

COVID 19 PACES DATA COLLECTION TOOL

Site: _____

Gender: ☐ Male ☐ Female

Race/Ethnicity:

- Caucasian
- African American
- Hispanic or Latino
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Other

Geographic Region: _____

Previous Diagnosis if any: (e.g., channelopathy, CHD, non-cardiac). Please specify

Medications: Please report all chronic medications (beta blockers etc)

Relevant Past medical and family history (if pertinent):

Any other family members with COVID 19 infection: Yes/No

Clinical Presentation:

- Age at presentation of Symptoms:
- Duration of Symptoms:

Signs and Symptoms (please check all that apply):

Cough:

Fever: (T max)

Rash:

Abdominal pain:

Vomiting:

Diarrhea:

Mucous membrane changes:

Syncope:

Palpitations:

Cardiac arrest:

Mental status changes:

Lymphadenopathy:

Swollen hands and feet:

Other:

Laboratory values (please give presenting, peak and discharge values during illness. If possible give all values)

COVID 19 PCR:

COVID 19 antibody test:

ESR:

CRP:

BNP:

S. Troponin:

CBC:

BMP:

Other:

EKG: (if multiple EKGs, please describe all by serial number. E.g. #1 for first EKG, #2 for second)

Rhythm:

Intervals: PR: QRS: QTc

ST Abnormalities:

Other:

Echocardiogram:

Anatomy

RV size and function

LV ESV (ml), Boston Z

LV EDV(ml), Boston Z

LVEDD (cm), Boston Z

LVESD (cm), Boston Z

LVSF% (M Mode)

LVEF% (biplane)

Pericardial effusion

Coronary involvement: specify

Other:

Was a diagnosis of myocarditis made? Yes/No

Was a diagnosis of Multisystem Inflammatory Syndrome made? Yes/No

Chest X-ray (Y/N) and findings:

Chest CT scan (Y/N) and findings

Respiratory status:

Room air:

Oxygen (FIO2):

Mechanical Ventilation:

Other:

Other System involvement:

Duration of Hospitalization:

Duration of ICU stay:

ECMO: (please state duration)

VA:

VV:

Treatment:

Hydroxychloroquine:

Azythromycin:

IVIG:

Remdesivir:

Steroids:

Antibiotics:

Anti-arrhythmic medications:

Anti-coagulation:

Other:

EKG changes with Treatment: (please describe specifically if there was any QTc prolongation and the medication/s used)

Arrhythmias during hospitalization: Please provide as much detail as possible

AV block: (please specify type)

SVT:

Frequent PVC's:

VT/VF:

Resuscitated cardiac arrest:

Other:

Mortality: Yes/No

Cardiology follow up after discharge: Yes/No

Any other significant information: