

**WIHS MEDICAL RECORD ABSTRACTION FORM  
PNEUMONIA**

**FORM M13  
FORM VERSION 09/01/97**

RECORD NUMBER:

WIHS ID NUMBER:

SEQUENCE  
 FORM # \_\_\_\_ OF \_\_\_\_

DATE OF HOSPITAL  
 ADMISSION OR OFFICE VISIT:  
 \_\_\_\_/\_\_\_\_/\_\_\_\_  
 M D Y

ABTRACTOR'S INITIALS:

A1. Date of abstraction  
 \_\_\_\_/\_\_\_\_/\_\_\_\_  
 M D Y

	<u>YES</u>	<u>NO</u>
A2. Are multiple diagnoses of pneumonia available in the chart for <u>this</u> hospitalization admission? .....	1	2 <b>(B1)</b>
A3. Did you abstract PCP on another copy of Form M13 for <u>this</u> hospital admission? .....	1 <b>(D1)</b>	2

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

<u>SECTION B: PCP DEFINITIVE DIAGNOSIS</u>	<u>YES</u>	<u>NO</u>
B1. Was PCP documented by cytologic/pathologic examination of sputum or bronchoscopic specimens? (ie. Positive results recorded on Form CA4)?.....	1	2 <b>(C1)</b>
B2. Any chest X-ray with <b>new</b> or progressive infiltrate(s) noted?.....	1 <b>(B4)</b>	2
B3. <b>New</b> cough or shortness of breath documented or dyspnea on exertion? .....	1	2
B4. Date of Diagnosis (Cytology report or bronchoscopy report)	____/____/____ M D Y	<b>(G1)</b>

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

WIHS ID#:


**SECTION D: CMV PNEUMONITIS**

	<u>YES</u>	<u>NO</u>
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 (D5)	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**

	<u>YES</u>	<u>NO</u>
E1. New or progressive infiltrate noted on chest X-ray?.....	1	2 (G1)
E2. Were any other <b>non-bacterial</b> pathogens identified in sputum or lung/bronchoscopy specimens? .....	1 (G1)	2
E3. Positive sputum culture for a <b>bacterial pathogen(s)</b> 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**

	<u>YES</u>	<u>NO</u>
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.

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