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| **Reporting form:**  **Experimental COVID-19 treatment** |

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| **Instructions**  This form is specific and only for the capture of data and adverse events related to the experimental treatment of COVID-19. At present, there is no robust published clinical trial evidence regarding the safety nor efficacy of COVID-19 treatment and no health authority has approved any drug for this indication. Healthcare professionals should make their own medical judgement in defining benefit vs risk for each individual patient under their care.  **Once completed, forward the form to your local hospital pharmacist.**  **Pharmacist to capture the detail on the provided Excel® sheet** | | | | | | | | | | | | | | | | | |
| **REPORTER DETAILS** | | | | | | | | | | | | | | | | | |
| **Reporter Name** | |  | | | | | | | | | | | | | | | |
| **Contact detail** | |  | | | | | | | | **Hospital** |  | | | | | | |
| **PATIENT DETAILS** | | | | | | | | | | | | | | | | | |
| **Name and surname** | |  | | | | | **Sex** | | | * Male | | | * Female | | | | * Unknown |
| **Patient number** | |  | | | | | **Date of Birth**  DD/MM/YYYY | | |  | **Age at the time of the event** | | | |  | | |
| **Weight** | | kg | | | | |
| **Ethnic Origin** | | * Asian | | | * Black | | | * Caucasian | | | | | | * Other | | | |
| **Any important medical conditions** | | * Yes * No | | | | | If yes, please specify   * Diabetes * Respiratory illness * Obesity | | | | * Hypertension * Other - please specify | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **COVID-19: CLINICAL COURSE PRIOR TO EXPERIMENTAL TREATMENT** | | | | | | | | | | | | | | | | | |
| **Infection onset date or duration** | **Chest CT or Chest X-ray changes** | | **COVID-19 test positive?** | **Baseline**  **ECG Performed** | | **Intensity of care prior to treatment** | | | | | | | | | | | |
| Supplemental oxygen Therapy | | | Treated in a ICU | | | Ventilator support | | | | Need for vasopressors or dialysis or other? | |
| DD/MM/ YYYY  Days | * Yes * No   Details: | | * Yes * No | * Yes * No   Results: | | * Yes * No | | | * Yes * No   Details | | | * Yes * No   Details | | | | * Yes * No   Specify: | |
| **Additional ECGs performed** | | | | | | | | | | | | | | | | | |
| Date  Results | | | Date  Results | | | Date  Results | | | | | | Date  Results | | | | | |

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| **EXPERIMENTAL TREATMENT DRUG NAME 1:** | | | |  | |
| **Dose** | **Route**  Oral / NG tube | **Frequency** | **Start Date**  DD/MM/YYYY | **Stop Date**  DD/MM/YYYY | **Batch / Lot no** |
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| **EXPERIMENTAL TREATMENT DRUG NAME 2:** | | | | |  | |
| **Dose** | **Route** | | **Frequency** | **Start Date**  DD/MM/YYYY | **Stop Date**  DD/MM/YYYY | **Batch / Lot no** |
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| **EXPERIMENTAL TREATMENT DRUG NAME 3:** | | | | |  | |
| **Dose** | | **Route** | **Frequency** | **Start Date**  DD/MM/YYYY | **Stop Date**  DD/MM/YYYY | **Batch / Lot no** |
|  | |  |  |  |  |  |
| **Other treatment:** | |  | | | | |
| **DESCRIBE THE CLINICAL COURSE AFTER THE ADMINISTRATION OF THE EXPERIMENTAL TREATMENT INCLUDING THE PATIENT RECOVERY STATUS:** | | | | | | |
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| **SUSPECTED ADVERSE EVENT(S) AFTER EXPERIMENTAL TREATMENT ADMINISTRATION** Note: If in your opinion the patient experienced adverse events due to other concomitant treatment other than the experimental treatment, please describe in additional information below | | | | | | |
| **Adverse event (AE)** | N/A if no adverse event reported | | | | | |
| **Onset Date** | DD/MM/YYYY | | | | | |
| **Outcome of Adverse event** | * Fatal * Not recovered * Recovered * Recovered with sequalae * Recovering | | **Seriousness of Adverse event** | | * Death * Life threatening (only if patient was at immediate risk of death due to adverse event) * Congenital anomaly / birth defect * Persistent or significant disability * Prolonged hospital admission * Medically significant * Non-serious | |
| **Test(s) performed to evaluate adverse event(s) or Clinical Outcome of COVID-19** | | | | | | |
| **Test** | | **Date of test**  **DD/MM/YYYY** | | **Test result** | **Reference range** | **Result pending** |
|  | |  | |  |  |  |
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| **Additional information** | | | | | | |

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| **FINAL OUTCOME OF THE PATIENT** | | |
| * Deceased | * Step-down to other facility | * Discharged normally |
| * Clinically recovered from COVID-19 still admitted | | |