ABCs - Severe GAS Infection: Supplemental Form

State ID: ___ ___ ___ ___ ___ ___ ___ Symptom onset date: __ __/__ __/__ __ __ __ *(mm/dd/yyyy)*

☐ Unknown symptom onset date (check if unknown)

REV. 2/2017

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

1. Soft-tissue necrosis (necrotizing fasciitis, necrotizing myositis, or necrotizing gangrene)? 1☐Y 2☐N 9☐DK

If yes, a. Location on body:_____

b. Surgery? 1☐Y 2☐N 9☐DK

c. Amputation? 1☐Y 2☐N 9☐DK

d. Debridement 1☐Y 2☐N 9☐DK

OPTIONAL: e. Is a pathology report available? 1☐Y 2☐N 9☐DK

f. Is a surgical report available? 1☐Y 2☐N 9☐DK

g. Is a CT or MRI report available? 1☐Y 2☐N 9☐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? 1☐Y 2☐N 9☐DK

b. Impaired renal function? 1☐Y 2☐N 9☐DK

c. Rehabilitation? 1☐Y 2☐N 9☐DK

d. Other 1☐Y 2☐N 9☐DK (*If yes, specify*) _____

If yes to 2c., please indicate rehab type:
1☐ Inpatient 2☐ Outpatient 3☐Rehab facility

3. If the case died, and was not hospitalized, please indicate date of death: __ __/__ __/__ __ __ __ *(mm/dd/yyyy)*

4. Hypotension? 1☐Y 2☐N 9☐DK
(*Systolic BP≤ 90mmHg; for children < 10yrs, see Instructions*)
Lowest systolic BP __ __ __mmHg *or* ☐ 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? 1☐Y 2☐N 9☐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? 1☐Y 2☐N

Baseline or lowest creatinine: __ __. __mg/dL *or* ☐ 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? 1☐Y 2☐N 9☐DK
(*Platelets ≤ 100,000/mm^3*)
Lowest platelets __ __ __(000)/mm^3 *or* ☐ lab value unavailable
(Enter lowest platelet count recorded during this illness)

b. Disseminated intravascular coagulation (DIC)? 1☐Y 2☐N 9☐DK

7a. Liver involvement? 1☐Y 2☐N 9☐DK

Reference Table (2x upper limit)

Age		ALT (SGPT) ≥ *or* AST (SGOT) ≥	
0 – 7 days:	M	80 U/L	200 U/L
	F	80 U/L	190 U/L
8 – 30 days:	M	80 U/L	142 U/L
	F	64 U/L	142 U/L
1 – 12 months		90 U/L	126 U/L
1 – 3 years		90 U/L	120 U/L
4 – 9 years		90 U/L	100 U/L
10 – 15 years		90 U/L	80 U/L
16 – 19 years:	M	90 U/L	90 U/L
	F	90 U/L	60 U/L
20+ years		80 U/L	76 U/L
Or Total bilirubin ≥ 2 mg/dL			

b. Was chronic liver disease specifically listed in the chart? 1☐Y 2☐N

Enter baseline (from old or current charts) or lowest value and highest values recorded during this illness episode below. Enter dates of baseline values if obtained from current hospitalization.

Highest	Baseline or lowest	Date of baseline
AST (SGOT) _ _ _ _U/L *or* ☐lab value unavailable	AST (SGOT) _ _ _ _U/L *or* ☐lab value unavailable	__ __/__ __/__ __ __ __ *(mm/dd/yyyy)*
ALT (SGPT) _ _ _ _U/L *or* ☐lab value unavailable	ALT (SGPT) _ _ _ _U/L *or* ☐lab value unavailable	__ __/__ __/__ __ __ __ *(mm/dd/yyyy)*
Bilirubin __ __.__ mg/dL *or* ☐lab value unavailable	Bilirubin __ __ .__ mg/dL *or* ☐lab value unavailable	__ __/__ __/__ __ __ __ *(mm/dd/yyyy)*

8. a. Adult respiratory distress syndrome (ARDS)? 1☐Y 2☐N 9☐DK

b. Acute onset of generalized edema? 1☐Y 2☐N 9☐DK

c. Pleural or peritoneal effusions with hypoalbuminemia? (*Serum albumin <3 g/dL or < 30 g/L*) 1☐Y 2☐N 9☐DK

Lowest albumin __ __ . __g/dL *or* ☐ lab value unavailable
(Enter lowest albumin recorded during this illness)

9. Generalized erythematous rash? 1☐Y 2☐N 9☐DK

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