

AMOSS/ANZICS Case Form

Influenza in Intensive Care

Case Definition

Any woman admitted to an Intensive Care Unit and subsequently diagnosed with influenza, who:

- a) is pregnant on admission to Intensive Care, or
- b) has given birth within the 42 days prior to admission to ICU

Section 1 Previous medical history

- 1.1 Does the woman have asthma that requires regular inhaled or oral steroids? Yes No
- 1.2 Has the woman been immunised against influenza? Yes No Unknown
- (If yes) Date _____

Section 2 Diagnosis of Influenza

2.1 Please indicate presenting symptoms and date of onset of initial symptom:

Date of onset //

Symptom (Tick if applies)

Fever

Cough

Sore throat

Headache

Tiredness/lethargy

Limb or joint pain

Diarrhoea

Breathlessness

Vomiting

Rhinorrhoea

Other

2.2 Did the woman present to Emergency Department with flu-like symptoms at any point *without* subsequent admission to Intensive Care?

Yes No Unknown

(If yes) How many times? _____

2.3 Was the woman transferred from a maternity service to the hospital where she was admitted to ICU?
Yes No Unknown

Section 3: Pregnancy and Labour

3.1 Was the woman admitted to ICU: pregnant or postpartum

3.1a If pregnant, at what gestation was the woman when admitted to ICU? completed weeks

3.1b If the woman was pregnant and >24 weeks' gestation, was fetal monitoring equipment used whilst she was in ICU?

Yes No N/A

3.1c If yes, indicate the type of fetal monitoring used:

CTG Fetal ultrasound

3.1d If postpartum: how long after the birth of the baby was the woman admitted to ICU?

<= 24 hours Between 1 and <= 3 days
 Between 3 and <= 7 days Between 7 and <= 42 days

3.1e If postpartum: was the woman re-admitted to hospital after being discharged postpartum?

Yes No

3.4 Did the woman have a miscarriage? Yes No Unknown

If yes, please specify date

3.5 Did the woman have a termination of pregnancy? Yes No Unknown

If yes, please specify date

3.5a Was the pregnancy terminated due to a congenital malformation? Yes No Unknown

3.2 Did the woman give birth **during** the ICU admission? Yes No

3.3 What was the estimated blood loss at birth? _____ mls Unknown

3.4 Was the infant tested for influenza? Yes No Unknown

If yes, please specify _____

Section 4 Treatment

4.1 Were anti-viral drugs used for Influenza infection? (If yes, please specify)

4.1a Agent used (1) _____

Date treatment started Date treatment stopped

Dose _____

Route _____

Schedule _____

Adverse effects Yes No Unknown _____

(If yes) please specify _____

4.1b Agent used (2) _____

Date treatment started // Date treatment stopped /

Dose _____

Route _____

Schedule _____ Adverse effects Yes No

Unknown

(If yes) please specify _____

4.2 Were steroids administered specifically because of maternal influenza and respiratory failure?

Yes No

If yes, please specify _____

4.2a Agent used (1) _____

Date given _____

Dose _____

4.2b Agent used (2) _____

Date given _____

Dose _____

4.2c Agent used (3) _____

Date given _____

Dose _____

4.2 Were steroids administered specifically to assist fetal lung maturation? Yes No

If yes, please specify _____

4.2a Agent used (1) _____

Date given _____

Dose _____

4.2b Agent used (2) _____

Date given _____

Dose _____

Section 5: Outcomes

5.1 Did any of the other following major morbidities occur?

Primary post-partum haemorrhage

Ventilated Acquired Pneumonia (VAP)

Secondary bacterial infection (other than VAP)

Encephalitis / encephalopathy

DIC

DVT or other thrombosis

Sepsis

Acute renal failure

Other (please specify) _____

5.1a (If the woman died – conditional display on web survey) Where did the woman die?

Intensive Care Emergency Department Maternity Unit

Other – please specify _____

5.2 When the woman was discharged from ICU, to what type of ward/unit was this to?

General Medical

Antenatal or postnatal maternity ward

Birth suite/Labour ward

High dependency unit (HDU)

Not applicable (woman died in Intensive Care)

An Intensive Care Unit at another hospital If so, why?

Clinical facilities (eg ECMO) Social/family reasons Other (please specify)

Home or Hospital in the Home (HITH)

Other type of ward/unit – please specify

5.3 Does the hospital where the woman was admitted to ICU also provide maternity services onsite?

Yes No

5.4 Was the woman transferred to another hospital from Intensive Care? Yes No

5.5 What was the woman's date of **discharge from hospital after her admission for Influenza?**

□□/□□/□□□□

5.6 Are there any ongoing sequelae attributable to influenza for either mother or infant?

Yes No Unknown

(If yes) please specify details _____

