How many times has this subject had osteomyelitis during the report period? MUS2:EPISODE

Date of diagnosis: MUS3:DIAGDA / MUS3:DIAGMO / MUS3:DIAGYR   Delete Diagnosis
DD   **MMM**   **YYYY**

Location(s)
List up to two locations: **or** ☐ (MUS3:MFOCAL)Multifocal

Location 1
MUS3:LOCAT1

Location 2
MUS3:LOCAT2

Was a culture done? ☐ (MUS3:CULTYN)Yes ☐ (MUS3:CULTYN)No
If Yes, culture site(s): ☐ (MUS3:BLOOD)Blood ☐ (MUS3:BONE)Bone
Organism(s):
(check all that apply)

☐ (MUS3:ORG1)*Salmonella* spp. ☐ (MUS3:ORG2)*S. aureus* ☐ (MUS3:ORG3)*H. influenzae*
☐ (MUS3:ORG4)*E. coli* ☐ (MUS3:ORG5)Other, specify:
MUS3:ORGSP

☐ (MUS3:ORG6)No organisms found

If no organisms found, was patient treated presumptively? ☐ (MUS3:ORGYN)Yes ☐ (MUS3:ORGYN)No

Add Diagnosis

Submit Query   Cancel   Print