

Study ID: _____

Date (dd/mm/yyyy) and time (hhmm) of diagnosis/enrollment*: _____

Date of birth (dd/mm/yyyy)	
Date of admission to hospital (dd/mm/yyyy)	
Date of admission to ICU (dd/mm/yyyy)	
Date of discharge from ICU (dd/mm/yyyy)	
Date of discharge from hospital (dd/mm/yyyy)	
Gender (Male: 1, Female: 2)	
Measured weight (kg) on admission	
Measured height (cm) on admission	
Indication for ICU admission: 1 Cardiac surgical 2 Cardiac non-surgical 3 Trauma 4 Respiratory 5 Neurological non-surgical 6 Surgical non-cardiac 7 Other medical diagnoses. Specify:	
Date of diagnosis of PARDS (dd/mm/yyyy)	This will be referred to as Day 1.
Primary underlying co-morbidity: System involved (1: cardiovascular, 2: respiratory, 3: neurological, 4: renal, 5: gastrointestinal, 6: hematological/oncology, 7: others)	According to Edwards et al. Chronic conditions among children admitted to U.S. pediatric intensive care units: their prevalence and impact on risk for mortality and prolonged length of stay*. Critical care medicine. 2012 Jul;40(7):2196-203.
Specify primary underlying comorbidity (free text)	
Associated underlying co-morbidity 1 (free text)	
Associated underlying co-morbidity 2 (free text)	
Associated underlying co-morbidity 3 (free text)	
Associated underlying co-morbidity 4 (free text)	
Associated underlying co-morbidity 5 (free text)	
Immunosuppression (1: yes, 0: no)	

<p>If yes, please specify reason for immunosuppression: (choose all that apply)</p> <ol style="list-style-type: none"> 1. HIV/AIDS 2. Hematological malignancy 3. Primary immunodeficiency 4. Solid organ malignancy + immunosuppressive medication 5. Organ transplant + immunosuppressive medication 6. Rheumatologic/ inflammatory + immunosuppressive medication 7. Others. Specify: 	<p>Immunosuppressive medication includes chemotherapy, biologics and long-term steroids</p>
<p>Limitation of care i.e. do-not-resuscitate orders. (No: 0, Yes: 1)</p>	
<p>Reason for limitation of care (free text)</p>	
<p>Brainstem death or not expected to survive the next 48hours on PICU admission. (No: 0, Yes: 1)</p>	
<p>Does the patient have any of the following co-morbidities (No: 0, Yes: 1)</p> <ol style="list-style-type: none"> 1) Cyanotic congenital heart disease 2) Chronic lung disease of prematurity 3) Left ventricular dysfunction 	
<p>PIM 3 score at admission https://www.anzics.com.au/severity-score-and-risk-of-death-calculators/</p>	
<p>PELOD 2 score at admission https://espnice-online.org/Education/Professional-Resources/Paediatric-Logistic-Organ-Dysfunction-2-Score-Calculator</p>	

ARDS Characteristics	Value	Additional comments
<p>Risk factors for ARDS (pneumonia/pneumonitis:1, aspiration: 2, drowning: 3, sepsis: 4, trauma:5, transfusion: 6, cardiopulmonary bypass: 7 pancreatitis:8, others:9-specify)</p>		<p>If 1, please specify S-PIC study ID.</p>
<p>Positive blood cultures (No: 0, Yes: 1); if yes, please specify organisms.</p>		
<p>Respiratory pathogen identified (No: 0, Yes: 1). If yes, please specify.</p>		
<p>Does the patient have any contraindications to permissive hypercapnia (No: 0, Yes: 1)</p> <p>If yes,</p> <ul style="list-style-type: none"> - specify [intracranial hypertension: 1, severe pulmonary hypertension (>2/3 systemic): 2, hemodynamic instability (>=3) inotropes: 3, others: 4 specify] 		
<p>2DE performed within 28 days of PARDS (No: 0, Yes: 1).</p>		<p>You may be contacted for details of the 2DE</p>

Day of ARDS		D1	D2	D3	D4	D5	D6	D7
DD/MM/YYYY								
Mechanical ventilator settings	Mode							
	F _i O ₂ (%)							
	PIP/ Phigh							
	PEEP/Plow							
	MAP							
	TV (ml)							
	Rate/Freq							
	Amp							
ABG (Take the morning routine ABG with corresponding MV settings, EtCO ₂ , SpO ₂)	pH							
	P _a O ₂ (mmHg)							
	P _a CO ₂ (mmHg)							
	Lactate (mmol/L)							
End-tidal CO ₂ (mmHg)								
S _p O ₂ (88-97%)								
Cumulative balance								
Inotropes (Take the dose at 6-8am)	Dopamine (ug/kg/min)							
	Dobutamine (ug/kg/min)							
	Adrenaline (ug/kg/min)							
	Noradrenaline (ug/kg/min)							
	Milrinone (ug/kg/min)							
	Vasopressin (unit/kg/min)							

Date of intubation in ICU (dd/mm/yyyy)	(if the patient is on tracheostomy, this date should be the date when he/she is put on an invasive mechanical ventilator)
Date of 1 st extubation in ICU (dd/mm/yyyy)	(if the patient is on tracheostomy, this date should be the date when he/she is put on a portable ventilator/NIV)
Type of first endotracheal tube? (cuffed: 1, uncuffed: 2)	
Need for reintubation in ICU (No: 0, Yes: 1); if yes:	
- Date of second intubation (dd/mm/yyyy)	
- Date of second extubation (dd/mm/yyyy)	
Type of second endotracheal tube? (cuffed: 1, uncuffed: 2)	
Need for HFV in first 28 days (No: 0, Yes: 1). If yes,	
- Date of start HFOV (dd/mm/yyyy)	
- Date of stop HFOV (dd/mm/yyyy)	
Need for pulmonary vasodilators in first 7 days (No: 0, Yes: 1); if yes,	
- please specify type (inhaled nitric oxide: 1, sildenafil: 2, iloprost: 3, bosentan: 4, others:5)	
Need for prone positioning in first 7 days (No: 0, Yes: 1); if yes,	
- please specify if prone \geq 8hours/day:1, <8hours/day:2	
Need for steroids within 28 days (No: 0, Yes: 1); if yes, please specify	
- Indication (PARDS: 1, adrenal insufficiency: 2, laryngeal edema: 3, others: 4 specify)	
- Start (dd/mm/yyyy)	
- Stop (dd/mm/yyyy)	
- Total cumulative dose in hydrocortisone equivalent (mg)*	
Need for surfactant therapy in first 7 days (No: 0, Yes: 1)	
Need for paralysis in first 7 days (No: 0, Yes: 1); if yes,	
- Start (dd/mm/yyyy)	
- Stop (dd/mm/yyyy)	
Need for continuous renal replacement therapy (CRRT) in first 7 days (No: 0, Yes: 1)	

Need for diuretics in first 7 days (No: 0, Yes: 1); of yes, - Frusemide used (No: 0, Yes: 1) - Total cumulative dose in first 7 days - Spironolactone used (No: 0, Yes: 1) - Total cumulative dose in first 7 days - Bumetanide used (No: 0, Yes: 1) - Total cumulative dose in first 7 days	
Need for packed cell transfusion in first 7 days (No: 0, Yes: 1); if yes - Total cumulative dose (ml) - Indication (improve oxygen delivery:1, bleeding:2, hemodynamic instability:3, others: 4 specify) - Hb target (>7g/dL:1, >9: 2, >10: 3, >12:4)	
Total dose of platelets (ml)	
Total dose of fresh frozen plasma (ml)	
Total dose of cryoprecipitate (ml)	
Total dose of intravenous immunoglobulin (g)	
Total dose of "others"	
Need for ECMO in first 7 days (No: 0, Yes: 1), if yes - Start (dd/mm/yyyy) - Stop (dd/mm/yyyy) - Type (veno-venous:1, veno-arterial:2)	

*Steroid conversion:

Hydrocortisone	1
Prednisolone	4
Methylprednisolone	5
Dexamethasone	25

Outcomes

PICU Mortality: (No: 0, Yes: 1)	
If yes, please state cause of death	
PICU Transfer: (No: 0, Yes: 1)	
Multiorgan Dysfunction; ≥ 2 non-pulmonary organ dysfunction (No: 0, Yes: 1)	
If yes, please state the organs involved (1: cardiovascular, 2: neurology, 3: hepatic, 4: renal, 5: hematology)*	
Pediatric Overall Performance Category	
- Admission	
- Discharge	
Pediatric Cerebral Performance Category:	
- Admission	
- Discharge	
Air leak in first 7 days (eg: pneumothorax, pneumomediastinum) (No: 0, Yes: 1)	

* Goldstein et al. International pediatric sepsis consensus conference: definitions for sepsis and organ dysfunction in pediatrics. Pediatric critical care medicine 2005 Jan;6(1):2-8.

Enteral Nutrition

Enteral nutrition	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Formula name							
Carbohydrate (g/100ml)							
Protein (g/100ml)							
Fat (g/100ml)							
Volume received							

Parenteral Nutrition

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
PN prescribed							
Dextrose (g)							
Amino acid (g)							
Lipid (g)							
Volume DAE prescribed							
Volume lipid prescribed							
PN received							
Volume DAE received							
Volume lipid received							

A. Pediatric Cerebral Performance Category Scale (PCPC) Scoring Criteria

Worst level of performance for any single criterion is used for categorizing, and deficits are scored if they result from a neurological disorder.

<u>Score Category</u>	<u>Description</u>
1 - Normal	Normal; at age-appropriate level of functioning. Preschool child: developmentally appropriate. School-age child: attending regular school classroom
2 - Mild Disability	Conscious, alert, and able to interact at age-appropriate level; Preschool child: may have minor developmental delays. School-age child: attending regular school classroom, but grade is not appropriate for age, or child is failing appropriate grade because of cognitive difficulties. Possibility of mild neurologic deficit, or mild neurologic disease that is controlled and does not interfere with daily functioning (e.g. seizure disorder).
3 - Moderate Disability	Conscious; below age appropriate functioning. Neurologic disease that is not controlled and severely limits activities. Preschool child: delayed for most of their activities of daily living. School age child: sufficient cerebral function for age-appropriate independent activities of daily life; attending special education classroom because of cognitive difficulties and/or learning deficits.
4 - Severe Disability	Conscious Preschool child: delayed for most of their activities of daily living, and excessively dependent on other for the provision of activities of daily living. School age child: may be so impaired as to be unable to attend school; dependent on others for daily support because of impaired brain function.
5 - Coma/Vegetative State	Any degree of coma. Unaware, even if awake in appearance, without clear or consistent interaction with environment. Unresponsive with no evidence of cortical function (not aroused by verbal stimuli). Possibility of some reflexive response, spontaneous eye-opening, and sleep-wake cycles.

B. Pediatric Overall Performance Category Scale (POPC) Scoring Criteria

PCPC scores are included as criteria for POPC scores; POPC scores cannot exceed PCPC scores.

<u>Score Category</u>	<u>Description</u>
1- Good	PCPC =1 Healthy, alert, and capable of normal age appropriate activities of daily life. Medical and physical problems do not interfere with normal activity.
2 -Mild Disability	PCPC = 2 Minor chronic physical or medical problems present minor limitations but are compatible with normal life (e.g. asthma, heart disease requiring medication or medical device). Preschool child: has physical disabilities consistent with future independent functioning (e.g. single amputation, and is able to perform the majority of age appropriate activities of daily living.) School age child: able to perform age appropriate activities of daily living.

Can physically participate in physical activities with limitations (i.e. may need breaks) or has the ability to do physical activities but is medically restricted from doing so.

Mild medical problems that do not present limitations (i.e. reflux that does not interfere with feeding) should NOT be considered a mild disability.

- 3 - Moderate Disability PCPC=3
Possibility of moderate disability from noncerebral systems dysfunction alone or with cerebral system dysfunction.
Preschool child: delayed for most of their activities of daily living.
School age child: conscious and performs independent activities of daily life but is physically disabled (e.g. cannot participate in competitive physical activities.)
Cannot participate in physical activities because physically disabled.
- 4- Severe Disability PCPC=4
Possibility of severe disability from non-cerebral systems dysfunction alone or with cerebral system dysfunction.
Preschool child: delayed for most of their activities of daily living, **and** excessively dependent on other for the provision of activities of daily living.
School age child: dependent on others for most activities of daily living.
- 5- Coma/Vegetative State PCPC=5