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PARTICIPANT ID I___I I___I I___I I___I I___I -- I___I I___I I___I I___I

Complete and submit this module at the time of discharge or death

a. SUMMARY OF CLINICAL FEATURES OF CURRENT ILLNESS
(include all signs identified any time between admission and discharge/death)

Fever ☐Yes ☐No ☐Unknown
Maximum temperature during the hospital admission ____ (°C) (If not applicable write 'NA')
Duration of fever during the admission ___ days (If not applicable write 'NA')

Rash ☐Yes ☐No ☐Unknown
If yes type of rash____________________

Bilateral conjunctivitis ☐Yes, purulent ☐Yes, non-purulent ☐No ☐Unknown
Oral mucosal inflammation signs ☐Yes ☐No ☐Unknown
Peripheral cutaneous inflammation signs (hands or feet) ☐Yes ☐No ☐Unknown

Hypotension (age-appropriate) ☐Yes ☐No ☐Unknown
Tachycardia (age-appropriate) ☐Yes ☐No ☐Unknown
Prolonged capillary refill time ☐Yes ☐No ☐Unknown
Pale/mottled skin ☐Yes ☐No ☐Unknown
Cold hands/feet ☐Yes ☐No ☐Unknown
Urinary output < 2 mL/kg/hr ☐Yes ☐No ☐Unknown

Chest pain ☐Yes ☐No ☐Unknown
Tachypnoea (age-appropriate) ☐Yes ☐No ☐Unknown
Respiratory distress ☐Yes ☐No ☐Unknown

Abdominal pain ☐Yes ☐No ☐Unknown
Diarrhoea ☐Yes ☐No ☐Unknown
Vomiting ☐Yes ☐No ☐Unknown

Other, specify ____

b. LABORATORY RESULTS
*(record the most abnormal result during the hospital admission up to the time of discharge/death) (*record units if different from those listed)*

Parameter	Most abnormal value* (and Date)	Not done	Parameter	Most abnormal value* (and Date)	Not Done
Markers of inflammation/coagulopathy			**Markers of organ dysfunction**		
Haemoglobin (g/L)		☐	Creatinine (μmol/L)		☐
Total WBC count (x10^9/L)		☐	Sodium (mmol/L)		☐
Neutrophils (x10^9/L)		☐	Potassium (mmol/L)		☐
Lymphocytes (x10^9/L)		☐	Urea (BUN) (mmol/L)		☐
Haematocrit (%)		☐	Glucose (mmol/L)		☐
Platelets (x10^9/L)		☐	Pro-BNP (pg/mL)		☐
APTT/APTR		☐	Troponin (ng/mL)		☐
PT (seconds)		☐	Creatine kinase (U/L)		☐
INR		☐	LDH (U/L)		☐
Fibrinogen (g/L)		☐	Triglycerides		☐
Procalcitonin (ng/mL)		☐	ALT/SGPT (U/L)		☐
CRP (mg/L)		☐	Total bilirubin		☐
ESR (mm/hr)		☐	AST/SGOT (U/L)		☐
D-dimer (mg/L)		☐	Albumin (g/dL)		☐
IL-6 (pg/mL)		☐	Lactate (mmol/L)		☐
IL-10 (pg/mL)		☐	Ferritin (ng/mL)		

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c. IMAGING/PATHOGEN TESTING *(include the most abnormal results from admission up to the time of discharge/death)*

Chest X-ray performed ☐Yes ☐No ☐Unknown **If yes, findings** ________________________________

Chest CT performed? ☐Yes ☐No ☐Unknown **If yes, were infiltrates present?** ☐Yes ☐No ☐Unknown
other findings ________________________________

Echocardiography performed ☐Yes ☐No ☐ Unknown
If yes what was the date of the most abnormal echocardiogram [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
On that echogardiogram were there: features of myocardial dysfunction? ☐Yes ☐No ☐ Unknown
features of pericarditis? ☐Yes ☐No ☐ Unknown
features of valvulitis? ☐Yes ☐No ☐ Unknown
coronary abnormalities? ☐Yes ☐No ☐ Unknown

ECG performed? ☐Yes ☐No ☐ Unknown
If yes what was the date of the most abnormal ECG [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
On that ECG what were the findings? ____

Other cardiac imaging performed? ☐Yes ☐No ☐Unknown
If yes, date [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
If yes, specify name of imaging and most abnormal results ___________

Bacterial pathogen testing

Bacterial pathogen ☐Positive ☐Negative ☐Not done
If positive, specify____

SARS-CoV-2 testing

RT-PCR	☐Positive	☐Negative	☐Not done	Site of specimen collection _______
Rapid antigen test	☐Positive	☐Negative	☐Not done	Site of specimen collection _______
Rapid antibody test	☐Positive	☐Negative	☐Not done	
ELISA	☐Positive	☐Negative	☐Not done	If done, titres ___________
Neutralization test	☐Positive	☐Negative	☐Not done	If done, titres ___________

Other test? Specify _________________Results _______________

If no pathogen testing: Clinically diagnosed COVID-19? ☐Yes ☐No ☐Unknown

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d. TREATMENT: ***at any time during the hospital admission, did the patient receive any of the following:***

Oral/orogastric fluids? ☐Yes ☐No ☐Unknown

Intravenous fluids? ☐Yes ☐No ☐Unknown

Antiviral? ☐Yes ☐No ☐Unknown
If yes **O**Ribavirin **O**Lopinavir/Ritonavir **O**Neuraminidase inhibitor **O**Tocilizumab **O**Anakinra **O**Ivermectin
OInterferon alpha **O**Interferon beta **O**Remdesivir **O**Other, specify________________________
Corticosteroid (not topical)? ☐Yes ☐No ☐Unknown
If yes, specify name ___________________; Route ☐Oral/rectal ☐Parenteral (IM/IV) ☐Inhaled ☐Unknown
If yes, please provide maximum daily dose and unit ___________________
If yes, date commenced: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] Duration:_____days ☐ Unknown

IV immune globulin? ☐Yes ☐No ☐Unknown
If yes, daily dose____________________; Number of days of treatment_______________
Date commenced: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] Duration:_______days **Max** daily dose and unit:____________

Immunomodulators? ☐Yes ☐No ☐Unknown
If yes, specify name ___________________; Route ☐Oral/rectal ☐Parenteral (IM/IV) ☐Unknown
If yes, date commenced: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] Duration:_____days ☐ Unknown

Antibiotic? ☐Yes ☐No ☐ Unknown
If yes, specify name _____________________; Route ☐Oral/rectal ☐Parenteral (IM/IV) ☐Unknown
If yes, date commenced: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] Duration:_____days ☐ Unknown

If yes, specify name _____________________; Route ☐Oral/rectal ☐Parenteral (IM/IV) ☐Unknown
If yes, date commenced: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] Duration:_____days ☐ Unknown

If yes, specify name _____________________; Route ☐Oral/rectal ☐Parenteral (IM/IV) ☐Unknown
If yes, date commenced: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] Duration:_____days ☐ Unknown

Antifungal agent? ☐Yes ☐No ☐Unknown
If yes, specify name _____________________; Route ☐Oral/rectal ☐Parenteral (IM/IV) ☐Unknown
If yes, date commenced: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] Duration:_____days ☐ Unknown

Antimalarial agent? ☐Yes ☐No ☐Unknown If yes, specify _______________
If yes, specify name _____________________; Route ☐Oral/rectal ☐Parenteral (IM/IV) ☐Unknown
If yes, date commenced: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] Duration:_____days ☐ Unknown

Experimental agent? ☐Yes ☐No ☐Unknown If yes, specify ____________
If yes, specify name _____________________; Route ☐Oral/rectal ☐Parenteral (IM/IV) ☐Unknown
If yes, date commenced: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] Duration:_____days ☐ Unknown

Non-steroidal anti-inflammatory (NSAID)? ☐Yes ☐No ☐Unknown
If yes, specify name _____________________; Route ☐Oral/rectal ☐Parenteral (IM/IV) ☐Unknown
If yes, date commenced: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] Duration:_____days ☐ Unknown

Systemic anticoagulation? ☐Yes ☐No ☐Unknown
If yes, specify name _____________________; Route ☐Oral/rectal ☐Parenteral (IM/IV) ☐Unknown
If yes, date commenced: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] Duration:_____days ☐ Unknown

Other? ☐Yes ☐No ☐Unknown
If yes, specify name _____________________; Route ☐Oral/rectal ☐Parenteral (IM/IV) ☐Unknown
If yes, date commenced: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] Duration:_____days ☐ Unknown

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e. SUPPORTIVE CARE: ***at any time during the hospital admission, did the patient receive any of the following:***

ICU or high dependency unit admission? ☐Yes ☐No ☐Unknown
If yes, number of days in ICU _______
Oxygen supplementation therapy? ☐Yes ☐No ☐Unknown
If yes, max O_2 flow ☐1–5 L/min ☐6–10 L/min ☐11–15 L/min ☐> 15 L/min ☐Unknown
If yes, interface ☐Nasal prongs ☐HF nasal cannula ☐Mask ☐Mask with reservoir ☐CPAP/NIV mask ☐Unknown
If yes, number of days of oxygen therapy? ________

Prone positioning ? ☐Yes ☐No ☐Unknown If yes, duration:_______ days

Non-invasive ventilation? (any e.g. BiPAP/CPAP) ☐Yes ☐No ☐Unknown
If yes, prone position? ☐Yes ☐No ☐Unknown
If yes, duration in days?____________

Invasive ventilation *(any)*? ☐Yes ☐No ☐Unknown
If yes, maximum PEEP (cm H_2O) ______; FiO_2 (%) ______; Plateau pressure (cm H_2O) _____; $PaCO_2$ _____; PaO_2______
If yes, duration in days?____________

Inotropes/vasopressors? ☐Yes ☐No ☐Unknown
If yes, specify name ___________________________

Extracorporeal (ECMO) support? ☐Yes ☐No ☐Unknown If yes, total duration:_______ days
Plasma exchange? ☐Yes ☐No ☐Unknown
HFOV? ☐Yes ☐No ☐Unknown
Blood transfusion? ☐Yes ☐No ☐Unknown

Renal replacement therapy (RRT) or dialysis? ☐Yes ☐No ☐Unknown If yes, total duration:_______ days

f. OUTCOME *(complete at the time of discharge/death)*

Outcome ☐Discharged alive ☐Hospitalized ☐Transfer to other facility ☐Death ☐Left against medical advice ☐Unknown

Outcome date [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] ☐Unknown

If discharged alive

Care needs at discharge versus before illness ☐Same as before illness ☐Worse ☐Better ☐Unknown

What was the physician's impression of the final diagnosis?

Multisystem inflammatory syndrome ☐Yes ☐No ☐Unknown

Kawasaki disease ☐Yes ☐No ☐Unknown

Atypical Kawasaki disease ☐Yes ☐No ☐Unknown

Toxic shock syndrome ☐Yes ☐No ☐Unknown

Other, specify ____________________

Were there any sequelae present at the time of discharge. If yes, specify______________________________________

This module contains section 2 (pages 5-8) from the full document "Global COVID-19 Clinical Platform: Case Record Form for suspected cases of
Multisystem inflammatory syndrome (MIS) in children and adolescents temporally related to COVID-19"

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