

Form 6: Infection

Evidence of Infectious Process Requiring IV Therapy

If "no" to both, infection does not meet definition of PHTS severe infection and form should not be completed.

Use a separate form for each infection episode and or type of infection.

- No
- Yes
- Unknown

Life Threatening Infection Requiring Oral Therapy

- No
- Yes
- Unknown

1 Date of Infection

Date of diagnosis or clinical presentation, whichever date is earliest.
MM/DD/YYYY

2 Drug Therapy at Time of Infection

Indicate if there was an ongoing prophylactic drug therapy at time (date) of infection diagnosis (i.e. valganciclovir for CMV prophylaxis post-transplant).

Do not include drugs that have been prescribed to treat a specific previous infection unless that previous infection is considered to be resolved and the patient is now on long-term prophylaxis.

Do not include therapy for the current infection – to be included under section 6.

- No
- Yes
- Unknown

Drug Therapy

Drug Therapy Details

2 Specify drug therapy at time of infection.

- Acyclovir
- Alemtuzumab (Campath)
- ATGAM
- Azathioprine
- Basiliximab (Simulect)
- Bortezomib (Velcade)
- CMV Immunoglobulin, Cytogam
- Cyclosporine
- Cytosan (cyclophosphamide)
- Dapsone
- Everolimus (Certican)
- Fluconazole
- Ganciclovir or Valganciclovir
- Immunoglobulin, IV Ig
- Methotrexate
- Mycophenolate
- Nystatin
- Oseltamivir
- Pentamidine
- Prednisone

- Rituximab (Rituxan)
- Sirolimus (Rapamycin)
- Tacrolimus (Prograf, FK506)
- Thymoglobulin/ATG
- Trimethaprim-sulfamethoxazole, Septra
- Valacyclovir
- Other, specify

2 Ganciclovir or Valganciclovir

- IV
- PO

3a

Type of infection

Use a separate form for each episode and/or type of infection.

- Bacterial
- Fungal
- No Organism Identified
- Protozoan
- Viral
- Unknown

Type of Organism(s)

Indicate all organisms associated with the type of infection.

3b

Organism

4

Location of infection

Check all that apply

- Blood: Culture positive
- Blood: PCR positive
- Bone: Osteomyelitis
- Central nervous system/ brain (ie. Meningitis /Encephalitis)
- Chest tube site infection
- Gastrointestinal infection (ie. Gastritis, colitis, infectious diarrhea)
- Heart (includes endocarditis)
- Hepatic/ liver: Infectious hepatitis
- Intrabdominal/ Peritoneal: Peritonitis
- Pericardium/ pericarditis
- Renal/ kidney/Urinary tract
- Respiratory (includes Pneumonia/ Bronchiolitis/Tracheitis/ Pleuritis)
- Skin or soft tissue: Cellulitis/fasciitis
- VAD infection
- Wound infection within 30 days, deep sternal: Deep sternal wound infection with positive culture or treated with prolonged antibiotics beyond perioperative prophylaxis when culture not obtained or pre-treated involving muscle, bone, and/or

- mediastinum requiring operative intervention
- Wound infection within 30 days, superficial sternal:
Superficial, soft tissue
 - Unknown
 - Other, specify

- 4 Was the blood infection directly attributed to the presence of a central line (ie. organism cultured from blood is not related to an infection at another site)?
- Yes
 - No
 - Unknown

- 4 VAD Infection Location Check all that apply
- Cannulae
 - Driveline
 - Unknown

- 5 Location of patient
- Emergency care, no admit
 - In Hospital
 - Out of Hospital
 - Unknown

- 6 Intervention Check all that apply
- Drug therapy : Oral
 - Drug therapy: IV or IM
 - Mechanical Ventilation
 - Surgical therapy, specify
 - Unknown
 - Other, specify

- 7 Outcome at 30 days post-date of infection Check only one.
- Significant long term sequelae** means any residual medical problem persisting for > 30 days after the onset of the infection (e.g.) renal failure, respiratory failure.
- Death
 - Resolution
 - Significant Long Term Sequelae
 - Unresolved at 30 days
 - Unknown

- 7 If death occurred, did the infection contribute to cause of death?
- No
 - Yes
 - Unknown