

Paediatric Follow-up

Demographics

Child's date of birth *

yyyy-mm-dd

1. What is the child's ethnicity? *

- White
- Mixed / Multiple ethnic groups
- Asian / Asian British
- Black / African / Caribbean / Black British
- Other ethnic group

2. Does the child's parent(s) work in health or social care? *

- Yes No

2.1. Please select occupation

- Medical doctor Nurse Allied health professional
- Laboratory staff Administration or management Care home worker
- Other

3. Has the child had any known exposures to another person with confirmed COVID-19? *

- Yes No

4. Has the child had any known exposures to another person with suspected COVID-19? *

- Yes No

5. Number of children in household (including participant) *

- 1 2 3 4 >4

Clinical management

6. Did the child require Intensive Care / High Dependency care? *

- Yes No

7. Did the child require respiratory support? *

- Yes No

7.1. Select highest level of respiratory support required

- Invasive ventilation
- Non-invasive ventilation
- Supplemental oxygen

8. Did the child receive any of the following:

		Yes	No
Fluid boluses >20mls/kg	*	<input type="radio"/>	<input type="radio"/>
Inotropes	*	<input type="radio"/>	<input type="radio"/>
ECMO	*	<input type="radio"/>	<input type="radio"/>
Renal support	*	<input type="radio"/>	<input type="radio"/>

Investigations

9. Was an ECG performed? *

- Yes No

9.1. Were all ECGs normal? *

- Yes No

9.1.1. Select one or more abnormality found on any ECG:

	Yes	No
Prolonged PR interval?	<input type="radio"/>	<input type="radio"/>
Prolonged QT interval?	<input type="radio"/>	<input type="radio"/>
Arrhythmia?	<input type="radio"/>	<input type="radio"/>
State arrhythmia		
Low voltages?	<input type="radio"/>	<input type="radio"/>
ST elevation?	<input type="radio"/>	<input type="radio"/>

10. Was an ECHO performed?	*
<input type="radio"/> Yes <input type="radio"/> No	
10.1. Were all ECHOs normal?	
<input type="radio"/> Yes <input type="radio"/> No	
10.1.1. Select one or more abnormality found on any ECHO:	
.....	
Yes	No
Decreased myocardial contractility?	<input type="radio"/> <input type="radio"/>
Enter lowest ejection fraction (%)	
.....	
Abnormal coronary arteries?	<input type="radio"/> <input type="radio"/>
Z score of largest vessel	
.....	
Pericardial effusion?	<input type="radio"/> <input type="radio"/>
Other: please specify	
.....	

Blood results

Date of admission to hospital with current illness			
 yyyy-mm-dd			
Blood results on admission to hospital with current illness			
.....			
Date	Time <i>(hh:mm [24 hr])</i>	Blood results not available	
 yyyy-mm-dd	<input type="radio"/> Select if not available	
Hb (g/L)	Neutrophil count (x10⁹/L)	Lymphocyte count (x10⁹/L)	Platelets (x10⁹/L)

D-dimer (ng/mL)	Fibrinogen (g/L)	CRP (mg/L)	Albumin (g/L)
ALT (U/L)	Ferritin (µg/mL)	Troponin T (ng/L)	NTpro-BNP (pg/ml)

Other treatments

Did the child receive any of the following treatments before, during or after the trial procedures (tick yes if received as SOC or treatment arm)?

IVIg?

Yes No

Total daily dose

- 1 g/kg
 2 g/kg
 Other
 Unknown

Date first dose received

yyyy-mm-dd

Number of days given

Methylprednisolone?

Yes No

Total daily dose

- < 10 mg/kg
 10-19 mg/kg
 20-30 mg/kg
 Other
 Unknown

Date first dose received

yyyy-mm-dd

Number of days given

Prednisolone?

Yes No

Total daily dose

- 1 mg/kg
- 2 mg/kg
- Other
- Unknown

Date first dose received

yyyy-mm-dd

Number of days given

Hydrocortisone?

Yes No

Date first dose received

yyyy-mm-dd

Number of days given

Anakinra?

Yes No

Total daily dose

- 2-4 mg/kg
- 5-8 mg/kg
- Other
- Unknown

Date first dose received

yyyy-mm-dd

Number of days given

Azithromycin (other than as part of 1st randomization)?

- Yes
- No

Infliximab?

- Yes
- No

Date first dose received

yyyy-mm-dd

Number of days given

Aspirin low dose (3-5 mg/kg/day)?

- Yes
- No
- Unknown

Aspirin high dose (30-50 mg/kg/day in 4 divided doses)?

- Yes
- No
- Unknown

Heparin?

- Yes
- No
- Unknown

Low molecular weight heparin?

- Yes
- No
- Unknown