 4 ≤OI&lt; 8 OR 5≤OSI&lt; 7.5</td></tr> <tr><td>5</td><td>Invasive Moderate: 8≤OI&lt; 16 OR 7.5≤OSI&lt; 12.3</td></tr> <tr><td>3</td><td>Invasive Severe: OI≥16 OR OSI≥12.3</td></tr> <tr><td>4</td><td>Unknown</td></tr> </table>	1	Non-invasive vent (P:F ≤300 or S:F ≤264)	2	Invasive Mild: 4 ≤OI< 8 OR 5≤OSI< 7.5	5	Invasive Moderate: 8≤OI< 16 OR 7.5≤OSI< 12.3	3	Invasive Severe: OI≥16 OR OSI≥12.3	4	Unknown								
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3	Invasive Severe: OI≥16 OR OSI≥12.3																				
4	Unknown																				
221	type_cardiac_arrhythmia Show the field ONLY if: [complications(9)] = '1'	Type of Cardiac Arrhythmia	dropdown, Required <table border="1"> <tr><td>1</td><td>Atrial fibrillation</td></tr> <tr><td>2</td><td>Atrial flutter</td></tr> <tr><td>3</td><td>Heart block</td></tr> <tr><td>4</td><td>Torsades des point</td></tr> <tr><td>5</td><td>ventricular tachycardia</td></tr> <tr><td>6</td><td>Ventricular fibrillation</td></tr> <tr><td>7</td><td>Paroxysmal supraventricular tachycardia (PSVT)</td></tr> <tr><td>8</td><td>Sick sinus syndrome</td></tr> <tr><td>21</td><td>Other</td></tr> </table>	1	Atrial fibrillation	2	Atrial flutter	3	Heart block	4	Torsades des point	5	ventricular tachycardia	6	Ventricular fibrillation	7	Paroxysmal supraventricular tachycardia (PSVT)	8	Sick sinus syndrome	21	Other
1	Atrial fibrillation																				
2	Atrial flutter																				
3	Heart block																				
4	Torsades des point																				
5	ventricular tachycardia																				
6	Ventricular fibrillation																				
7	Paroxysmal supraventricular tachycardia (PSVT)																				
8	Sick sinus syndrome																				
21	Other																				
222	if_other_arrhythmia_please Show the field ONLY if: [type_cardiac_arrhythmia] = '21'	IF Other arrhythmia , Please specify	text, Required																		
223	crRT_duration Show the field ONLY if: [complications(2)] = '1' or [complications(33)] = '1'	RRT (renal replacement therapy) duration during the entire hospitalization? <i>Download the calculator--&gt; <a href="https://docs.google.com/spreadsheets/d/1wQJP-yhmG19pDAOGR-FIEQx-xl67dfumYnISW_az7o8/edit?usp=sharing">https://docs.google.com/spreadsheets/d/1wQJP-yhmG19pDAOGR-FIEQx-xl67dfumYnISW_az7o8/edit?usp=sharing</a></i>	text, Required																		
224	is_patient_admitted_to_icu	Section Header: ICU and /or Hospital Outcomes Is patient admitted to ICU during this hospitalization ?	dropdown, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes														
0	No																				
1	Yes																				
225	icu_los Show the field ONLY if: [is_patient_admitted_to_icu] = '1'	Total ICU length of Stay? <i>Download the calculator--&gt; <a href="https://docs.google.com/spreadsheets/d/1wQJP-yhmG19pDAOGR-FIEQx-xl67dfumYnISW_az7o8/edit?usp=sharing">https://docs.google.com/spreadsheets/d/1wQJP-yhmG19pDAOGR-FIEQx-xl67dfumYnISW_az7o8/edit?usp=sharing</a></i>	text, Required																		
226	icu_dischrg_status Show the field ONLY if: [is_patient_admitted_to_icu] = '1'	ICU discharge status?	radio, Required <table border="1"> <tr><td>1</td><td>Alive</td></tr> <tr><td>0</td><td>Deceased</td></tr> </table>	1	Alive	0	Deceased														
1	Alive																				
0	Deceased																				
227	final_diagnosis Show the field ONLY if: [is_patient_admitted_to_icu] = '1'	Final diagnosis? <i>Final Diagnosis -- From Hospital discharge summary (for Ex: COVID pneumonia or Sepsis or shock or septic shock or Respectably failure or multi-organ failure etc)</i>	text, Required																		
228	hospital_los	Hospital Length of Stay- (Discharged or Died) <i>Download the calculator--&gt; <a href="https://docs.google.com/spreadsheets/d/1wQJP-yhmG19pDAOGR-FIEQx-xl67dfumYnISW_az7o8/edit?usp=sharing">https://docs.google.com/spreadsheets/d/1wQJP-yhmG19pDAOGR-FIEQx-xl67dfumYnISW_az7o8/edit?usp=sharing</a></i>	text, Required																		
229	comments_for_28_days_stay	Comments-If >28 days stay	text																		
230	hosp_status	Hospital discharge status?	radio, Required <table border="1"> <tr><td>0</td><td>Alive</td></tr> <tr><td>1</td><td>Deceased</td></tr> </table>	0	Alive	1	Deceased														
0	Alive																				
1	Deceased																				
231	good_death Show the field ONLY if: [hosp_status] = '1'	If Died in ICU/Hospital, is any of this was done and documented ? (check all that apply)	checkbox, Required <table border="1"> <tr><td>1</td><td>good_death__1</td><td>CPR Done</td></tr> <tr><td>2</td><td>good_death__2</td><td>Family Present at the Time of Death</td></tr> <tr><td>3</td><td>good_death__3</td><td>Religious/Spirituals Needs Fulfilled</td></tr> <tr><td>4</td><td>good_death__4</td><td>Comfort Care Given</td></tr> <tr><td>5</td><td>good_death__5</td><td>Palliative Care Consult</td></tr> <tr><td>11</td><td>good_death__11</td><td>None</td></tr> </table>	1	good_death__1	CPR Done	2	good_death__2	Family Present at the Time of Death	3	good_death__3	Religious/Spirituals Needs Fulfilled	4	good_death__4	Comfort Care Given	5	good_death__5	Palliative Care Consult	11	good_death__11	None
1	good_death__1	CPR Done																			
2	good_death__2	Family Present at the Time of Death																			
3	good_death__3	Religious/Spirituals Needs Fulfilled																			
4	good_death__4	Comfort Care Given																			
5	good_death__5	Palliative Care Consult																			
11	good_death__11	None																			

232	hosp_dis_loc Show the field ONLY if: [hosp_status] = '0'	Hospital discharge location	dropdown, Required <table border="1"> <tr><td>1</td><td>Home, without assistance</td></tr> <tr><td>2</td><td>Home, with home health</td></tr> <tr><td>3</td><td>Subacute rehabilitation</td></tr> <tr><td>4</td><td>Long-term care facility</td></tr> <tr><td>5</td><td>Hospice</td></tr> <tr><td>6</td><td>Other hospital (overflow)</td></tr> <tr><td>11</td><td>Other</td></tr> </table>	1	Home, without assistance	2	Home, with home health	3	Subacute rehabilitation	4	Long-term care facility	5	Hospice	6	Other hospital (overflow)	11	Other				
1	Home, without assistance																				
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3	Subacute rehabilitation																				
4	Long-term care facility																				
5	Hospice																				
6	Other hospital (overflow)																				
11	Other																				
233	hosp_dis_other Show the field ONLY if: [hosp_status] = '0' and [hosp_dis_loc] = '11'	Hospital discharge_other	text, Required																		
234	new_oxygen_requirement_at Show the field ONLY if: [hosp_status] = '0'	New oxygen requirement at discharge	dropdown, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
235	readmitted_covid19 Show the field ONLY if: [hosp_status] = '0'	Is Patient Readmitted with COVID19?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
236	how_many_days_later_since Show the field ONLY if: [readmitted_covid19] = '1'	How Many Days Later Since Discharge? <i>1 or 2 or 3 or 4...</i>	text (number), Required																		
237	mort_28_days Show the field ONLY if: [hosp_status] = '0'	28 day mortality? <i>Since Hospital Admission Date</i>	radio <table border="1"> <tr><td>0</td><td>Alive</td></tr> <tr><td>1</td><td>Deceased</td></tr> <tr><td>2</td><td>Loss of Followup/ Not known</td></tr> </table>	0	Alive	1	Deceased	2	Loss of Followup/ Not known												
0	Alive																				
1	Deceased																				
2	Loss of Followup/ Not known																				
238	pregnant_outcome	Was Patient Pregnant?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
239	any_pregnancy_related_comp Show the field ONLY if: [pregnant_outcome] = '1'	Any Pregnancy Related Complication	checkbox, Required <table border="1"> <tr><td>1</td><td>any_pregnancy_related_comp__1</td><td>Gestational Hypertension</td></tr> <tr><td>2</td><td>any_pregnancy_related_comp__2</td><td>Pre-Eclampsia</td></tr> <tr><td>3</td><td>any_pregnancy_related_comp__3</td><td>Eclampsia</td></tr> <tr><td>4</td><td>any_pregnancy_related_comp__4</td><td>Fetal Distress</td></tr> <tr><td>5</td><td>any_pregnancy_related_comp__5</td><td>PROM</td></tr> <tr><td>6</td><td>any_pregnancy_related_comp__6</td><td>Other ( Please Specify)</td></tr> </table>	1	any_pregnancy_related_comp__1	Gestational Hypertension	2	any_pregnancy_related_comp__2	Pre-Eclampsia	3	any_pregnancy_related_comp__3	Eclampsia	4	any_pregnancy_related_comp__4	Fetal Distress	5	any_pregnancy_related_comp__5	PROM	6	any_pregnancy_related_comp__6	Other ( Please Specify)
1	any_pregnancy_related_comp__1	Gestational Hypertension																			
2	any_pregnancy_related_comp__2	Pre-Eclampsia																			
3	any_pregnancy_related_comp__3	Eclampsia																			
4	any_pregnancy_related_comp__4	Fetal Distress																			
5	any_pregnancy_related_comp__5	PROM																			
6	any_pregnancy_related_comp__6	Other ( Please Specify)																			
240	if_other_pregnancy_related Show the field ONLY if: [pregnant_outcome] = '1'	If Other pregnancy related complication , Please specify	text																		
241	was_baby_delivered Show the field ONLY if: [pregnant_outcome] = '1'	Was Baby Delivered	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
242	method_of_delivery Show the field ONLY if: [was_baby_delivered] = '1'	Method Of Delivery	radio, Required <table border="1"> <tr><td>1</td><td>Natural Unassisted Vaginal Childbirth</td></tr> <tr><td>2</td><td>Assisted Vaginal Childbirth</td></tr> <tr><td>3</td><td>Cesarean Surgery (C-Section)</td></tr> </table>	1	Natural Unassisted Vaginal Childbirth	2	Assisted Vaginal Childbirth	3	Cesarean Surgery (C-Section)												
1	Natural Unassisted Vaginal Childbirth																				
2	Assisted Vaginal Childbirth																				
3	Cesarean Surgery (C-Section)																				
243	if_c_section_indication_fo Show the field ONLY if: [was_baby_delivered] = '1'	If C-Section , Indication For C-Section	text																		

244	treatment_before_delivery Show the field ONLY if: [was_baby_delivered] = '1'	Treatment Before Delivery	checkbox, Required <table border="1"> <tr> <td>0</td> <td>treatment_before_delivery__0</td> <td>None</td> </tr> <tr> <td>1</td> <td>treatment_before_delivery__1</td> <td>Oxygen Support (Nasal Cannula)</td> </tr> <tr> <td>2</td> <td>treatment_before_delivery__2</td> <td>Antiviral Therapy</td> </tr> <tr> <td>3</td> <td>treatment_before_delivery__3</td> <td>Antibiotic Therapy</td> </tr> <tr> <td>4</td> <td>treatment_before_delivery__4</td> <td>Use Of Corticosteroid</td> </tr> <tr> <td>5</td> <td>treatment_before_delivery__5</td> <td>IMV</td> </tr> <tr> <td>6</td> <td>treatment_before_delivery__6</td> <td>NIMV</td> </tr> </table>	0	treatment_before_delivery__0	None	1	treatment_before_delivery__1	Oxygen Support (Nasal Cannula)	2	treatment_before_delivery__2	Antiviral Therapy	3	treatment_before_delivery__3	Antibiotic Therapy	4	treatment_before_delivery__4	Use Of Corticosteroid	5	treatment_before_delivery__5	IMV	6	treatment_before_delivery__6	NIMV
0	treatment_before_delivery__0	None																						
1	treatment_before_delivery__1	Oxygen Support (Nasal Cannula)																						
2	treatment_before_delivery__2	Antiviral Therapy																						
3	treatment_before_delivery__3	Antibiotic Therapy																						
4	treatment_before_delivery__4	Use Of Corticosteroid																						
5	treatment_before_delivery__5	IMV																						
6	treatment_before_delivery__6	NIMV																						
245	treatment_after_delivery Show the field ONLY if: [was_baby_delivered] = '1'	Treatment After Delivery	checkbox, Required <table border="1"> <tr> <td>0</td> <td>treatment_after_delivery__0</td> <td>None</td> </tr> <tr> <td>1</td> <td>treatment_after_delivery__1</td> <td>Oxygen Support (Nasal Cannula)</td> </tr> <tr> <td>2</td> <td>treatment_after_delivery__2</td> <td>Antiviral Therapy</td> </tr> <tr> <td>3</td> <td>treatment_after_delivery__3</td> <td>Antibiotic Therapy</td> </tr> <tr> <td>4</td> <td>treatment_after_delivery__4</td> <td>Use Of Corticosteroid</td> </tr> <tr> <td>5</td> <td>treatment_after_delivery__5</td> <td>IMV</td> </tr> <tr> <td>6</td> <td>treatment_after_delivery__6</td> <td>NIMV</td> </tr> </table>	0	treatment_after_delivery__0	None	1	treatment_after_delivery__1	Oxygen Support (Nasal Cannula)	2	treatment_after_delivery__2	Antiviral Therapy	3	treatment_after_delivery__3	Antibiotic Therapy	4	treatment_after_delivery__4	Use Of Corticosteroid	5	treatment_after_delivery__5	IMV	6	treatment_after_delivery__6	NIMV
0	treatment_after_delivery__0	None																						
1	treatment_after_delivery__1	Oxygen Support (Nasal Cannula)																						
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4	treatment_after_delivery__4	Use Of Corticosteroid																						
5	treatment_after_delivery__5	IMV																						
6	treatment_after_delivery__6	NIMV																						
246	neonatal_outcomes Show the field ONLY if: [was_baby_delivered] = '1'	Neonatal Outcome Applies (was baby born)	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																	
1	Yes																							
0	No																							
247	fetal_death_or_stillbirth Show the field ONLY if: [neonatal_outcomes] = '0'	Fetal Death Or Stillbirth	dropdown <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																	
1	Yes																							
0	No																							
248	birthweight_g Show the field ONLY if: [neonatal_outcomes] = '1'	Birthweight (G)	text (number), Required																					
249	was_the_baby_infected Show the field ONLY if: [neonatal_outcomes] = '1'	Was the baby infected?	dropdown <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Unknown/Not Applicable</td> </tr> </table>	1	Yes	0	No	2	Unknown/Not Applicable															
1	Yes																							
0	No																							
2	Unknown/Not Applicable																							
250	premature_delivery Show the field ONLY if: [neonatal_outcomes] = '1'	Premature Delivery	dropdown <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																	
1	Yes																							
0	No																							
251	apgar_score_1_min_5_min Show the field ONLY if: [neonatal_outcomes] = '1'	Apgar Score (at 1 Minute)	text (number), Required																					
252	apgar_score_5_min5 Show the field ONLY if: [neonatal_outcomes] = '1'	Apgar Score (at 5 Minutes)	text (number), Required																					
253	apgar_score_10_min Show the field ONLY if: [neonatal_outcomes] = '1'	Apgar Score (at 10 Minutes)	text (number), Required																					
254	severe_neonatal_asphyxia Show the field ONLY if: [neonatal_outcomes] = '1'	Severe Neonatal Asphyxia	dropdown <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																	
1	Yes																							
0	No																							
255	baby_tested_mother_ari Show the field ONLY if: [neonatal_outcomes] = '1'	Was baby tested for Mother's Acute Respiratory Infection?	dropdown <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>N/A</td> </tr> </table>	1	Yes	0	No	2	N/A															
1	Yes																							
0	No																							
2	N/A																							
256	if_baby_tested_yes Show the field ONLY if: [baby_tested_mother_ari] = '1'	Baby Test Results are	dropdown, Required <table border="1"> <tr> <td>1</td> <td>Positive</td> </tr> <tr> <td>0</td> <td>Negative</td> </tr> <tr> <td>2</td> <td>Unknown or N/A</td> </tr> </table>	1	Positive	0	Negative	2	Unknown or N/A															
1	Positive																							
0	Negative																							
2	Unknown or N/A																							

257	testing_method Show the field ONLY if: [baby_tested_mother_ari] = '1'	Testing method	dropdown, Required 1 PCR 2 Other ( Please Specify)
258	testing_method_other_spec Show the field ONLY if: [testing_method] = '2'	Testing method other, please specify	text, Required
259	appropriate_development_fo Show the field ONLY if: [neonatal_outcomes] = '1'	Appropriate Development for Age?	dropdown 1 YES 0 NO 2 Unknown
260	neonatal_death Show the field ONLY if: [neonatal_outcomes] = '1'	Neonatal Death	dropdown 1 Yes 0 No
261	comments_core_vii	Comments_Core Data VII	notes
262	core_data_vii_outcomes_comple e	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: <b>Enhanced Data 1 (Daily-Vitals, Neuro exam &amp; Labs)</b> (enhanced_data_1_dailyvitals_neuro_exam_labs)			<a href="#">^ Collapse</a>
263	hospital_day_core_e1	Section Header: <i>Vitals on Hospital admission (first available data at admission) and Then daily between (0:00 - 24:00)</i> Hospital Day 1, 2, 3, 4, 5...	text (number), Required
264	icu_day_core_e1	ICU Day 1, 2, 3, 4, 5.... (Write NA if not in ICU)	text, Required
265	temperature	Temperature (Highest)	dropdown, Required 1 ≤37.3°C 2 37.3-38.0°C 3 38.1-39.0°C 4 >39.0°C
266	temperature_lo	Temperature (Lowest)	dropdown, Required 1 ≤37.3°C 2 37.3-38.0°C 3 38.1-39.0°C 4 >39.0°C
267	temp_location	Temp. Location	dropdown, Required 1 Rectal 2 Oral 3 Axillary 4 Other
268	heart_rate_highest	Heart Rate (Highest)	text, Required
269	heart_rate_lo	Heart Rate (Lowest)	text, Required
270	rr	Respiratory Rate (Highest)	text, Required
271	rr_lo	Respiratory Rate (Lowest)	text, Required
272	sbp_hi	Systolic Blood Pressure (Highest)	text, Required
273	dbp_hi	Corresponding Diastolic Blood Pressure (with Highest SBP)	text, Required
274	sbp	Systolic Blood Pressure (Lowest)	text, Required
275	dbp	Corresponding Diastolic Blood Pressure (with Lowest SBP)	text, Required
276	oxygen_saturation_spo2_v2	Oxygen saturation Lowest (SPO2) in %	text, Required
277	spo2_on_v2	SPO2 on-	dropdown, Required 1 Room air 2 Oxygen therapy
278	fio2_lowest	FiO2 % (0.21 to 1.0) Highest during 24 hours If L/min use EPIC-II Conversion Table <i>Midnight to Midnight 0:00-24:00</i> <a href="https://www.intensive.org/epic2/Documents/Estimation%20of%20PO2%20and%20FIO2.pdf">https://www.intensive.org/epic2/Documents/Estimation%20of%20PO2%20and%20FIO2.pdf</a>	text, Required



279	fio2_actually_lowest	FiO2 % (0.21 to 1.0) Lowest during 24 hours If L/min use EPIC-II Conversion Table <i>Midnight to Midnight 0:00-24:00</i> <a href="https://www.intensive.org/epic2/Documents/Estimation%20of%20PO2%20and%20FiO2.pdf">https://www.intensive.org/epic2/Documents/Estimation%20of%20PO2%20and%20FiO2.pdf</a>	text, Required															
280	avpu_score_v2	Section Header: <i>Admission and Daily Neuro Exam</i> AVPU Score	checkbox, Required <table border="1"> <tr> <td>0</td> <td>avpu_score_v2__0</td> <td>NA (pediatric patients or on IMV or sedated)</td> </tr> <tr> <td>1</td> <td>avpu_score_v2__1</td> <td>Alert</td> </tr> <tr> <td>2</td> <td>avpu_score_v2__2</td> <td>Verbal</td> </tr> <tr> <td>3</td> <td>avpu_score_v2__3</td> <td>Pain</td> </tr> <tr> <td>4</td> <td>avpu_score_v2__4</td> <td>Unresponsive</td> </tr> </table>	0	avpu_score_v2__0	NA (pediatric patients or on IMV or sedated)	1	avpu_score_v2__1	Alert	2	avpu_score_v2__2	Verbal	3	avpu_score_v2__3	Pain	4	avpu_score_v2__4	Unresponsive
0	avpu_score_v2__0	NA (pediatric patients or on IMV or sedated)																
1	avpu_score_v2__1	Alert																
2	avpu_score_v2__2	Verbal																
3	avpu_score_v2__3	Pain																
4	avpu_score_v2__4	Unresponsive																
281	gcs	Glasgow Coma Score (GCS /15) <i>If sedated then estimate GCS prior to sedation</i>	text, Required															
282	richmond_agitation_sedatio_v2	Richmond Agitation Sedation Scale (RASS)	text, Required															
283	riker_sedation_agitation_s_v2	Riker Sedation Agitation Scale (SAS)	text															
284	fio2_blood_gas	Section Header: <i>Arterial Blood Gas Analysis on Admission and Then Daily</i> FiO2 (0.21 to 1.0) at the time of blood gas	text, Required															
285	pao2_at_time_of_fio2_above	Arterial PaO2 at time of FiO2 above in mmHg	text, Required															
286	pco2_from_same_blood_gas_r	PCO2 From same blood gas record as PaO2 in mmHg	text, Required															
287	ph_from_same_blood_gas_rec	pH From same blood gas record as PaO2	text, Required															
288	hco3_from_same_blood_gas_r	HCO3 From same blood gas record as PaO2 in mEq/L	text, Required															
289	leukocyte_count_low	Section Header: <i>Labs on Hospital Admission- Then Daily (worst value)</i> Leukocyte Count (Lowest)	text, Required															
290	leukocyte_count	Leukocyte Count (highest)	text, Required															
291	leukocyte_count_unit	Leukocyte Count Unit	dropdown, Required <table border="1"> <tr> <td>1</td> <td>US (<math>\times 10^3/\text{mm}^3</math>)</td> </tr> <tr> <td>2</td> <td>International System of Measurement (S.I. units) (<math>\times 10^9/\text{liter}</math>)</td> </tr> </table>	1	US ( $\times 10^3/\text{mm}^3$ )	2	International System of Measurement (S.I. units) ( $\times 10^9/\text{liter}$ )											
1	US ( $\times 10^3/\text{mm}^3$ )																	
2	International System of Measurement (S.I. units) ( $\times 10^9/\text{liter}$ )																	
292	lymphocyte_count	Lymphocyte Count	text, Required															
293	lymphocyte_count_unit	Lymphocyte Count Unit	dropdown, Required <table border="1"> <tr> <td>1</td> <td>US( % of white blood cells)</td> </tr> <tr> <td>2</td> <td>International System of Measurement (S.I. units) in Fraction of white blood cells (Normal Range 0.16-0.46 )</td> </tr> </table>	1	US( % of white blood cells)	2	International System of Measurement (S.I. units) in Fraction of white blood cells (Normal Range 0.16-0.46 )											
1	US( % of white blood cells)																	
2	International System of Measurement (S.I. units) in Fraction of white blood cells (Normal Range 0.16-0.46 )																	
294	anc	Absolute Neutrophil Count (Lowest ANC)	text (number), Required															
295	anc_unit	Absolute Neutrophil Count (Lowest ANC) Unit <i>Normal range: 1.5 to 8.0 (1,500 to 8,000/mm3)</i>	dropdown, Required <table border="1"> <tr> <td>1</td> <td>US in cells/mm3</td> </tr> <tr> <td>2</td> <td>International System of Measurement (S.I. units) in cells/uL</td> </tr> </table>	1	US in cells/mm3	2	International System of Measurement (S.I. units) in cells/uL											
1	US in cells/mm3																	
2	International System of Measurement (S.I. units) in cells/uL																	
296	haemoglobin	Haemoglobin (lowest)	text (number), Required															
297	haemoglobin_unit	Haemoglobin Unit	dropdown, Required <table border="1"> <tr> <td>1</td> <td>US (g/dl)</td> </tr> <tr> <td>2</td> <td>International System of Measurement (S.I. units) ( mmol/liter)</td> </tr> </table>	1	US (g/dl)	2	International System of Measurement (S.I. units) ( mmol/liter)											
1	US (g/dl)																	
2	International System of Measurement (S.I. units) ( mmol/liter)																	
298	hematocrit	Hematocrit	text (number), Required															
299	hematocrit_lab_unit	Hematocrit Lab Unit	dropdown, Required <table border="1"> <tr> <td>1</td> <td>US ( % of Red blood cells)</td> </tr> <tr> <td>2</td> <td>International System of Measurement (S.I. units) in Fraction of red blood cells (Normal Range 0.36-0.46 )</td> </tr> </table>	1	US ( % of Red blood cells)	2	International System of Measurement (S.I. units) in Fraction of red blood cells (Normal Range 0.36-0.46 )											
1	US ( % of Red blood cells)																	
2	International System of Measurement (S.I. units) in Fraction of red blood cells (Normal Range 0.36-0.46 )																	
300	platelets	Platelets (Thrombocytes)	text, Required															
301	platelets_thrombocytes_lab	Platelets (Thrombocytes) Lab Unit	dropdown <table border="1"> <tr> <td>1</td> <td>US ( <math>\times 10^3/\mu\text{L}</math>)</td> </tr> <tr> <td>2</td> <td>International System of Measurement (S.I. units ) (<math>\times 10^9/\text{L}</math>)</td> </tr> </table>	1	US ( $\times 10^3/\mu\text{L}$ )	2	International System of Measurement (S.I. units ) ( $\times 10^9/\text{L}$ )											
1	US ( $\times 10^3/\mu\text{L}$ )																	
2	International System of Measurement (S.I. units ) ( $\times 10^9/\text{L}$ )																	
302	glucose	Blood Glucose (highest)	text, Required															
303	glucose_unit	Glucose Unit	dropdown, Required <table border="1"> <tr> <td>1</td> <td>mg/dL (US unit)</td> </tr> <tr> <td>2</td> <td>mmol/L (S.I. unit)</td> </tr> </table>	1	mg/dL (US unit)	2	mmol/L (S.I. unit)											
1	mg/dL (US unit)																	
2	mmol/L (S.I. unit)																	
304	lactate	Lactate (highest)	text, Required															

305	lactate_lab_unit	Lactate Lab Unit	dropdown, Required <table border="1"> <tr> <td>1</td> <td>US (mg/dl)</td> </tr> <tr> <td>2</td> <td>International System of Measurement (S.I. units ) (mmol/liter)</td> </tr> </table>	1	US (mg/dl)	2	International System of Measurement (S.I. units ) (mmol/liter)
1	US (mg/dl)						
2	International System of Measurement (S.I. units ) (mmol/liter)						
306	ldh_levels	Lactate Dehydrogenase (LDH) levels	text, Required				
307	lactate_dehydrogenase_ldh	Lactate Dehydrogenase (LDH) Level Units	radio, Required <table border="1"> <tr> <td>1</td> <td>US (U/L)</td> </tr> <tr> <td>2</td> <td>International System of Measurement (S.I. units ) (µkat/liter)</td> </tr> </table>	1	US (U/L)	2	International System of Measurement (S.I. units ) (µkat/liter)
1	US (U/L)						
2	International System of Measurement (S.I. units ) (µkat/liter)						
308	crp_in_mg_l_v2	C-reactive protein (CRP)	text, Required				
309	c_reactive_protein_crp_lab	C-reactive protein (CRP) Lab unit	radio, Required <table border="1"> <tr> <td>1</td> <td>US ( mg/L)</td> </tr> <tr> <td>2</td> <td>International System of Measurement (S.I. units) (nmol/L)</td> </tr> </table>	1	US ( mg/L)	2	International System of Measurement (S.I. units) (nmol/L)
1	US ( mg/L)						
2	International System of Measurement (S.I. units) (nmol/L)						
310	procalcitonin_v2	Procalcitonin	text, Required				
311	procalcitonin_units	Procalcitonin Units	radio, Required <table border="1"> <tr> <td>1</td> <td>US (ng/mL)</td> </tr> <tr> <td>2</td> <td>International System of Measurement (S.I. units) (mcg/L)</td> </tr> </table>	1	US (ng/mL)	2	International System of Measurement (S.I. units) (mcg/L)
1	US (ng/mL)						
2	International System of Measurement (S.I. units) (mcg/L)						
312	ferritin_v2	Ferritin	text, Required				
313	ferritin_level_unit	Ferritin Level Unit	radio, Required <table border="1"> <tr> <td>1</td> <td>US ( ng/ml)</td> </tr> <tr> <td>2</td> <td>International System of Measurement (S.I. units) (mcg/L)</td> </tr> </table>	1	US ( ng/ml)	2	International System of Measurement (S.I. units) (mcg/L)
1	US ( ng/ml)						
2	International System of Measurement (S.I. units) (mcg/L)						
314	sodium_v2	Sodium (Lowest)	text, Required				
315	sodium_level_units	Sodium Level Units	radio, Required <table border="1"> <tr> <td>1</td> <td>US (mEq/L)</td> </tr> <tr> <td>2</td> <td>International System of Measurement (S.I. units) (mmol/liter)</td> </tr> </table>	1	US (mEq/L)	2	International System of Measurement (S.I. units) (mmol/liter)
1	US (mEq/L)						
2	International System of Measurement (S.I. units) (mmol/liter)						
316	potassium_v2	Potassium	text, Required				
317	potassium_lab_unit	Potassium Lab Unit	radio, Required <table border="1"> <tr> <td>1</td> <td>US (mEq/L)</td> </tr> <tr> <td>2</td> <td>International System of Measurement (S.I. units) (mmol/liter)</td> </tr> </table>	1	US (mEq/L)	2	International System of Measurement (S.I. units) (mmol/liter)
1	US (mEq/L)						
2	International System of Measurement (S.I. units) (mmol/liter)						
318	bun_hosp_adm_v2	BUN	text, Required				
319	bun_unit	BUN Unit	radio, Required <table border="1"> <tr> <td>1</td> <td>US (mg/dl)</td> </tr> <tr> <td>2</td> <td>International System of Measurement (S.I. units) (mmol/liter)</td> </tr> </table>	1	US (mg/dl)	2	International System of Measurement (S.I. units) (mmol/liter)
1	US (mg/dl)						
2	International System of Measurement (S.I. units) (mmol/liter)						
320	serum_creatinine_v2	Serum Creatinine (highest)	text, Required				
321	serum_creatinine_unit	Serum Creatinine Unit	radio, Required <table border="1"> <tr> <td>1</td> <td>US (mg/dL)</td> </tr> <tr> <td>2</td> <td>International System of Measurement (S.I. units) (µmol/L)</td> </tr> </table>	1	US (mg/dL)	2	International System of Measurement (S.I. units) (µmol/L)
1	US (mg/dL)						
2	International System of Measurement (S.I. units) (µmol/L)						
322	ast_sgpt	Aspartate aminotransferase (AST/ SGOT) (highest)	text, Required				
323	ast_lab_unit	AST/SGOT Lab Unit	radio, Required <table border="1"> <tr> <td>1</td> <td>US (U/L)</td> </tr> <tr> <td>2</td> <td>International System of Measurement (S.I. units) (µkat/liter)</td> </tr> </table>	1	US (U/L)	2	International System of Measurement (S.I. units) (µkat/liter)
1	US (U/L)						
2	International System of Measurement (S.I. units) (µkat/liter)						
324	alt_sgpt	Alanine Aminotransferase (ALT/SGPT) (highest)	text, Required				
325	alt_sgpt_lab_unit	ALT/SGPT Lab Unit	radio, Required <table border="1"> <tr> <td>1</td> <td>US (U/L)</td> </tr> <tr> <td>2</td> <td>International System of Measurement (S.I. units) (µkat/liter)</td> </tr> </table>	1	US (U/L)	2	International System of Measurement (S.I. units) (µkat/liter)
1	US (U/L)						
2	International System of Measurement (S.I. units) (µkat/liter)						
326	total_bilirubin_v2	Total bilirubin (highest)	text, Required				

327	total_bilirubin_units	Total Bilirubin Units	radio, Required 1 US (mg/dl) 2 International System of Measurement (S.I. units) (µmol/liter)
328	serum_albumin	Serum Albumin level (g/dL) (Lowest within 24 hours)	text (number), Required
329	il_6_in_pg_ml_v2	Interleukin 6 (IL-6)	text, Required
330	interleukin_6_il_6_lab_uni	Interleukin 6 (IL-6) Lab Unit	radio, Required 1 US (pg/ml) 2 International System of Measurement (S.I. units) (pg/ml)
331	troponin_hosp_adm_v2	Troponin	text, Required
332	troponin_level_unit	Troponin Level Unit	radio, Required 1 US (ng/mL) 2 International System of Measurement (S.I. units) ( µg/L) 3 US (ng/L) for High Sensitivity Troponin
333	bnp_hosp_adm_v2	B-Type Natriuretic Peptide (BNP)	text, Required
334	bnp_level_unit	BNP Level Unit	radio, Required 1 US ( pg/mL) 2 International System of Measurement (S.I. units) ( pmol/L)
335	nt_pro_bnp_level	NT-Pro B-Type Natriuretic Peptide Level	text, Required
336	nt_pro_bnp_level_unit	NT pro BNP Level Unit	radio, Required 1 US (pg/mL) 2 International System of Measurement (S.I. units) (pmol/L)
337	fibrinogen_level_v2	Fibrinogen Level	text, Required
338	fibrinogen_level_unit	Fibrinogen Level unit	radio, Required 1 US (mg/dl) 2 International System of Measurement (S.I. units) ( g/L)
339	alkaline_phosphatase	Alkaline Phosphatase	text, Required
340	alkaline_phosphatase_level	Alkaline Phosphatase Level Unit	radio, Required 1 US (U/L) 2 International System of Measurement (S.I. units) (µkat/liter)
341	d_dimer	D-Dimer	text, Required
342	d_dimer_level_unit	D-Dimer Level Unit	radio 1 US (ng/mL) 3 US (mcg/mL) 2 International System of Measurement (S.I. units) (mg/L)
343	total_cholesterol	Total Cholesterol level highest	text (number), Required
344	total_cholesterol_unit	Total Cholesterol level Unit	radio, Required 1 mg/dL 2 International System of Measurement (S.I. units) (mmol/L)
345	ldl	LDL cholesterol worse value	text (number), Required
346	ldl_unit	LDL cholesterol Unit	radio, Required 1 mg/dL 2 International System of Measurement (S.I. units) (mmol/L)
347	hdl	High density lipoprotein (HDL) level Lowest	text (number), Required
348	hdl_level_unit	High density lipoprotein (HDL) Unit	radio, Required 1 mg/dL 2 International System of Measurement (S.I. units) (mmol/L)
349	triglycerides	Triglycerides	text, Required

350	triglycerides_level_unit	Triglycerides Level Unit	radio, Required <table border="1"> <tr><td>1</td><td>US (mg/dL)</td></tr> <tr><td>2</td><td>International System of Measurement (S.I. units) (mmol/L)</td></tr> </table>	1	US (mg/dL)	2	International System of Measurement (S.I. units) (mmol/L)						
1	US (mg/dL)												
2	International System of Measurement (S.I. units) (mmol/L)												
351	tg_while_propofol Show the field ONLY if: [triglycerides_level_unit] = '1' or [triglycerides_level_unit] = '2'	Is this triglyceride value recorded when -	dropdown, Required <table border="1"> <tr><td>1</td><td>Patient was already started on Propofol</td></tr> <tr><td>2</td><td>Patient was NOT yet on Propofol</td></tr> <tr><td>3</td><td>Patient is not on Mechanically Ventilated (does not apply)</td></tr> </table>	1	Patient was already started on Propofol	2	Patient was NOT yet on Propofol	3	Patient is not on Mechanically Ventilated (does not apply)				
1	Patient was already started on Propofol												
2	Patient was NOT yet on Propofol												
3	Patient is not on Mechanically Ventilated (does not apply)												
352	creatine_kinase	Creatine Kinase	text, Required										
353	creatine_kinase_level_unit	Creatine Kinase Level Unit	radio, Required <table border="1"> <tr><td>1</td><td>US (U/L)</td></tr> <tr><td>2</td><td>International System of Measurement (S.I. units) (µkat/liter)</td></tr> </table>	1	US (U/L)	2	International System of Measurement (S.I. units) (µkat/liter)						
1	US (U/L)												
2	International System of Measurement (S.I. units) (µkat/liter)												
354	hemoglobin_a1c_hba1c	Hemoglobin A1c (HbA1C)	text, Required										
355	hemoglobin_a1c_hba1c_level	Hemoglobin A1c (HbA1C) Level Unit	radio <table border="1"> <tr><td>1</td><td>US (% of total Hb)</td></tr> <tr><td>2</td><td>International System of Measurement (S.I. units) (Fraction of total Hb)</td></tr> </table>	1	US (% of total Hb)	2	International System of Measurement (S.I. units) (Fraction of total Hb)						
1	US (% of total Hb)												
2	International System of Measurement (S.I. units) (Fraction of total Hb)												
356	cd4_t_cell_count_if_not_ch	CD4 (T-cell) Count (if not checked can use most recent)	text, Required										
357	prothrombin	Prothrombin time in Seconds	text, Required										
358	pt_inr	PT-INR	text, Required										
359	comments_vitals_labs	Additional Comments_Vitals Labs	notes										
360	enhanced_data_1_dailyvitals_neuro_exam_labs_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												
Instrument: <b>Enhanced Data 2 (Daily SOFA, PELOD, Events)</b> (enhanced_data_2_daily_sofa_events)			<a href="#">^ Collapse</a>										
361	hospital_day_core_e2	Section Header: <i>SOFA (adult) or PELOD (Peds) score : on ICU day-1 minimum, also day-2, day-3 and day-7 if applicable.</i> Hospital Day 1, 2, 3, 4, 5...	text (number), Required										
362	icu_day_core_e2	ICU Day 1, 2, 3, 4, 5.... (Write NA if not in ICU)	text, Required										
363	is_patient_18_years_old	Is Patient ?	radio, Required <table border="1"> <tr><td>1</td><td>Pediatric (&lt; 18 years old)</td></tr> <tr><td>2</td><td>Adult (18 years or more)</td></tr> </table>	1	Pediatric (< 18 years old)	2	Adult (18 years or more)						
1	Pediatric (< 18 years old)												
2	Adult (18 years or more)												
364	calculated_sofa Show the field ONLY if: [is_patient_18_years_old] = '2'	Do you have calculated SOFA score?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes												
0	No												
365	enter_sofa Show the field ONLY if: [calculated_sofa] = '1'	Enter SOFA Score	text, Required										
366	sofa_respiration Show the field ONLY if: [is_patient_18_years_old] = '2'	SOFA_Respiration <i>Pao2 / Fio2 mm Hg (if P:F NA use Sao2/Fio2)</i>	dropdown, Required <table border="1"> <tr><td>0</td><td>0. &gt;400</td></tr> <tr><td>1</td><td>1. &lt; 400 (S:F 221-301), +/- Respiratory support</td></tr> <tr><td>2</td><td>2. &lt; 300 (S:F 142-220), +/- Respiratory support</td></tr> <tr><td>3</td><td>3. &lt; 200 (S:F 67-141) and Respiratory support</td></tr> <tr><td>4</td><td>4. &lt; 100 (S:F &lt; 67) and Respiratory support</td></tr> </table>	0	0. >400	1	1. < 400 (S:F 221-301), +/- Respiratory support	2	2. < 300 (S:F 142-220), +/- Respiratory support	3	3. < 200 (S:F 67-141) and Respiratory support	4	4. < 100 (S:F < 67) and Respiratory support
0	0. >400												
1	1. < 400 (S:F 221-301), +/- Respiratory support												
2	2. < 300 (S:F 142-220), +/- Respiratory support												
3	3. < 200 (S:F 67-141) and Respiratory support												
4	4. < 100 (S:F < 67) and Respiratory support												
367	sofa_coagulation Show the field ONLY if: [is_patient_18_years_old] = '2'	SOFA_coagulation (platelet) <i>X 1000 per mm3</i>	dropdown, Required <table border="1"> <tr><td>0</td><td>0. &gt;150</td></tr> <tr><td>1</td><td>1. &lt; 150</td></tr> <tr><td>2</td><td>2. &lt; 100</td></tr> <tr><td>3</td><td>3. &lt; 50</td></tr> <tr><td>4</td><td>4. &lt; 20</td></tr> </table>	0	0. >150	1	1. < 150	2	2. < 100	3	3. < 50	4	4. < 20
0	0. >150												
1	1. < 150												
2	2. < 100												
3	3. < 50												
4	4. < 20												

368	sofa_cardiovascular Show the field ONLY if: [is_patient_18_years_old] = '2'	SOFA_cardiovascular (vasopressors) <i>mcg/kg/min</i>	dropdown, Required 0 0. No Hypotension 1 1. MAP < 70 mm Hg 2 2. Dopamin < or = 5 or Dobutamine 3 3. Dopamin > 5 or Epi / Norepi < or =0.1 4 4. Dopamin > 15 or Epi / Norepi > 0.1
369	sofa_gcs Show the field ONLY if: [is_patient_18_years_old] = '2'	SOFA_GCS	dropdown, Required 0 0. 15 1 1. 13-14 2 2. 10-12 3 3. 6-9 4 4. < 6
370	sofa_liver Show the field ONLY if: [is_patient_18_years_old] = '2'	SOFA_Liver (bilirubin) <i>mg/dL ..... micromol/L</i>	dropdown, Required 0 0. < 1.2 1 1. 1.2 -1.9 mg/dl ..... 20-32 micromol/L 2 2. 2.0 - 5.9 mg/dl ..... 33-101micromol/L 3 3. 6.0-11.9 mg/dl ..... 102-204micromol/L 4 4. >12 mg/dl ..... >204 micromol/L
371	sofa_renal Show the field ONLY if: [is_patient_18_years_old] = '2'	SOFA_Renal (creatinine or urine output) <i>mg/dL ..... micromol/L</i>	dropdown, Required 0 0. < 1.2 mg/dl (110µmol/L) 1 1. 1.2 -1.9 mg/dl (110-170µmol/L) 2 2. 2.0 - 2.4 mg/dl (171-299µmol/L) 3 3. 2.5-4.9 mg/dl (300-440µmol/L) or urine output < 500 mL/day 4 4. > 5.0 mg/dl (>440µmol/L) or urine output < 200 mL/day
372	paediatric_logistic_organ Show the field ONLY if: [is_patient_18_years_old] = '1'	Paediatric Logistic Organ Dysfunction 2 Score (PLODS 2)	descriptive
373	calculated_pelod Show the field ONLY if: [is_patient_18_years_old] = '1'	Do you have calculated PELOD score?	yesno, Required 1 Yes 0 No
374	enter_pelod Show the field ONLY if: [calculated_pelod] = '1'	Enter PELOD Score	text, Required
375	age_range_plods2 Show the field ONLY if: [calculated_pelod] = '0'	Age Range	radio, Required 1 0 to < 1 month 2 1 month -11 months 3 12 months - 23 months (1 - 2 years) 4 24 months - 59 months (2 - 5 years) 5 60 months - 143 months (5 - 12 years) 6 >= 144 months (12 years or more)
376	lactatemia_highest_plods2 Show the field ONLY if: [calculated_pelod] = '0'	Lactatemia (Highest)	text (number), Required
377	lactatemia_high_mu_pelod Show the field ONLY if: [calculated_pelod] = '0'	Lactatemia (Highest) measuring Unit	dropdown, Required 1 US (mg/dl) 2 International System of Measurement (S.I. units ) (mmol/liter)
378	map_low_plods2 Show the field ONLY if: [calculated_pelod] = '0'	Mean arterial pressure in mmHg (Lowest)	text (number), Required
379	gcs_lowest_plods2 Show the field ONLY if: [calculated_pelod] = '0'	Glasgow Coma Scale (Lowest)	text (number), Required

380	pupillary_reaction_plods2 Show the field ONLY if: [calculated_pelod] = '0'	Pupillary Reaction	radio, Required 5 Both fixed 0 Both reactive
381	serum_creatinine_plods2 Show the field ONLY if: [calculated_pelod] = '0'	Serum Creatinine (Highest)	text (number), Required
382	sr_cr_mu_pelod Show the field ONLY if: [calculated_pelod] = '0'	Serum Creatinine Measuring Unit	dropdown, Required 1 US (mg/dL) 2 International System of Measurement (S.I. units) (µmol/L)
383	pao2_lowest_plods2 Show the field ONLY if: [calculated_pelod] = '0'	PaO2 in mmHg (Lowest)	text (number), Required
384	fio2_corre_plods2 Show the field ONLY if: [calculated_pelod] = '0'	FiO2 in % (Corresponding value to lowest PaO2) <i>Corresponding value to lowest PaO2</i>	text (number), Required
385	pco2_plods2 Show the field ONLY if: [calculated_pelod] = '0'	PCO2 in mmHg (Highest)	text (number), Required
386	imv_plods2 Show the field ONLY if: [calculated_pelod] = '0'	Invasive Mechanical Ventilation	yesno, Required 1 Yes 0 No
387	leukocytes_count_plods2 Show the field ONLY if: [calculated_pelod] = '0'	Leukocytes count (Lowest)	text (number), Required
388	leukocyte_mu_pelod Show the field ONLY if: [calculated_pelod] = '0'	Leukocyte Count Unit	dropdown, Required 1 US (×10 <sup>3</sup> /mm <sup>3</sup> ) 2 International System of Measurement (S.I. units) (×10 <sup>9</sup> /liter)
389	platelets_count_in_10_9_l Show the field ONLY if: [calculated_pelod] = '0'	Platelets count (Lowest) <i>(×10<sup>9</sup>/L)</i>	text (number), Required
390	platelets_lab_mu_pelod Show the field ONLY if: [calculated_pelod] = '0'	Platelets Lab Unit	dropdown, Required 1 US (× 10 <sup>3</sup> /µL) 2 International System of Measurement (S.I. units) (×10 <sup>9</sup> /L)
391	treatment_events	Section Header: <i>Daily Treatment/Events</i> Treatment/Events	checkbox, Required 1 treatment_events__1 Prone Ventilation 2 treatment_events__2 Inhaled Nitric Oxide/Epoprostenol 3 treatment_events__3 Extubation 4 treatment_events__4 Reintubation 5 treatment_events__5 Extracorporeal support (ECMO or ELS) 6 treatment_events__6 None
392	extubated_to Show the field ONLY if: [treatment_events(3)] = '1'	Extubated to:	radio, Required 1 BiPAP / CPAP 2 High Flow Nasal Cannula 3 Nasal Cannula / Nasal Pendant 5 Other
393	extubated_other Show the field ONLY if: [extubated_to] = "5"	Extubated_Other:	text, Required

394	other_procedures	Section Header: <i>Other Procedure Details</i> Other procedures	checkbox, Required <table border="1"> <tr><td>0</td><td>other_procedures__0</td><td>None</td></tr> <tr><td>1</td><td>other_procedures__1</td><td>Bronchoscopy</td></tr> <tr><td>2</td><td>other_procedures__2</td><td>Tracheostomy</td></tr> <tr><td>3</td><td>other_procedures__3</td><td>Surgical feeding tube (Not nasogastric tube)</td></tr> <tr><td>4</td><td>other_procedures__4</td><td>Unplanned surgery</td></tr> <tr><td>11</td><td>other_procedures__11</td><td>Other</td></tr> </table>	0	other_procedures__0	None	1	other_procedures__1	Bronchoscopy	2	other_procedures__2	Tracheostomy	3	other_procedures__3	Surgical feeding tube (Not nasogastric tube)	4	other_procedures__4	Unplanned surgery	11	other_procedures__11	Other
0	other_procedures__0	None																			
1	other_procedures__1	Bronchoscopy																			
2	other_procedures__2	Tracheostomy																			
3	other_procedures__3	Surgical feeding tube (Not nasogastric tube)																			
4	other_procedures__4	Unplanned surgery																			
11	other_procedures__11	Other																			
395	other_procedure_explain Show the field ONLY if: [other_procedures(11)] = '1'	If other procedure, please explain	notes, Required																		
396	comments_sofa_events Show the field ONLY if: [is_patient_18_years_old] = '1'	Comments_Sofa_PELOD_Events_Procedures	notes																		
397	enhanced_data_2_daily_sofa_events_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete												
0	Incomplete																				
1	Unverified																				
2	Complete																				
Instrument: <b>Full Data A (APACHE II)</b> (full_data_a_apache_ii) <span style="float: right;">^ Collapse</span>																					
398	apache_ii	Section Header: <i>APACHE II Knaus WA Draper EA et al. APACHE II: A severity of disease classification system. Critical Care Medicine. 1985; 13 (Appendix pages 828-829)</i> Calculated APACHE II (First 24 hours in ICU that is Day 1 ICU) score ? <a href="https://www.mdcalc.com/apache-ii-score">https://www.mdcalc.com/apache-ii-score</a> <i>If yes, fill the calculated score</i>	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes														
0	No																				
1	Yes																				
399	apache2_score Show the field ONLY if: [apache_ii] = '1'	APACHE II (First 24 hours) score	text (number), Required																		
400	apache_age Show the field ONLY if: [apache_ii] = '0'	APACHE II_age <i>Years</i>	dropdown, Required <table border="1"> <tr><td>1</td><td>1. &lt; or = 44</td></tr> <tr><td>2</td><td>2. 45 - 54</td></tr> <tr><td>3</td><td>3. 55 - 64</td></tr> <tr><td>4</td><td>4. 65 - 74</td></tr> <tr><td>5</td><td>5. = or &gt; 74</td></tr> </table>	1	1. < or = 44	2	2. 45 - 54	3	3. 55 - 64	4	4. 65 - 74	5	5. = or > 74								
1	1. < or = 44																				
2	2. 45 - 54																				
3	3. 55 - 64																				
4	4. 65 - 74																				
5	5. = or > 74																				
401	apache_hct Show the field ONLY if: [apache_ii] = '0'	APACHE II_Hematorcit	dropdown, Required <table border="1"> <tr><td>1</td><td>1. &lt; 20%</td></tr> <tr><td>2</td><td>2. 20 - 29.9%</td></tr> <tr><td>3</td><td>3. 30 - 45.9%</td></tr> <tr><td>4</td><td>4. 46 - 49.9%</td></tr> <tr><td>5</td><td>5. 50 - 59.9%</td></tr> <tr><td>6</td><td>6. &gt;60%</td></tr> </table>	1	1. < 20%	2	2. 20 - 29.9%	3	3. 30 - 45.9%	4	4. 46 - 49.9%	5	5. 50 - 59.9%	6	6. >60%						
1	1. < 20%																				
2	2. 20 - 29.9%																				
3	3. 30 - 45.9%																				
4	4. 46 - 49.9%																				
5	5. 50 - 59.9%																				
6	6. >60%																				
402	apache_wbc Show the field ONLY if: [apache_ii] = '0'	APACHE II_WBC <i>per micro liter</i>	dropdown, Required <table border="1"> <tr><td>1</td><td>1. &lt; 1000</td></tr> <tr><td>2</td><td>2. 1000 - 2999</td></tr> <tr><td>3</td><td>3. 3000 - 14999</td></tr> <tr><td>4</td><td>4. 15000 - 19999</td></tr> <tr><td>5</td><td>5. 20000 - 39999</td></tr> <tr><td>6</td><td>6. = or &gt; 40000</td></tr> </table>	1	1. < 1000	2	2. 1000 - 2999	3	3. 3000 - 14999	4	4. 15000 - 19999	5	5. 20000 - 39999	6	6. = or > 40000						
1	1. < 1000																				
2	2. 1000 - 2999																				
3	3. 3000 - 14999																				
4	4. 15000 - 19999																				
5	5. 20000 - 39999																				
6	6. = or > 40000																				
403	apache_temp_rectal Show the field ONLY if: [apache_ii] = '0'	APACHE II_Rectal Temp. <i>degree C</i>	dropdown, Required <table border="1"> <tr><td>1</td><td>1. &gt; or = 41</td></tr> <tr><td>2</td><td>2. 39 - 40.9</td></tr> <tr><td>3</td><td>3. 38.5 - 38.9</td></tr> <tr><td>4</td><td>4. 36 - 38.4</td></tr> <tr><td>5</td><td>5. 34 - 35.9</td></tr> <tr><td>6</td><td>6. 32 - 33.9</td></tr> <tr><td>7</td><td>7. 30 - 31.9</td></tr> <tr><td>8</td><td>8. &lt; or = 29.9</td></tr> </table>	1	1. > or = 41	2	2. 39 - 40.9	3	3. 38.5 - 38.9	4	4. 36 - 38.4	5	5. 34 - 35.9	6	6. 32 - 33.9	7	7. 30 - 31.9	8	8. < or = 29.9		
1	1. > or = 41																				
2	2. 39 - 40.9																				
3	3. 38.5 - 38.9																				
4	4. 36 - 38.4																				
5	5. 34 - 35.9																				
6	6. 32 - 33.9																				
7	7. 30 - 31.9																				
8	8. < or = 29.9																				

404	<p>apache_heart_rate</p> <p>Show the field ONLY if: [apache_ii] = '0'</p>	<p>APACHE II _Heart Rate</p> <p><i>beats per minute</i></p>	<p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>1. &lt; or = 39</td></tr> <tr><td>2</td><td>2. 40 - 54</td></tr> <tr><td>3</td><td>3. 55 - 69</td></tr> <tr><td>4</td><td>4. 70 - 109</td></tr> <tr><td>5</td><td>5. 110 - 139</td></tr> <tr><td>6</td><td>6. 140 - 179</td></tr> <tr><td>7</td><td>7. = or &gt; 180</td></tr> </table>	1	1. < or = 39	2	2. 40 - 54	3	3. 55 - 69	4	4. 70 - 109	5	5. 110 - 139	6	6. 140 - 179	7	7. = or > 180		
1	1. < or = 39																		
2	2. 40 - 54																		
3	3. 55 - 69																		
4	4. 70 - 109																		
5	5. 110 - 139																		
6	6. 140 - 179																		
7	7. = or > 180																		
405	<p>apache_map</p> <p>Show the field ONLY if: [apache_ii] = '0'</p>	<p>APACHE II _Mean Arterial Pressure</p> <p><i>MAP= [(2 x diastolic)+systolic] / 3</i></p>	<p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>1. &lt; or = 49</td></tr> <tr><td>2</td><td>2. 50 - 69</td></tr> <tr><td>3</td><td>3. 70 - 109</td></tr> <tr><td>4</td><td>4. 110 - 129</td></tr> <tr><td>5</td><td>5. 130 - 159</td></tr> <tr><td>6</td><td>6. = or &gt; 160</td></tr> </table>	1	1. < or = 49	2	2. 50 - 69	3	3. 70 - 109	4	4. 110 - 129	5	5. 130 - 159	6	6. = or > 160				
1	1. < or = 49																		
2	2. 50 - 69																		
3	3. 70 - 109																		
4	4. 110 - 129																		
5	5. 130 - 159																		
6	6. = or > 160																		
406	<p>apache_resp_rate</p> <p>Show the field ONLY if: [apache_ii] = '0'</p>	<p>APACHE II _Respiratory Rate</p> <p><i>breaths per minute</i></p>	<p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>1. &lt; or = 5</td></tr> <tr><td>2</td><td>2. 6 - 9</td></tr> <tr><td>3</td><td>3. 10 - 11</td></tr> <tr><td>4</td><td>4. 12 - 24</td></tr> <tr><td>5</td><td>5. 25 - 34</td></tr> <tr><td>6</td><td>6. 35 - 49</td></tr> <tr><td>7</td><td>7. &gt; or = 50</td></tr> </table>	1	1. < or = 5	2	2. 6 - 9	3	3. 10 - 11	4	4. 12 - 24	5	5. 25 - 34	6	6. 35 - 49	7	7. > or = 50		
1	1. < or = 5																		
2	2. 6 - 9																		
3	3. 10 - 11																		
4	4. 12 - 24																		
5	5. 25 - 34																		
6	6. 35 - 49																		
7	7. > or = 50																		
407	<p>apache_serum_sodium</p> <p>Show the field ONLY if: [apache_ii] = '0'</p>	<p>APACHE II _Serum Sodium</p> <p><i>mEq per liter</i></p>	<p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>1. &gt; or = 180</td></tr> <tr><td>2</td><td>2. 160 - 179</td></tr> <tr><td>3</td><td>3. 155- 159</td></tr> <tr><td>4</td><td>4. 150 - 154</td></tr> <tr><td>5</td><td>5. 130 - 149</td></tr> <tr><td>6</td><td>6. 120 - 129</td></tr> <tr><td>7</td><td>7. 111 - 119</td></tr> <tr><td>8</td><td>8. &lt; or = 110</td></tr> </table>	1	1. > or = 180	2	2. 160 - 179	3	3. 155- 159	4	4. 150 - 154	5	5. 130 - 149	6	6. 120 - 129	7	7. 111 - 119	8	8. < or = 110
1	1. > or = 180																		
2	2. 160 - 179																		
3	3. 155- 159																		
4	4. 150 - 154																		
5	5. 130 - 149																		
6	6. 120 - 129																		
7	7. 111 - 119																		
8	8. < or = 110																		
408	<p>apache_fio2</p> <p>Show the field ONLY if: [apache_ii] = '0'</p>	<p>APACHE II _FIO2</p> <p><i>FIO2 (fraction of inspired oxygen) FIO2 on room air = 0.21</i></p>	<p>text (number_2dp), Required</p>																
409	<p>apache_pao2</p> <p>Show the field ONLY if: [apache_ii] = '0'</p>	<p>APACHE II _Pao2</p> <p><i>mm Hg, PaO2 (partial pressure of arterial O2) from ABG</i></p>	<p>text (integer), Required</p>																
410	<p>apache_paco2</p> <p>Show the field ONLY if: [apache_ii] = '0'</p>	<p>APACHE II _PaCo2</p> <p><i>mm Hg, PaCO2 (partial pressure of arterial CO2) from ABG</i></p>	<p>text (integer), Required</p>																
411	<p>apache_ph</p> <p>Show the field ONLY if: [apache_ii] = '0'</p>	<p>APACHE II _Arterial pH</p> <p><i>xx.xx</i></p>	<p>text (number_2dp), Required</p>																
412	<p>apache_hco3</p> <p>Show the field ONLY if: [apache_ii] = '0'</p>	<p>APACHE II _HCo3</p> <p><i>xx.x</i></p>	<p>text (number_1dp), Required</p>																



413	apache_serum_creatinine Show the field ONLY if: [apache_ii] = '0'	APACHE II _Serum Creatinine	dropdown, Required <table border="1"> <tr><td>1</td><td>1. &gt; or = 3.5 mg/dL (310 micromol/L) and NOT acute renal failiure</td></tr> <tr><td>2</td><td>2. 2.0 - 3.4 mg/dL (177-309 micromol/L) and NOT acute renal failiure</td></tr> <tr><td>3</td><td>3. 1.5 - 1.9 mg/dL(133-176 micromol/L) and NOT acute renal failiure</td></tr> <tr><td>4</td><td>4. 0.6 - 1.4 mg/dL (53-132 micromol/L) and NOT acute renal failiure</td></tr> <tr><td>5</td><td>5. &lt; 0.6 mg/dL (53 micromol/L) and NOT acute renal failiure</td></tr> <tr><td>6</td><td>6. &gt; or = 3.5 mg/dL (310 micromol/L) and Acute renal failiure</td></tr> <tr><td>7</td><td>7. 2.0 - 3.4 mg/dL (177-309 micromol/L) and Acute renal failiure</td></tr> <tr><td>8</td><td>8. 1.5 - 1.9 mg/dL (133-176 micromol/L)and Acute renal failiure</td></tr> <tr><td>9</td><td>9. 0.6 - 1.4 mg/dL (53-132 micromol/L) and Acute renal failiure</td></tr> <tr><td>10</td><td>10. &lt; 0.6 mg/dL (53 micromol/L) and Acute renal failiure</td></tr> </table>	1	1. > or = 3.5 mg/dL (310 micromol/L) and NOT acute renal failiure	2	2. 2.0 - 3.4 mg/dL (177-309 micromol/L) and NOT acute renal failiure	3	3. 1.5 - 1.9 mg/dL(133-176 micromol/L) and NOT acute renal failiure	4	4. 0.6 - 1.4 mg/dL (53-132 micromol/L) and NOT acute renal failiure	5	5. < 0.6 mg/dL (53 micromol/L) and NOT acute renal failiure	6	6. > or = 3.5 mg/dL (310 micromol/L) and Acute renal failiure	7	7. 2.0 - 3.4 mg/dL (177-309 micromol/L) and Acute renal failiure	8	8. 1.5 - 1.9 mg/dL (133-176 micromol/L)and Acute renal failiure	9	9. 0.6 - 1.4 mg/dL (53-132 micromol/L) and Acute renal failiure	10	10. < 0.6 mg/dL (53 micromol/L) and Acute renal failiure
1	1. > or = 3.5 mg/dL (310 micromol/L) and NOT acute renal failiure																						
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10	10. < 0.6 mg/dL (53 micromol/L) and Acute renal failiure																						
414	apache_history_organ Show the field ONLY if: [apache_ii] = '0'	APACHE II _History of severe organ insufficiency (heart, liver, kidney, other) or immunocompromised?	dropdown, Required <table border="1"> <tr><td>1</td><td>1. No</td></tr> <tr><td>2</td><td>2. Yes and None-operative patient</td></tr> <tr><td>3</td><td>3. Yes and Emergency post-operative patient</td></tr> <tr><td>4</td><td>4. Yes and Elective surgery post-operative patient</td></tr> </table>	1	1. No	2	2. Yes and None-operative patient	3	3. Yes and Emergency post-operative patient	4	4. Yes and Elective surgery post-operative patient												
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2	2. Yes and None-operative patient																						
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4	4. Yes and Elective surgery post-operative patient																						
415	apache_gcs_eye Show the field ONLY if: [apache_ii] = '0'	APACHE II _GCS_Eye opening <i>Glasgow Coma Scoring - Eye</i>	dropdown, Required <table border="1"> <tr><td>1</td><td>1. Spontenous</td></tr> <tr><td>2</td><td>2. To command</td></tr> <tr><td>3</td><td>3. To pain</td></tr> <tr><td>4</td><td>4. No response</td></tr> </table>	1	1. Spontenous	2	2. To command	3	3. To pain	4	4. No response												
1	1. Spontenous																						
2	2. To command																						
3	3. To pain																						
4	4. No response																						
416	apache_gcs_verbal Show the field ONLY if: [apache_ii] = '0'	APACHE II _GCS_Verbal <i>Glasgow Coma Scoring - Verbal</i>	dropdown, Required <table border="1"> <tr><td>1</td><td>1. Oriented</td></tr> <tr><td>2</td><td>2. Confused</td></tr> <tr><td>3</td><td>3. Inappropriate</td></tr> <tr><td>4</td><td>4. Incomprehensible</td></tr> <tr><td>5</td><td>5. No Response</td></tr> </table>	1	1. Oriented	2	2. Confused	3	3. Inappropriate	4	4. Incomprehensible	5	5. No Response										
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2	2. Confused																						
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5	5. No Response																						
417	apache_gcs_motor Show the field ONLY if: [apache_ii] = '0'	APACHE II _GCS_Motor <i>Glasgow Coma Scoring - Motor</i>	dropdown, Required <table border="1"> <tr><td>1</td><td>1. Obeys Ccommands</td></tr> <tr><td>2</td><td>2. Localizes pain</td></tr> <tr><td>3</td><td>3. Withdraws to pain</td></tr> <tr><td>4</td><td>4. Felexion to pain</td></tr> <tr><td>5</td><td>5. Extension to pain</td></tr> <tr><td>6</td><td>6. No Response</td></tr> </table>	1	1. Obeys Ccommands	2	2. Localizes pain	3	3. Withdraws to pain	4	4. Felexion to pain	5	5. Extension to pain	6	6. No Response								
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4	4. Felexion to pain																						
5	5. Extension to pain																						
6	6. No Response																						
418	comment	Comment	text																				
419	full_data_a_apache_ii_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete														
0	Incomplete																						
1	Unverified																						
2	Complete																						
Instrument: <b>Full Data B (Cardiac Echo, ECG)</b> (full_data_b_cardiac_echo_ecg)			<a href="#">^ Collapse</a>																				
420	echo	Section Header: <i>Echocardiographic measurement</i> Was echocardiography performed?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																
1	Yes																						
0	No																						
421	sbp_echo Show the field ONLY if: [echo] = '1'	Systolic Blood Pressure (SBP) <i>+/- 5 mins closest at the time of ECHO</i>	text (number), Required																				

422	dbp_echo Show the field ONLY if: [echo] = '1'	Diastolic Blood Pressure (DBP) <i>+/- 5 mins closest at the time of ECHO</i>	text (number), Required				
423	echo_image Show the field ONLY if: [echo] = '1'	Echo Image Available	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes						
0	No						
424	echo_image_upload Show the field ONLY if: [echo_image] = '1'	De-identified Echo Image upload - admission <i>Closest to this hospital admission</i>	file, Required				
425	echo_image_upload_baseline Show the field ONLY if: [echo_image] = '1'	De-identified Echo Image upload - Baseline <i>ECHO Image prior to this hospitalization</i>	file, Required				
426	echo_image_upload_pre_discharge Show the field ONLY if: [echo_image] = '1'	De-identified Echo Image upload - Prior to Discharge/Death <i>Closest to this hospital discharge/death</i>	file, Required				
427	left_ventricle_ejection_fr Show the field ONLY if: [echo] = '1'	Left ventricle ejection fraction	text, Required				
428	lvot_velocity_time_integra Show the field ONLY if: [echo] = '1'	LVOT Velocity time integral	text, Required				
429	lvot_diameter Show the field ONLY if: [echo] = '1'	LVOT diameter	text, Required				
430	mitral_lateral_annulus_e Show the field ONLY if: [echo] = '1'	Mitral lateral annulus E'	text, Required				
431	mitral_septal_annulus_e Show the field ONLY if: [echo] = '1'	Mitral septal annulus E'	text, Required				
432	mitral_valve_a_velocity Show the field ONLY if: [echo] = '1'	Mitral Valve A velocity	text, Required				
433	grade_of_mitral_valve_regu Show the field ONLY if: [echo] = '1'	Grade of mitral valve regurgitation	text, Required				
434	mitral_valve_e_velocity Show the field ONLY if: [echo] = '1'	Mitral valve E velocity	text, Required				
435	grade_of_aortic_valve_regu Show the field ONLY if: [echo] = '1'	Grade of aortic valve regurgitation	text, Required				
436	right_ventricle_size Show the field ONLY if: [echo] = '1'	Right ventricle size	text, Required				
437	right_ventricle_systolic_f Show the field ONLY if: [echo] = '1'	Right ventricle systolic function	text, Required				
438	tricuspid_annular_plane_sy Show the field ONLY if: [echo] = '1'	Tricuspid annular plane systolic excursion (TAPSE)	text, Required				
439	right_ventricle_systolic_v Show the field ONLY if: [echo] = '1'	Right ventricle Systolic velocity	text, Required				
440	est_pa_pressure Show the field ONLY if: [echo] = '1'	Est PA pressure	text, Required				
441	right_ventricle_systolic_p Show the field ONLY if: [echo] = '1'	Right ventricle systolic pressure	text, Required				

442	inferior_vena_cava_size Show the field ONLY if: [echo] = '1'	Inferior vena cava size	text, Required								
443	inferior_vena_cava_variabi Show the field ONLY if: [echo] = '1'	Inferior vena cava variability	text, Required								
444	grading_pericardia_ef_echo Show the field ONLY if: [echo] = '1'	Grading size of pericardial effusion	dropdown, Required <table border="1"> <tr><td>0</td><td>No effusions</td></tr> <tr><td>1</td><td>small effusions</td></tr> <tr><td>2</td><td>moderate effusions</td></tr> <tr><td>3</td><td>large effusions</td></tr> </table>	0	No effusions	1	small effusions	2	moderate effusions	3	large effusions
0	No effusions										
1	small effusions										
2	moderate effusions										
3	large effusions										
445	grading_diastolic_function Show the field ONLY if: [echo] = '1'	Grading diastolic function	dropdown, Required <table border="1"> <tr><td>0</td><td>Normal Diastolic function</td></tr> <tr><td>1</td><td>Mild or grade I (impaired relaxation pattern)</td></tr> <tr><td>2</td><td>Moderate or grade II (PNF)</td></tr> <tr><td>3</td><td>Severe (restrictive filling) or grade III</td></tr> </table>	0	Normal Diastolic function	1	Mild or grade I (impaired relaxation pattern)	2	Moderate or grade II (PNF)	3	Severe (restrictive filling) or grade III
0	Normal Diastolic function										
1	Mild or grade I (impaired relaxation pattern)										
2	Moderate or grade II (PNF)										
3	Severe (restrictive filling) or grade III										
446	ecg_image_available	Section Header: <i>ECG Data</i> ECG image available	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
447	de_identified_ecg_image_up Show the field ONLY if: [ecg_image_available] = '1'	De-identified ECG Image upload -admission <i>closest to this hospital admissions file</i>	file, Required								
448	ecg_baseline Show the field ONLY if: [ecg_image_available] = '1'	De-identified ECG Image upload - baseline <i>ECG Image prior to this hospitalization file</i>	file, Required								
449	ecg_pre_discharge Show the field ONLY if: [ecg_image_available] = '1'	De-identified ECG Image upload - discharge/death <i>Closest to this hospital discharge/death xml file</i>	file, Required								
450	angiography_done	Section Header: <i>Coronary Angiogram</i> Was Coronary Angiography Done during this hospitalization	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
451	angiography_report Show the field ONLY if: [angiography_done] = '1'	Coronary Angiography report details <i>First available during this hospitalization</i>	notes, Required								
452	comments_echo_ecg	Comments- Echo-ECG	notes								
453	full_data_b_cardiac_echo_ecg_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										
Instrument: <b>FEMA Data Z (ONLY for Co-venting patients)</b> (fema_data_z_only_coventing_patients)			<a href="#">^ Collapse</a>								
454	age_pt_1	Section Header: <i>Co-Venting Data</i> Age-Patient 1	text, Required								
455	age_pt_2	Age-Patient 2	text, Required								
456	gender_patient_1	Gender- Patient 1	dropdown, Required <table border="1"> <tr><td>0</td><td>Male</td></tr> <tr><td>1</td><td>Female</td></tr> <tr><td>2</td><td>Other</td></tr> </table>	0	Male	1	Female	2	Other		
0	Male										
1	Female										
2	Other										
457	gender_patient_2	Gender- Patient 2	dropdown, Required <table border="1"> <tr><td>0</td><td>Male</td></tr> <tr><td>1</td><td>Female</td></tr> <tr><td>2</td><td>Other</td></tr> </table>	0	Male	1	Female	2	Other		
0	Male										
1	Female										
2	Other										
458	bmi_patient_1	BMI- Patient 1	text, Required								
459	bmi_patient_2	BMI- Patient 2	text, Required								
460	pre_pf_pat_1	Section Header: <i>Pre Data</i> Pre Co-Venting P:F for Patient 1	text, Required								
461	pre_pf_pat_2	Pre Co-Venting P:F for Patient 2	text, Required								

462	pre_ph_pat_1	Pre Co-Venting pH for Patient 1	text, Required												
463	pre_ph_pat_2	Pre Co-Venting pH for Patient 2	text, Required												
464	pre_pco2_pat_1	Pre Co-Venting pCO2 for Patient 1	text, Required												
465	pre_pco2_pat_2	Pre Co-Venting pCO2 for Patient 2	text, Required												
466	pre_po2_pat_1	Pre Co-Venting pO2 for Patient 1	text, Required												
467	pre_po2_pat_2	Pre Co-Venting pO2 for Patient 2	text, Required												
468	pre_spo2_pat_1	Pre Co-Venting SpO2 for Patient 1	text, Required												
469	pre_spo2_pat_2	Pre Co-Venting SpO2 for Patient 2	text, Required												
470	true_pt_1	Is this True (check all that apply) ? Patient 1	checkbox, Required <table border="1"> <tr> <td>0</td> <td>true_pt_1__0</td> <td>None</td> </tr> <tr> <td>1</td> <td>true_pt_1__1</td> <td>Pressor(s)</td> </tr> <tr> <td>2</td> <td>true_pt_1__2</td> <td>NeuroMuscular Blockers</td> </tr> <tr> <td>3</td> <td>true_pt_1__3</td> <td>CRRT/IHD</td> </tr> </table>	0	true_pt_1__0	None	1	true_pt_1__1	Pressor(s)	2	true_pt_1__2	NeuroMuscular Blockers	3	true_pt_1__3	CRRT/IHD
0	true_pt_1__0	None													
1	true_pt_1__1	Pressor(s)													
2	true_pt_1__2	NeuroMuscular Blockers													
3	true_pt_1__3	CRRT/IHD													
471	true_pt_2	Is this True (check all that apply) ? Patient 2	checkbox, Required <table border="1"> <tr> <td>0</td> <td>true_pt_2__0</td> <td>None</td> </tr> <tr> <td>1</td> <td>true_pt_2__1</td> <td>Pressor(s)</td> </tr> <tr> <td>2</td> <td>true_pt_2__2</td> <td>NeuroMuscular Blockers</td> </tr> <tr> <td>3</td> <td>true_pt_2__3</td> <td>CRRT/IHD</td> </tr> </table>	0	true_pt_2__0	None	1	true_pt_2__1	Pressor(s)	2	true_pt_2__2	NeuroMuscular Blockers	3	true_pt_2__3	CRRT/IHD
0	true_pt_2__0	None													
1	true_pt_2__1	Pressor(s)													
2	true_pt_2__2	NeuroMuscular Blockers													
3	true_pt_2__3	CRRT/IHD													
472	pressors_pat_1 Show the field ONLY if: [true_pt_1(1)] = '1'	Pressors- Patient 1- Name and doses? <i>write none if NA</i>	text, Required												
473	pressors_pat_2 Show the field ONLY if: [true_pt_2(1)] = '1'	Pressors- Patient 2- Name and doses? <i>write none if NA</i>	text, Required												
474	nmb_pat_1 Show the field ONLY if: [true_pt_1(2)] = '1'	Neuromuscular Blockers- Patient 1- Name and doses? <i>write none if NA</i>	text, Required												
475	nmb_pat_2 Show the field ONLY if: [true_pt_2(2)] = '1'	Neuromuscular Blockers- Patient 2- Name and doses? <i>write none if NA</i>	text, Required												
476	crtt_ihd_pt_1 Show the field ONLY if: [true_pt_1(3)] = '1'	CRRT/IHD- Name and duration ? Patient 1	text, Required												
477	crtt_ihd_pt_2 Show the field ONLY if: [true_pt_2(3)] = '1'	CRRT/IHD- Name and duration ? Patient 2	text, Required												
478	post_pf_pat_1	Section Header: <i>Post Co-Venting Data</i> Post Co-Venting P:F for Patient 1	text, Required												
479	post_pf_pat_2	Post Co-Venting P:F for Patient 2	text, Required												
480	post_ph_pat_1	Post Co-Venting pH for Patient 1	text, Required												
481	post_ph_pat_2	Post Co-Venting pH for Patient 2	text, Required												
482	post_pco2_pat_1	Post Co-Venting pCO2 for Patient 1	text, Required												
483	post_pco2_pat_2	Post Co-Venting pCO2 for Patient 2	text, Required												
484	post_po2_pat_1	Post Co-Venting pO2 for Patient 1	text, Required												
485	post_po2_pat_2	Post Co-Venting pO2 for Patient 2	text, Required												
486	post_spo2_pat_1	Post Co-Venting SpO2 for Patient 1	text, Required												
487	post_spo2_pat_2	Post Co-Venting SpO2 for Patient 2	text, Required												
488	mode_pat_1	Section Header: <i>CoVent Ventilation</i> Co-Venting Mode Patient 1	text, Required												
489	mode_pat_2	Co-Venting Mode Patient 2	text, Required												
490	initial_peep_pt_1	Initial Co-Vent PEEP- Patient 1	text, Required												
491	initial_peep_pt_2	Initial Co-Vent PEEP- Patient 2	text, Required												
492	initial_pip_pt_1	Initial Co-Vent PIP- Patient 1	text, Required												
493	initial_pip_pt_2	Initial Co-Vent PIP- Patient 2	text, Required												
494	duration_of_co_venting	Duration of Co-Venting <i>Copy the calculator--&gt; <a href="https://docs.google.com/spreadsheets/d/1wQJP-yhmG19pDAOGR-FIEQx-xl67dfumYnl5Wl_aZ7o8/edit?usp=sharing">https://docs.google.com/spreadsheets/d/1wQJP-yhmG19pDAOGR-FIEQx-xl67dfumYnl5Wl_aZ7o8/edit?usp=sharing</a></i>	text, Required												

495	patient_1_was	Patient 1 was ? (check all that apply)	checkbox, Required <table border="1"> <tr> <td>0</td> <td>patient_1_was__0</td> <td>None</td> </tr> <tr> <td>1</td> <td>patient_1_was__1</td> <td>Ever prone?</td> </tr> <tr> <td>2</td> <td>patient_1_was__2</td> <td>Extubated Alive?</td> </tr> <tr> <td>3</td> <td>patient_1_was__3</td> <td>Discharged Alive?</td> </tr> </table>	0	patient_1_was__0	None	1	patient_1_was__1	Ever prone?	2	patient_1_was__2	Extubated Alive?	3	patient_1_was__3	Discharged Alive?
0	patient_1_was__0	None													
1	patient_1_was__1	Ever prone?													
2	patient_1_was__2	Extubated Alive?													
3	patient_1_was__3	Discharged Alive?													
496	patient_2_was	Patient 2 was ? (check all that apply)	checkbox, Required <table border="1"> <tr> <td>0</td> <td>patient_2_was__0</td> <td>None</td> </tr> <tr> <td>1</td> <td>patient_2_was__1</td> <td>Ever prone?</td> </tr> <tr> <td>2</td> <td>patient_2_was__2</td> <td>Extubated Alive?</td> </tr> <tr> <td>3</td> <td>patient_2_was__3</td> <td>Discharged Alive?</td> </tr> </table>	0	patient_2_was__0	None	1	patient_2_was__1	Ever prone?	2	patient_2_was__2	Extubated Alive?	3	patient_2_was__3	Discharged Alive?
0	patient_2_was__0	None													
1	patient_2_was__1	Ever prone?													
2	patient_2_was__2	Extubated Alive?													
3	patient_2_was__3	Discharged Alive?													
497	comments_pt_1	Co-Venting Comments- Patient 1	notes												
498	comments_pt_2	Co-Venting Comments- Patient 2	notes												
499	fema_data_z_only_coventing_patients_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete														
1	Unverified														
2	Complete														
Instrument: <b>Pediatrics Data P (FSS, PRISM)</b> (pediatrics_data_p_pim_iii_prism)			<a href="#">^ Collapse</a>												
500	fss_mental_status	Section Header: <i>Functional Status Score (on Admission and on Discharge)</i> FSS Mental Status	radio, Required <table border="1"> <tr> <td>1</td> <td>1. Normal Sleep/Wake- Appropriate Responsivity</td> </tr> <tr> <td>2</td> <td>2. Sleepy but arousable to noise/touch/movement and/or period of social non-responsivity</td> </tr> <tr> <td>3</td> <td>3. Lethargic and/or Irritable</td> </tr> <tr> <td>4</td> <td>4. Minimal arousal to stimulus (stupor)</td> </tr> <tr> <td>5</td> <td>5. Unresponsive and/or com and/or vegetative</td> </tr> </table>	1	1. Normal Sleep/Wake- Appropriate Responsivity	2	2. Sleepy but arousable to noise/touch/movement and/or period of social non-responsivity	3	3. Lethargic and/or Irritable	4	4. Minimal arousal to stimulus (stupor)	5	5. Unresponsive and/or com and/or vegetative		
1	1. Normal Sleep/Wake- Appropriate Responsivity														
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3	3. Lethargic and/or Irritable														
4	4. Minimal arousal to stimulus (stupor)														
5	5. Unresponsive and/or com and/or vegetative														
501	fss_sensory	FSS Sensory	radio, Required <table border="1"> <tr> <td>1</td> <td>1. Intact hearing and vision and responsive to touch</td> </tr> <tr> <td>2</td> <td>2. Suspected hearing or suspected vision loss</td> </tr> <tr> <td>3</td> <td>3. Not reactive to Auditory OR Visual stimuli</td> </tr> <tr> <td>4</td> <td>4. Not reactive to Auditory AND Visual stimuli</td> </tr> <tr> <td>5</td> <td>5. Abnormal response to pain or touch</td> </tr> </table>	1	1. Intact hearing and vision and responsive to touch	2	2. Suspected hearing or suspected vision loss	3	3. Not reactive to Auditory OR Visual stimuli	4	4. Not reactive to Auditory AND Visual stimuli	5	5. Abnormal response to pain or touch		
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2	2. Suspected hearing or suspected vision loss														
3	3. Not reactive to Auditory OR Visual stimuli														
4	4. Not reactive to Auditory AND Visual stimuli														
5	5. Abnormal response to pain or touch														
502	fss_communication	FSS Communication	radio, Required <table border="1"> <tr> <td>1</td> <td>1. Appropriate non-crying vocalizations, interactive facial expressiveness or gestures</td> </tr> <tr> <td>2</td> <td>2. Diminished vocalization diminished facial expression and/or social responsiveness</td> </tr> <tr> <td>3</td> <td>3. Absence of attention-getting behavior</td> </tr> <tr> <td>4</td> <td>4. No demonstration of discomfort</td> </tr> <tr> <td>5</td> <td>5. Absence of communication</td> </tr> </table>	1	1. Appropriate non-crying vocalizations, interactive facial expressiveness or gestures	2	2. Diminished vocalization diminished facial expression and/or social responsiveness	3	3. Absence of attention-getting behavior	4	4. No demonstration of discomfort	5	5. Absence of communication		
1	1. Appropriate non-crying vocalizations, interactive facial expressiveness or gestures														
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3	3. Absence of attention-getting behavior														
4	4. No demonstration of discomfort														
5	5. Absence of communication														
503	fss_motor_function	FSS Motor function	radio, Required <table border="1"> <tr> <td>1</td> <td>1. Coordinated body movement and normal muscle control and awareness of action and why its being done</td> </tr> <tr> <td>2</td> <td>2. One limb functionally impaired</td> </tr> <tr> <td>3</td> <td>3. Two or more limbs functionally impaired</td> </tr> <tr> <td>4</td> <td>4. Poor head control</td> </tr> <tr> <td>5</td> <td>5. Diffuse spasticity, paralysis, decerebrate/decorticate posturing</td> </tr> </table>	1	1. Coordinated body movement and normal muscle control and awareness of action and why its being done	2	2. One limb functionally impaired	3	3. Two or more limbs functionally impaired	4	4. Poor head control	5	5. Diffuse spasticity, paralysis, decerebrate/decorticate posturing		
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3	3. Two or more limbs functionally impaired														
4	4. Poor head control														
5	5. Diffuse spasticity, paralysis, decerebrate/decorticate posturing														
504	fss_feeding	FSS Feeding	radio, Required <table border="1"> <tr> <td>1</td> <td>1. All food taken by mouth with age appropriate help</td> </tr> <tr> <td>2</td> <td>2. NPO or need for age inappropriate help with feeding</td> </tr> <tr> <td>3</td> <td>3. Oral and tube feedings</td> </tr> <tr> <td>4</td> <td>4. Parenteral nutrition with tube or oral feedings</td> </tr> <tr> <td>5</td> <td>5. All parenteral nutrition</td> </tr> </table>	1	1. All food taken by mouth with age appropriate help	2	2. NPO or need for age inappropriate help with feeding	3	3. Oral and tube feedings	4	4. Parenteral nutrition with tube or oral feedings	5	5. All parenteral nutrition		
1	1. All food taken by mouth with age appropriate help														
2	2. NPO or need for age inappropriate help with feeding														
3	3. Oral and tube feedings														
4	4. Parenteral nutrition with tube or oral feedings														
5	5. All parenteral nutrition														

505	fss_respiratory	FSS Respiratory	radio, Required <table border="1"> <tr><td>1</td><td>1. Room air and no artificial support or aids</td></tr> <tr><td>2</td><td>2. Oxygen and/or suctioning</td></tr> <tr><td>3</td><td>3. Tracheostomy</td></tr> <tr><td>4</td><td>4. CPAP for all or part of the day and/or mechanical ventilator support for part of the day</td></tr> <tr><td>5</td><td>5. Mechanical ventilatory support for all of the day and night</td></tr> </table>	1	1. Room air and no artificial support or aids	2	2. Oxygen and/or suctioning	3	3. Tracheostomy	4	4. CPAP for all or part of the day and/or mechanical ventilator support for part of the day	5	5. Mechanical ventilatory support for all of the day and night
1	1. Room air and no artificial support or aids												
2	2. Oxygen and/or suctioning												
3	3. Tracheostomy												
4	4. CPAP for all or part of the day and/or mechanical ventilator support for part of the day												
5	5. Mechanical ventilatory support for all of the day and night												
506	prism_3	Section Header: <i>PRISM 3 and/or 4 (physiological variables are measured ONLY in the first four hours of ICU care and laboratory variables in the time period from two hours before ICU admission through the first four hours)</i> Calculated PRISM 3 (Only Fill on ICU Day-1)	checkbox, Required <table border="1"> <tr><td>1</td><td>prism_3__1</td><td>Yes</td></tr> <tr><td>2</td><td>prism_3__2</td><td>No</td></tr> </table>	1	prism_3__1	Yes	2	prism_3__2	No				
1	prism_3__1	Yes											
2	prism_3__2	No											
507	prism_4	Calculated PRISM 4	checkbox, Required <table border="1"> <tr><td>1</td><td>prism_4__1</td><td>Yes</td></tr> <tr><td>2</td><td>prism_4__2</td><td>No</td></tr> </table>	1	prism_4__1	Yes	2	prism_4__2	No				
1	prism_4__1	Yes											
2	prism_4__2	No											
508	enter_prism_3_socre Show the field ONLY if: [prism_3(1)] = '1'	Enter PRISM 3 Score	text, Required										
509	enter_prism_4_score Show the field ONLY if: [prism_4(1)] = '1'	Enter PRISM 4 Score	text, Required										
510	age_prism Show the field ONLY if: [prism_3(2)] = '1' and [prism_4(2)] = '1'	Age (PRISM 3)	radio, Required <table border="1"> <tr><td>1</td><td>Neonate (0-30 days)</td></tr> <tr><td>2</td><td>Infant (31- 2 years)</td></tr> <tr><td>3</td><td>Child (2 years - 12 years)</td></tr> <tr><td>4</td><td>Adolescent (13 years and up)</td></tr> </table>	1	Neonate (0-30 days)	2	Infant (31- 2 years)	3	Child (2 years - 12 years)	4	Adolescent (13 years and up)		
1	Neonate (0-30 days)												
2	Infant (31- 2 years)												
3	Child (2 years - 12 years)												
4	Adolescent (13 years and up)												
511	age_prism_4 Show the field ONLY if: [prism_3(2)] = '1' and [prism_4(2)] = '1'	Patient's age (PRISM 4))	radio, Required <table border="1"> <tr><td>1</td><td>0 to &lt; 14 days</td></tr> <tr><td>2</td><td>14 days to</td></tr> <tr><td>3</td><td>1 month to &lt; 12 months</td></tr> <tr><td>4</td><td>2 months to 18 years</td></tr> </table>	1	0 to < 14 days	2	14 days to	3	1 month to < 12 months	4	2 months to 18 years		
1	0 to < 14 days												
2	14 days to												
3	1 month to < 12 months												
4	2 months to 18 years												
512	sbp_prism Show the field ONLY if: [prism_3(2)] = '1' or [prism_4(2)] = '1'	Systolic blood pressure (lowest value) mmHg	text, Required										
513	temp_low_prism Show the field ONLY if: [prism_3(2)] = '1' or [prism_4(2)] = '1'	Temperature (lowest value) °C	text, Required										
514	temp_high_prism Show the field ONLY if: [prism_3(2)] = '1' or [prism_4(2)] = '1'	Temperature (highest value) °C	text, Required										
515	gcs_prism Show the field ONLY if: [prism_3(2)] = '1' or [prism_4(2)] = '1'	Glasgow coma scale score (lowest value)	text (number), Required										
516	gcs_prism_7 Show the field ONLY if: [prism_3(2)] = '1' or [prism_4(2)] = '1'	Glasgow coma scale score (lowest value)	text (number), Required										
517	hr_prism_7 Show the field ONLY if: [prism_3(2)] = '1' or [prism_4(2)] = '1'	heart rate (highest value)	text (number), Required										
518	num_pupils_3_mm_prism Show the field ONLY if: [prism_3(2)] = '1' or [prism_4(2)] = '1'	number of pupils> 3 mm and fixed (0, 1, 2)	radio, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> </table>	0	0	1	1	2	2				
0	0												
1	1												
2	2												

519	<p>ph_low_prism</p> <p>Show the field ONLY if: [prism_3(2)] = '1' or [prism_4(2)] = '1'</p>	ph (lowest value)	text (number_2dp), Required				
520	<p>ph_high_prism_2</p> <p>Show the field ONLY if: [prism_3(2)] = '1' or [prism_4(2)] = '1'</p>	ph (highest value)	text (number_2dp), Required				
521	<p>co2_bicarb_low_prism</p> <p>Show the field ONLY if: [prism_3(2)] = '1' or [prism_4(2)] = '1'</p>	Total CO2 (bicarb) (lowest value) mmol/l	text (number), Required				
522	<p>co2_bicarb_high_prism_2</p> <p>Show the field ONLY if: [prism_3(2)] = '1' and [prism_4(2)] = '1'</p>	Total CO2 (bicarb) (highest value) mmol/l	text (number), Required				
523	<p>pco2_prism</p> <p>Show the field ONLY if: [prism_3(2)] = '1' or [prism_4(2)] = '1'</p>	PCO2 (highest value) mmHg	text (number), Required				
524	<p>arterial_pao2_prism</p> <p>Show the field ONLY if: [prism_3(2)] = '1' or [prism_4(2)] = '1'</p>	Arterial PaO2 (lowest value) mmHg	text (number), Required				
525	<p>glu_high_prism</p> <p>Show the field ONLY if: [prism_3(2)] = '1' or [prism_4(2)] = '1'</p>	Glucose (highest value)	text (number), Required				
526	<p>glu_mu_prism</p> <p>Show the field ONLY if: [prism_3(2)] = '1' or [prism_4(2)] = '1'</p>	Glucose (Measuring Unit)	dropdown, Required <table border="1"> <tr><td>1</td><td>mg/dl</td></tr> <tr><td>2</td><td>mmol/l</td></tr> </table>	1	mg/dl	2	mmol/l
1	mg/dl						
2	mmol/l						
527	<p>potassim_high_prism</p> <p>Show the field ONLY if: [prism_3(2)] = '1' or [prism_4(2)] = '1'</p>	Potassium (highest value)	text (number), Required				
528	<p>pot_mu_prism</p> <p>Show the field ONLY if: [prism_3(2)] = '1' or [prism_4(2)] = '1'</p>	Potassium Measuring Unit	dropdown, Required <table border="1"> <tr><td>1</td><td>US (mEq/L)</td></tr> <tr><td>2</td><td>International System of Measurement (S.I. units) (mmol/liter)</td></tr> </table>	1	US (mEq/L)	2	International System of Measurement (S.I. units) (mmol/liter)
1	US (mEq/L)						
2	International System of Measurement (S.I. units) (mmol/liter)						
529	<p>s_cr_high_prism</p> <p>Show the field ONLY if: [prism_3(2)] = '1' or [prism_4(2)] = '1'</p>	serum creatinine (highest value)	text (number_2dp), Required				
530	<p>sr_cr_mu_prism</p> <p>Show the field ONLY if: [prism_3(2)] = '1' or [prism_4(2)] = '1'</p>	Serum Creatinine Measuring Unit	dropdown, Required <table border="1"> <tr><td>1</td><td>US (mg/dL)</td></tr> <tr><td>2</td><td>International System of Measurement (S.I. units) (µmol/L)</td></tr> </table>	1	US (mg/dL)	2	International System of Measurement (S.I. units) (µmol/L)
1	US (mg/dL)						
2	International System of Measurement (S.I. units) (µmol/L)						
531	<p>bun_high_prism</p> <p>Show the field ONLY if: [prism_3(2)] = '1' or [prism_4(2)] = '1'</p>	BUN (highest value)	text (number_1dp), Required				
532	<p>bun_mu_prism</p> <p>Show the field ONLY if: [prism_3(2)] = '1' or [prism_4(2)] = '1'</p>	BUN Measuring Unit	dropdown, Required <table border="1"> <tr><td>1</td><td>US (mg/dl)</td></tr> <tr><td>2</td><td>International System of Measurement (S.I. units) (mmol/liter)</td></tr> </table>	1	US (mg/dl)	2	International System of Measurement (S.I. units) (mmol/liter)
1	US (mg/dl)						
2	International System of Measurement (S.I. units) (mmol/liter)						
533	<p>wbc_low_prism</p> <p>Show the field ONLY if: [prism_3(2)] = '1' or [prism_4(2)] = '1'</p>	WBC count (lowest value)	text (number), Required				

534	wbc_mu_prism Show the field ONLY if: [prism_3(2)] = '1' or [prism_4(2)] = '1'	WBC Unit	dropdown, Required 1 US ( $\times 10^3/\text{mm}^3$ ) 2 International System of Measurement (S.I. units) ( $\times 10^9/\text{liter}$ )
535	pt_high_prism Show the field ONLY if: [prism_3(2)] = '1' or [prism_4(2)] = '1'	PT (highest value) seconds	text (number_1dp), Required
536	ptt_high_prism Show the field ONLY if: [prism_3(2)] = '1' or [prism_4(2)] = '1'	PTT (highest value) seconds	text (number_1dp), Required
537	platelets_low_prism Show the field ONLY if: [prism_3(2)] = '1' or [prism_4(2)] = '1'	platelets (lowest value)	radio, Required 1 < 50 K 2 50 K-100 K 3 100 K-200 K 4 >200 K
538	plt_mu_prism Show the field ONLY if: [prism_3(2)] = '1' or [prism_4(2)] = '1'	Platelets Unit	dropdown, Required 1 US ( $\times 10^3/\mu\text{L}$ ) 2 International System of Measurement (S.I. units) ( $\times 10^9/\text{L}$ )
539	adm_source_prism Show the field ONLY if: [prism_3(2)] = '1' or [prism_4(2)] = '1'	Admission source	radio, Required 1 operating room or post-anesthesia care unit 2 another hospital 3 inpatient unit 4 emergency department
540	cpr_prism Show the field ONLY if: [prism_3(2)] = '1' or [prism_4(2)] = '1'	Cardiopulmonary resuscitation (CPR) within 24 hours before PICU admission	yesno, Required 1 Yes 0 No
541	cancer_prism Show the field ONLY if: [prism_3(2)] = '1' or [prism_4(2)] = '1'	Cancer (acute or chronic)	yesno, Required 1 Yes 0 No
542	primary_dysfunction_prism Show the field ONLY if: [prism_3(2)] = '1' or [prism_4(2)] = '1'	Low-risk systems of primary dysfunction (Endocrinology, hematology, musculoskeletal and renal systems of primary dysfunction)	yesno, Required 1 Yes 0 No
543	pediatrics_data_p_pim_iii_prism_complete	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

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