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# Form 6: Infection

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Not Started

Each separate PHTS infection should have its own infection form filled out, even if there were two separate infections on the same date

**1** Is this is an 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"/> Cytosan (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 |
| <input type="checkbox"/> Valacyclovir                          | VALAC  |
| <input type="checkbox"/> Other, specify                        | F6DTOT |
| <input type="text"/>   | F6DTSP |

Question Added: 01 JAN 1993

3a **Ganciclovir or Valganciclovir**  IV  PO

GANVALRT

## Type of Infectious Organism

(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

### Bacterial Infection

Select all that apply within this category

4

- 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\_MORJ
- Mycoplasma pneumoniae INF\_MYCC
- Nocardia INF\_NOCJ
- Pseudomonas INF\_PSEI
- Salmonella INF\_SALM
- Serratia INF\_SERI
- Staphylococcus Aureus, Methicillin/Oxacillin Resistant (MRSA) INF\_MRSJ
- Staphylococcus Aureus, Methicillin/Oxacillin Sensitive (MSSA) INF\_MSSJ
- Staphylococcus, Coagulase-Negative (Staph Epidermidis) INF\_CNEC
- Staphylococcus, Other STAPH\_C
- Streptococcus Pneumoniae (Streptococcal Pneumonia) STREPNEI
- Streptococcus, Group A (S. pyogenes) STREP\_PJ
- Streptococcus, Viridians

### Fungal Infection

Select all that apply within this category

4

- Aspergillus INF\_ASI
- Candida albicans INF\_ALI
- Candida, Not Albicans/Other INF\_CANI
- Coccidioidomycosis INF\_COCJ
- Cryptococcus INF\_CRYI
- Histoplasmosis HISTPLA
- Mucormycosis INF\_MUCJ
- Pneumocystis (PCP/PJP) INF\_PCI
- Fungal Organism(s) Unknown FUNG\_UNI
- Other, specify FUNG\_OTI
- 

Question Added: 01 JAN 1993

### Protozoan Infection

Select all that apply within this category

4

- Cryptosporidium INF\_SPOI
- Giardia INF\_GIAI
- Toxoplasma (Toxo) INF\_TOXJ
- Protozoan/parasitic Organism(s) Unknown PROT\_UNI
- Other, specify PROT\_OTI
- 

Question Added: 01 JAN 1993

### Viral Infection

Select all that apply within this category

4

- Adenovirus INF\_ADEI
- Bk Virus INF\_BK
- Coronavirus INF\_CORC
- Coxsackievirus (all serotypes) INF\_COI
- Cytomegalovirus, CMV INF\_CM
- Enterovirus INF\_ENTC
- Epstein Barr Virus, EBV (symptomatic) INF\_EB
- Hepatitis A INF\_HEPA
- Hepatitis B INF\_HEPB
- Hepatitis C INF\_HEPC
- Hepatitis D INF\_HEPD
- HIV INF\_HI
- 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\_NOI
- Metapneumovirus (HMPV) INF\_HMP
- Norovirus (Norwalk Virus) INF\_NORI
- Parainfluenza PARAFLI
- Parvovirus INF\_PAR
- Respiratory Syncytial Virus (RSV) INF\_RS
- Rhinovirus INF\_COLI
- Rhino/Enterovirus, NOS INF\_REI
- Rotavirus INF\_ROT
- Varicella (Chicken)

- Group STREPVI
- Streptococcus, NOS STREP\_NO:
  - Streptococcus, Group B (S. agalactiae) STREP\_I
  - Stenotrophomonas INF\_STE
  - Mycobacterium tuberculosis (TB) INF\_TI
  - Nontuberculous mycobacterium (NTM) INF\_NTM
  - Bacterial Organism(s) Unknown BACT\_UNI
  - Other, specify BACT\_OT
- 
- BACT\_SI

Question Added: 01 JAN 1993

- Pox/Shingles) INF\_PO:
- West Nile Virus INF\_WN
  - Viral Organism(s) Unknown VIRAL\_UI
  - Other, specify VIRAL\_O
- 
- VIRAL\_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

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

7a Non-invasive procedure, specify

Question Added: 29 JUL 2019  
INTNIPSP

7a.iii.1 Replaced after discharge, specify

<input type="checkbox"/> Permanent pacemaker/AICD	INTPEDRAPP
<input type="checkbox"/> Long term PD catheter	INTPEDRAPD
<input type="checkbox"/> Long term central line	INTPEDRACL
<input type="checkbox"/> VAD (complete Form 15)	INTPEDRAVAD
<input type="checkbox"/> Other, specify	INTPEDRAO
<input type="text"/>	INTPEDRAOSP

Question Added: 29 JUL 2019

7a.iv Advanced wound care, specify

<input type="checkbox"/> Drainage procedure	INTAWCD
<input type="checkbox"/> VAC placement	INTAWCVAC
<input type="checkbox"/> Debridement	INTAWCDEB
<input type="checkbox"/> Other, specify	INTAWC_OTH
<input type="text"/>	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

<input type="checkbox"/> Continues in hospital, in intensive or critical care	SLTS_CON
<input type="checkbox"/> Continues in hospital, not in intensive or critical care	SLTS_NOCON
<input type="checkbox"/> 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

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.

## Kidney Consequences at 30 days

- 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\_PTLTLD

Question Added: 29 JUL 2019

