Patient Details Hidden Show
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Form 6: Infection

Toggle Question Year/Info   Print this Form   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?**

If no to this question, this form is not required

○ Yes
○ No

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**

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'.

○ Yes
○ No
○ Unknown

Question Added: 01 JAN 1993
DRGTHR

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

☐ Acyclovir   ACYCIN
☐ Alemtuzumab (Campath)   ALEMTUZ
☐ ATGAM   ATGAM
☐ Azathioprine (Imuran)   AZATIN
☐ Basiliximab (Simulect)   BASILI
☐ Bortezomib (Velcade)   BORTEZ
☐ CMV Immunoglobulin, Cytogam   CMVIMM
☐ Cyclosporine   CYCLIN
☐ Cytoxan (cyclophosphamide)   CYTOXAN
☐ Dapsone   DAPSONE
☐ Everolimus (Certican)   EVERO
☐ Fluconazole   FLUCON
☐ Ganciclovir or Valganciclovir   GANCIN
☐ Immunoglobulin, IV Ig   IMGLIN
☐ Methotrexate   METHIN
☐ Mycophenylate, MMF (Cellcept, Myfortic)   MYCOIN
☐ Nystatin   NYSTATIN
☐ Oseltamivir   OSELT
☐ Pentamidine   PENTAM
☐ Prednisone   PREDIN
☐ Rituximab (Rituxan)   RITIN

- ☐ Sirolimus (Rapamycin)   SIROIN
- ☐ Tacrolimus (Prograf, FK506)   TACRIN
- ☐ Thymoglobulin/ATG   ATGIN
- ☐ Trimethaprim-sulfamethoxazole, Septra   TSLFIN
- ☐ Valacyclovir   VALAC
- ☐ Other, specify   F6DTOT

     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

4 Bacterial Infection

Select all that apply apply within this category

- ☐ Bordatella Pertussis   INF_BORI
- ☐ Chlamydia   INF_CHL/
- ☐ Clostridium Difficile   INF_CDII
- ☐ Enterobacter   INF_ENTI
- ☐ Enterococcus (including VRE)   INF_ENT(
- ☐ Escherichia Coli   INF_ECO
- ☐ Haemophilus influenzae   INF_FLI
- ☐ Haemophilus, NOS   INF_NOS
- ☐ Klebsiella, NOS   INF_KLEI
- ☐ Moraxella   INF_MOR/
- ☐ Myocoplasma pneumonia   INF_MYC(
- ☐ Nocardia   INF_NOC/
- ☐ Pseudomonas   INF_PSEI
- ☐ Salmonella   INF_SALN
- ☐ 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_CNE(
- ☐ Staphylococcus, Other   STAPH_(
- ☐ Streptococcus Pneumoniae (Streptococcal Pneumonia)   STREPNEL
- ☐ Streptococcus, Group A (S. pyogenes)   STREP_/
- ☐ Streptococcus, Viridians Group   STREPVIF

4 Fungal Infection

Select all that apply apply within this category

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

     FUNG_SI

[_____]

Question Added: 01 JAN 1993

4 Protozoan Infection

Select all that apply apply within this category

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

     PROT_SI

[_____]

Question Added: 01 JAN 1993

4 Viral Infection

Select all that apply within this category

- ☐ Adenovirus   INF_ADEI
- ☐ Bk Virus   INF_BK'
- ☐ Coronavirus (Non-SARS-CoV-2)   INF_COR(
- ☐ Coronavirus (SARS CoV-2)   INF_COV1
- ☐ Coxsackievirus (all serotypes)   INF_CO:
- ☐ Cytomegalovirus, CMV   INF_CM'
- ☐ Enterovirus   INF_ENT(
- ☐ Epstein Barr Virus, EBV (symptomatic)   INF_EB'
- ☐ Hepatitis A   INF_HEP/
- ☐ Hepatitis B   INF_HEPI
- ☐ Hepatitis C   INF_HEP(
- ☐ Hepatitis D   INF_HEPI
- ☐ HIV   INF_HI'
- ☐ Human Herpes Simplex Virus, Type 1/Type 2   INF_HHS'
- ☐ Influenzavirus A   INF_FLU/
- ☐ Influenzavirus B   INF_FLUI
- ☐ Influenzavirus H1N1   INF_H1N
- ☐ Influenzavirus, NOS   FLU_NO:
- ☐ Metapneumovirus (HMPV)   INF_HMP'
- ☐ Norovirus (Norwalk Virus)   INF_NOR(
- ☐ Parainfluenza   PARAFLL
- ☐ Parvovirus   INF_PAR'
- ☐ Respiratory Syncytial Virus (RSV)   INF_RS'
- ☐ Rhinovirus   INF_COLI
- ☐ Rhino/Enterovirus, NOS   INF_REI
- ☐ Rotavirus   INF_ROT/

- ☐ Streptococcus, NOS STREP_NO:
- ☐ Streptococcus, Group B (S. agalactiae) STREP_I
- ☐ Stenotrophomonas INF_STEI
- ☐ Mycobacterium tuberculosis (TB) INF_TI
- ☐ Nontuberculous mycobacterium (NTM) INF_NTM
- ☐ Bacterial Organism(s) Unknown BACT_UNI
- ☐ Other, specify BACT_OTI

BACT_SI

Question Added: 01 JAN 1993

- ☐ Varicella (Chicken 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: 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
- ☐ Inotropic/vasoactive support — inoVasoSup
- ☐ Intubation for mechanical ventilation — intubMechVent
- ☐ Invasive Mechanical Ventilation — THRVENT
- ☐ Noninvasive mechanical ventilation — nonInvMechVent
- ☐ 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	☐ Permanent pacemaker/AICD	INTPEDRAPP
		☐ Long term PD catheter	INTPEDRAPD
		☐ Long term central line	INTPEDRACL
		☐ VAD (complete Form 15)	INTPEDRAVAD
		☐ Other, specify	INTPEDRAO
		[ ]	INTPEDRAOSP

Question Added: 29 JUL 2019

7a.iv	Advanced wound care, specify	☐ Drainage procedure	INTAWCD
		☐ VAC placement	INTAWCVAC
		☐ Debridement	INTAWCDEB
		☐ Other, specify	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

7	MATE score for infection (TEAMMATE Trial endpoint)	○ IV antibiotics for <5 days for a discrete diagnosis - MATE 1 Mild Disease
		○ IV antibiotics for >=5 days for a discrete diagnosis - MATE 2 Moderate Disease
		○ Other moderate vs high risk criteria for the MATE score is able to be determined from the data currently collected in the form

MATEScore

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/ antiviral/antifungal/antibacterial/antiparasitic
SLTS_OTEA

☐ Ongoing therapy with IV antibiotics/ antiviral/antifungal/antibacterial/antiparasitic 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.

Question Added: 29 JUL 2019

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_PTLD