CLINICAL SPECTRUM & OUTCOME OF CHILDREN WITH COVID-19

Hospital Name: _____ **Unique Identifier**: _____

Sr. No. _____	MR. No. _____	Admission: ___ /___ /_____
Name:_____	☐ Confirmed ☐ Suspect	Discharged: ___ /___ /_____

Patient Bio-data

F/Name:_____ Father's / Mother's CNIC: | | | | | | - | | | | | | | | - | | |

Age:_____ ☐ M ☑ Y | Sex: ☑ Male ☐ Female | District:_____ Contact No. (_____)-(_____)

Address:_____

Social class:	***Reported Ethnicity***	***Family Status***	***Contact with International Traveler***			
			Direct	Indirect	**Contact with covid-19 Positive person**	Clustering onset
☐ Upper ☐ Lower ☐ Middle	☐ Punjabi ☐ Sindhi ☐ Balochi ☐ Pathan ☐ Saraiki ☐ Kashmiri	Father ☐+ve ☐-ve Mother ☐+ve ☐-ve Siblings ☐+ve ☐-ve Other Family Members ☐+ve ☐-ve	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

History	***Co-morbid Conditions***	***Examination***
☐ Fever ☐ High Grade ☐ Low Grade ☐ Cough ☐ Rhinorrhea ☐ Body aches & pains ☐ Vomiting ☐ Diarrhea ☐ Resp. difficulty ☐ Abdominal pain ☐ Poor feeding ☐ Deterioration in conscious level / Fits	☐ Asthma ☐ Bronchiectasis ☐ Cong. Heart Disease ☐ Renal Disease ☐ Immune Deficiency ☐ Chronic Liver Disease ☐ Diabetes Mellitus ☐ Malnutrition ☐ Other Significant History	Weight_____kg_____Centile Height_____cm_____Centile HR_____/min RR_____/min Temp. _____ (°C) BP_____ mmHg O_2 Saturation _____ % ☐ Respiratory distress ☐ Crepitations ☐ Wheeze

Any other findings:

_____

_____

Vaccination status

☐ Complete ☐ Partial ☐ Not done	☐ BCG Scar

Laboratory

Test	**Value**	**Test**	**Value**
Hb		Na	
TLC		K	
Platelets		Urea	
Neutrophils		Creatinine	
Lymphocytes		PT/APTT	
NLR		LDH	
ESR		Ferritin	
CRP		D-Dimers	
ALT			
Serological Testing (if done):			
IgM		IgG	

Radiology

CXR:_____

ECG:_____

CT Scan: _____

Treatment

☐ **No treatment**

☐ Oxygen *(if Yes)*
- ☐ <2 L /min
- ☐ 3-5 L /min
- ☐ >5 L /min

☐ CPAP
☐ Mechanical ventilation
☐ Tracheostomy
☐ Plasma therapy

Antibiotics: Oral / IV

1st line	**2nd line**
☐ Augmentin	☐ Vanco
☐ Amikacin	☐ Tanzo
☐ Ceftriaxone	☐ Sulzone
_____	_____

Other Treatment

☐ Steroids
☐ Antiviral
☐ Hydroxychloroquine
☐ Azithromycin

Any other drug:_____

Covid-19 PCR

2nd sent on day_____	☐ -ve	☐ +ve
3rd sent on day_____	☐ -ve	☐ +ve
4th (if required)_____	☐ -ve	☐ +ve

Outcome

☐ Discharged
☐ Death
☐ LAMA

Physician's Name:_____ **Signature:** _____