

ACCCOS CRF DEFINITIONS

Ability to provide invasive ventilation

At time of admission the Unit had the resources to provide invasive mechanical ventilation

Active TB

Current diagnosis of pulmonary or extrapulmonary tuberculosis (either empiric or microbiological diagnosis) whether currently on treatment or not.

Admission delayed due to lack of resources (e.g. bed, staffing etc)

Admission to critical care delayed by more than one hour because of the non-availability of a bed, ventilator, staff or any other resource required to provide critical care.

Age

Age in years on day of referral to the Critical Care Unit

Antiretroviral therapy

Currently on an antiretroviral therapy program

Cancer

Diagnosis of cancer in the last 12 months (whether treated with surgery, radiotherapy or chemotherapy, or not) with the exclusion of non-melanomatous skin cancers.

Cardiorespiratory arrest

Cardiac arrest requiring cardiopulmonary resuscitation

Cardiovascular support

Intravenous fluid, inotrope or vasoconstrictor to maintain blood pressure or cardiac output

Chronic/ malaria within 3 months

Chronic malaria (with anaemia or splenomegaly) OR previous treatment for malaria (either as inpatient or outpatient) within the last 3 months.

Chronic kidney disease

Diagnosis of chronic kidney disease (stable abnormal renal function with documentation of serum creatinine) whether on dialysis or not

Chronic liver disease

Confirmation of one of the following: chronic jaundice, cirrhosis, portal hypertension with ascites and/or splenomegaly

Chronic lung disease

Diagnosis of airways disease (asthma, COPD [emphysema, chronic bronchitis], bronchiectasis), having previously been prescribed inhaler therapy OR pulmonary fibrosis OR post-infectious lung disease.

CNS

Central Nervous system

Congestive heart failure

Diagnosis of CHF with hospitalisation in the last 12 months

Coronary artery disease

History of previous myocardial infarction, OR currently on anti-anginal medication.

COVID-19 positive.

An internationally accepted positive test for the presence of the SARS-CoV-2 virus in nasopharyngeal or bronchial secretions.

CPAP

Continuous positive airway pressure of at least 5-10cmH₂O via face-mask or helmet

Critical Care Unit

An Intensive Care Unit or High Care unit that manages critically ill patients

Current smoker

Current smoker (daily) of any tobacco product (cigarettes, pipes or cigars).

CVS

Cardiovascular system

Decision to limit therapy

A decision was made to not provide additional therapy (e.g. ventilation, adrenaline, dialysis) because of bad prognosis but to continue with current therapy.

Diabetes mellitus

Diagnosis of diabetes on oral medication OR insulin with or without diabetic complications

Elective Intubation

A planned intubation while the patient is stable

Emergency Department:

An area of the hospital where newly admitted patients are triaged and /or managed including an epidemic triage area

Emergency Intubation

Immediate intubation required for an acute deterioration

GCS

Glasgow coma score out of 15

Haem

Haematological system

HCU

High Care Unit. A patient area that provides a level of care between that of an ICU and a general ward but not usually invasive ventilation.

HFNO

High flow nasal oxygen humidified to 37°C and at a flow of 45-60L/min with variable inspired oxygen concentrations from 40-100%

HIV/AIDS

Diagnosis of HIV infection, whether on antiretroviral therapy or not.

Hypertension

Diagnosis of hypertension, whether on treatment or not.

ICU

Intensive care unit. A patient area that provides invasive ventilation, other organ support and monitoring.

Inotropes/Vasopressors

Catecholamines such as dobutamine, dopamine, adrenaline (epinephrine), Noradrenaline (norepinephrine), ephedrine, phenylephrine, vasopressin and its analogs, milrinone.

Dialysis

Renal replacement therapy for acute kidney injury e.g. Intermittent haemodialysis, Sustained low efficiency daily dialysis (SLEDD) or continuous venous-venous haemodialysis (CVVHD)

Invasive ventilation

Intermittent positive pressure ventilation via an endotracheal tube or tracheostomy

NIV

Non-invasive ventilation. Positive pressure mechanical ventilation via a face mask/helmet or nasal mask delivering pressure supported breaths and/or mandatory ventilatory support e.g. CPAP with PSV (pressure support ventilation) or Non-invasive SIMV (synchronized intermittent mandatory ventilation)

No Critical Care beds

A High Care or Intensive Care bed not available due to insufficient space, equipment or staff

Nurse to patient ratio

The average number of patients managed by one nurse (day and night) (number entered can have 1 decimal place)

Organ support indication to "other area", HCU or ICU

Choose none, one or many of the listed organ systems requiring support when referred to Critical Care

Other

Any other form of active organ support

"Other Area for critical care"

An area set up to manage the overflow of CoVID-19 patients requiring critical care.

Patient refused care

Patient or surrogate declined invasive ventilation or admission to critical care

Physician available on site 24/7

A doctor was on-site at all times exclusively for the patients in the critical care unit

Proned on mechanical ventilation

Turning the patient to lie front (ventral surface) down on the bed while intubated and ventilated

Quick SOFA

Quick sequential organ failure assessment. A score devised to screen for sepsis in emergency departments and wards.¹

Renal support

Any form of haemodialysis or peritoneal dialysis

Repurposed/experimental Covid-19 drug therapy

The use of any drug for presumed antiviral effect including subjects on a blinded study that includes a placebo

Resp Rate

Respiratory rate

Respiratory support

Oxygen mask >40%, continuous positive airway pressure (CPAP), high flow nasal oxygen (HFNO), non-invasive ventilation

SBP

Systolic blood pressure

SOFA score

Sequential organ failure assessment score. See bottom of CRF for details ²

Steroid Therapy

Corticosteroids administered while in in critical care except when used to treat septic shock or a pre-existing condition (e.g Asthma)

Stroke or Transient ischaemic attack

Known cerebrovascular disease with previous stroke (independent of extent of neurological deficit), or previous transient ischaemic attack.

Suspected COVID-19 infection

As qRT-PCR testing was not available at all participating hospitals, patients were also included based on either clinical or radiological findings. Clinical diagnosis consistent with SARS-CoV-2 infection was made by a senior physician and based on clinical presentation of symptoms highly suspicious for SARS-CoV-2 infection,

including cough, fever, and/or myalgia.³ Radiological diagnosis was based on computed tomography (CT) of the chest, with typical findings in keeping with locally implemented protocols.

Therapeutic anticoagulation

Any anticoagulant exceeding normal doses used for thromboembolic prophylaxis or to prevent dialysis circuit clotting.⁴

Too sick for Critical Care

Admission refused because subject assessed to be too ill to benefit from critical care

Too well for Critical Care

Admission refused because subject likely to survive without Critical Care

Withdrawal of Life support

A life sustaining treatment was stopped (e.g. mechanical ventilation, inotropes) because of bad prognosis

References:

1. Singer M, Deutschman CS, Seymour CW, et al. The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3). *JAMA*. 2016;315(8):801–810. doi:10.1001/jama.2016.0287
2. Vincent, J.-., Moreno, R., Takala, J. *et al.* The SOFA (Sepsis-related Organ Failure Assessment) score to describe organ dysfunction/failure. *Intensive Care Med* **22**, 707–710 (1996). <https://doi.org/10.1007/BF01709751>
3. Zhou F, Yu T, Du R, et al. Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study. *Lancet* 2020; 395(10229): 1054-62.
4. Tang H, Bai H, Chen X, Gong J, Li D, Sun Z. .Anticoagulant Treatment Is Associated With Decreased Mortality in Severe Coronavirus Disease 2019 Patients With Coagulopathy *J. Thromb. Haemost.* 2020 Mar 27;[EPub Ahead of Print],