Appendix 1: Chart Abstraction Form

Form Approved
OMB No. 0920-1011
Exp. Date 03/31/2017

DRAFT

Patient Name: ____

CDC ID#:____

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

Appendix 1: Chart Abstraction Form CDC ID: _________

Chart Abstraction Form

Name of Person Completing Form ______________________________ Date: ____/_____/____

☐ Case ☐ Control: Matched to case (CDC ID): _______

Date of onset/positive culture (for case or matched control): _______________

30day window period: ________ to _________ 7day window period: _________ to _________

A. Demographic Information

Sex: ☐ Male ☐ Female Age (specify years or months if <2 years):_______________

Race: ☐ White ☐ Black ☐ Asian ☐ American Indian or Alaska Native

☐ Native Hawaiian or Other Pacific Islander ☐ Other____________

Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino

B. Birth History

Gestational age: ____ wks ____ days Birth weight: ______ grams or _____lbs.____oz.

Birth: ☐ C-section ☐ Vaginal delivery ☐ Multiple birth APGAR: 1min____ 5 min____

C. Maternal/ Obstetric History: G____P____

☐ Chorioamnionitis ☐ Gestational diabetes ☐ Premature delivery

☐ Cigarette smoking ☐ IUGR ☐ PROM

☐ Drug use:_____________ ☐ Maternal infection ☐ Unknown

☐ Fetal distress ☐ Preeclampsia ☐ Other_____________

D. Medical History

1. Comorbidities: ☐ Unknown

☐ Aspiration ☐ Patent ductus arteriosis ☐ Reflux/ Regurgitation

☐ Gastric residual >30% ☐ Perinatal asphyxia ☐ Sepsis

☐ Intracran. hemorrhage

☐ Cardiac abnormalities (e.g., congenital heart disease): ______________________________

☐ Pulmonary disease (e.g., BPD, HMD/RDS, meconium aspiration): ____________________

☐ Gastointestinal disease (e.g., NEC, gastroschisis, omphalocele): ____________________

☐ Other: ____

2. Did infant have any of the following *7 days* prior to positive culture? ☐ Unknown

☐ GI surgery ☐ Non GI surgery ☐ Retinopathy of prematurity (ROP) treatment

☐ Mechanical ventilation ☐ Umbilical catheter ☐ Other central venous catheter

☐ Oro/nasogastric tube ☐ G-tube ☐ Jejunal tube

☐ RBC transf: (Date: ________, # units:____) ☐ Supplemental O2

☐ Other devices (describe): ____

E. Medication History

1. Was infant treated with antimicrobial 30 days before onset/positive culture?

☐ Yes ☐ No ☐ Unk.

Antimicrobial	Route	Start Date	Stop Date

2. Other medications received 7 days prior to onset or positive culture?

Medication	**Route**	**Start Date(s)**	**Stop Date(s)**

3. Other injectables received in the 7 days before onset or positive culture?

Product	**Start Date(s)**	**Stop Date(s)**
TPN ☐ Yes ☐ No ☐ Unk		

F. Illness History: *Please fill out for case-patients only*

1. Date of onset/positive culture: ____/____/____
2. Outcome (include date):

☐ Ongoing illness ☐ Symptoms resolved___________ ☐ Colonization only _____________
☐ Death_____________ ☐ Unknown

If death, attributed to *Pseudomonas*? ☐ Yes ☐ No Autopsy performed? ☐ Yes ☐ No

3. Pathology results from surgery or autopsy: ____

____

4. Pathology samples from surgery or autopsy available? ☐ Yes ☐ No

H. Clinical Information: *Please fill out for case-patients only*

1. Signs and Symptoms within 48 hours of onset or positive culture (check all that apply):

☐ Unk.
☐ Fever
☐ Sepsis
☐ Tachycardia/ Rapid heart rate

☐ Tachypnea/Rapid breathing

☐ Other_________________
____
____
____

2. Abnormal laboratory findings within 48 hours of onset or positive culture (check all that apply):

- ☐ Anemia: Hb______, Hct______
- ☐ Unk
- ☐ Coagulopathy: INR________, PTT______
- ☐ Leukocytosis: WBC_______
- ☐ Metabolic acidosis: pH______, HCO3___
- ☐ Neutropenia: WBC_______, ANC_______
- ☐ Thrombocytopenia: Plt _______

3. Microbiology findings: List all positive cultures from sterile sites (blood, urine, etc.) and surveillance culture sites

(Date range: 1 week prior to illness onset until resolution of illness)

☐ No cultures drawn ☐ All cultures negative ☐ Unknown

Date	Source	Organism	# Positive Bottles (x/y)	Surveillance culture? (Y/N)

I. Bathing/skin care history

Skin care products used	Brand/Manufacturer	Dates

J. Oral care products

Oral care products used	Brand/Manufacturer	Dates

K.Staff exposures

Staff	Role	Dates

L. Notes/Remarks (Anything unusual about hospital course not included above, including patterns of medication/thickener use, patient course at home, etc.)

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____
____

K. Medical Chart Abstraction Form Complete?

☐ Yes---- date of completion _____/_____/_____
☐ No