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| **Table 1. Personal Basic Information** | | | | | | | | | |
| S/N | Patient Name | Sex | Age | DOB | Type Of Credential | Credential No. | Last Fill-in Time | Diagnosed By Hospital  (Y/N) | Confirmed By Provincial CDC  (Y/N) |
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| **Table 2. Visiting Information** | | | | | | | | | | | | |
| Diagnosis time | Past Epidemiological History | Underlying Disease | Onset Time | Medical Record No. | Current Hospital | City | Admission Time | Transfered into ICU | Transfer-in Time of ICU | Out Time of ICU | Discharge time | Death Time |
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| **Table 3. Quarantine Information** | | | | |
| Created Time | Reporting Time | Isolated location | Isolated Time | Release Time |
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| **Table 4. Physical Examination** | | | | | | | |
| Temperature | Respiration  (Times/min) | Pulse | Heart Rate  (Times/min) | Blood Pressure  (mmHg) | Oxygenation index  (mmHg) | Blood oxygen saturation  (%) | Other |
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| **Table 5. Laboratory Examination** | | | | | | | | | | | | | |
| CRP | PCT | WBC | NE | ne% | ly% | ly | AST | ALT | myo | ck | ESR | [D-Dimer](https://www.baidu.com/link?url=zn3kbybfh3N8xVBRvWTM0MBNQ2ghxvRlJyRGZM5qnri2vuEvcXgwwuUBfvvqx1FO1ubNMNYmLGe9NfREpmZW0mkjC4V7O9M1mtOPNN_lPaO&wd=&eqid=da7ae1170001f06d000000065e79d338) | Influenza A+B |
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| **Table 6. Imageological Examination** | | |
| Chest Radiography | CT | Other Examination |
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| **Table 7-1. Treatment Plan** | | | | | | | | | | |
| Treatment Plan(Abstract) | Tracheal intubation  (Y/N) | Start Time of Intubation | End Time of Intubation | incision of trachea  (Y/N) | Tracheostomy time | Tracheotomy Healing Time | Non-invasive Ventilator  (Y/N) | Start Time of Non-invasive Ventilator | End Time of Non-invasive Ventilator | Oxygen Inhalation Mode |
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| **Table 7-2. Treatment Plan** | | | | | | | | | |
| Use of ECMO  (Y/N) | Start Time of ECMO | End Time of ECMO | Use of CRRT  (Y/N) | Start Time of CRRT | End Time of CRRT | Use of Anti-Infective Drugs  (Y/N) | Anti-Infective Drugs | Use of Vasoactive Drugs  (Y/N) | Vasoactive Drugs |
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| **Table 7-3. Treatment Plan** | | | | | | |
| Use of Hormone  (Y/N) | Start Time of Using Hormone | End Time of Using Hormone | Hormone Treatment Plan | Use of Hydrogen-oxygen atomizer  (Y/N) | Start Time of Hydrogen-oxygen atomizer | End Time of Hydrogen-oxygen atomizer |
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| **Table 8. Medical Records** | | | | | | | | | |
| Chief Complaint | History of present illness | | Clinical Diagnosis | CaseType (Mild/Common/Severe/Critical) | OutcomeOther (Stable/Aggravation/Improved/Transfer/Healed and Discharged/Dead/Release/Return to Positive) | Hospital Course | Discharge/Death Summary | Remark | Other |
| First Visiting Time | Symptoms |
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