

**WIHS MEDICAL RECORD ABSTRACTION FORM
PNEUMONIA**

**FORM M13
FORM VERSION 07/25/97**

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 this hospitalization admission?

1

2 (B1)

A3. Did you abstract PCP on another copy of Form M13 for this 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 (G1)

WIHS ID#:

SECTION C: PCP PROBABLE DIAGNOSIS

YES

NO

- 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 O₂ tension gradient value:

YES NO

- a. Ph/A?..... 1 2 **(b)** i.) |__| . |__| |__| Hf
- b. PC O2/A? 1 2 **(c)** i.) |__| |__| MMHg
- c. PO2/A?..... 1 2 **(d)** i.) |__| |__| |__|
- d. HCO3/A? 1 2 **(e)** i.) |__| |__| . |__| MMHg
- e. TCO2/A?..... 1 2 **(f)** i.) |__| |__| |__| . |__| MMOL/L
- f. BE/A 1 2 **(g)** i.) |__| |__|
- g. O2 SAT/A..... 1 2 **(h)** i.) |__| |__| . |__| %
- h. FIO2/A 1 2 **(C9)** i.) |__| |__| . |__| %

C9. Date of diagnosis _____ / _____ / _____
 (Chest X-ray or Gallium scan) M D Y **(D1)**

WIHS ID#:

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
(Pathology report or chest X-ray) M / D / Y **(G1)**

SECTION E: OTHER/BACTERIAL PNEUMONIA DEFINITIVE DIAGNOSIS

YES

NO

- E1. **New** or progressive infiltrate noted on chest X-ray?..... 1 2 **(G1)**
- E2. Were any other **non-bacterial** pathogens identified in sputum or lung/bronchoscopy specimens? 1 **(G1)** 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
(Culture date or chest X-ray date) M / D / Y **(G1)**

SECTION F: OTHER/BACTERIAL PNEUMONIA PROBABLE DIAGNOSIS

YES

NO

- F1. Clinical response documented to appropriate therapy?..... 1 2 **(G1)**
- F2. Any temperature documented of greater than 100°F? 1 2 **(G1)**
- 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 **(G1)**
- F5. Date of Diagnosis (Chest X-ray date)
M / D / Y

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SECTION G: COMMENTS

G1.
