

Required Clinical Information for Transfer of Possible / Probable / Confirmed COVID Admission from ICU to Medical Ward

A. Medical History

Duration in Intensive Care Unit	(days)
Age	(years)
COVID-19 status, PCR positive	Y / N
Past Medical History	
COPD	Y / N
Other lung disease	Y / N (if yes – describe)
History CPAP or BPAP for OSA or sleep hypoventilation?	Y / N
CHF	Y / N
Renal disease	Y / N
Hypertension	Y / N
Diabetes	Y / N
Allergies	Y / N (if yes – describe)

B. Course in ICU

Intubated	Y / N
Ventilator days	(days)

Tracheostomy	Y / N
Non-invasive ventilation, if yes indicate modality	Y / N
Cardiomyopathy	Y / N
Acute Kidney Injury, if yes was renal replacement therapy needed	Y / N
Vasopressor therapy	Y / N
Bacterial Infection, if yes, indicate site, organism and duration of antibiotics	Y / N
Fungal Infection, if yes, indicate site, organism and duration of antifungals	Y / N
Persistent delirium	Y / N
VTE, if yes, location and anticoagulation	Y / N
GI bleed, if yes, location and intervention(s)	Y / N
Liver injury	Y / N
Critical Illness Myopathy	Y / N
Procedural related complication(s)	Y / N

C. Goals of Care Upon Transfer Out of ICU: