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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

2 **Date of Infection**

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

Question Added: 01 JAN 1993

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

3a **Specify drug therapy at time of infection.**

- Acyclovir
- Alemtuzumab (Campath)
- ATGAM
- Azathioprine (Imuran)
- Basiliximab (Simulect)
- Bortezomib (Velcade)
- CMV Immunoglobulin, Cytogam
- Cyclosporine
- Cytoxan (cyclophosphamide)
- Dapsone
- Everolimus (Certican)
- Fluconazole
- Ganciclovir or Valganciclovir
- Immunoglobulin, IV Ig
- Methotrexate
- Mycophenylate, MMF (Cellcept, Myfortic)
- Nystatin
- Oseltamivir
- Pentamidine
- Prednisone
- Rituximab (Rituxan)

- Sirolimus (Rapamycin)
- Tacrolimus (Prograf, FK506)
- Thymoglobulin/ATG
- Trimethaprim-sulfamethoxazole, Septra
- Valacyclovir
- Other, specify

Question Added: 01 JAN 1993

3a

Ganciclovir or IV
Valganciclovir PO

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

4 Bacterial Infection

Select all that apply within this category

- Bordatella Pertussis
- Chlamydia
- Clostridium Difficile
- Enterobacter
- Enterococcus (including VRE)
- Escherichia Coli
- Haemophilus influenzae
- Haemophilus, NOS
- Klebsiella, NOS
- Moraxella
- Mycoplasma pneumonia
- Nocardia
- Pseudomonas
- Salmonella
- Serratia
- Staphylococcus Aureus, Methicillin/Oxacillin Resistant (MRSA)
- Staphylococcus Aureus, Methicillin/Oxacillin Sensitive (MSSA)
- Staphylococcus, Coagulase-Negative (Staph Epidermidis)
- Staphylococcus, Other
- Streptococcus Pneumoniae (Streptococcal Pneumonia)
- Streptococcus, Group A (S. pyogenes)
- Streptococcus, Viridians Group
- Streptococcus, NOS

4 Fungal Infection

Select all that apply within this category

- Aspergillus
- Candida albicans
- Candida, Not Albicans/Other
- Coccidioidomycosis
- Cryptococcus
- Histoplasmosis
- Mucormycosis
- Pneumocystis (PCP/PJP)
- Fungal Organism(s) Unknown
- Other, specify

Question Added: 01 JAN 1993

4 Protozoan Infection

Select all that apply within this category

- Cryptosporidium
- Giardia
- Toxoplasma (Toxo)
- Protozoan/parasitic Organism(s) Unknown
- Other, specify

Question Added: 01 JAN 1993

4 Viral Infection

Select all that apply within this category

- Adenovirus
- Bk Virus
- Coronavirus
- Coxsackievirus (all serotypes)
- Cytomegalovirus, CMV
- Enterovirus
- Epstein Barr Virus, EBV (symptomatic)
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Hepatitis D
- HIV
- Human Herpes Simplex Virus, Type 1/Type 2
- Influenzavirus A
- Influenzavirus B
- Influenzavirus H1N1
- Influenzavirus, NOS
- Metapneumovirus (HMPV)
- Norovirus (Norwalk Virus)
- Parainfluenza
- Parvovirus
- Respiratory Syncytial Virus (RSV)
- Rhinovirus
- Rhino/Enterovirus, NOS
- Rotavirus
- Varicella (Chicken Pox/Shingles)
- West Nile Virus
- Viral Organism(s) Unknown

- Streptococcus, Group B (S. agalactiae)
- Stenotrophomonas
- Mycobacterium tuberculosis (TB)
- Nontuberculous mycobacterium (NTM)
- Bacterial Organism(s) Unknown
- Other, specify

Other, specify

Question Added: 01 JAN 1993

Question Added: 01 JAN 1993

5

Location of infection

Check all that apply

- Blood: Culture positive
- Blood: PCR positive
- Bone: Osteomyelitis
- Central nervous system/ brain (ie. Meningitis /Encephalitis)
- Chest tube site infection
- Gastrointestinal infection (ie. Gastritis, colitis, infectious diarrhea)
- Heart (includes endocarditis)
- Hepatic/ liver: Infectious hepatitis
- Intrabdominal/ Peritoneal: Peritonitis
- Pericardium/ pericarditis
- Renal/ kidney/Urinary tract
- Respiratory (includes Pneumonia/ Bronchiolitis/Tracheitis/ Pleuritis)
- Skin or soft tissue: Cellulitis/fasciitis
- VAD infection
- 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
- Wound infection within 30 days, superficial sternal: Superficial, soft tissue
- Unknown
- Other, specify

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

5b

VAD Infection Location

Check all that apply

- Cannulae
- Driveline
- Unknown

Question Added: 01 SEPT 2015

6

Location of patient

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

- In Hospital
- Out of Hospital

infection Unknown

Question Added: 01 SEPT 2015

7

Intervention

This is for treatments only, not diagnostic procedures.

- Drug therapy : Oral
- Drug therapy: IV or IM
- Invasive Mechanical Ventilation
- Newly required Dialysis (complete Form 14)
- Newly required mechanical support (complete Form 15)
- Surgical therapy, specify
- Unknown
- Supportive Care Only
- Other, specify

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
- New Device placed for treatment of infection
- Removal of pre-existing device
- Non-invasive procedure, specify
- Advanced wound care
- Unknown
- Other, specify

Question Added: 29 JUL 2019

7a.i

Surgery, specify

- ENT
- GI
- Dental
- Neurology (Brain, Peripheral/Spine)
- Cardiothoracic
- Nephrology/Urology
- Orthopedic
- Ophthalmology

Question Added: 29 JUL 2019

7a.i.1

GI, specify

- Appendectomy
- Other, specify

Question Added: 29 JUL 2019

7a.ii

New Device placed for treatment of infection, specify

- Chest tube
- Long term central line
- Other, specify

Question Added: 29 JUL 2019

7a.iii

Removal of pre-existing device, specify

- Replaced during same hospitalization
- Replaced after discharge

Question Added: 29 JUL 2019

Non-invasive procedure, specify

7a

Question Added: 29 JUL 2019

7a.iii.1 Replaced after discharge, specify

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

Question Added: 29 JUL 2019

7a.iv Advanced wound care, specify

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

Question Added: 29 JUL 2019

7a.iv.1 Drainage procedure, Location

Question Added: 29 JUL 2019

7a.iv.2 VAC placement, Location

Question Added: 29 JUL 2019

7a.iv.3 Debridement, Location

Question Added: 29 JUL 2019

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

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

- Yes
- No
- Unknown

Question Added: 01 September 2015

9a Current Status

Choose all that apply

- Continues in hospital, in intensive or critical care
- Continues in hospital, not in intensive or critical care
- Readmitted to hospital for treatment of infection, currently in intensive care
- Readmitted to hospital for treatment of infection, not in intensive care
- Ongoing therapy with enteral antibiotics/antiviral/antifungal/antibacterial/antiparasitic

- Ongoing therapy with IV antibiotics/
antiviral/antifungal/antibacterial/antiparasitic
- Other, specify

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

Neurological consequences at 30 days

- Neurological complication that resolved by 30 days and no longer requiring treatment (please specify complication)

- Encephalopathy with ongoing mental status changes or deficits
- Hydrocephalus requiring treatment or VP shunt
- Seizures requiring ongoing therapy
- Residual deficits from stroke

Respiratory Consequences at 30 days

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

GI Consequences at 30 days

- GI symptoms that resolved by 30 days (please specify)

- Ongoing TPN
- Colostomy/ostomy

Post-Transplant Lymphoproliferative Disorder (PTLD) at 30 days

- PTLD (Also complete Form 7)

Question Added: 29 JUL 2019