

# Pennsylvania Remdesivir Utilization Data Collection

Health care facilities that utilize Remdesivir in the treatment of a COVID-19 positive or suspected positive (PUI) should complete this data collection tool as soon as possible after the conclusion of treatment. This form should be filled out for each patient that receives Remdesivir.

## Section 1

1. Hospital Facility providing treatment?\*

## Section 2

### Patient Demographics

Please provide the following basic non-identified patient demographic data.

2. Age (in years)\*

3. Gender\*

- Male
- Female
- Other
- Unknown

4. Race\*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other
- Unknown

5. Ethnicity\*

- Hispanic
- Not Hispanic

6.Pregnant\*

- Yes
- No
- N/A

Section 3

## COVID-19 Presentation and Treatment

7.Date of symptom onset

8.Check all conditions that apply

- Patient treated within ICU
- Patient treated with mechanical ventilation
- Patient treated with ECMO
- Patient is immunocompromised

9.Check all comorbidities present in this patient

- Hypertension
- Obesity
- Diabetes
- Asthma/COPD
- Cardiovascular disease
- Kidney disease

10.Date treatment with Remdesivir began\*

11.Planned course of treatment with Remdesivir\*

- 5 days (6 doses)
- 10 days (11 doses)
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12.Was the full treatment course administered? \*

- Yes
- No

13. Actual number of days patient was treated with Remdesivir\*

14. Total number of doses/vials utilized for this patient\*

15. Reason the full course of treatment was not completed

- Patient's condition significantly improved
- Patient's condition significant deteriorated
- Patient expired
- Patient had an adverse reaction to Remdesivir
- Other course of treatment was attempted
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16. Patient outcome

- Patient improved/recovered
- No significant change to clinical status
- Patient worsened
- Patient expired