IRA COVID Registry

Patient Information:

Name:	M/F	Age(yrs):	ID No:	Date:
Phone No: (1)		(2)	Email Id:	
Address: PIN CODE		Town:		District:

Occupation	Exposure Source (in last 2 weeks) (Check all that apply)
No. of affected contacts:	☐ History of travel to an area with documented cases of COVID-19 infection ☐ Close contact with a confirmed or probable case of COVID-19 infection ☐ Presence in a healthcare facility where COVID-19 infections have been managed ☐ None of the above (community acquired) ☐ Unknown

Primary Rheumatologic Diagnosis:	1.	2.	3.
Major organs involved:	1.	2.	3.
Current disease status:	Quiescent/Inactive	Major Flare	Any other comment
Comorbidities:	1.	2.	3.
Duration of AIRD(Months)		Lung involvement: Yes/No COPD/ Asthma/ILD/others	
Smoking Status- Current/Former/Never/ unknown	Pregnancy – Yes/No	Obesity- Yes/No	

Immunosuppressants

Drug	Past Meds Max Dose/ Protocol	Current Meds Dose	Duration at current dose (months)
Steroids			
HCQ			
Methotrexate			
Mycophenolate			
Azathioprine			
Tacrolimus			
Leflunomide			
Cyclophosphamide			
Sulphasalazine			
Apremilast			
Biologics/tsDMARDS			
Any other			

Other Medications (Current- Yes/No, Dose)

ACE inhibitors/ ARBs		
Anti platelet/ Anticoagulant		
Others		
FLU Vaccination (in last 1 year): Y/N		
Any other prophylactic med: Vit D/ Vit C/ HCQ/ Homeopathic/Ayurvedic/others		

Immunosuppressant and disease activity during COVID-19 Infection: (please provide details as appropriate)

Discontinued: Yes/No	Steroid continued Yes/No	Any other Comments
Flare of AIRD: Yes/NO	No. of days to restart IS/DMARDS:	

COVID-19 – Positive Test Date: (Method)			**Negative date1 Negative date 2**		
	Y/N		**Y/N**		**Y/N**
Coryza		Fever <100		Arthralgia	
Loss of Taste		Fever>100		Myalgia	
Loss of Smell		Nausea		Dizziness	
Cough		Vomiting		Irritability	
Dyspnea		Diarrhea		Mood changes	
Chest pain		Skin rash			
Others1		Others2		Others3	

Investigation (During Covid):

Date		
Hb (g/dl)		
TLC (/mm3)		
ALC (/mm3)		
ANC (/mm3)		
PLT (/mm3)		
Ferritin (ng/mL)		
Bilirubin Total/ Direct		
SGOT/SGPT/ALP		
PT/INR		
APTT		
Fibrinogen		
Fasting TG		
Chest Xray/CT		
EKG		
Other Imaging		

Hospitalization:Yes/No	O2 therapy Yes/No	Inotropes: Yes/No	ICU Admission: Yes/No	Ventilation Yes/NO
Covid Rx ☐ Supportive care ☐ Remdesivir ☐ Lopinavir/ritonavir ☐ Anti-malarial ☐ Tocilizumab ☐ JAK Inhibitors ☐ Glucocorticoids ☐ IVIG ☐ Convalescent Plasma ☐ Other	Supplemental oxygen Yes/No NIV or high flow oxygen devices Yes/No Interventions unknown Yes/No	Invasive mechanical ventilation- Yes/No ECMO- Yes/No Unknown- Yes/No		

OUTCOME: Complete Recovery/ Recovery with Sequalae/ Death	**Complications:** None/ARDS/Sepsis/Myocarditis/ DIC/ Sec infection	Cause of Death: Autopsy:

Provider Information:

Name:	**Role: Rheumatologist/Physician/Nurse/ others**	
Phone No:	**Email Id:**	
Hospital or clinic name: **Address:**	**Town:**	**District:** **PIN CODE**

Notes:

Designed by:

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Inputs from Rheum COVID Registry