

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 \leq 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 \geq 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 \leq 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; font-size: small;"> <thead> <tr> <th colspan="2">Age</th> <th colspan="2">ALT (SGPT) \geq or AST (SGOT) \geq</th> </tr> </thead> <tbody> <tr> <td rowspan="2">0 – 7 days:</td> <td>M</td> <td>80 U/L</td> <td>200 U/L</td> </tr> <tr> <td>F</td> <td>80 U/L</td> <td>190 U/L</td> </tr> <tr> <td rowspan="2">8 – 30 days:</td> <td>M</td> <td>80 U/L</td> <td>142 U/L</td> </tr> <tr> <td>F</td> <td>64 U/L</td> <td>142 U/L</td> </tr> <tr> <td colspan="2">1 – 12 months</td> <td>90 U/L</td> <td>126 U/L</td> </tr> <tr> <td colspan="2">1 – 3 years</td> <td>90 U/L</td> <td>120 U/L</td> </tr> <tr> <td colspan="2">4 – 9 years</td> <td>90 U/L</td> <td>100 U/L</td> </tr> <tr> <td colspan="2">10 – 15 years</td> <td>90 U/L</td> <td>80 U/L</td> </tr> <tr> <td rowspan="2">16 – 19 years:</td> <td>M</td> <td>90 U/L</td> <td>90 U/L</td> </tr> <tr> <td>F</td> <td>90 U/L</td> <td>60 U/L</td> </tr> <tr> <td colspan="2">20+ years</td> <td>80 U/L</td> <td>76 U/L</td> </tr> </tbody> </table> <p style="text-align: center; font-size: x-small;">Or Total bilirubin \geq 2 mg/dL</p> | Age | | ALT (SGPT) \geq or AST (SGOT) \geq | | 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 | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;">Highest</th> <th style="text-align: center; border-bottom: 1px solid black;">Baseline or lowest</th> <th style="text-align: center; border-bottom: 1px solid black;">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) \geq or AST (SGOT) \geq | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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)