

# 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 HIGH or LOW values within 48 hours or 2 days of culture or admission**

Form Approved  
0920-0978

REV. 7/2019

<p>1. Soft-tissue necrosis (necrotizing fasciitis, necrotizing myositis, or necrotizing gangrene)? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK</p> <p>If yes, a. Location on body: _____</p> <p>b. Surgery? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK</p> <p>c. Amputation? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK</p> <p>d. Debridement <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK</p>																																																				
<p>2. Did the case have any of the following sequelae from the GAS infection? (Select all that apply)</p> <p>a. Dialysis? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK      If yes to 2c., please indicate rehab type:</p> <p>b. Impaired renal function? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK      <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Rehab facility</p> <p>c. Rehabilitation? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK</p> <p>d. Other <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK      (If yes to 2d., specify) _____</p>																																																				
<p>3. Hypotension? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK      Low systolic BP ___ mmHg or <input type="checkbox"/> not available</p> <p>(Systolic BP ≤ 90mmHg; for children &lt;10yrs, see Lab Values Table) (Enter abnormal or lowest hypotensive systolic BP found during this illness)</p>																																																				
<p><b>***IF PATIENT DID NOT HAVE HYPOTENSION AT ANY TIME WITHIN 48 HOURS OR 2 DAYS OF CULTURE OR ADMISSION, PLEASE STOP HERE***</b></p>																																																				
<p>4. a. Renal impairment? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK      Highest creatinine ___ mg/dL or <input type="checkbox"/> lab value unavailable</p> <p>(Creatinine ≥ 2.12 mg/dL; for children &lt;15yrs, see Lab Values Table) (If no chronic kidney disease, enter creatinine ≥ 2x upper limit of normal found during this illness. If no abnormal value found or if chronic kidney disease, enter highest creatinine recorded during this illness.)</p> <p>b. Was chronic kidney disease specifically listed in the chart? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Baseline or lowest creatinine: ___ mg/dL or <input type="checkbox"/> lab value unavailable</p> <p>(Enter baseline (from old or current charts) or lowest creatinine recorded during this illness)</p> <p>Date of baseline value if obtained from current hospitalization: ___/___/___ (mm/dd/yyyy)</p>																																																				
<p>5 a. Coagulopathy? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK      Low platelets ___ (000)/mm<sup>3</sup> or <input type="checkbox"/> lab value unavailable</p> <p>(Platelets ≤ 100,000/mm<sup>3</sup>) (Enter platelet count ≤ 100,000/mm<sup>3</sup> or lowest platelet count recorded during this illness.)</p> <p>b. Disseminated intravascular coagulation (DIC)? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK</p>																																																				
<p>6a. Liver involvement? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK</p> <p>(If no chronic liver disease, enter lab value that is ≥ 2x upper limit of normal found during this illness. If no abnormal value found or if chronic liver disease, enter highest values recorded during this illness below.)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Age</th> <th>ALT (SGPT) ≥ or AST (SGOT) ≥</th> <th>Highest</th> </tr> </thead> <tbody> <tr> <td rowspan="2">0 – 7 days:</td> <td>M</td> <td>80 U/L</td> <td rowspan="2">AST (SGOT) ___ U/L or <input type="checkbox"/> lab value unavailable</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> <td rowspan="2">ALT (SGPT) ___ U/L or <input type="checkbox"/> lab value unavailable</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> <td rowspan="2">Bilirubin ___ mg/dL or <input type="checkbox"/> lab value unavailable</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> <td rowspan="2">Or <input type="checkbox"/> lab value unavailable</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> <td rowspan="2">Or <input type="checkbox"/> lab value unavailable</td> </tr> <tr> <td>F</td> <td>90 U/L</td> </tr> <tr> <td>20+ years</td> <td></td> <td>80 U/L</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;">Or Total bilirubin ≥ 2 mg/dL</td> <td></td> </tr> </tbody> </table>	Age	ALT (SGPT) ≥ or AST (SGOT) ≥	Highest	0 – 7 days:	M	80 U/L	AST (SGOT) ___ U/L or <input type="checkbox"/> lab value unavailable	F	80 U/L	8 – 30 days:	M	80 U/L	ALT (SGPT) ___ U/L or <input type="checkbox"/> lab value unavailable	F	64 U/L	1 – 12 months		90 U/L	Bilirubin ___ mg/dL or <input type="checkbox"/> lab value unavailable	1 – 3 years		90 U/L	4 – 9 years		90 U/L	Or <input type="checkbox"/> lab value unavailable	10 – 15 years		90 U/L	16 – 19 years:	M	90 U/L	Or <input type="checkbox"/> lab value unavailable	F	90 U/L	20+ years		80 U/L		Or Total bilirubin ≥ 2 mg/dL				<p>b. Was chronic liver disease specifically listed in the chart? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>(Enter baseline (from old or current charts) or lowest values recorded during this illness below. Enter dates of baseline values if obtained from current hospitalization.)</p> <table style="width: 100%;"> <thead> <tr> <th>Baseline or lowest</th> <th>Date of baseline</th> </tr> </thead> <tbody> <tr> <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>___/___/___ (mm/dd/yyyy)</td> </tr> <tr> <td>Bilirubin ___ mg/dL or <input type="checkbox"/> lab value unavailable</td> <td>___/___/___ (mm/dd/yyyy)</td> </tr> </tbody> </table>	Baseline or lowest	Date of baseline	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	___/___/___ (mm/dd/yyyy)	Bilirubin ___ mg/dL or <input type="checkbox"/> lab value unavailable	___/___/___ (mm/dd/yyyy)
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<p>7. a. Acute respiratory distress syndrome (ARDS)? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK</p> <p>b. Acute onset of generalized edema? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK</p> <p>c. Pleural or peritoneal effusions with hypoalbuminemia? (Serum albumin &lt;3 g/dL or &lt; 30 g/L) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK</p> <p>Low albumin ___ g/dL or <input type="checkbox"/> lab value unavailable</p> <p>(Enter albumin &lt;3 g/dL or &lt; 30 g/L or lowest albumin recorded during this illness)</p>																																																				
<p>8. Generalized erythematous rash? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK</p>																																																				

Form completed by (initials): \_\_\_\_\_ Date form completed: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy)

Table. Laboratory values

Age	Limit of normal range
<b>Systolic Blood Pressure</b>	
0 – 28 days	<60 mm Hg
1 month – 12 months	<70 mm Hg
1 – 9 years	<70+(2x age in years)
10 + years	<91 mm Hg
<b>Platelets</b>	
All	≤100x10 <sup>9</sup> /L or ≤100,000/mm <sup>3</sup>
<b>Albumin</b>	
All	<3g/dL or <30g/L

Age	Normal range	Twice upper limit of normal range
<b>Creatinine<sup>1</sup></b>		
0 – 3 years	0.03 – 0.5 mg/dL	≥1 mg/dL
4 – 9 years	0.03 – 0.59 mg/dL	≥1.18 mg/dL
10 – 14 years	0.31 – 0.88 mg/dL	≥1.76 mg/dL
15+ years	0.5 – 1.06 mg/dL	≥2.12 mg/dL
<b>Alanine Aminotransferase<sup>1</sup> (ALT) or SGPT</b>		
0 – 7 days	6 – 40 U/L	≥80 U/L
8 – 30 days: Males	10 – 40 U/L	≥80 U/L
Females	8 – 32 U/L	≥64 U/L
1 – 12 months	12 – 45 U/L	≥90 U/L
1 – 19 years	5 – 45 U/L	≥90 U/L
20+ years	7 – 40 U/L	≥80 U/L
<b>Aspartate Aminotransferase<sup>1</sup> (AST) or SGOT</b>		
0 – 7 days: Male	30 – 100 U/L	≥200 U/L
Female	24 – 95 U/L	≥190 U/L
8 – 30 days	22 – 71 U/L	≥142 U/L
1 – 12 months	22 – 63 U/L	≥126 U/L
1 – 3 years	20 – 60 U/L	≥120 U/L
4 – 9 years	15 – 50 U/L	≥100 U/L
10-15 years	10 – 40 U/L	≥80 U/L
16-19 years: Male	15 – 45 U/L	≥90 U/L
Female	5 – 30 U/L	≥60 U/L
20 + years	12 – 38 U/L	≥76 U/L
<b>Total Bilirubin<sup>1</sup> (TBILI)</b>		
1 month – adult	<1 mg/dL	≥2 mg/dL

<sup>1</sup> Kratz A, Pesce MA, Basner RC, Einstein AJ. Appendix: Laboratory Values of Clinical Importance. In: Longo DL, Fauci AS, Kasper DL, Hauser SL, Jameson JL, Loscalzo J, editors. Harrison's Principles of Internal Medicine, 18e. New York, NY: The McGraw-Hill Companies; 2012. Local laboratories may have slightly different reference values.