

Form Approved
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Study ID: _____

CEIRS Human Influenza Surveillance Study
Form 9A: ED Chart Review - ED Visit

Review the subject's medical record for the day of enrollment and the subsequent 21 days for visits to the Emergency Department (ED). Each subject will have at least one ED Visit (ED Visit 1), which will be the ED visit during which the subject was enrolled.

Include the date of the ED visit during which the subject was enrolled, how many ED visits did the subject have in the past 21 days? ED visits

Indicate the date of the ED Visit(s):

ED Visit 1 (date of enrollment)

Date: / / (mm/dd/yyyy)

ED Visit 2

Date: / / (mm/dd/yyyy)

ED Visit 3

Date: / / (mm/dd/yyyy)

ED Visit 4

Date: / / (mm/dd/yyyy)

ED Visit 5

Date: / / (mm/dd/yyyy)

ED Visit 6

Date: / / (mm/dd/yyyy)

ED Visit 7

Date: / / (mm/dd/yyyy)

ED Visit 8

Date: / / (mm/dd/yyyy)

ED Visit 9

Date: / / (mm/dd/yyyy)

For each ED visit, complete a separate ED Chart Review Form.

ED Chart Review Form

Instructions: For each ED visit, complete an ED Chart Review Form. Each subject will have at least one ED Visit (ED Visit 1), which will be the ED visit during which the subject was enrolled. Add subsequent forms for additional ED visits within 21 days of enrollment, as necessary, numbering sequentially.

ED Visit # ____ (Begin with visit 1 for the enrollment visit)

1. ED arrival

Arrival Date: ____ / ____ / ____ (mm/dd/yyyy)

Arrival Time (24-hour clock): ____ : ____ (hh:mm)

2. ED departure

Departure Date: ____ / ____ / ____ (mm/dd/yyyy)

Departure Time (24-hour clock): ____ : ____ (hh:mm)

ED Physical Exam (Initial Exam of ED visit)

3. Initial Vital Signs upon presentation to the ED: (if unknown or not obtained, use "999")

3a. Temperature: _____ ##.#C (range: 35.0 – 42.0; if unknown use "999.9")

3b. Pulse: _____ Beats Per Minute (range: 40 - 200)

3c. Respiratory Rate: _____ Breaths Per Minute (range: 10 - 30)

3d. Systolic Blood Pressure: _____ mm Hg (range: 60 - 200)

3e. Oxygen Saturation: _____ % (range: 70 - 100)

4. Was oxygen supplementation given at this time?

No Yes Unknown

4a. If yes, how much? _____ L/min

4b. What was the route?

Nasal cannula Facemask/non-rebreather BiPAP/CPAP Intubated

5. Pharyngeal Erythema No Yes Unknown

6. Cervical lymphadenopathy No Yes Unknown

7. Altered Mental Status or Confusion No Yes Unknown

ED Laboratory:8. Please insert the following laboratory values (if obtained while in the ED). Use the **first set** of laboratory values obtained in the ED: (if unknown or not obtained, use "999")

8a. pH: _____ (range: 4– 10)

8b. BUN: _____ mg/dL (range: 6 to 20 mg/dL) 8c.

Sodium: _____ mEq/L (range: 135 - 145 mEq/L)

8d. Glucose: _____ mg/dL (range: 70 - 180 mg/dL)

8e. Hematocrit: _____ % (range: 20 – 70%)

9. Did the subject receive influenza testing in the ED? No Yes Unknown

(Note: This **does not** including testing done as part of this study protocol)

9a. If yes, how many? _____ influenza tests

For each influenza test, specify the test name, type, result, and the time the test was collected and resulted:

9i. Test 1

Test 1 Name: _____

Test 1 Type: PCR DFA Culture Antigen Other: _____

Test 1 Result: Negative Positive Other

Test 1 Collection Date: ____ / ____ / ____ (mm/dd/yyyy)

Test 1 Collection Time (24-hour clock): __: (hh:mm)
 Test 1 Result Date: / / (mm/dd/yyyy)
 Test 1 Result Time (24-hour clock): __: (hh:mm)
 Was influenza typing performed? No Yes Unknown
 If yes, please specify influenza type: _____

9ii. Test 2

Test 2 Name: _____
 Test 2 Type: PCR DFA Culture Antigen Other: _____
 Test 2 Result: Negative Positive Other
 Test 2 Collection Date: / / (mm/dd/yyyy)
 Test 2 Collection Time (24-hour clock): __: (hh:mm)
 Test 2 Result Date: / / (mm/dd/yyyy)
 Test 2 Result Time (24-hour clock): : (hh:mm)
 Was influenza typing was performed? No Yes
 Unknown If yes, please specify influenza type: _____

9iii. Test 3

Test 3 Name: _____
 Test 3 Type: PCR DFA Culture Antigen Other: _____
 Test 3 Result: Negative Positive Other
 Test 3 Collection Date: / / (mm/dd/yyyy)

 Test 3 Collection time (24-hour clock): : (hh:mm)
 Test 3 Result Date: / / (mm/dd/yyyy)
 Test 3 Result Time (24-hour clock): __: (hh:mm)
 Was influenza typing was performed? No Yes
 Unknown If yes, please specify influenza type: _____

9iv. Test 4

Test 4 Name: _____
 Test 4 Type: PCR DFA Culture Antigen Other: _____
 Test 4 Result: Negative Positive Other
 Test 4 Collection Date: / / (mm/dd/yyyy)
 Test 4 Collection time (24-hour clock): : (hh:mm)
 Test 4 Result Date: / / (mm/dd/yyyy)
 Test 4 Result Time (24-hour clock): __: (hh:mm)
 Was influenza typing was performed? No Yes
 Unknown If yes, please specify influenza type: _____

10. Was the subject diagnosed with any other viruses?

- 10a. Respiratory Syncytial Virus (RSV) No Yes Unknown
- 10b. Parainfluenza (1,2, or 3) No Yes Unknown
- 10c. Rhinovirus No Yes Unknown
- 10d. Metapneumovirus No Yes Unknown
- 10e. Adenovirus No Yes Unknown

ED Course

11. Did subject receive an influenza antiviral in the ED? No Yes
 Unknown 11a. If yes, how many antivirals were received?__influenza antivirals

11b. For each influenza antiviral received, specify the antiviral name, route of administration, and time influenza antiviral was given.

(Key: PO = by mouth; IN = intranasal; IV = intravenous)

Influenza antiviral 1

Influenza Antiviral 1 Name: _____

Influenza Antiviral 1 Route: PO IN

IV

Influenza Antiviral 1 Date administered: __/__/ (mm/dd/yyyy)

Influenza Antiviral 1 Time administered (24-hour clock): : (hh:mm)

Influenza antiviral 2

Influenza Antiviral 2 Name: _____

Influenza Antiviral 2 Route: PO IN

IV

Influenza Antiviral 2 Date administered: __/__/ (mm/dd/yyyy)

Influenza Antiviral 2 Time administered (24-hour clock): : (hh:mm)

12. Did the subject receive a prescription for an influenza antiviral upon discharge?

No Yes Unknown N/A, Subject not discharged

12a. If yes, how many? _____ influenza antiviral prescriptions

12b. Please list all influenza antivirals prescribed at discharge (up to two)

Antiviral 1: _____

Antiviral 2: _____

13. Did subject receive an antibiotic in the ED? No Yes

Unknown 13a. If yes, how many antibiotics were received? _____ antibiotics

For each antibiotic received, specify the antibiotic name, route of administration, and indication (Key:

PO = by mouth; IM = intramuscular; IV = intravenous)

Antibiotic 1

Antibiotic 1 Name: _____

Antibiotic 1 Route: PO IM IV

Antibiotic 1 Indication: _____

Antibiotic 2

Antibiotic 2 Name: _____

Antibiotic 2 Route: PO IM IV

Antibiotic 2 Indication: _____

Antibiotic 3

Antibiotic 3 Name: _____

Antibiotic 3 Route: PO IM IV

Antibiotic 3 Indication: _____

14. Did the subject receive a prescription for an antibiotic upon discharge?

No Yes Unknown N/A, Subject not discharged

14a. If yes, how many? _____ antibiotics upon discharge

14b. Please list all antibiotics prescribed at discharge and indication.

Discharge Antibiotic 1

Discharge Antibiotic 1 Name: _____

Discharge Antibiotic 1 Indication: _____

Discharge Antibiotic 2

Discharge Antibiotic 2 Name: _____

Study ID: _____

Visit of ____

Discharge Antibiotic 2 Indication: _____

Discharge Antibiotic 3

Discharge Antibiotic 3 Name: _____

