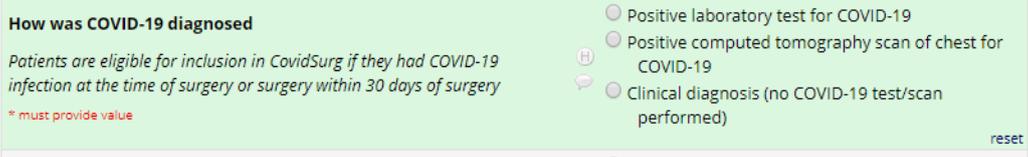
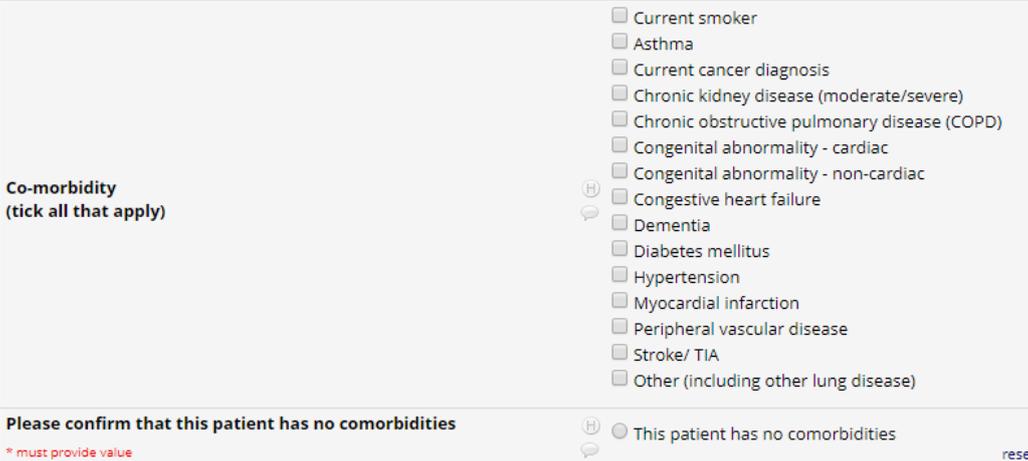




## CovidSurg Data Completion Guide

- The following pages will guide you through data entry for the key data fields for CovidSurg. Please complete **all** fields that appear on each REDCap record. However, the data fields highlighted below are particularly crucial as they will be used in the initial data analyses. In order to provide high quality data to inform the global surgical community, it is essential that all data is as complete as possible.
- To help you ensure that your data is complete, we will intermittently send 'data completion request' emails. A spreadsheet will be attached to the email you receive. In this spreadsheet:
  - Each case entered from your centre is on a separate row.
  - The first column indicates the REDCap ID number that can be used to identify the patient on the REDCap database.
  - Each column in the spreadsheet relates to a different critical data item. The guide below indicates how the headings on the columns the spreadsheet match to data fields on the online REDcap database.
  - If 'missing' is written in a cell, this denotes this specific data item is missing for that patient.
- Please examine each case/row and note the missing and required fields per case.
- To enter any missing data on to the online REDCap database:
  - Log into REDCap
  - Selected the CovidSurg project
  - Navigate to 'Add/ Edit Records' in the left hand side menu under 'Data Collection'.
  - Under the 'select record' dropdown list, select the record ID you need to edit
- Please note, we are using the same REDCap project for both CovidSurg and CovidSurg-Cancer studies for which patients may be eligible for either or both. Therefore, if a patient is included in both studies (CovidSurg and CovidSurg-Cancer) you may not see slightly differe cancer-specific fields.

**BASELINE INFORMATION FORM**

Spreadsheet Field Label	REDCap Field and Notes
COVID_Diagnosis_Method	<p>How was COVID-19 diagnosed</p>  <p><b>How was COVID-19 diagnosed</b></p> <p><i>Patients are eligible for inclusion in CovidSurg if they had COVID-19 infection at the time of surgery or surgery within 30 days of surgery</i></p> <p><small>* must provide value</small></p> <ul style="list-style-type: none"> <li><input type="radio"/> Positive laboratory test for COVID-19</li> <li><input type="radio"/> Positive computed tomography scan of chest for COVID-19</li> <li><input type="radio"/> Clinical diagnosis (no COVID-19 test/scan performed)</li> </ul> <p style="text-align: right;"><small>reset</small></p> <ul style="list-style-type: none"> <li>• Please select the appropriate option.</li> <li>• A positive laboratory test can include any lab test currently in use at your hospital; this includes PCR testing and antigen testing.</li> <li>• A clinical diagnosis refers to a patient who did not undergo CT scan or COVID-19 lab tested, but had symptoms/signs that have been diagnosed as COVID-19 by a senior doctor (e.g. consultant/attending).</li> </ul>
COVID_Diagnosis_Timing	When was COVID-19 diagnosed
Month_Operation	<p>Month operated</p> <p>This is the patient was operated. If your centre does not have approval to submit information on the month of operation, please select “not stated”</p>
Patient_Age	Age
Gender	Sex
ASA_Grade	<p>ASA at time of surgery</p> <p>Full definitions are available from: <a href="https://www.asahq.org/standards-and-guidelines/asa-physical-status-classification-system">https://www.asahq.org/standards-and-guidelines/asa-physical-status-classification-system</a></p>
Comorbidity_All	<p>Co-morbidity</p>  <p><b>Co-morbidity (tick all that apply)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Current smoker</li> <li><input type="checkbox"/> Asthma</li> <li><input type="checkbox"/> Current cancer diagnosis</li> <li><input type="checkbox"/> Chronic kidney disease (moderate/severe)</li> <li><input type="checkbox"/> Chronic obstructive pulmonary disease (COPD)</li> <li><input type="checkbox"/> Congenital abnormality - cardiac</li> <li><input type="checkbox"/> Congenital abnormality - non-cardiac</li> <li><input type="checkbox"/> Congestive heart failure</li> <li><input type="checkbox"/> Dementia</li> <li><input type="checkbox"/> Diabetes mellitus</li> <li><input type="checkbox"/> Hypertension</li> <li><input type="checkbox"/> Myocardial infarction</li> <li><input type="checkbox"/> Peripheral vascular disease</li> <li><input type="checkbox"/> Stroke/ TIA</li> <li><input type="checkbox"/> Other (including other lung disease)</li> </ul> <p>Please confirm that this patient has no comorbidities</p> <p><small>* must provide value</small></p> <ul style="list-style-type: none"> <li><input type="radio"/> This patient has no comorbidities</li> </ul> <p style="text-align: right;"><small>reset</small></p> <ul style="list-style-type: none"> <li>• Tick <b>all</b> boxes that apply</li> <li>• If the co-morbidity you would like to enter is not listed, tick ‘other (including other lung disease)’ and a free text box will appear to enter the relevant details.</li> <li>• If the patient has no co-morbidities, please confirm by selecting the option ‘This patient has no comorbidities’ on the data field immediately below the list of comorbidities. This field will only show if no comorbidities have been ticked.</li> </ul>

Urgency_Surgery	<p>Urgency of surgery Full definitions are available from: <a href="https://www.ncepod.org.uk/classification.html">https://www.ncepod.org.uk/classification.html</a></p>
Symptoms_All	<p>Symptoms on hospital admission</p> <div data-bbox="470 353 1513 660" style="border: 1px solid #ccc; padding: 5px;"> <p>Symptoms on hospital admission (tick all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Abdominal pain</li> <li><input type="checkbox"/> Breathlessness (dyspnoea)</li> <li><input type="checkbox"/> Cough</li> <li><input type="checkbox"/> Diarrhoea</li> <li><input type="checkbox"/> Fatigue</li> <li><input type="checkbox"/> Fever (&gt;38 celsius)</li> <li><input type="checkbox"/> Haemoptysis</li> <li><input type="checkbox"/> Myalgia</li> <li><input type="checkbox"/> Nausea/vomiting</li> <li><input type="checkbox"/> Sputum</li> <li><input type="checkbox"/> Other</li> </ul> </div> <ul style="list-style-type: none"> <li>Tick all symptoms that may apply</li> <li>If no symptoms present (asymptomatic), please leave this field blank</li> </ul>
<p><b><i>Last available data from before surgery (e.g. recorded in anaesthetic room pre-anaesthetic induction)</i></b></p>	
Mental_Status	Mental status
Respiratory_Rate	Respiratory Rate (breaths per minute)
Heart_Rate	Heart rate
Systolic_BloodPressure Diastolic_BloodPressure	<p>Systolic Blood Pressure (mmHg) Diastolic blood pressure (mmHg)</p> <div data-bbox="470 1041 1487 1176" style="border: 1px solid #ccc; padding: 5px;"> <p>Systolic blood pressure (mmHg) <small>* must provide value</small></p> <input style="width: 100%;" type="text"/> <p>Diastolic blood pressure (mmHg) <small>* must provide value</small></p> <input style="width: 100%;" type="text"/> </div> <ul style="list-style-type: none"> <li>Please ensure that these are entered the correct way round (i.e. the systolic blood pressure should be greater than the diastolic blood pressure)</li> </ul>

**CONTINUE TO NEXT PAGE FOR THE PREOPERATIVE INVESTIGATIONS FORM**

## PREOPERATIVE INVESTIGATIONS FORM

Spreadsheet Field Label	REDCap Field and Notes
Haemoglobin	<p>Haemoglobin (g/L)</p> <p>Haemoglobin (g/L) <span style="float: right;">(H) <input type="text"/></span></p> <p><small>* must provide value</small> <span style="float: right;"><small>If your lab reports Hb as g/dL (normal range approx 11-17) please multiply this by 10 to record value as g/L</small></span></p> <ul style="list-style-type: none"> <li>• Please ensure to enter the recorded haemoglobin in g/L.</li> <li>• The normal range will be approximately 110-170 g/L.</li> <li>• If your lab reports haemoglobin in g/dL (normal range 11-17 please multiply this value by 10 to get the value in g/L)</li> </ul>
White_Cell_Count	White cell count (10 <sup>9</sup> /L)
CRP	CRP - C-reactive protein (mg/L)
Albumin	Albumin (g/dL) Some laboratories report total protein but not albumin. If this is the case, please leave the albumin field blank.
Urea	<p>Units used by lab to report serum creatinine and urea/blood nitrogen urea <span style="float: right;">(H) <input type="radio"/> Units are mg/dL or g/L</span></p> <p><span style="float: right;"><input type="radio"/> Units are mmol/L or µmol/L</span> <span style="float: right;"><small>reset</small></span></p> <hr/> <p>Urea/ blood urea nitrogen (mg/dL) <span style="float: right;">(H) <input type="text"/></span></p> <p><small>Typical normal range 6 to 20 mg/dL</small></p> <hr/> <p>Serum creatinine (mg/dL) <span style="float: right;">(H) <input type="text"/></span></p> <p><small>Typical normal range 0.6 to 1.3 mg/dL</small></p> <ul style="list-style-type: none"> <li>• Select the unit used in your lab for serum urea/ blood urea nitrogen and serum creatinine and the fields to enter their values will appear</li> <li>• Then enter the correct values for each, according to the units you have selected</li> </ul>
Creatinine	
<b>Chest imaging before surgery</b>	
PreOp_ChestXR	Preoperative chest x-ray
PreOp_CT	<p>Preoperative computed tomography (CT) scan of the chest</p> <p>Preoperative computed tomography (CT) scan of the chest <span style="float: right;">(H) <input type="checkbox"/> Not performed</span></p> <p><small>(please tick all that apply)</small> <span style="float: right;"><input type="checkbox"/> Yes - normal</span></p> <p><small>* must provide value</small> <span style="float: right;"><input type="checkbox"/> Yes - consolidation</span></p> <p><span style="float: right;"><input type="checkbox"/> Yes - ground glass opacity</span></p> <p><span style="float: right;"><input type="checkbox"/> Yes - pulmonary infiltration</span></p> <p><span style="float: right;"><input type="checkbox"/> Yes - other abnormality</span></p> <ul style="list-style-type: none"> <li>• More than one option can be selected. Please tick all that apply.</li> <li>• If a CT scan was not performed tick 'not performed' only.</li> </ul>

**CONTINUE TO NEXT PAGE FOR THE MANAGEMENT FORM**



## MANAGEMENT FORM

Spreadsheet Field Label	REDCap Field and Notes
COVID_TimeofSurgery	<p>Was COVID-19 suspected at the time of surgery?            Tick 'yes' if COVID-19 was suspected by the senior surgeon at the time of surgery even if the diagnosis had not been confirmed by a laboratory test.</p>
Anaesthesia	<p>Anaesthesia type</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p><b>Anaesthesia type</b>            Please tick all that apply  <small>* must provide value</small></p> <div style="display: flex; justify-content: flex-end; gap: 10px;"> <input type="checkbox"/> Local  <input type="checkbox"/> Regional  <input type="checkbox"/> General         </div> </div> <ul style="list-style-type: none"> <li>Please tick all that apply if more than one type of anaesthesia was used</li> </ul>
Surgical_Diagnosis	<p>Surgical indication</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p><b>Surgical indication</b>  <small>* must provide value</small></p> <div style="display: flex; justify-content: flex-end; gap: 10px;"> <input type="radio"/> Benign disease  <input type="radio"/> Malignant disease (cancer)  <input type="radio"/> Obstetrics  <input type="radio"/> Trauma         </div> <div style="text-align: right; font-size: small;">reset</div> </div> <p>Surgical diagnosis/ indication</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p><small>This field is <b>OPTIONAL</b> in case you wish to give additional details</small></p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <div style="text-align: right; font-size: small;">Expand</div> </div> <ul style="list-style-type: none"> <li>Please select the most appropriate option for surgical indication.</li> <li>If you want to add further details or clarification of the surgical diagnosis, enter this information in the 'surgical diagnosis/ indication' free text field</li> </ul>
Surgical_Procedure	<p>Surgical procedure completed</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p><b>Main surgical procedure completed - please select closest matching procedure</b>  <small>If no appropriate procedures are listed, please enter free text below</small></p> <p><small>Procedures are listed by organ/ system operated.</small></p> <p><small>Please note that this list is searchable by keyword.</small></p> <div style="display: flex; justify-content: flex-end; align-items: center;"> <input style="width: 150px;" type="text"/> <div style="margin-left: 5px; font-size: small;">▼</div> </div> </div> <p>Surgical procedure completed</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p><small>This field is <b>OPTIONAL</b> in case you wish to give additional details</small></p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <div style="text-align: right; font-size: small;">Expand</div> </div> <ul style="list-style-type: none"> <li>Please choose the closest matching surgical procedure from the drop down menu.</li> <li>If more than one procedure was performed, enter the primary procedure only</li> <li>Please used the 'surgical procedure completed' field to add further details or clarification of the procedure</li> </ul>

**CONTINUE TO NEXT PAGE FOR THE COVID-19 TREATMENT FORM**

## COVID-19 TREATMENT FORM

Spreadsheet Field Label	REDCap Field and Notes
Hospital_Treatment	<p>At any point during the index hospital admission did the patient receive</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>At any point during the index hospital admission did the patient receive</p> <p><small>* must provide value</small></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> None of the treatments listed below</li> <li><input type="checkbox"/> Antibiotics</li> <li><input type="checkbox"/> Antivirals</li> <li><input type="checkbox"/> Quinine or derivative</li> <li><input type="checkbox"/> Corticosteroids</li> <li><input type="checkbox"/> Intravenous immunoglobulins</li> <li><input type="checkbox"/> Interferon</li> <li><input type="checkbox"/> IL-6 blocker</li> </ul> </div> <ul style="list-style-type: none"> <li>Please tick all COVID-19 treatments listed. Tick as many as apply.</li> <li>Options should be ticked regardless of the specific drug/dose administered.</li> <li>Options should be ticked if the patient received them at any point in the 30 days following surgery.</li> <li>If none of the treatments listed were given, tick 'None of the treatments listed below'.</li> </ul>
Renal_Dialysis	Renal dialysis - at any point during the index hospital admission
PreOp_Resp_Support	Preoperative respiratory support
PostOp_Resp_Support	<p>Postoperative respiratory support</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>Postoperative respiratory support</p> <p><small>(please tick all that apply)</small></p> <p><small>* must provide value</small></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> None</li> <li><input type="checkbox"/> Low-flow supplemental oxygen</li> <li><input type="checkbox"/> High-flow supplemental oxygen</li> <li><input type="checkbox"/> Non-invasive ventilation</li> <li><input type="checkbox"/> Invasive mechanical ventilation</li> <li><input type="checkbox"/> Extracorporeal membrane oxygenation (ECMO)</li> </ul> </div> <ul style="list-style-type: none"> <li>Please select the type of respiratory support given after the patient left the theatre recovery.</li> </ul>

**CONTINUE TO NEXT PAGE FOR THE SURGICAL OUTCOMES FORM**

## SURGICAL OUTCOMES FORM

Spreadsheet Field Label	REDCap Field and Notes
Outcome_30day	<p>Outcome at 30 days after surgery</p> <p><b>Mortality</b></p> <p>Outcome at 30 days after surgery * must provide value</p> <ul style="list-style-type: none"> <li><input type="radio"/> Died - on-table</li> <li><input type="radio"/> Died - on days 0-7 after surgery</li> <li><input type="radio"/> Died - on days 8-30 after surgery</li> <li><input checked="" type="radio"/> Alive - remains admitted in hospital</li> <li><input type="radio"/> Alive - transferred to another hospital</li> <li><input type="radio"/> Alive - discharged to a rehabilitation centre</li> <li><input type="radio"/> Alive - discharged home</li> </ul> <p style="text-align: right;">Day of surgery is day 0 <span style="float: right;">reset</span></p> <ul style="list-style-type: none"> <li>• <b>Please ensure this field is completed as accurately as possible as this is the primary endpoint of the study.</b></li> </ul>
Reoperation_Reintervention	<p>Re-operation or re-intervention This includes any <b>unplanned</b> re-operation or re-intervention, including interventional radiology, endoscopy, or surgery.</p>
PostOp_ICU	<p>Postoperative intensive care admission</p>
Complications	<p>Complications (if any)</p> <p>Complications (if any)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Acute kidney injury</li> <li><input type="checkbox"/> Acute respiratory distress syndrome (ARDS)</li> <li><input type="checkbox"/> Anastomosis leak</li> <li><input type="checkbox"/> Bleeding requiring transfusion</li> <li><input type="checkbox"/> Cardiac arrest requiring CPR</li> <li><input type="checkbox"/> Coma &gt;24 hours</li> <li><input type="checkbox"/> Deep vein thrombosis</li> <li><input type="checkbox"/> Graft/ prosthesis/ flap failure</li> <li><input type="checkbox"/> Myocardial infarction</li> <li><input checked="" type="checkbox"/> Pneumonia</li> <li><input type="checkbox"/> Pulmonary embolism</li> <li><input type="checkbox"/> Sepsis</li> <li><input type="checkbox"/> Septic shock</li> <li><input type="checkbox"/> Stroke/ cerebrovascular accident</li> <li><input type="checkbox"/> Surgical site infection - superficial or deep</li> <li><input type="checkbox"/> Surgical site infection - organ space</li> <li><input type="checkbox"/> Urinary tract infection</li> <li><input type="checkbox"/> Wound dehiscence</li> <li><input type="checkbox"/> Other complication</li> </ul> <p>Please confirm that this patient did not have any postoperative complications * must provide value</p> <ul style="list-style-type: none"> <li><input checked="" type="radio"/> This patient did not have any postoperative complications</li> </ul> <ul style="list-style-type: none"> <li>• Please tick all complications that occurred within 30 days of surgery whether directly related to the original operation or not.</li> <li>• Please take particular care to note <b>pneumonia</b> and <b>ARDS</b> as these are the key secondary outcomes.</li> <li>• If a complication occurred that is not listed, select 'other complication' and a free text field will appear to enter the relevant details</li> <li>• If the patient did not experience any complications, please confirm by selecting the option 'This patient has no comorbidities' on the data field immediately below the list of possible complications. This field will only show if no complication have been ticked.</li> </ul>