1. **What is the most important rule for patient registration?**
   Every patient should only be registered once in the database, regardless of readmission, transfer or anything else.

2. **How to handle re-admissions in the same hospital?**
   The patient is once in the database. Readmission to the ICU or transfer to another ICU will be summed up within one CRF/eCRF.

3. **How should time values / time points be recorded in re-admitted patients?**
   The reference point is always the day of first admission to an ICU. This is the reference for all the other time specifications. A COVID-19-associated re-admission is NOT documented explicitly since this is not possible due to the pragmatic study design. If the readmission is unrelated to COVID-19, the readmission will not be documented.

4. **How to deal with patients who were transferred from another ICU that participates in COVIP?**
   The most important rule is that patients must only be registered once in the database. If patients are transferred from one ICU to another for capacities and/or ECMO please follow these hints:
   a) In general, treat consecutive/connected admissions to two ICUs as one admission.
   b) Register across both ICUs as one admission, if possible.
   c) The day of admission is the admission day to the first ICU.
   d) The duration of treatments and ICU length of stay are cumulated across both ICUs.

5. **How to deal with patients who were transferred from a hospital that does not participate in COVIP?**
   a) Kindly consider asking the sending hospital/ICU for COVIP-participation.
   b) Try to retrieve the relevant information from the documentation of the sending hospital.
   c) Try to proceed as recommended in answer 4).
   d) If treatment details from the sending ICU cannot be retrieved (initial ABG, SOFA, CFS, durations etc.) documentation should be completed as detailed as possible.

6. **How to deal with patients who are transferred to a hospital/ICU that does not participate in COVIP?**
   a) Kindly consider asking the receiving hospital/ICU for COVIP-participation.
   b) Try to retrieve the relevant information from the documentation of the receiving hospital (e.g. letter of discharge).
   c) In any case, retrieve survival outcomes if possible.
   d) If treatment details from the receiving ICU cannot ultimately be retrieved (durations etc.) register only treatment details for the sending ICU and/or information as detailed as possible.

7. **How to deal with patients who are re-transferred after the intermediate/temporary treatment in another ICU that does not participate in COVIP?**
    a) Kindly consider asking the sending ICU for COVIP-participation.
    b) Try to retrieve the relevant information from the documentation of the intermediate hospital (e.g. letter of discharge).
    c) In any case, retrieve survival outcomes if possible.
    d) If treatment details from the sending ICU cannot be ultimately be retrieved (durations etc.) register only details that are available.
    e) (some countries can get outcomes from electronic records even though they cannot get treatment details from the receiving ICU).

8. **Is informed consent mandatory for inclusion?**
    This differs from country to country depending on local law. The principle investigator is located in Germany with mandatory informed consent. However, some countries do not need informed consent. Please follow your local laws and conditions of your local ethical approval strictly. In case there are any questions, your country coordinator is the local expert.

9. **How to define withholding or withdrawing therapy?**
    Withholding treatment is defined as the decision not to start or escalate a life-sustaining intervention, such as not to perform CPR if a patient had a cardiac arrest or to decide not to treat, with renal replacement therapy. Withdrawing treatment is defined as a decision to stop a life-sustaining intervention presently being given, such as stopping a norepinephrine infusion knowing that the patient may not survive without the treatment.

10. **I am the study nurse, but only my PI is registered in the database. How can I help to complete the data of my patients?**
    Each ICU has one login for patient data entry. The ICUs primary local investigator (primary contact) may delegate the task of data entry to someone else at that site. Please ask your primary local investigator for the login credentials.

11. **How is therapy with high-flow nasal cannula (HFNC) coded in the database?**
    Although different opinions exit about this, HFNC is considered as oxygen therapy without active pressure support in this study. Therefore, is should also NOT be coded as non-invasive mechanical ventilation (NIV).

12. **How is therapy with Continuous Positive Airway Pressure (CPAP) coded in the database?**
    CPAP therapy as used in obstructive sleep apnea patients is not considered an intervention of intensive care medicine. If this is applied (e.g. in a patient also receiving this treatment outside the ICU) it should NOT be coded as non-invasive mechanical ventilation. Since we do not assess the exact settings of the machine, the decision of considering the treatment as non-invasive mechanical ventilation is left to the treating physician.**ADFADFAF**

13. **What is the patient already has a tracheostomy at ICU admission?**
    In the CRF please mark "Tracheostomy" = yes and "Start of tracheostomy" = 8888 (se helper note below data entry field).