STREPTOCOCCUS PNEUMONIAE CODE: _____

Patient Clinical Information Record - TIBDN (Revised Dec, 2004)

1) Patient initials: _____ 2) Sex: ❍1 Male ❍2 Female

3) Date of birth: _____ (dd/mm/yy) Hospital: _____

4) Date positive culture collected: _____ (dd/mm/yy); date symptom onset:_____ (dd/mm/yy)

Positive culture site:_____ (if respiratory, complete questions on page 4 and 5).

5) Does child attend daycare? ❍N No ❍NA Not applicable (>5 years old)
❍Y Yes (add name and address to tracking record)

6) Is this infection associated with an institution? ❍1 Yes, nosocomial
❍2 Yes, nursing home (add name to first page)
❍3 Yes, other, specify:_____
❍N No

7) Underlying chronic illness: ❍Y None, or check Yes or No to the following:

❍Y Yes ❍N No Diabetes mellitus
❍Y Yes ❍N No Asthma
❍Y Yes ❍N No Chronic bronchitis
❍Y Yes ❍N No Emphysema
❍Y Yes ❍N No Other lung disease, specify:
❍Y Yes ❍N No Congestive heart failure requiring regular medication
❍Y Yes ❍N No Coronary artery disease
❍Y Yes ❍N No Other chronic cardiac disease, specify_____
❍Y Yes ❍N No Chronic renal failure (creatinine >200)
❍Y Yes ❍N No Nephrotic syndrome
❍Y Yes ❍N No Other chronic kidney disease, specify
❍Y Yes ❍N No Systemic lupus erthematous
❍Y Yes ❍N No HIV infection; if AIDS, check ❍
❍Y Yes ❍N No Hepatic cirrhosis, any cause
❍Y Yes ❍N No Other chronic liver disease, specify
❍Y Yes ❍N No Alcoholism
❍Y Yes ❍N No Intravenous drug use
❍Y Yes ❍N No Chronic cerebrospinal fluid leak
❍Y Yes ❍N No *Cochlear Implants, specify date_____Hospital_____
❍Y Yes ❍N No Sickle cell disease
❍Y Yes ❍N No Other hemoglobinopathy, specify:
❍Y Yes ❍N No Previous splenectomy or functional asplenia
❍Y Yes ❍N No Kidney, liver, lung or bone marrow transplant (circle which)
❍Y Yes ❍N No Other chronic condition, specify: _____
❍N No Malignancy (within last 2 years)

If Yes: a) Specify malignancy: ❍Y Hodgkin's disease
❍Y Lymphoma
❍Y Multiple myeloma
❍Y Acute leukemia
❍Y Chronic leukemia
❍Y Other, specify: _____

b) Chemotherapy (within last 6 months) ❍Y Yes ❍N No
c) Radiation therapy (within last 6 months) ❍Y Yes ❍N No

**Complete Federal reporting form*

CODE:_____

8) Has patient ever received pneumococcal vaccine? ❍Y Yes ❍N No ❍9 Unknown

If yes, ❍Y Before infection ❍N After infection

If Yes: ❍1 Prevnar ❍2 Pneumovax

Date First dose _____ (dd/mm/yy)

Second dose _____ (dd/mm/yy)

Third dose _____ (dd/mm/yy)

9) Did patient receive influenza vaccine last fall? ❍Y Yes ❍N No ❍9 Unknown

10) Had patient had a previous invasive infection due to *S. pneumonia*e? ❍Y Yes ❍N No ❍9 Unknown

If Yes, date of infection _____ (mm/yy) Type of infection _____

TIBDN # prior infection: _____

11)Had the patient had chickenpox in the three weeks prior to illness? ❍Y Yes, date onset lesions _____(dd/mm/yy)

❍N No

12) Has patient received antibiotics in the last three months? ❍N No ❍9 Unknown

❍Y Yes, patient is on regular antibiotics (e.g. prophylaxis for Otitis in winter mos)
specify antibiotic and indication _____

_____

❍Y Yes, patient was treated for an infection
specify diagnosis, antibiotic name, and date started :_____

_____

13) Was antibiotic prescribed by family doctor ? ❍Y Yes ❍N No ❍9 Unknown
If no, where was it prescribed? _____

14) Was the patient receiving immunosuppressive drugs prior to onset of illness?
❍N No
❍1,2 Yes, prednisone
❍3 Yes, other specify _____

15) Is the patient a current smoker? ❍N No ❍9 Unknown
❍Y Yes, _____packs per day or _____ pack years

16) Was the patient given oral antibiotics for this episode before hospital admission?
❍NA Not applicable, patient was not admitted
❍N No
❍9 Unknown
❍Y Yes , specify antibiotic name _____

specify number of doses given _____OR no of days given:_____

CODE_____

17) Clinical syndrome(s) related to pneumococcal infections (check as many as applicable):

❍Y Bacteremia without focus
❍Y Pneumonia
❍Y Meningitis
❍Y Otitis media
❍Y Epiglotittis
❍Y Sinusitis
❍Y Other, please specify _____

❍Y Cellulitis
❍Y Septic arthritis
❍Y Osteomyelitis
❍Y Peritonitis
❍Y Pericarditis
❍Y Conjunctivitis

18) Symptoms/signs

❍ (18) Fever
❍ (27) Nausea/vomiting
❍ (20) Stiff neck
❍ (44) Chills
❍ (47) Pleural pain
❍ (58)Lethargy
❍ (68) Other neurologic abnormalities
❍ Difficulty breathing/increased breathing
❍ Leukocytosis
❍ Other, _____

19) Date and Time of registration in Emergency Department:_____(dd/mm/yy)_____(hh:mm)

20) Date admitted to hospital _____ (dd/mm/yy) OR ❍N Not admitted

21) Date and Time of administration of first antibiotic on arrival to hospital:_____(dd/mm/yy)_____(hh:mm)

Name of first antibiotic_____ dosage of first antibiotic _____

22) What antibiotic(s) were initially used to treat this infection? (specify name and dose of A/Bs used in first 14 days of hospitalization)

NAME OF ANTIBIOTIC	DOSAGE	START DATE	STOP DATE

23) Admitted to ICU:

❍N No ❍Y Yes, Date admitted _____ Date discharged _____ dd/mm/yy

24) Mechanically ventilated: ❍N No ❍Y Yes

25) Please classify response to **initial** therapy (defined as clinical response at the time the initial antibiotics were discontinued (end of therapy) or changed for any reason):

❍1 Inevaluable, patient died after less than 48 hours of therapy
❍2 Inevaluable: antibiotics changed too early (usually <72 hours) to assess clinical response
Date of change _____
Name new antibiotic(s) _____
Reason for change
❍ Lab result: specify:_____
❍ Adverse event/unable to tolerate antibiotic. Describe _____
_____
_
❍ Other: specify

❍3 Cured: signs and symptoms resolved and no change in antibiotic therapy needed (do not count stepdown to oral antibiotics as a change in therapy)

CODE_____

❍4 Improved: signs and symptoms improved but not completely resolved, no change in therapy required
❍5 Improved on initial therapy, but antibiotic therapy changed
Date of change _____
Name new antibiotic(s) _____
Reason for change
❍ Lab result: specify:_____
❍ Adverse event/unable to tolerate antibiotic. Describe _____
❍ _____
❍ Other: specify _____

❍6 Failure: signs and symptoms failed to improve or worsened and change in antibiotic therapy required

Date of change _____
Name new antibiotic(s) _____
❍7 Failure: died

26) Outcome
❍1 Survived, date discharge _____ (dd/mm/yy)

❍2 Died , date death _____ (dd/mm/yy)

27) Cause of Death (from death certificate) _____

28) Results of first CXR: ❍0 Not done ❍1 Done
If done, result of first CXR: ❍0 Normal ❍ Abnormal
If Abnormal: ❍1 (Consolidation or infiltrate in more than 1 lobe)
❍2 (Consolidation or infiltrate, or opacity, in less the 1 lobe)
❍3 (Acute process, but not obviously pneumonia: atelectasis, air space disease, vas. cong., scarring)
Lobes involved: ❍ LUL ❍ LLL ❍ RUL ❍ RML ❍ RLL

29) Results of most abnormal CXR: (if first CXR does not have abnormality):
❍1 (Consolidation or infiltrate in more than 1 lobe)
❍2 (Consolidation or infiltrate, or opacity, in less than 1 lobe)
❍3 (Acute process, but not obviously pneumonia: atelectasis, air space disease, vas. cong., scarring)
Lobes involved: ❍ LUL ❍ LLL ❍ RUL ❍ RML ❍ RLL

30) Additional Notes on CXR:_____

CODE_____

31) Sputum cultures were obtained: ❍0 No ❍1 Yes ❍3 Not suitable for processing

32) Gram stain results from initial culture:

a) Pus cells: ❍0 No ❍ Yes If Yes, ❍1 Grade 1: (+) or (<10/LPF) or (Few)
❍2 Grade 2 (++) or (>10 and <25/LPF) or (Moderate)
❍3 Grade 3 (+++) or (>25/LPF) or (Many)

b) Epithelial cells: ❍0 No ❍ Yes If Yes, ❍1 Grade 1 (+) or (<10/LPF) or (Few)
❍2 Grade 2 (++) or (>10 and <25/LPF) or (Moderate)
❍3 Grade 3 (+++) or (>25/LPF) or (Many)

c) Gram + cocci: ❍0 No ❍ Yes
If Yes ❍1 Grade 1 (+) or (Few)
❍2 Grade 2 (++) or (Moderate)
❍3 Grade 3 (+++) or (Many)

d) Commensal/resp./mixed flora: ❍0 No ❍ Yes
If Yes ❍1 Grade 1 (+) or (Few)
❍2 Grade 2 (++) or (Moderate)
❍3 Grade 3 (+++) or (Many)

33) Culture results:

a) *S. pneumoniae*: ❍0 No
❍1 Yes
If Yes ❍1 Grade 1 (1+) or (Light growth)
❍2 Grade 2 (2+) or (Moderate growth)
❍3 Grade 3 (3+) or (Heavy growth)

b) Other flora: ❍0 No ❍1 Yes , commensal/resp/mixed
If Yes ❍1 Grade 1 (+) or (Few).
❍2 Grade 2 (++) or (Moderate)
❍3 Grade 3 (+++) or (Many)

c) Other named bacteria: ❍0 No ❍1 Yes

1) _____
If Yes ❍1 Grade 1 (1+) or (Few)
❍2 Grade 2 (2+) or (Moderate)
❍3 Grade 3 (3+) or (Many)

2) _____
If Yes ❍1 Grade 1 (1+) or (Few)
❍2 Grade 2 (2+) or (Moderate)
❍3 Grade 3 (3+) or (Many)

3) Specify others:_____

34) Were blood cultures performed? _____ (dd/mm/yy) ❍0 Neg ❍1 Pos ❍2 Not done

35) Highest temp documented in first 72 hours of infection : _____

36) Chills: ❍0 Absent ❍1 Present ❍2 No documentation
37) Cough: ❍0 Absent ❍1 Present ❍2 No documentation
38) Sputum production: ❍0 Absent ❍1 Present ❍2 No documentation
39) Meets criteria for LRESPT: ❍0 No ❍1 Yes

FOR STUDY OFFICE USE ONLY:
Case Closed: ❍0 No ❍ Yes, if yes ❍1 Complete ❍2 Incomplete

Comments: _____

Reason Consent Not Obtained: ❍1 Refused ❍2 Cannot contact ❍3 Permission from MD to forward to PHD