

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

- Yes No

Please enter the estimated number of weeks since covid exposure OR estimated exposure date

Estimated number of weeks

Estimated exposure date

yyyy-mm-dd

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

- 1 2 3 4 >4

Clinical management

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

- Yes No

5.1. Date of admission to ICU/HDU?

yyyy-mm-dd

5.2. Please enter total number of days in ICU/HDU

Please round up to the nearest day ie 4 hours= 1 day, 23 hours=1 day, 24.5 hours = 2 days

How many of these days was the child in ICU?

6. Did the child require respiratory support? *

Yes No

6.1. What date did the highest level of respiratory support start?

yyyy-mm-dd

6.2. Select highest level of respiratory support required

- Invasive ventilation
- Non-invasive ventilation
- Supplemental oxygen (including high flow)

How many days did the child receive invasive ventilation?

Please round up to the nearest whole day

How many days did the child receive non-invasive ventilation?

Please round up to the nearest whole day

How many days did the child receive supplemental oxygen (including high flow)?

Please round up to the nearest whole day

7. Did the child receive any of the following:

Yes

No

Fluid boluses >20mls/kg *

Inotropes *

What date did the inotropes start?

yyyy-mm-dd

How many days did the child receive inotropes?

Please round up to the nearest whole day

ECMO *

What date did the ECMO start?

yyyy-mm-dd

How many days did the child receive inotropes?

Please round up to the nearest whole day

Renal support

*

How many days did the child receive renal support?*Please round up to the nearest whole day***Investigations****8. Was an ECG performed?**

*

 Yes No**8.1. Were all ECGs normal?**

*

 Yes No**8.1.1. Select one or more abnormality found on any ECG:**

Yes

No

Prolonged PR interval?**Prolonged QT interval?****Arrhythmia?****State arrhythmia****Low voltages?****ST elevation?****Other: please specify****9. Was an ECHO performed?**

*

 Yes No**9.1. Were all ECHOs normal?** Yes No

9.1.1. Select one or more abnormality found on any ECHO (worst abnormality at any point during initial admission):

Yes

No

Decreased myocardial contractility?

Enter lowest ejection fraction (%)

Abnormal coronary arteries?

Z score of largest vessel

Pericardial effusion?

Other: please specify

Blood results (to be able to interpret decision making)

Date of admission to hospital with current illness

yyyy-mm-dd

Blood results on admission to hospital with current illness

Date

yyyy-mm-dd

Time

(hh:mm [24 hr])

Blood results not available

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 doses 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

Select Other if variable

- 1 mg/kg
 2 mg/kg
 Other
 Unknown

Tick if variable

Tick if variable

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? <input type="radio"/> Yes <input type="radio"/> No		
Total daily dose <input type="radio"/> 2-4 mg/kg <input type="radio"/> 5-8 mg/kg <input type="radio"/> Other <input type="radio"/> Unknown	Date first dose received yyyy-mm-dd	Number of days given
Azithromycin (other than as part of 1st randomization)? <input type="radio"/> Yes <input type="radio"/> No		
Infliximab? <input type="radio"/> Yes <input type="radio"/> No		
Date first dose received yyyy-mm-dd	Number of days given	
Tocilizumab? <input type="radio"/> Yes <input type="radio"/> No		
Date first dose received yyyy-mm-dd	Number of days given	
Aspirin low dose (3-5 mg/kg/day)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
Aspirin high dose (30-50 mg/kg/day in 4 divided doses)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
Heparin? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		

Low molecular weight heparin?

Yes No Unknown

Was low molecular weight heparin given as a prophylactic or treatment?

Prophylactic Treatment

Additional phone call at 5-8 weeks from discharge. If completed later please answer questions based on time of medical follow up if available.

If phone call made later than 5-7 weeks from discharge to complete dataset please do not complete QoL questionnaire

SARS-CoV2 PCR pos? *

Yes
 No

What date did the child test positive?

yyyy-mm-dd

SARS-CoV2 antibody (IgG) pos at diagnosis or during the first admission?

Yes
 No

SARS-CoV2 antibody (IgG) pos at follow-up?

Yes
 No

Please add date and value of lowest CRP recorded after treatment

What was the lowest CRP recorded after the last treatment?

Date lowest CRP recorded after the last treatment

yyyy-mm-dd

Treatment and discharge

Date admitted for treatment

Date discharged

yyyy-mm-dd

yyyy-mm-dd

Has the child visited a GP since discharge?

*

- Yes
 No

Has the child been admitted to hospital since discharge?

*

- Yes
 No

Was there a recurrence of PIMS?

- Yes
 No

Was treatment given?

- Yes
 No

Has the child used antibiotics since discharge (from GP or hospital)?

*

- Yes
 No

Was an ECHO performed at follow-up?

*

- Yes No

What was the result of the ECHO? <input type="radio"/> Normal <input type="radio"/> Abnormal	Date of ECHO yyyy-mm-dd <hr/>	
Select one or more abnormality found on the follow-up ECHO: <hr/>		
	Yes	No
Decreased myocardial contractility?	<input type="radio"/>	<input type="radio"/>
Enter lowest ejection fraction (%) <hr/>		
Abnormal coronary arteries?	<input type="radio"/>	<input type="radio"/>
Z score of largest vessel <hr/>		
Pericardial effusion?	<input type="radio"/>	<input type="radio"/>
Other: please specify <hr/>		
Was an ECG repeated at follow-up? * <input type="radio"/> Yes <input type="radio"/> No		
What was the result of the ECG? <input type="radio"/> Normal <input type="radio"/> Abnormal		