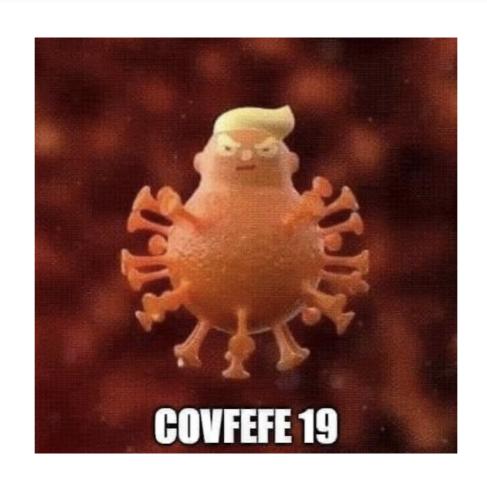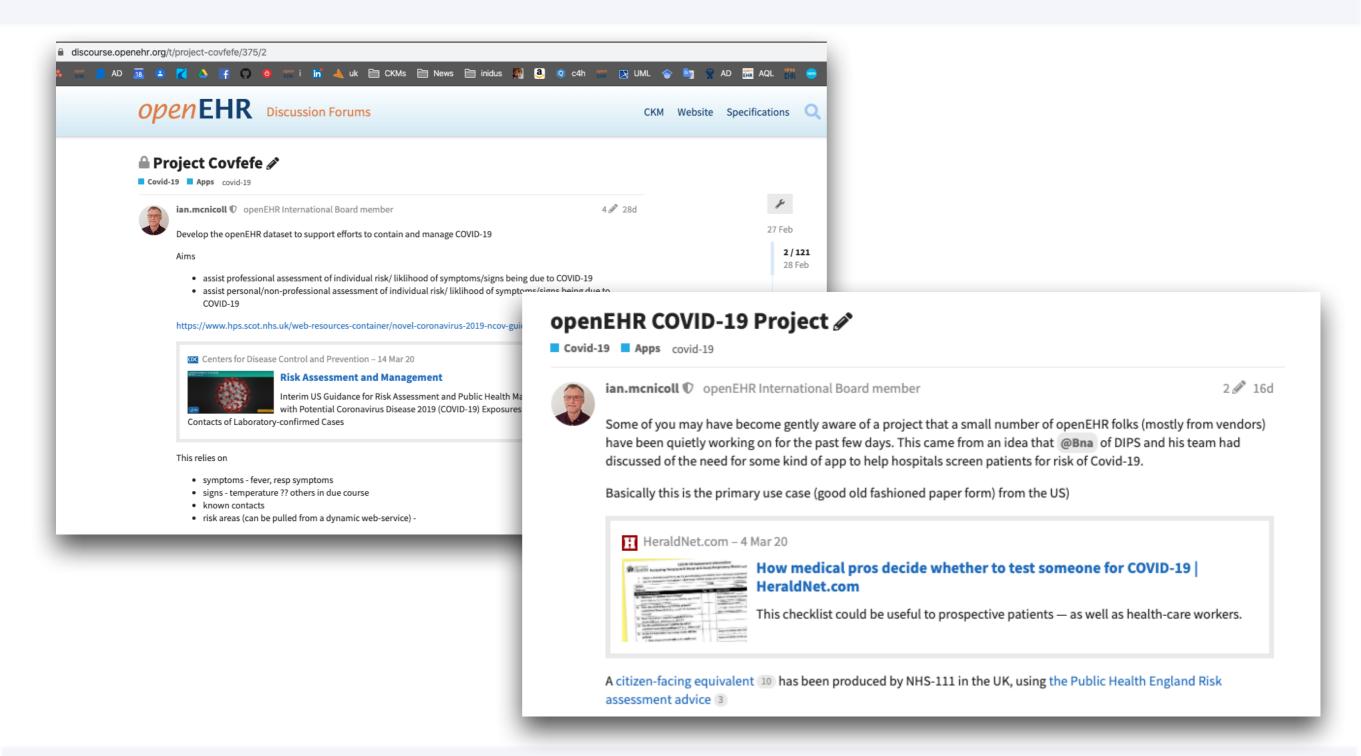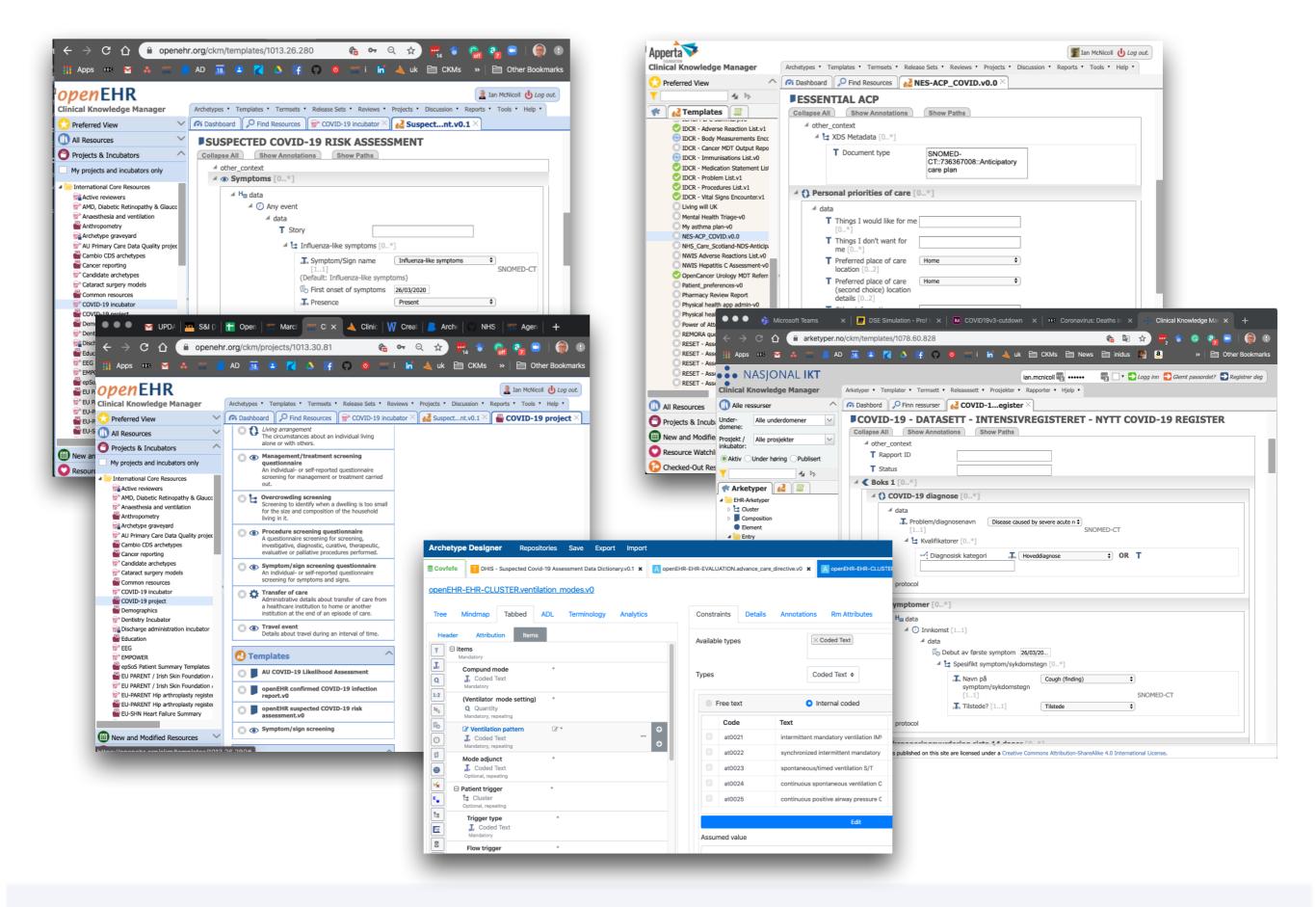# openEHR community: Covid-19 response
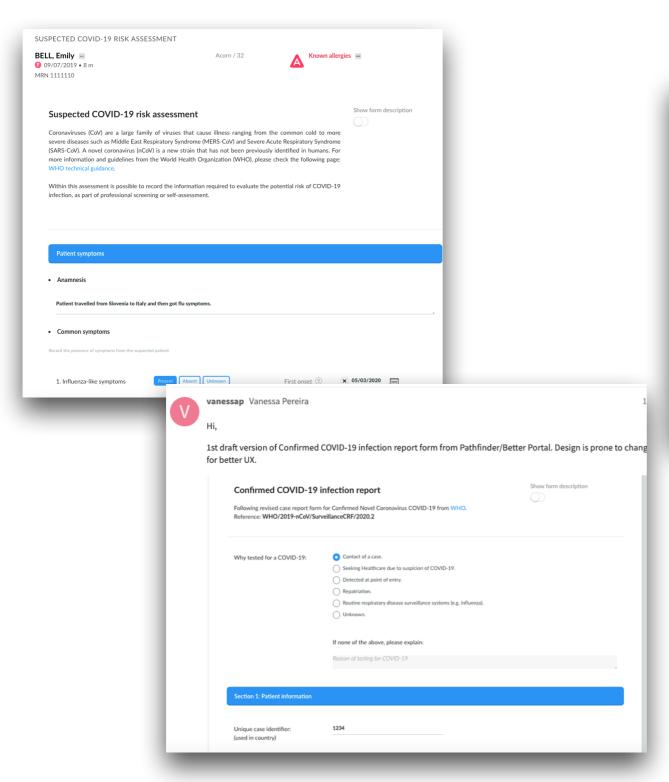
Project Covfefe

openEHR

BELL, Emily
09/07/2019 • 8 m
MRN 1111110

Acorn / 32

⚠ Known allergies

Suspected COVID-19 risk assessment

Show form description

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). A novel coronavirus (nCoV) is a new strain that has not been previously identified in humans. For more information and guidelines from the World Health Organization (WHO), please check the following page: WHO technical guidance.

Within this assessment is possible to record the information required to evaluate the potential risk of COVID-19 infection, as part of professional screening or self-assessment.

Patient symptoms

- **Anamnesis**

  Patient travelled from Slovenia to Italy and then got flu symptoms.

- **Common symptoms**

Record the presence of symptoms from the suspected patient.

1. Influenza-like symptoms

Present | Absent | Unknown

First onset ⓘ | ✕ 05/03/2020

Paralysed? ✓ − ✕

Spontaneous or Mandatory Mode | Spontaneous | Mandatory

Ppeak (cmH2O) | cmH$_2$O

Suitable for re-intubation ✓ − ✕

Resuscitation Status | **For resuscitation** ✕ ⌄

Other Organ Dysfunction

Resp Dysfunction | No support or nasal spec. | Venturi <60%
| NIV / Highflow nasal prongs / Venturi 60% | Intubated and ventilated

CVS Dysfunction | No support | Metaraminol or Noradrenaline <= 5ml/hr
| Noradrenaline >= 5ml/hr | High dose inotropes (Norad double strength or >= 2 inotropes)

CNS Dysfunction | Alert, comfortable | CAM-ICU +ve or Pain
| Agitated or drowsy | Unconscious

Renal Dysfunction

V **vanessap** Vanessa Pereira

Hi,

1st draft version of Confirmed COVID-19 infection report form from Pathfinder/Better Portal. Design is prone to chang for better UX.

Confirmed COVID-19 infection report

Show form description

Following revised case report form for Confirmed Novel Coronavirus COVID-19 from WHO.
Reference: WHO/2019-nCoV/SurveillanceCRF/2020.2

Why tested for a COVID-19:
- ● Contact of a case.
- ○ Seeking Healthcare due to suspicion of COVID-19.
- ○ Detected at point of entry.
- ○ Repatriation.
- ○ Routine respiratory disease surveillance systems (e.g. influenza).
- ○ Unknown.

If none of the above, please explain:

Reason of testing for COVID-19

Section 1: Patient information

Unique case identifier: | 1234
(used in country)

ZZZTESTBOBEW, Swizzlestick
MRN: 1286259 | NHS: 9994533312 | DoB: 1920-12-20 | Age: 99 | Gender: Female | Location: Acorn Ward, HD5.1

Fill From Last

Critical Care Pre-Referral Information

- This information is intended to inform discussion and decision making.
- Advanced planning regarding suitability for escalation to Critical Care is vital in delivering the right therapy for the right patients.
- This information also informs on expectations and targets during weaning from critical care therapies.
- This is **NOT** a summative scoring system with defined outcomes.

Assessment Date | dd/MM/yyyy 📅 | HH : MM

Baseline Exertional Capacity: | Very Fit | Fit
| Mild Limitation | Moderate Limitation
| Significant Limitation | Severe Limitation
| Very Restricted

openEHR

| S Situation | B Background | COVID-19 | A Assessment | R Recommend | R Response |

B. Breathing

SPO2 (on arrival)
88%

Respiration rate
22 bpm

Right lung finding
Normal

Left lung finding
Wheeze

Oxygen delivery
Mask

O2 flow rate
15 Lts

SPO2 (post O2)
97%

Increased work of breathing
Yes   No

C. Circulation

Heart rate
22 bpm

Blood pressure
120/80

Cap refill
> 3 secs

Abdomen
Soft

Current IV fluids
None

---

github.com/AppertaFoundation/COVID-19-screening-interface

COVID-19-screening-interface

Covid-19 Screening Interface using Covid-19 OpenEHR Clinical Models

Developed in the Open

Summary

This repository contains software which enables an organisation to rapidly deploy a Covid-19 screening programme. Data collected will be stored in the local openEHR database and reports to the WHO standard made available.

Being Open Source, the application can be implemented within an organisation using existing systems therefore reducing privacy and information governance challenges associated with cloud systems.

Being modular, the application can be connected to an existing openEHR repository or operated with a stand-alone repository.

Project aims

PatientSky

patientsky.com

FIGHT COVID-19

Kampen mot COVID -19: Registrer symptomer og hjelp andre

I kampen mot koronaviruset er det viktig å ha mest mulig korrekt informasjon tilgjengelig, slik at beslutningstakerne kan ta best mulig beslutninger. Nedenfor kan du rapportere inn dersom du opplever luftveissymptomer. Dataene vil bli behandlet anonymt. Kampen mot COVID-19 er et ikke-kommersielt initiativ fra PatientSky, der målet er å bidra til at myndighetene får bedre oversikt over koronaviruset og større muligheter til å bekjempe smitten. Ved å fylle inn skjemaet nedenfor, hjelper du andre og bidrar i kampen mot COVID-19.

Tast inn ditt fødsels- og personnummer: *

(Vennligst fyll inn 11 sifre.)

Samtykke *

Jeg samtykker til at oppgitt data kan innsamles, brukes og utleveres til norske myndigheter og andre offentlige institusjoner i kampen mot Covid-19. Jeg er kjent med at "Kampen mot Covid-19" er et ikke-kommersielt tiltak for å samle inn informasjon om luftveissymptomer som kan brukes av beslutningsstøtte for myndighetene.

FIGHT COVID-19

Kampen mot COVID -19: Registrer symptomer og hjelp andre

I kampen mot koronaviruset er det viktig å ha mest mulig korrekt informasjon tilgjengelig, slik at beslutningstakerne kan ta best mulig beslutninger. Nedenfor kan du rapportere inn dersom du opplever luftveissymptomer. Dataene vil bli behandlet anonymt. Kampen mot COVID-19 er et ikke-kommersielt initiativ fra PatientSky, der målet er å bidra til at myndighetene får bedre oversikt over koronaviruset og større muligheter til å bekjempe smitten. Ved å fylle inn skjemaet nedenfor, hjelper du andre og bidrar i kampen mot COVID-19.

Tast inn ditt fødsels- og personnummer: *

(Vennligst fyll inn 11 sifre.)

Preferred place of care (second choice) location details

Preferred place of care (second choice) location details
Details of organisation/location of the second choice preference of place of care.

○ Home
○ Hospital
○ Nursing home

Other information

Other information
Any additional comments about the subject's place of care preferences.

Religious or cultural observance

Religious affiliation

Religious affiliation
Name of the belief and/or practice to which the individual is affiliated.

Impact on care

Impact on care
Narrative description about how care needs to be modified to support the individual's religious practice.

Advance care directive

Type of directive

Type of directive
The type of advance care directive.

Location details

Location

---

openEHR

open EHR Discussion Forums

COVID-19 Diagnosis and Treatment Decision Support: openEHR Temp

■ Covid-19 ■ Apps

Shan Shan Nan   1 ✎ 2d

Dear Colleagues,

On behalf of all the members of Xudong's @lvxd team, I'm pleased to share our GDL rules and related archetypes regarding the Chinese COVID-19 Guideline. The files are now available on GitHub (https://github.com/ZJU-BME-VICO/openEHR-COVID-19 5). Everyone is encouraged to test, use, fork, and feedback on the rules and archetypes freely.

In China, COVID-19 broke out in December 2019 and has been under control for a couple of weeks. Of all the 81093 patients, 72703 are already fully recovered and reunion with their families. This achievement is significant, and the experiences leading to it are worth sharing with the world. Some researchers are already working on translating the Chinese guidelines to English and Persian (probably other languages as well) to facilitate the sharing among care-givers. We, as informaticists, believe taking advantage of the open standard (i.e., openEHR) and a formal guideline language (GDL2 in this case) would not only accelerate the sharing process globally but also reduce the ambiguity in the narrative texts.

Since our primary goal is supporting the diagnosis and treatment, the archetypes and GDL rules are adopted from the diagnosis and treatment part of the Chinese guideline. The data elements and rules in the rest parts of the guideline are out of our scope. The GDL rules are authored and validated by the GDL2 Editor. Detailed instructions are available in GitHub.

COVID-19 Diagnosis and Treatment CDSS

PatientID：12345678 **NAME**：Sam **Gender**：Male **Age**：35yr

Diagnosis

Reference Diagnosis: COVID-19 Critical

- Epidemiological History — History of travel to Wuhan and its surrounding areas within 14 days prior to the onset of the disease
- Co-morbidities — Respiratory failure
- Observations — rRT-PCR: positive, Temperature: 39.4°C, SaO2: 90%, No RR records.WBC: 3.3, Lymphocyte count: 1.4; Dry cough, Fatigue, Diarrhea, Slight clinical symptoms, Fever.

Treatment Suggestions

- Procedures
  - Admitted to hospital

HM Healthcare Modeling Collaboration   Archetypes   **Templates**   Statistics

Search

- Observation
- Instruction
- Admin
- Section
- Structure

▽ Sub Repository   1

▽ COVID-19   1

- ▽ 📁 EHR Templates
  - Cluster
  - ▽ 📁 Composition
    - **Diagnosis and treatment template of COVID-19**
  - Element
  - ▽ 📁 Entry
    - Action
    - Evaluation
    - Observation
    - Instruction
    - Admin
  - Section
  - Structure

Search Template | Diagnosis and treatment... ✕

Tree | Detailed Info | OET | Mind Map | History | HTML Form

- ▲ data
  - ▲ Any event
    - ▲ data
      - Chronological age
      - Adjusted age
      - Comment
  - ▷ Pregnancy/breast feeding status   Name(Pregnancy stat...
  - ▲ Story/History   Name(Symptoms)
    - ▲ data
      - ▲ Any event
        - ▲ data
          - Story
          - ▲ Structured detail
            - **Symptom/Sign**
              - Symptom/Sign name
              - Nil significant
              - Description
              - Body-site
              - Structured body site
              - Episodicity

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Community