

**GROUP A STREPTOCOCCUS**  
**Patient Clinical Information Record**

CODE: \_\_\_\_\_

**A. PATIENT IDENTIFICATION**

Patient initials: \_\_\_\_\_ Sex:  $\frac{1}{2}$  Male Patient Postal Code: \_\_\_\_\_  
 $\frac{2}{1}$  Female

Date of Birth: \_\_\_/\_\_\_/\_\_\_ dd/mm/yy

Date of admission: \_\_\_/\_\_\_/\_\_\_ dd/mm/yy, or not admitted \_\_\_\_\_

Hospital & City: \_\_\_\_\_

Was this patient admitted  $\frac{3}{0}$  From home  
1 From a nursing home, specify name: \_\_\_\_\_  
4 As a homeless person  
5 From a retirement home/other group home, specify: \_\_\_\_\_  
2 Transferred from another hospital, specify hospital: \_\_\_\_\_

Was this infection nosocomial?  $\frac{0}{1}$  No  
1 Yes, surgical site infection  
2 Yes, related to delivery  
3 Yes, other (e.g. iv site infection, decubitus ulcer)

**B. UNDERLYING CHRONIC ILLNESS** (Please check Y or N for each question)

- 1 Y 0 N Diabetes mellitus  
1 Y 0 N Asthma  
1 Y 0 N Other lung disease (e.g chronic bronchitis, emphysema, bronchiectasis, fibrosis)  
1 Y 0 N Congestive Heart Failure requiring regular medication  
1 Y 0 N Coronary artery disease  
1 Y 0 N Other chronic cardiac disease, specify: \_\_\_\_\_  
1 Y 0 N Chronic Renal Failure (creatinine  $\geq$  200  $\mu$ Mol/L prior to this illness)  
1 Y 0 N Nephrotic syndrome  
1 Y 0 N Systemic Lupus Erythematosus  
1 Y 0 N HIV infection  
1 Y 0 N Hepatic cirrhosis, any cause  
1 Y 0 N Other chronic liver disease, specify \_\_\_\_\_  
1 Y 0 N Alcoholism  
1 Y 0 N Intravenous drug use  
1 Y 0 N Sickle cell disease  
1 Y 0 N Other hemoglobinopathy, specify: \_\_\_\_\_  
1 Y 0 N Previous splenectomy or functional asplenia  
1 Y 0 N Kidney, liver, lung or bone marrow transplant (circle which)  
1 Y 0 N Current cancer (active within the last two years)  
specify \_\_\_\_\_  
1 Y 0 N Other chronic condition, specify: \_\_\_\_\_

**D. PRECIPITATING EVENT AND POTENTIAL RISK FACTORS** (check as many as applicable):

- 1 Y 0 N Is this case related to another culture positive GAS case?  
(i.e. strep throat, necrotizing fasciitis, invasive disease)  
If yes, Describe: \_\_\_\_\_
- 1 Y 0 N Did this patient have chickenpox in the 3 weeks before illness?
- 1 Y 0 N Was this patient taking Non-Steroidals (NSAIDS) (eg. Aspirin, Naprosyn, Advil)?  
If yes, were NSAIDS used:  
1 before symptoms of GAS infection  
2 after onset of GAS symptoms

Name of NSAID \_\_\_\_\_

CODE: \_\_\_\_\_

Office Use Only:

Diag1 \_\_\_\_\_

Diag2 \_\_\_\_\_

Diag3 \_\_\_\_\_

**C. CLINICAL DIAGNOSIS:**

- 1 Y 0 N Upper respiratory tract, if yes, specify \_\_\_\_\_
- 1 Y 0 N Pneumonia
- 1 Y 0 N Empyema
- 1 Y 0 N Peritonitis
- 1 Y 0 N Arthritis/bursitis, which joint?
- 1 Y 0 N Soft tissue (skin, fascia, muscle, ...)
- 1 Y 0 N Was this necrotizing fasciitis?
- 1 Y 0 N If yes, was this confirmed by histopathology?  
Please attach a copy of the pathology report.

- 1 Y 0 N Meningitis
- 1 Y 0 N Osteomyelitis
- 1 Y 0 N Surgical site infection: Specify surgical procedure: \_\_\_\_\_

Date of procedure: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yy)

- 1 Y 0 N Peripartum: if yes please check diagnosis
- 1 Vaginal delivery or C-section with chorioamnionitis (ie illness onset prior to delivery)
- 2 Vaginal delivery - endometritis
- 3 Vaginal delivery - episiotomy infection
- 4 C-section - endometritis
- 5 C-section - surgical site infection
- 1 Y 0 N Other gynecological infection (e.g. therapeutic abortion), specify: \_\_\_\_\_
- 1 Y 0 N No defined site of infection, blood culture positive for GAS
- 1 Y 0 N Other

**E. COMPLICATIONS In the first 48 hours**

- 1 Y 0 N Hypotension (BP  $\leq$  90 systolic in adults) occurring at presentation or during the first 48 hours

Lowest BP: \_\_\_\_\_

**IF patient was NOT hypotensive, skip to next page**

- 1 Y 0 N Renal impairment (creatinine  $\geq$  176 mMol/L for adults or  $\geq$  2 x upper limit of normal for age. For patients with pre-existing renal disease: a  $\geq$  2-fold elevation over baseline)

Highest creatinine: \_\_\_\_\_

- 1 Y 0 N Coagulopathy (platelets  $<$  100,000. For patients with pre-existing coagulopathy, disseminated intravascular coagulation (DIC) defined by prolonged clotting times, low fibrinogen and the presence of fibrin degradation products)

Lowest platelet count \_\_\_\_\_

- 1 Y 0 N Liver involvement (ALT (SGOT), AST (SGPT), or total bilirubin  $\geq$  2 x upper limit of normal for age. For patients with pre-existing liver disease, a  $\geq$  2-fold elevation over the baseline level)

- 1 Y 0 N ARDS, if yes please check indication and attach a copy of the chest x-ray report
- 1 Y 0 N Acute onset of diffuse pulmonary infiltrates and hypoxemia without cardiac failure OR
- 1 Y 0 N Evidence of diffuse capillary leak manifested by acute onset of generalized edema, or large pleural or peritoneal effusions with hypoalbuminemia

- 1 Y 0 N **Generalized** erythematous macular rash. (i.e. over most of body, not just in area of infection)

Describe rash: \_\_\_\_\_

**G. MICROBIOLOGY**

Blood culture results

1 Pos 2 Neg 0 Not done Date of Culture \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy)

Throat swab culture results

1 Pos 2 Neg 0 Not done Date of Culture \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy)

Please list other sites from which GAS isolated

A. Sterile sites: \_\_\_\_\_ Date of Culture \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy)

B. Non-sterile sites \_\_\_\_\_ Date of Culture \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy)

**I. MANAGEMENT**

1 Y 0 N Admission to ICU

1 Y 0 N Mechanical ventilation

1 Y 0 N Surgery because of GAS infection

If yes, Procedure: \_\_\_\_\_ DATE (dd/mm/yy)

\_\_\_\_\_ / /

\_\_\_\_\_ / /

1 Y 0 N IVIG (intravenous immunoglobulin) given

If yes, Dose \_\_\_\_\_ (mg/kg), or \_\_\_\_\_ (total gms)

Number of doses given

**J. OUTCOME:**

1 Died Date of death \_\_\_/\_\_\_/\_\_\_ dd/mm/yy

0 Survived Date of discharge \_\_\_/\_\_\_/\_\_\_ dd/mm/yy

**K. CASE SUMMARY** (please add a brief summary of this case):

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