## Comprehensive Sickle Cell Centers

## Osteomyelitis (Acute or Chronic)

## Muscular/Skin/Skeletal Page 2 of 2

## Protocol # 2 Collaborative Data Project

Form Completed by  $\boxed{\texttt{MUS2:COMPINT}}$ 

CSCC ID: {subject.name}
Center Code: {center.name}

Hospital Code: {center.hospital.name}

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. ☐ (MUS3:ORG4) E. coli ☐ (MUS3:ORG5) Other, specify:  MUS3:ORGSP	influenzae
☐ (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

Version: 10 July 2008 127