

Data Collection Sheet

Study information

Collecting researcher: _____

Patient ID: _____

Date: 2020 / ____ / ____

Study initiation time: _____

Consent signed? Y N

Was consent delayed? Y N

If Yes, reason: _____

Demographic information

Age: _____

Gender: M F non-binary

Height: _____ Weight: _____

Does patient wear dentures? Y N

Does patient have facial hair? None Moustache Short beard Full beard Other

COVID status: Confirmed Pending Negative

Metabolic data

	0 hours	4 hours	12 hours	24 hours
Ventilation technique (BiPAP, CPAP)				
Glasgow Coma Scale				
Respiratory rate				
Heart rate				
pH				
HCO ₃				
PaCO ₂				
PaO ₂				

Non-invasive ventilation data

	0 hours	4 hours	12 hours	24 hours
Ventilation technique (BiPAP, CPAP)				
IPAP				
EPAP				
Total Leak Volume				
Ulcer score on face				
Mask fit (1-5 scale, 1 =				

poor; 5 = excellent). If not excellent, state reason				
Patient tolerance of BiPAP mask (1-5 scale; 1 = poor; 5 = excellent)				

Adverse events data

	0 hours	4 hours	12 hours	24 hours
Ulcer score on face				
Nasal or oral bleeding				
Pneumothorax				
Other concerns				

Outcome at 24 hours: Intubated Still on NIV Discontinued from NIV Deceased

Total NIV time (hours): _____

Explain outcome above:

Disposition: _____