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| Comprehensive Sickle Cell Centers | Bacteremia / Sepsis / Meningitis | Bacteremia/Sepsis/Meningitis Page 1 of 1 |
| Protocol # 2 Collaborative Data Project | Form Completed by <input type="text" value="BAC1:COMPINT"/> | CSCC ID: {subject.name} Center Code: {center.name} Hospital Code: {center.hospital.name} |

How many times has this subject had bacteremia/sepsis/meningitis during the report period?

| | | |
|--|---|--|
| Date of Event: <input type="text" value="BAC2:EVENTDA"/> / <input type="text" value="BAC2:EVENTMO"/> / <input type="text" value="BAC2:EVENTYR"/> | | <input type="button" value="Delete Event"/> |
| DD | MMM | YYYY |
| Culture positive for bacteria, fungus, or virus from a normally sterile site (not a contaminant)? | | |
| <input type="checkbox"/> (BAC2:POSCUL)Yes <input type="checkbox"/> (BAC2:POSCUL)No | | |
| <input type="checkbox"/> (BAC2:BLOODCU) Blood culture: | <input type="checkbox"/> (BAC2:CULRES1) Positive <input type="checkbox"/> (BAC2:CULRES1) Negative | Date of culture: <input type="text" value="BAC2:CULT1DA"/> / <input type="text" value="BAC2:CULT1MO"/> / <input type="text" value="BAC2:CULT1YR"/> |
| | | DD MMM YYYY |
| Bacteria: | | |
| <input type="text" value="BAC2:ORGBAC1"/> or <input type="checkbox"/> (BAC2:BNONE1)None | | |
| Fungus: | | |
| <input type="text" value="BAC2:ORGFUN1"/> or <input type="checkbox"/> (BAC2:FNONE1)None | | |
| <input type="checkbox"/> (BAC2:CSFCUL) CSF culture: | <input type="checkbox"/> (BAC2:CULRES2) Positive <input type="checkbox"/> (BAC2:CULRES2) Negative | Date of culture: <input type="text" value="BAC2:CULT2DA"/> / <input type="text" value="BAC2:CULT2MO"/> / <input type="text" value="BAC2:CULT2YR"/> |
| | | DD MMM YYYY |
| Bacteria: | | |
| <input type="text" value="BAC2:ORGBAC2"/> or <input type="checkbox"/> (BAC2:BNONE2)None | | |
| Fungus: | | |
| <input type="text" value="BAC2:ORGFUN2"/> or <input type="checkbox"/> (BAC2:FNONE2)None | | |
| Virus: | | |
| <input type="text" value="BAC2:ORGVIR2"/> or <input type="checkbox"/> (BAC2:VNONE2)None | | |
| Clinical Status: | | |
| 1. Was the patient admitted to the ICU? | <input type="checkbox"/> (BAC2:CLINST1) Yes | <input type="checkbox"/> (BAC2:CLINST1) No |
| 2. Did the event result in death? | <input type="checkbox"/> (BAC2:CLINST2) Yes | <input type="checkbox"/> (BAC2:CLINST2) No |
| 3. At time of diagnosis, did the patient have an indwelling vascular access device? | <input type="checkbox"/> (BAC2:CLINST3) Yes | <input type="checkbox"/> (BAC2:CLINST3) No |