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**

REV. 7/2019

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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

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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   If yes to 2c., please indicate rehab type:
   b. Impaired renal function?   1☐Y 2☐N 9☐DK   1☐ Inpatient 2☐ Outpatient 3☐Rehab facility
   c. Rehabilitation?   1☐Y 2☐N 9☐DK
   d. Other   1☐Y 2☐N 9☐DK   (*If yes* to 2d., *specify*)_____

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3. Hypotension? 1☐Y 2☐N 9☐DK   Low systolic BP __ __ __mmHg *or* ☐ not available

   (*Systolic BP≤ 90mmHg; for children <10yrs, see Lab Values Table*)   (*Enter abnormal or lowest hypotensive systolic BP found during this illness*)

IF PATIENT DID NOT HAVE HYPOTENSION AT ANY TIME WITHIN 48 HOURS OR 2 DAYS OF CULTURE OR ADMISSION, PLEASE STOP HERE

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4. a. Renal impairment? 1☐Y 2☐N 9☐DK   Highest creatinine __ __. __mg/dL *or* ☐ lab value unavailable

   (*Creatinine ≥2.12 mg/dL; for children <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.*)

   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 baseline (from old or current charts) or lowest creatinine recorded during this illness*)

   Date of baseline value if obtained from current hospitalization: __ __/__ __/__ __ __ __ *(mm/dd/yyyy)*

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5 a. Coagulopathy? 1☐Y 2☐N 9☐DK   Low platelets __ __ __(000)/mm^3 *or* ☐lab value unavailable

   (*Platelets ≤ 100,000/mm^3*)   (*Enter platelet count ≤100,000/mm^3 or lowest platelet count recorded during this illness.*)

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

6a. Liver involvement? 1☐Y 2☐N 9☐DK

(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.)

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			

Highest

AST (SGOT) _ _ _ _U/L
or ☐ lab value unavailable

ALT (SGPT) _ _ _ _U/L
or ☐ lab value unavailable

Bilirubin __ __. __ mg/dL
or ☐lab value unavailable

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

(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.)

Baseline or lowest

AST (SGOT) _ _ _U/L
or ☐ lab value unavailable

ALT (SGPT) _ _ _U/L
or ☐ lab value unavailable

Bilirubin __ __ . __ mg/dL
or ☐ lab value unavailable

Date of baseline

__ __/__ __/__ __ __ __ *(mm/dd/yyyy)*

__ __/__ __/__ __ __ __ *(mm/dd/yyyy)*

__ __/__ __/__ __ __ __ *(mm/dd/yyyy)*

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7. a. Acute 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
      Low albumin __ __ . __g/dL *or* ☐ lab value unavailable
      (*Enter albumin <3 g/dL or < 30 g/L or lowest albumin recorded during this illness*)

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

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

Table. Laboratory values

Age	Limit of normal range
Systolic Blood Pressure	
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
Platelets	
All	≤100x10^9/L or ≤100,000/mm^3
Albumin	
All	<3g/dL or <30g/L

Age	Normal range	Twice upper limit of normal range
Creatinine[1]		
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

Age	Normal range	Twice upper limit of normal range
Alanine Aminotransferase[1] (ALT) or SGPT		
0 – 7 days	6 – 40 U/L	≥80 U/L
8 – 30 days: Males Females	10 – 40 U/L 8 – 32 U/L	≥80 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

Age	Normal range	Twice upper limit of normal range
Aspartate Aminotransferase[1] (AST) or SGOT		
0 – 7 days: Male Female	30 – 100 U/L 24 – 95 U/L	≥200 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 Female	15 – 45 U/L 5 – 30 U/L	≥90 U/L ≥60 U/L
20 + years	12 – 38 U/L	≥76 U/L

Age	Normal range	Twice upper limit of normal range
Total Bilirubin[1] (TBILI)		
1 month – adult	<1 mg/dL	≥2 mg/dL

[1] 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.