CovidSurg data completion guide

Before you continue

- Please read this guide carefully.
- The spreadsheet attached in your 'data completion request' email contains the submitted cases from your centre (one case per row with missing points in columns).
- 'Missing' written in a cell denotes the required data that you must enter for that case.
- Please examine each case/row and note the missing and required fields per case.
- The guide below explains how to enter your missing data into the fields on REDCap with the field headings on the columns of your emailed spreadsheet matched to the relevant REDcap field.
- 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, you may not see the same fields for the same patients, depending on which study they are entered into. i.e a patient entered into CovidSurg Cancer will have different fields than a patient entered into CovidSurg only.

Once you have logged into REDCap and 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.

Spreadsheet Field Label	REDCap Field and Notes
COVID_Diagnosis_Method	How was COVID-19 diagnosed **How was COVID-19 diagnosed** *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* * must provide value ○ Positive laboratory test for COVID-19 ○ Positive computed tomography scan of chest for COVID-19 ○ Clinical diagnosis (no COVID-19 test/scan performed) reset • Please select the appropriate option. • A clinical diagnosis is where symptoms have been diagnosed by a senior doctor without a CT scan or laboratory test for COVID-19
COVID_Diagnosis_Timing	When was COVID-19 diagnosed
Month_Operation	Month operated
Patient_Age	Age
Gender	Sex
ASA_Grade	ASA at time of surgery
Comorbidity_All	Co-morbidity **Co-morbidity** **(tick all that apply)** ☐ Current smoker ☐ Asthma ☐ Current cancer diagnosis ☐ Chronic kidney disease (moderate/severe) ☐ Chronic obstructive pulmonary disease (COPD) ☐ Congenital abnormality - cardiac ☐ Congenital abnormality - non-cardiac ☐ Congestive heart failure ☐ Dementia ☐ Diabetes mellitus ☐ Hypertension ☐ Myocardial infarction ☐ Peripheral vascular disease ☐ Stroke/ TIA ☐ Other (including other lung disease) **Please confirm that this patient has no comorbidities** * must provide value ○ This patient has no comorbidities reset • Tick all boxes that apply • 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. • If the patient has no co-morbidities, please confirm by selecting the option 'This patient has no comorbidities'
Urgency_Surgery	Urgency of surgery
Symptoms_All	Symptoms on hospital admission **Symptoms on hospital admission** **(tick all that apply)** ☐ Abdominal pain ☐ Breathlessness (dyspnoea) ☐ Cough ☐ Diarrhoea ☐ Fatigue ☐ Fever (>38 celsius) ☐ Haemoptysis ☐ Myalgia ☐ Nausea/vomiting ☐ Sputum ☐ Other

	• Tick all symptoms that may apply • If no symptoms present (asymptomatic), please leave this field blank

Last available data from before surgery (e.g. recorded in anaesthetic room pre-anaesthetic induction)	
Mental_Status	Mental status
Respiratory_Rate	Respiratory Rate (breaths per minute)
Heart_Rate	Heart rate
Systolic_BloodPressure	Systolic Blood Pressure (mmHg) Diastolic blood pressure (mmHg)
Diastolic_BloodPressure	**Systolic blood pressure (mmHg)** * must provide value **Diastolic blood pressure (mmHg)** * must provide value • Please ensure that these are entered the correct way round

Spreadsheet Field Label	REDCap Field and Notes
Haemoglobin	Haemoglobin (g/L) **Haemoglobin (g/L)** * must provide value (H) [_____] If your lab reports Hb as g/dL (normal range approx 11-17) please multiply this by 10 to record value as g/L • Please ensure to enter the recorded haemoglobin in g/L making the normal range approximately 110-170 g/L. If your lab reports haemoglobin in g/dL (normal range 11-170 please multiply this value by 10 before entering
White_Cell_Count	White cell count (10^9/L)
CRP	CRP - C-reactive protein (mg/L)
Albumin	Albumin (g/dL)
Urea	**Units used by lab to report serum creatinine and urea/blood nitrogen urea** (H) ⦿ Units are mg/dL or g/L ○ Units are mmol/L or µmol/L reset **Urea/ blood urea nitrogen (mg/dL)** Typical normal range 6 to 20 mg/dL (H) [_____]
Creatinine	**Serum creatinine (mg/dL)** Typical normal range 0.6 to 1.3 mg/dL (H) [_____] • 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 • Then enter the correct values for each, according to the units you have selected
Chest imaging before surgery	
PreOp_ChestXR	Preoperative chest x-ray
PreOp_CT	Preoperative computed tomography (CT) scan of the chest **Preoperative computed tomography (CT) scan of the chest** (please tick all that apply) * must provide value (H) ☐ Not performed ☐ Yes - normal ☐ Yes - consolidation ☐ Yes - ground glass opacity ☐ Yes - pulmonary infiltration ☐ Yes - other abnormality • More than one option can be selected. Please tick all that apply. If a CT scan was not performed tick 'not performed' only.

Spreadsheet Field Label	REDCap Field and Notes
COVID_TimeofSurgery	Was COVID-19 suspected at the time of surgery?
Anaesthesia	Anaesthesia type **Anaesthesia type** *Please tick all that apply* * must provide value ☐ Local ☐ Regional ☐ General • Please tick all that apply if more than one type of anaesthesia was used
Surgical_Diagnosis	Surgical indication **Surgical indication** * must provide value ○ Benign disease ○ Malignant disease (cancer) ○ Obstetrics ○ Trauma reset **Surgical diagnosis/ indication** *This field is OPTIONAL in case you wish to give additional details* Expand • Please select the most appropriate option for surgical indication. If you want to add further details or clarificiation of the surgical diagnosis, enter this information in the 'surgical diagnosis/ indication' free text field
Surgical_Procedure	Surgical procedure completed

COVID-19 treatment (COVID+ patients only) form

Spreadsheet Field Label	REDCap Field Notes
Hospital_Treatment	At any point during the index hospital admission did the patient receive **At any point during the index hospital admission did the patient receive** * must provide value ☐ None of the treatments listed below ☐ Antibiotics ☐ Antivirals ☐ Quinine or derivative ☐ Corticosteroids ☐ Intravenous immunoglobulins ☐ Interferon ☐ IL-6 blocker • Please select tick any and all COVID treatments listed, at any dose, that the patient received at any point in the 30 day post operative period. Tick as many as apply. If none of the treatments listed were given, tick 'None of the treatments listed below'.
Renal_Dialysis	Renal dialysis - at any point during the index hospital admission
PreOp_Resp_Support	Preoperative respiratory support
PostOp_Resp_Support	Postoperative respiratory support **Postoperative respiratory support** (please tick all that apply) * must provide value ☐ None ☐ Low-flow supplemental oxygen ☐ High-flow supplemental oxygen ☐ Non-invasive ventilation ☐ Invasive mechanical ventilation ☐ Extracorporeal membrane oxygenation (ECMO) • Please select the type of respiratory support used when the patient has left recovery

Surgical outcomes (operated patients only)

Spreadsheet Field Label	REDCap Field and Notes

Outcome_30day	Outcome at 30 days after surgery
	
	Mortality
	
	Outcome at 30 days after surgery
	* must provide value
	    ○ Died - on-table
	    ○ Died - on days 0-7 after surgery
	    ○ Died - on days 8-30 after surgery
	    ○ Alive - remains admitted in hospital
	    ○ Alive - transferred to another hospital
	    ○ Alive - discharged to a rehabilitation centre
	    ○ Alive - discharged home
	    reset
	Day of surgery is day 0
	
	• Please ensure this field is completed as accurately as possible as this is the primary endpoint of the study.

Reoperation_Reintervention	Re-operation or re-intervention
PostOp_ICU	Postoperative intensive care admission

Complications	Complications (if any)
	
	Complications (if any)
	  ☐ Acute kidney injury
	  ☐ Acute respiratory distress syndrome (ARDS)
	  ☐ Anastomosis leak
	  ☐ Bleeding requiring transfusion
	  ☐ Cardiac arrest requiring CPR
	  ☐ Coma >24 hours
	  ☐ Deep vein thrombosis
	  ☐ Graft/ prosthesis/ flap failure
	  ☐ Myocardial infarction
	  ☐ Pneumonia
	  ☐ Pulmonary embolism
	  ☐ Sepsis
	  ☐ Septic shock
	  ☐ Stroke/ cerebrovascular accident
	  ☐ Surgical site infection - superficial or deep
	  ☐ Surgical site infection - organ space
	  ☐ Urinary tract infection
	  ☐ Wound dehiscence
	  ☐ Other complication
	
	Please confirm that this patient did not have nay postoperative complications
	* must provide value
	  ○ This patient did not have any postoperative complications
	    reset
	
	• Please tick all complications that occurred within 30 days taking particular care to note pneumonia and ARDS.
	• If a complication not listed occurred, select 'other complication' and a free text field will appear to enter the relevant details
	• If no complications occurred, please confirm this in the field below.