

Severe GAS Infection: Supplemental Form

Revised 22 Feb 2017

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**

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

If yes, a. Location on body: _____

b. Surgery? Y N DK

c. Amputation? Y N DK

d. Debridement Y N DK

OPTIONAL: e. Is a pathology report available? Y N DK

f. Is a surgical report available? Y N DK

g. Is a CT or MRI report available? Y N 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? Y N DK

b. Impaired renal function? Y N DK

c. Rehabilitation? Y N DK

d. Other Y N DK

If yes to 2c., please indicate rehab type:

Inpatient Outpatient Rehab facility

(If yes, specify) _____

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

4. Hypotension? Y N DK

Lowest systolic BP ___ mmHg or not available

(Systolic BP \leq 90mmHg; for children < 10yrs, see Instructions)

(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? Y N DK

Highest creatinine ___ mg/dL or lab value unavailable

(Creatinine \geq 2.12 mg/dL; for children < 15yrs, see Instructions)

(Enter highest creatinine recorded during this illness)

b. Was chronic kidney disease specifically listed in the chart? Y 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? Y N DK

Lowest platelets ___ (000)/mm³ or lab value unavailable

(Platelets < 100,000/mm³)

(Enter lowest platelet count recorded during this illness)

b. Disseminated intravascular coagulation (DIC)? Y N DK

7a. Liver involvement?

Y N DK

Reference Table (2x upper limit)

Age		ALT (SGPT) \geq or AST (SGOT) \geq
0 – 7 days:	M	80 U/L
	F	80 U/L
8 – 30 days:	M	80 U/L
	F	64 U/L
1 – 12 months		90 U/L
1 – 3 years		90 U/L
4 – 9 years		90 U/L
10 – 15 years		90 U/L
16 – 19 years:	M	90 U/L
	F	90 U/L
20+ years		80 U/L
Or Total bilirubin \geq 2 mg/dL		

b. Was chronic liver disease specifically listed in the chart? Y 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 AST (SGOT) ___ U/L ___/___/___ (mm/dd/yyyy)

or lab value unavailable or lab value unavailable

ALT (SGPT) ___ U/L ALT (SGPT) ___ U/L ___/___/___ (mm/dd/yyyy)

or lab value unavailable or lab value unavailable

Bilirubin ___ mg/dL Bilirubin ___ mg/dL ___/___/___ (mm/dd/yyyy)

or lab value unavailable or lab value unavailable

8. a. Adult respiratory distress syndrome (ARDS)?

Y N DK

b. Acute onset of generalized edema?

Y N DK

c. Pleural or peritoneal effusions with hypoalbuminemia? (Serum albumin < 3 g/dL or < 30 g/L)

Y N DK

Lowest albumin ___ g/dL or lab value unavailable

(Enter lowest albumin recorded during this illness)

9. Generalized erythematous rash?

Y N DK

Form completed by (initials): _____

Date form completed: ___/___/___ (mm/dd/yyyy)