

**WIHS MEDICAL RECORD ABSTRACTION FORM
PNEUMONIA**

**FORM M13
FORM VERSION 07/01/96**

RECORD NUMBER:

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WIHS ID NUMBER:

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SEQUENCE

FORM # ____ OF ____

DATE OF HOSPITAL
ADMISSION OR OFFICE VISIT:

		/			/		
	M			D			Y

ABTRACTOR'S INITIALS:

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A1. Date of abstraction

		/			/		
	M			D			Y

YES NO

- | | | | |
|-----|-------------------------------------------------------------------------------------------------------------|--------|--------|
| A2. | Are multiple diagnoses of pneumonia available in the chart for <u>this</u> hospitalization admission? | 1 | 2 (B1) |
| A3. | Did you abstract PCP on another copy of Form M13 for <u>this</u> hospital admission? | 1 (D1) | 2 |

**PROMPT: IF INDUCED SPUTUM OBTAINED, COMPLETE FORM CA4 AND CA5
IF BRONCHOSCOPY PERFORMED, COMPLETE FORM CA3, CA4 AND CA5**

SECTION B: PCP DEFINITIVE DIAGNOSIS

YES NO

- | | | | |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|
| B1. | Was PCP documented by cytologic/pathologic examination of sputum or bronchoscopic specimens? (ie. Positive results recorded on Form CA4)?..... | 1 | 2 (C1) |
| B2. | Any chest X-ray with new or progressive infiltrate(s) noted?..... | 1 (B4) | 2 |
| B3. | New cough or shortness of breath documented or dyspnea on exertion? | 1 | 2 |
| B4. | Date of Diagnosis
(Cytology report or bronchoscopy report) | | |

		/			/		
	M			D			Y (END)

WIHS ID#:

SECTION C: PCP PROBABLE DIAGNOSIS

		<u>YES</u>	<u>NO</u>	
C1.	History of cough or shortness of breath or dyspnea on exertion?.....	1		2 (D1)
	a. Documented onset within 3 months prior to initiation of work-up	1		2 (D1)
C2.	Any chest X-ray with diffuse bilateral interstitial infiltrates?	1 (C4)		2
C3.	Gallium scan done showing diffuse pulmonary disease?.....	1		2 (D1)
C4.	Clinical response documented to appropriate therapy for PCP?.....	1 (C9)		2
C5.	Any pAO2 <70 mm Hg?	1 (C9)		2
C6.	Any alveolar-arterial O2 tension gradient >30 mm Hg documented?	1 (C9)		2
C7.	Any diffusing capacity <80% of expected (DLCO)?.....	1 (C9)		2
C8.	Alveolar-arterial O ₂ tension gradient value:			
		<u>YES</u>	<u>NO</u>	
a.	Ph/A?.....	1	2 (b)	i.) __ . __ __ Hf
b.	PC O ₂ /A?	1	2 (c)	i.) __ __ MMHg
c.	PO ₂ /A?.....	1	2 (d)	i.) __ __ __
d.	HCO ₃ /A?	1	2 (e)	i.) __ __ . __ MMHg
e.	TCO ₂ /A?.....	1	2 (f)	i.) __ __ __ . __ MMOL/L
f.	BE/A	1	2 (g)	i.) __ __
g.	O ₂ SAT/A.....	1	2 (h)	i.) __ __ . __ %
h.	FIO ₂ /A	1	2 (C9)	i.) __ __ . __ %
C9.	Date of diagnosis (Chest X-ray or Gallium scan)			____/____/____ M D Y (D1)

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SECTION D: CMV PNEUMONITIS

YES NO

- D1. Were typical CMV inclusions seen on biopsy, BAL pellet, or autopsy? (ie. Positive results recorded on Form CA4)? 1 2 **(E1)**
- D2. Any abnormal chest X-ray noted? 1 2 **(E1)**
- D3. **Any** pAO2 <70 mm Hg?..... 1 2 **(E1)**
- D4. **Any** diffusing capacity <80% of expected (DLCO)? 1 2 **(E1)**
- D5. Persistence of signs and symptoms following appropriate therapy of identified co-pathogens?..... 1 2 **(E1)**
- D6. Date of Diagnosis / / **(END)**
(Pathology report or chest X-ray) M D Y

SECTION E: OTHER/BACTERIAL PNEUMONIA DEFINITIVE DIAGNOSIS

YES NO

- E1. **New** or progressive infiltrate noted on chest X-ray?..... 1 2 **(END)**
- E2. Were any other **non-bacterial** pathogens identified in sputum or lung/bronchoscopy specimens? 1 **(END)** 2
- E3. Positive sputum culture for a **bacterial pathogen(s)** recorded on Form CA5?..... 1 **(E6)** 2
- E4. Mycoplasma serology positive?..... 1 **(E6)** 2
- E5. Positive blood or pleural fluid culture (and no other identified source)..... 1 2 **(F1)**
- E6. History of cough or shortness of breath documented or dyspnea on exertion?..... 1 **(E8)** 2
- E7. Any respiratory rate greater than 20? 1 2 **(F1)**
- E8. Date of Diagnosis / / **(END)**
(Culture date or chest X-ray date) M D Y

SECTION F: OTHER/BACTERIAL PNEUMONIA PROBABLE DIAGNOSIS

YES NO

- F1. Clinical response documented to appropriate therapy?..... 1 2 **(END)**
- F2. Any temperature documented of greater than 100°F? 1 2 **(END)**
- F3. History of cough or shortness of breath documented or dyspnea on exertion?..... 1 **(F5)** 2
- F4. Any respiratory rate greater than 20? 1 2 **(END)**
- F5. Date of Diagnosis (Chest X-ray date) / /
M D Y

WIHS ID#: