Dear Colleagues,

In this time of COVID-19 outbreak, the Society for Anesthesia and Resuscitation of Belgium (SARB) would like to register the COVID-19 cases that are managed in the OR’s of Belgian Hospitals, including C-sections. For that purpose, we would like to ask you to fill in the following questionnaire (a downloadable version can be found at the following link), with as much information as available, paying attention to strictly respect patient anonymity. In order to link data to a particular patient anonymously, we ask you to attribute a reference number to each patient, using the following format: institution abbreviation followed by order number (e. g. first patient of CHR Citadelle Liege: chrliege1). Your personal data will also remain confidential, and the results will not be publicly available until this publication does not bypass official communication by hospitals. We will, however, need a contact person for each Institution participating into the study. This is the reason why we ask for a contact email address at the beginning of the survey. Should a publication emanate from the analysis of collected data, that contact person will be associated as a co-author of the publication.

Please note that the protocol of this multi-centric survey has been approved by the ‘Comité d’Ethique Hospitalo-Facultaire, Cliniques Saint Luc’, Brussels. The official approval can be found at the following link. Personal data protection and ethics require that we obtain consent from the patients to dispose of their data. Due to the current difficult circumstances of the outbreak, and the difficulty of obtaining written consent, oral consent by the patient has been exceptionally authorized by the Ethics Committee. A guide on how to inform the patients about this can be found at the following link, in Dutch and in French.

The collected data will be of great help to draw the picture of OR implications in such an outbreak situation, and will be meaningful only if a maximum of cases are reported. We thank you a lot for your help in achieving this in these troubled times, and remain at your disposal for any questions or concerns regarding this survey.

The SARB Board

**Questionnaire**

1. Date of surgery

2. Name of your institution and contact email address

3. Oral consent has been obtained from the patient to collect his/her data

4. Patient identification number (abbreviation of institution followed by order number)

*Demographics*

5. Age in years/months for pediatric patients until 24 months of age

6. Weight in Kg

7. Height in cm

8. Gender

 Male

 Female

9. Admission

 Through the emergency Department

 Already hospitalized

 Day-care admission

 Routine admission

 Through the ICU

 Transfer from another institution

 From a specific COVID-19 ward

 From a non-specific COVID-19 ward

 Other (please specify)

10. COVID-19 status

 Suspected

 Confirmed

 Suspected and not confirmed later

 Suspected and confirmed later

 Unknown

11. Presence of symptoms of COVID-19 infection?

 Fever

 Cough

 Rhinitis

 Anosmia

 Ageusia

 Polypnea

 Dyspnea

 Other (please specify)

12. Comorbidities (please list the known comorbidities)

13. Ongoing treatments (please list current ongoing medications at the time of surgery)

*Baseline Characteristics*

14. Baseline SpO2 before admission to the OR (%)

15. Baseline FiO2 before admission to the OR (%)

16. Baseline PaO2 before admission to the OR (mmHg)

17. Baseline respiratory rate (nb/min) before admission to the OR

18. Chest X-ray available?

 Yes

 No

If yes, please describe the findings

19. Chest CT-scan available?

 Yes

 No

If yes, please describe the findings

20. Temperature (°C) before admission to the OR

21. Biological findings

Baseline CRP (mg/L)

Baseline WBC count (nb/mm3)

Baseline neurtrophil count (nb/mm3)

Baseline platelet count(nb/mm3)

*Surgery*

22. Performed surgery

23. Degree of emergency

 Routine

 Semi-urgent (cannot be delayed for hours or days)

 Urgent (as fast as possible)

*Transport of the patient to the OR*

24. Protective measures

Surgical mask for the patient

Patient placed in an impermeable cover

Sides of the stretcher cleaned before transfer

Protection of stretcher-bearer with a surgical mask

Protection of the stretcher-bearer with gloves

Protection of the stretcher-bearer with gown

Protection of welcoming personal with a surgical mask

Protection of welcoming personal with gloves

Protection of the welcoming personal with gown

Other measures (please specify)

 If protective measure partially or not applied, please describe the reasons

*Management*

25. Type of anesthetic technique

 Sedation

 General anesthesia

 Loco-regional anesthesia alone

 Loco-regional anesthesia and sedation

 Loco-regional anesthesia and general anesthesia

26. Airway

 Spontaneous ventilation with O2 mask

 Spontaneous ventilation without mask

 Spontaneous ventilation without O2 mask but patient wearing a surgical mask

 Laryngeal mask and positive pressure ventilation

 Endotracheal tube and positive pressure ventilation

 Other (please specify)

27. Was a video-laryngoscope used?

 Yes

 No

If yes, which one?

28. Preoxygenation

 Two hands on mask to avoid leaks

 Wet gauze on mouth and nose of the patient

 None of the above

Fresh gas flow during preoxygenation (L/min)

29. Protective measures when managing the airway

Limited number of people in the room

Impermeable gown for the anesthesiologist and eventual helper

Gloves for the anesthesiologist and eventual helper

FFP2 mask for the one manipulating the airway and close helper

Glasses and/or eyeshade for the anesthesiologist and eventual helper

Hat for the anesthesiologist and eventual helper

Hood for the anesthesiologist and eventual helper

Surgical mask for the other people in the room

Glasses for the other people in the room

Hat for the other people in the room

Hood for the other people in the room

Eyeshade for the other people in the room

 Other protective measures (please specify)

If protective measures partially or not applied, please provide the reasons

30. Other protective measures

 Two filters on the ventilator circuit

 Specific chart for medications

 Second pair of gloves to manipulate material and drugs and regularly changed

 Closed aspiration system

 Tube clamped before connection to the ventilator, or hydrophobic filter left on the tube

 Cuff inflated before starting PPV

 Soda lime changed beforehand

 No disconnection of the breathing circuit during this procedure

If disconnection of the breathing circuit occurred, tube clamped or hydrophobic filter left on the tube and ventilator stopped

 Other (please specify)

31. Mean fresh gas flow during the procedure (L/min)

32. Was the airway managed by a senior anesthesiologist?

 Yes

 No

If no, please provide the reasons

33. Was the anesthesiologist managing the airway assisted?

 Yes

 No

If yes, please precise the qualification of the helping person (nurse, resident, …)

If no, please indicate the reasons

34. Lowest intraoperative SpO2

35. Highest intraoperatife FiO2 after induction of anesthesia

36. End of procedure and extubation

 Emergence in the OR

 Transfer to the ICU - mechanical ventilation

 Transfer to the ICU - spontaneously breathing

 PACU bypassed

37. End of procedure and extubation: same protective measures applied as during induction?

 Yes

 No

 Partially

If protective measures partially or not applied, please provide the reasons

38. Transfer of the patient: same protective measures applied as during admission to the OR?

 Yes

 No

 Partially

If protective measures partially or not applied, please provide the reasons

39. Undressing

 Strict rules applied

 Checked by a colleague

 No errors occurred

 Errors occurred

If errors occurred, please detail and provide the reasons

Please describe the applied procedure

40. Elimination of material and room cleaning

 Use of specific canisters

 Gown for cleaning personal

Gloves for cleaning personal

Surgical mask for cleaning personal

FFP2 mask for cleaning personal

Glasses and/or eyeshade for cleaning personal

Other protective measures (please specify)

 No errors occurred

 Errors occurred

 Occurrence of errors was not checked

If error occurred, please detail and provide the reasons

If occurrence of errors was not checked, please provide the reasons

41. Outcome

Favorable

Death

Unknown

42. Please provide details about the outcome:

Duration PACU stay if applicable (hours)

Duration ICU stay if applicable (days)

Duration hospital stay (days)