

ABCs - Severe GAS Infection: Supplemental Form

State ID: _____

Symptom onset date: ___/___/___ (mm/dd/yyyy)

Unknown symptom onset date (check if unknown)

**Please enter clinical finding and/or laboratory information requested below;
record the HIGHEST or LOWEST value within 48 hours of culture or admission**

Form Approved
0920-0978

REV. 2/2017

1. Soft-tissue necrosis (necrotizing fasciitis, necrotizing myositis, or necrotizing gangrene)? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes, a. Location on body: _____ b. Surgery? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK c. Amputation? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK d. Debridement <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		OPTIONAL: e. Is a pathology report available? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK f. Is a surgical report available? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK g. Is a CT or MRI report available? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK (If yes to any of the questions above, please collect report)																																																
2. Did the case have any of the following sequelae from the GAS infection? (Select all that apply)																																																		
a. Dialysis? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK b. Impaired renal function? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK c. Rehabilitation? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK d. Other <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK (If yes, specify) _____	If yes to 2c., please indicate rehab type: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Rehab facility																																																	
3. If the case died, and was not hospitalized, please indicate date of death: ___/___/___ (mm/dd/yyyy)																																																		
4. Hypotension? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK (Systolic BP ≤ 90mmHg; for children < 10yrs, see Instructions)		Lowest systolic BP ___ mmHg or <input type="checkbox"/> not available (Enter lowest systolic BP recorded during this illness)																																																
IF PATIENT DID NOT HAVE HYPOTENSION AT ANY TIME DURING THIS ILLNESS, PLEASE STOP HERE																																																		
5. a. Renal impairment? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK (Creatinine ≥ 2.12 mg/dL; for children < 15yrs, see Instructions)		Highest creatinine ___ mg/dL or lab value unavailable (Enter highest creatinine recorded during this illness)																																																
b. Was chronic kidney disease specifically listed in the chart? <input type="checkbox"/> Y <input type="checkbox"/> N Baseline or lowest creatinine: ___ mg/dL or <input type="checkbox"/> lab value unavailable (Enter lowest creatinine recorded in the chart) Date of baseline value if obtained from current hospitalization: ___/___/___ (mm/dd/yyyy)																																																		
6 a. Coagulopathy? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK (Platelets ≤ 100,000/mm ³)		Lowest platelets ___ (000)/mm ³ or <input type="checkbox"/> lab value unavailable (Enter lowest platelet count recorded during this illness)																																																
b. Disseminated intravascular coagulation (DIC)? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK																																																		
7a. Liver involvement? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK Reference Table (2x upper limit)	b. Was chronic liver disease specifically listed in the chart? <input type="checkbox"/> Y <input type="checkbox"/> N Enter baseline (from old or current charts) or lowest value and highest values recorded during this illness episode below. Enter <u>dates</u> of baseline values if obtained from <u>current hospitalization</u> .																																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Age</th> <th>ALT (SGPT) ≥ or AST (SGOT) ≥</th> <th></th> </tr> </thead> <tbody> <tr> <td rowspan="2">0 – 7 days:</td> <td>M</td> <td>80 U/L</td> </tr> <tr> <td>F</td> <td>80 U/L</td> </tr> <tr> <td rowspan="2">8 – 30 days:</td> <td>M</td> <td>80 U/L</td> </tr> <tr> <td>F</td> <td>64 U/L</td> </tr> <tr> <td>1 – 12 months</td> <td></td> <td>90 U/L</td> </tr> <tr> <td>1 – 3 years</td> <td></td> <td>90 U/L</td> </tr> <tr> <td>4 – 9 years</td> <td></td> <td>90 U/L</td> </tr> <tr> <td>10 – 15 years</td> <td></td> <td>90 U/L</td> </tr> <tr> <td rowspan="2">16 – 19 years:</td> <td>M</td> <td>90 U/L</td> </tr> <tr> <td>F</td> <td>90 U/L</td> </tr> <tr> <td>20+ years</td> <td></td> <td>80 U/L</td> </tr> <tr> <td colspan="3" style="text-align: center;">Or Total bilirubin ≥ 2 mg/dL</td> </tr> </tbody> </table>	Age	ALT (SGPT) ≥ or AST (SGOT) ≥		0 – 7 days:	M	80 U/L	F	80 U/L	8 – 30 days:	M	80 U/L	F	64 U/L	1 – 12 months		90 U/L	1 – 3 years		90 U/L	4 – 9 years		90 U/L	10 – 15 years		90 U/L	16 – 19 years:	M	90 U/L	F	90 U/L	20+ years		80 U/L	Or Total bilirubin ≥ 2 mg/dL			<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Highest</th> <th style="text-align: center;">Baseline or lowest</th> <th style="text-align: center;">Date of baseline</th> </tr> </thead> <tbody> <tr> <td>AST (SGOT) ___ U/L or <input type="checkbox"/> lab value unavailable</td> <td>AST (SGOT) ___ U/L or <input type="checkbox"/> lab value unavailable</td> <td>___/___/___ (mm/dd/yyyy)</td> </tr> <tr> <td>ALT (SGPT) ___ U/L or <input type="checkbox"/> lab value unavailable</td> <td>ALT (SGPT) ___ U/L or <input type="checkbox"/> lab value unavailable</td> <td>___/___/___ (mm/dd/yyyy)</td> </tr> <tr> <td>Bilirubin ___ mg/dL or <input type="checkbox"/> lab value unavailable</td> <td>Bilirubin ___ mg/dL or <input type="checkbox"/> lab value unavailable</td> <td>___/___/___ (mm/dd/yyyy)</td> </tr> </tbody> </table>		Highest	Baseline or lowest	Date of baseline	AST (SGOT) ___ U/L or <input type="checkbox"/> lab value unavailable	AST (SGOT) ___ U/L or <input type="checkbox"/> lab value unavailable	___/___/___ (mm/dd/yyyy)	ALT (SGPT) ___ U/L or <input type="checkbox"/> lab value unavailable	ALT (SGPT) ___ U/L or <input type="checkbox"/> lab value unavailable	___/___/___ (mm/dd/yyyy)	Bilirubin ___ mg/dL or <input type="checkbox"/> lab value unavailable	Bilirubin ___ mg/dL or <input type="checkbox"/> lab value unavailable	___/___/___ (mm/dd/yyyy)
Age	ALT (SGPT) ≥ or AST (SGOT) ≥																																																	
0 – 7 days:	M	80 U/L																																																
	F	80 U/L																																																
8 – 30 days:	M	80 U/L																																																
	F	64 U/L																																																
1 – 12 months		90 U/L																																																
1 – 3 years		90 U/L																																																
4 – 9 years		90 U/L																																																
10 – 15 years		90 U/L																																																
16 – 19 years:	M	90 U/L																																																
	F	90 U/L																																																
20+ years		80 U/L																																																
Or Total bilirubin ≥ 2 mg/dL																																																		
Highest	Baseline or lowest	Date of baseline																																																
AST (SGOT) ___ U/L or <input type="checkbox"/> lab value unavailable	AST (SGOT) ___ U/L or <input type="checkbox"/> lab value unavailable	___/___/___ (mm/dd/yyyy)																																																
ALT (SGPT) ___ U/L or <input type="checkbox"/> lab value unavailable	ALT (SGPT) ___ U/L or <input type="checkbox"/> lab value unavailable	___/___/___ (mm/dd/yyyy)																																																
Bilirubin ___ mg/dL or <input type="checkbox"/> lab value unavailable	Bilirubin ___ mg/dL or <input type="checkbox"/> lab value unavailable	___/___/___ (mm/dd/yyyy)																																																
8. a. Adult respiratory distress syndrome (ARDS)? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK b. Acute onset of generalized edema? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK c. Pleural or peritoneal effusions with hypoalbuminemia?(Serum albumin <3 g/dL or < 30 g/L) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK Lowest albumin ___ g/dL or <input type="checkbox"/> lab value unavailable (Enter lowest albumin recorded during this illness)																																																		
9. Generalized erythematous rash? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK																																																		

Form completed by (initials): _____ Date form completed: ___/___/___ (mm/dd/yyyy)