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Form 6: Infection

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Not Started

1 Is this infection a severe infection that requires IV therapy, hospitalization for infection >2 days, or escalation of care in an already hospitalized patient? Yes No

If no to this question, this form is not required

INFDEF

2 Date of Infection

Date of diagnosis or clinical presentation, whichever date is earliest.
MM/DD/YYYY

Question Added: 01 JAN 1993
INFDATE

3 Drug Therapy at Time of Infection Yes No Unknown

Indicate if there was an ongoing prophylactic drug therapy at time (date) of infection diagnosis (i.e. valganciclovir for CMV prophylaxis post-transplant).

Do not include drugs that have been prescribed to treat a specific previous infection unless that previous infection is considered to be resolved and the patient is now on long-term prophylaxis.

Do not include therapy for the current infection. Drug therapy for the current infection should be entered under 'intervention'.

Question Added: 01 JAN 1993
DRGTHR

3a Specify drug therapy at time of infection.

- | | |
|--|----------|
| <input type="checkbox"/> Acyclovir | ACYCIN |
| <input type="checkbox"/> Alemtuzumab (Campath) | ALEMTUZ |
| <input type="checkbox"/> ATGAM | ATGAM |
| <input type="checkbox"/> Azathioprine (Imuran) | AZATIN |
| <input type="checkbox"/> Basiliximab (Simulect) | BASILI |
| <input type="checkbox"/> Bortezomib (Velcade) | BORTEZ |
| <input type="checkbox"/> CMV Immunoglobulin, Cytogam | CMVIMM |
| <input type="checkbox"/> Cyclosporine | CYCLIN |
| <input type="checkbox"/> Cytoxan (cyclophosphamide) | CYTOXAN |
| <input type="checkbox"/> Dapsone | DAPSONE |
| <input type="checkbox"/> Everolimus (Certican) | EVERO |
| <input type="checkbox"/> Fluconazole | FLUCON |
| <input type="checkbox"/> Ganciclovir or Valganciclovir | GANCIN |
| <input type="checkbox"/> Immunoglobulin, IV Ig | IMGLIN |
| <input type="checkbox"/> Methotrexate | METHIN |
| <input type="checkbox"/> Mycophenylate, MMF (Cellcept, Myfortic) | MYCOIN |
| <input type="checkbox"/> Nystatin | NYSTATIN |
| <input type="checkbox"/> Oseltamivir | OSELT |
| <input type="checkbox"/> Pentamidine | PENTAM |
| <input type="checkbox"/> Prednisone | PREDIN |
| <input type="checkbox"/> Rituximab (Rituxan) | RITIN |
| <input type="checkbox"/> Sirolimus (Rapamycin) | SIROIN |
| <input type="checkbox"/> Tacrolimus (Prograf, FK506) | TACRIN |
| <input type="checkbox"/> Thymoglobulin/ATG | ATGIN |
| <input type="checkbox"/> Trimethaprim-sulfamethoxazole, Septra | TSLFIN |

- Valacyclovir
- Other, specify

VALAC
F6DTOT
F6DTSP

Question Added: 01 JAN 1993

3a

Ganciclovir or Valganciclovir IV PO

GANVALRT

(No type selected)

Only organisms within a single category can be selected. For multiple types of infections, add additional Infection forms.

- No organism identified
- Unknown

4 Bacterial Infection

Select all that apply within this category

- Bordatella Pertussis INF_BORI
- Chlamydia INF_CHL
- Clostridium Difficile INF_CDI
- Enterobacter INF_ENTI
- Enterococcus (including VRE) INF_ENTC
- Escherichia Coli INF_ECO
- Haemophilus influenzae INF_FLI
- Haemophilus, NOS INF_NOI
- Klebsiella, NOS INF_KLEI
- Moraxella INF_MOR
- Mycoplasma pneumoniae INF_MYC
- Nocardia INF_NOC
- Pseudomonas INF_PSEL
- Salmonella INF_SALI
- Serratia INF_SERI
- Staphylococcus Aureus, Methicillin/Oxacillin Resistant (MRSA) INF_MRS
- Staphylococcus Aureus, Methicillin/Oxacillin Sensitive (MSSA) INF_MSS
- Staphylococcus, Coagulase-Negative (Staph Epidermidis) INF_CNEC
- Staphylococcus, Other STAPH_C
- Streptococcus Pneumoniae (Streptococcal Pneumonia) STREPNEI
- Streptococcus, Group A (S. pyogenes) STREP_A
- Streptococcus, Viridians Group STREPVIR
- Streptococcus, NOS STREP_NOI
- Streptococcus, Group B (S. agalactiae) STREP_B
- Stenotrophomonas INF_STEI
- Mycobacterium tuberculosis (TB) INF_TI
- Nontuberculous

4 Fungal Infection

Select all that apply within this category

- Aspergillus INF_ASI
- Candida albicans INF_ALI
- Candida, Not Albicans/Other INF_CANI
- Coccidioidomycosis INF_COCI
- Cryptococcus INF_CRYI
- Histoplasmosis HISTPLA
- Mucormycosis INF_MUC
- Pneumocystis (PCP/PJP) INF_PCI
- Fungal Organism(s) Unknown FUNG_UNI
- Other, specify FUNG_OTI

Question Added: 01 JAN 1993

4 Protozoan Infection

Select all that apply within this category

- Cryptosporidium INF_SPOI
- Giardia INF_GIAI
- Toxoplasma (Toxo) INF_TOXI
- Protozoan/parasitic Organism(s) Unknown PROT_UNI
- Other, specify PROT_OTI

Question Added: 01 JAN 1993

4 Viral Infection

Select all that apply within this category

- Adenovirus INF_ADEI
- Bk Virus INF_BK
- Coronavirus INF_CORC
- Coxsackievirus (all serotypes) INF_COI
- Cytomegalovirus, CMV INF_CMV
- Enterovirus INF_ENTC
- Epstein Barr Virus, EBV (symptomatic) INF_EBV
- Hepatitis A INF_HEPA
- Hepatitis B INF_HEPB
- Hepatitis C INF_HEPC
- Hepatitis D INF_HEPD
- HIV INF_HIV
- Human Herpes Simplex Virus, Type 1/Type 2 INF_HHS
- Influenzavirus A INF_FLUA
- Influenzavirus B INF_FLUB
- Influenzavirus H1N1 INF_H1N1
- Influenzavirus, NOS FLU_NOS
- Metapneumovirus (HMPV) INF_HMPV
- Norovirus (Norwalk Virus) INF_NORV
- Parainfluenza PARAFLI
- Parvovirus INF_PARV
- Respiratory Syncytial Virus (RSV) INF_RS
- Rhinovirus INF_COLI
- Rhino/Enterovirus, NOS INF_REI
- Rotavirus INF_ROT
- Varicella (Chicken Pox/Shingles) INF_POI
- West Nile Virus INF_WNV
- Viral Organism(s) Unknown VIRAL_UI
- Other, specify VIRAL_OTI

Question Added: 01 JAN 1993

- mycobacterium (NTM) INF_NTM
- Bacterial Organism(s) BACT_UNI
- Unknown BACT_UNI
- Other, specify BACT_OTI
- BACT_SI

Question Added: 01 JAN 1993

5

Location of infection

Check all that apply

- Blood: Culture positive ILBLOOD
 - Blood: PCR positive ILBLDPCR
 - Bone: Osteomyelitis ILBONE
 - Central nervous system/ brain (ie. Meningitis /Encephalitis) ILCNTNRV
 - Chest tube site infection ILCHEST
 - Gastrointestinal infection (ie. Gastritis, colitis, infectious diarrhea) ILGI
 - Heart (includes endocarditis) ILHEART
 - Hepatic/ liver: Infectious hepatitis INFHEP
 - Intrabdominal/ Peritoneal: Peritonitis ILPERT
 - Pericardium/ pericarditis ILPERI
 - Renal/ kidney/Urinary tract ILURINE
 - Respiratory (includes Pneumonia/ Bronchiolitis/Tracheitis/ Pleuritis) ILLUNG
 - Skin or soft tissue: Cellulitis/fasciitis ILSST
 - VAD infection ILVADIN
 - Wound infection within 30 days, deep sternal: Deep sternal wound infection with positive culture or treated with prolonged antibiotics beyond perioperative prophylaxis when culture not obtained or pre-treated involving muscle, bone, and/or mediastinum requiring operative intervention ILWDEEP
 - Wound infection within 30 days, superficial sternal: Superficial, soft tissue ILSOFT
 - Unknown UNKILOC
 - Other, specify ILOTHER
- ILOTHERS

Question Added: 01 JAN 1993

5a

Was the blood infection directly attributed to the presence of a central line (ie. organism cultured from blood is not related to an infection at another site)?

- Yes
- No
- Unknown

Question Added: 01 SEPT 2015
PCLNINF

5b

VAD Infection Location

Check all that apply

- Cannulae VADCANN
- Driveline VADDLN
- Unknown VADUNK

Question Added: 01 SEPT 2015

6

Location of patient

This is where the patient was at the time they developed the infection

- In Hospital
- Out of Hospital
- Unknown

Question Added: 01 SEPT 2015
PATLOC

7

Intervention

This is for treatments only, not diagnostic procedures.

- Drug therapy : Oral DRGTHPO
- Drug therapy: IV or IM DRGTHIV
- Invasive Mechanical Ventilation THRVENT
- Newly required Dialysis (complete Form 14) INTNDIAL
- Newly required mechanical support (complete Form 15) INTNMEC
- Surgical therapy, specify SURGINT
- Unknown UNKTHR
- Supportive Care Only INFSUP
- Other, specify OTHRINV

OTRINVSP

Question Added: 01 JAN 1993

In most cases, if "Supportive care only" is selected no other options should be selected. The exception is the rare case when a patient has two viral infections and one is treated while one is not. Please ensure that the selection of "Supportive Care Only" is appropriate in this clinical scenario.

7a

Intervention - Surgical therapy, specify

(Do not include invasive diagnostic procedures (i.e. biopsies) or short term device placement for therapy (i.e. central line placement, PD placement, or ECMO procedures)

- Surgery INTSRG
- New Device placed for treatment of infection INTSDP
- Removal of pre-existing device INTPED
- Non-invasive procedure, specify INTNIP
- Advanced wound care INTAWC
- Unknown INTUNK
- Other, specify INTOTH

INT_OTHSP

Question Added: 29 JUL 2019

7a.i

Surgery, specify

- ENT INTSENT
- GI INTSGI
- Dental INTSDENT
- Neurology (Brain, Peripheral/Spine) INTSNEURO
- Cardiothoracic INTSCARDIO
- Nephrology/Urology INTSNEPH
- Orthopedic INTSORTHO
- Ophthalmology INTSOPH

Question Added: 29 JUL 2019

7a.i.1

GI, specify

- Appendectomy INTSGIAP
- Other, specify INTSGIAPO

INTSGIAPOSP

Question Added: 29 JUL 2019

7a.ii

New Device placed for treatment of infection, specify

- Chest tube INTDPCHT
- Long term central line INTDPLTL
- Other, specify INTDPO

INTDPOSP

Question Added: 29 JUL 2019

7a.iii

Removal of pre-existing device, specify

- Replaced during same hospitalization INTPEDRS
- Replaced after discharge INTPEDRA

Question Added: 29 JUL 2019

Non-invasive procedure, specify

7a

Question Added: 29 JUL 2019
INTNIPSP

7a.iii.1 Replaced after discharge, specify

- Permanent pacemaker/AICD
- Long term PD catheter
- Long term central line
- VAD (complete Form 15)
- Other, specify

INTPEDRAPP
 INTPEDRAPD
 INTPEDRACL
 INTPEDRAVAD
 INTPEDRAO
 INTPEDRAOSP

Question Added: 29 JUL 2019

7a.iv Advanced wound care, specify

- Drainage procedure
- VAC placement
- Debridement
- Other, specify

INTAWCD
 INTAWCVAC
 INTAWCDEB
 INTAWC_OTH
 INTAWC_OTHSP

Question Added: 29 JUL 2019

7a.iv.1 Drainage procedure, Location

Question Added: 29 JUL 2019
INTAWCD_LOC

7a.iv.2 VAC placement, Location

Question Added: 29 JUL 2019
INTAWCVAC_LOC

7a.iv.3 Debridement, Location

Question Added: 29 JUL 2019
INTAWCDEB_LOC

8 Outcome at 30 days post-date of infection

Check only one.
Significant long term sequelae means any residual medical problem persisting for > 30 days after the onset of the infection (e.g.) renal failure, respiratory failure.

- Death
- Resolution
- Significant Long Term Sequelae
- Unresolved at 30 days
- Unknown

Question Added: 01 JAN 1993
OUTCOME

8a If death occurred, did the infection contribute to cause of death?

- Yes
- No
- Unknown

Question Added: 01 September 2015
INFCONTR

9a

Current Status

Choose all that apply

- Continues in hospital, in intensive or critical care SLTS_CON
- Continues in hospital, not in intensive or critical care SLTS_NOCON
- Readmitted to hospital for treatment of infection, currently in intensive care SLTS_READM
- Readmitted to hospital for treatment of infection,

- not in intensive care SLTS_NOREADM
 - Ongoing therapy with enteral antibiotics SLTS_OTEA
 - Ongoing therapy with IV antibiotics SLTS_OTIV
 - Other, specify SLTS_OTH
-
- SLTS_OTHSP

Question Added: 29 JUL 2019

9b

Details of Sequelae

Kidney Consequences at 30 days

Question Added: 29 JUL 2019

Choose all that apply
 **All current definitions of pediatric ARF or AKI (including KDIGO AKI which is the current recommended definition by peds nephrology) are based on measurements within the first 2 weeks.
 **All current definitions of CKD (eGFR < 60 – measured by egfr = (0.413 * height) / creatinine) are based on eGFR < 60 persisting for 3 months.

- Acute Kidney Injury (Definition: serum creatinine >= 2 times baseline) that resolved by 30 days SLTS_AKI30
- Acute Kidney Injury (Definition: serum creatinine >= 2 times baseline) still present at 30 days SLTS_NOAKI30
- Chronic kidney insufficiency unchanged from before infection SLTS_CKIU
- Worsened chronic kidney insufficiency SLTS_CKIW
- Currently requiring dialysis SLTS_DIAL

Neurological consequences at 30 days

- Neurological complication that resolved by 30 days and no longer requiring treatment (please specify complication) SLTS_NRES
-
- SLTS_NRESP
- Encephalopathy with ongoing mental status changes or deficits SLTS_ENC
 - Hydrocephalus requiring treatment or VP shunt SLTS_HYD
 - Seizures requiring ongoing therapy SLTS_SEIZ
 - Residual deficits from stroke SLTS_STR

Respiratory Consequences at 30 days

- Need for invasive mechanical ventilation that resolved by 30 days SLTS_MECH
- Need for non-invasive mechanical (CPAP, BiPAP) ventilation that resolved by 30 days SLTS_NOMECH
- Ongoing need for non-invasive ventilation SLTS_NIV
- New or ongoing need for mechanical vent or trach SLTS_MV

GI Consequences at 30 days

- GI symptoms that resolved by 30 days (please specify) SLTS_GIRES
-
- SLTS_GIRESP
- Ongoing TPN SLTS_TPN
 - Colostomy/ostomy SLTS_COL

Post-Transplant Lymphoproliferative Disorder (PTLD) at 30 days

- PTLD (Also complete Form 7) SLTS_PTLT

