

# PIOA INFECTION FORM

<sup>1</sup>  <sup>2</sup>  KEY <sup>3</sup>       PATNO <sup>4</sup>

FIRST NAME <sup>5</sup>

FAMILY NAME <sup>6</sup>

<sup>7</sup> DIAGNOSIS ☐ septic arthritis ☐ implant-associated infection  
☐ acute osteomyelitis (< 6 weeks) ☐ skin and soft tissue infection  
☐ chronic osteomyelitis (> 6 weeks) ☐ necrotizing fasciitis  
☐ vertebral osteomyelitis / spondylodiscitis ☐ diabetic foot  
☐ other: \_\_\_\_\_

<sup>8</sup> LOCATION (NT only) ☐ humerus   ☐ tibia    
☐ ulna   ☐ malleolus    
☐ radius   ☐ clavicle    
☐ femur   ☐ spine     
☐ other \_\_\_\_\_    
joints: ☐ knee   ☐ ankle    
☐ hip   ☐ wrist    
☐ shoulder   ☐ other    
☐ elbow

<sup>9</sup> HISTORY ☐ trauma date:   .   .      
☐ intervention joint (aspiration, injection) date:   .   .      
☐ septicemia / infection / bacteremia date:   .   .      
☐ unknown history  
☐ other: \_\_\_\_\_

<sup>10</sup> DIAGNOSTICS clinical findings ☐ fever (> 38°C) ☐ wound discharge ☐ local signs of infection  
☐ pain ☐ sinus tract ☐ exposed implant  
☐ abscess  
☐ other/remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Lab:

☐ ESR: \_\_\_\_\_ mm/h ☐ CRP: \_\_\_\_\_ mg/L ☐ WBC: \_\_\_\_\_ x10<sup>9</sup>/L ☐ Hgb: \_\_\_\_\_ g/L  
☐ if joint aspirated: WBC count: \_\_\_\_\_ /μL

**Imaging:**

<input type="checkbox"/> Xray	<input type="checkbox"/> CT	<input type="checkbox"/> sonogram
<input type="checkbox"/> non-union (> 6 months)	<input type="checkbox"/> abscess	<input type="checkbox"/> sequester
<input type="checkbox"/> delayed union (4-6 months)	<input type="checkbox"/> osteomyelitis	<input type="checkbox"/> loose implant
<input type="checkbox"/> other: _____		

**Microbiology:**

date:

  .   .    

<input type="checkbox"/> S. aureus	<input type="checkbox"/> coagulase-negative staphylococci	<input type="checkbox"/> Clostridium spp.
<input type="checkbox"/> Streptococcus spp.	<input type="checkbox"/> Pseudomonas spp.	<input type="checkbox"/> Fungi
<input type="checkbox"/> Enterococcus spp.	<input type="checkbox"/> Proteus spp.	<input type="checkbox"/> Mycobacteria
<input type="checkbox"/> E. coli	<input type="checkbox"/> Treponema spp. (syphilis, yaws)	
<input type="checkbox"/> Enterobacter spp.	<input type="checkbox"/> Klebsiella spp	
<input type="checkbox"/> other: _____		

**<sup>11</sup> TREATMENT****Surgical:**

<input type="checkbox"/> no surgery	<input type="checkbox"/> washout	<input type="checkbox"/> exchange of implant
<input type="checkbox"/> debridement	<input type="checkbox"/> amputation	<input type="checkbox"/> vacuum therapy
<input type="checkbox"/> arthroscopic washout	<input type="checkbox"/> removal of implant	<input type="checkbox"/> irrigation
<input type="checkbox"/> other: _____		

**Antibiotics:**

<input type="checkbox"/> cloxacillin	<input type="checkbox"/> i.v.	<input type="checkbox"/> p.o.	dosage: _____
<input type="checkbox"/> amoxicillin / clavulanic acid	<input type="checkbox"/> i.v.	<input type="checkbox"/> p.o.	dosage: _____
<input type="checkbox"/> piperacillin / tazobactam	<input type="checkbox"/> i.v.	<input type="checkbox"/> p.o.	dosage: _____
<input type="checkbox"/> clindamycin	<input type="checkbox"/> i.v.	<input type="checkbox"/> p.o.	dosage: _____
<input type="checkbox"/> cotrimoxazol	<input type="checkbox"/> i.v.	<input type="checkbox"/> p.o.	dosage: _____
<input type="checkbox"/> ciprofloxacin	<input type="checkbox"/> i.v.	<input type="checkbox"/> p.o.	dosage: _____
<input type="checkbox"/> other: _____			
<input type="checkbox"/> duration (weeks): _____			

**<sup>12</sup> REMARKS:**