

COVID-19 Follow-up

Please complete this form for **ALL AFFECTED** patients listed for a transplant or with a transplant under follow-up

Please complete the form electronically, or if completing by hand please scan and email to ODTCovid19@nhsbt.nhs.uk

RECIPIENT DETAILS

Section 1

Centre code	<input type="text"/>	Transplant centre	<input type="text"/>	ODT Recipient number	<input type="text"/>
Recipient surname	<input type="text"/>		Recipient forename(s)	<input type="text"/>	
Date of birth	<input type="text"/>	<input type="text"/>	NHS Number	<input type="text"/>	

FOLLOW-UP INFORMATION

Section 2

Hospital admission required	No = 1 Yes = 2	<input type="text"/>	If yes, date of hospital admission	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ICU admission	No = 1 Yes = 2	<input type="text"/>	Intubation	No = 1 Yes = 2	<input type="text"/>		
Antiviral therapy	Describe briefly the antiviral therapy that was used, including dosages						
Adjustment of immunosuppressive therapy	Describe briefly how the immunosuppressive therapy was adjusted						
Organs affected other than airways at presentation (please complete all that apply)							
Liver (elevated enzymes)	No = 1 Yes = 2	<input type="text"/>	Heart (dysfunction on ECHO)	No = 1 Yes = 2	<input type="text"/>	Troponin level	<input type="text"/> . <input type="text"/> <input type="text"/> ng/ml
Kidney (dysfunction)	No = 1 Yes = 2	<input type="text"/>	Pancreas (Hyperglycaemia)	No = 1 Yes = 2	<input type="text"/>		
Other	No = 1 Yes = 2	<input type="text"/>	If yes, please specify	<input type="text"/>			
Any additional comments (Including gastrointestinal symptoms (eg diarrhoea))	<input type="text"/>						

Outcome at or before 30 days of presentation

Section 3

If in hospital, date of discharge	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Has the recipient died?	No = 1 Yes = 2	<input type="text"/>	If yes, was death a result of COVID-19?	No = 1 Yes = 2 Unknown = 8	<input type="text"/>	
If transplanted:						
Has the transplant failed?	No = 1 Yes = 2	<input type="text"/>	If yes, was failure a result of COVID-19?	No = 1 Yes = 2 Unknown = 8	<input type="text"/>	