## Case Report Form

<table>
<thead>
<tr>
<th>Patient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>Serial number</td>
</tr>
<tr>
<td>Province</td>
<td>District</td>
</tr>
<tr>
<td>Date of admission</td>
<td>Date of discharge</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Info</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance of school or daycare:</td>
<td>Number of Children at Home:</td>
</tr>
<tr>
<td>□ Yes □ No</td>
<td>Number of Family Members:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Diagnosis:</td>
<td>□ Pneumonia □ Bacteremia/sepsis □ Meningitis □ Sinusitis</td>
</tr>
<tr>
<td>□ Mastoiditis □ Others specify</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Was the patient admitted to the hospital?</td>
<td>□ Yes □ No □ Unknown</td>
</tr>
<tr>
<td>Did the patient receive any antibiotics during his hospital stay?</td>
<td>□ Yes □ No □ Unknown</td>
</tr>
<tr>
<td>Duration of Hospital Stay (number of days)</td>
<td>Outcome: □ Recovery □ Death □ Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Antibiotic Therapy</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Ceftriaxone □ Cefotaxime □ Teicoplanin □ Penicillin G □ Vancomycin</td>
<td></td>
</tr>
<tr>
<td>□ Sulfamethoxazole TMP □ Oxacillin □ Erythromycin</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Immunization History</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Influenza</td>
<td>Number of doses taken</td>
</tr>
<tr>
<td>□ Pneumococcal</td>
<td>Date of last dose(DD/MM/YY)</td>
</tr>
<tr>
<td>□ Meningococcal</td>
<td></td>
</tr>
<tr>
<td>□ PPD</td>
<td></td>
</tr>
<tr>
<td>□ Positive □ Negative □ Unknown</td>
<td></td>
</tr>
</tbody>
</table>

| | Diseases | Co-morbidities | Medical History |
|-----------------|----------------|-----------------|
| □ Heart Disease | □ Yes □ No □ Unknown |
| □ Lung Disease | □ Yes □ No □ Unknown |
| □ Cancer | □ Yes □ No □ Unknown |
| □ Hypertension | □ Yes □ No □ Unknown |
| □ Tuberculosis | □ Yes □ No □ Unknown |
| □ Hepatitis | □ Yes □ No □ Unknown |
| □ Kidney Disease | □ Yes □ No □ Unknown |
| □ GI Disorder | □ Yes □ No □ Unknown |
| □ Stroke | □ Yes □ No □ Unknown |
| □ Blood disorder | □ Yes □ No □ Unknown |
| □ Others | Please specify: |

1 of 2

Ped.GD.01 Establishing a Pilot Surveillance Program for Pneumococcal Infections in Lebanon

Institutional Review Board
Faculty of Medicine
American University of Beirut

5 Oct 2009
APPROVED
### Radiologic Findings

**X-Rays**
- □ Chest
- □ Other

**Result:**
- □ Clear
- □ Infiltrates
- □ Consolidation
- □ Empyema
- □ Emphysema
- □ Pleural effusion
- □ Pneumothorax
- □ Others

**CT:**
- □ Chest
- □ Other

**Result:**
- □ Clear
- □ Infiltrates
- □ Consolidation
- □ Empyema
- □ Emphysema
- □ Pleural effusion
- □ Pneumothorax
- □ Others

### Laboratory Workup

**Were specimen cultures taken?**
- □ Yes
- □ No
- □ Unknown

**Which culture(s) were positive?**
- □ Blood
- □ CSF
- □ DTA
- □ Pleural Fluid
- □ Others

**Specimen detected:**
- □ Strep. Pneumonia
- □ Others

**Date Specimen taken:**
- □ Blood: (DD/MM/YY)
- □ CSF: (DD/MM/YY)
- □ DTA: (DD/MM/YY)
- □ Pleural Fluid: (DD/MM/YY)
- □ Others: (DD/MM/YY)

### Antibiotic Susceptibility

- □ Amikacin (S/R)
- □ Ampicillin (S/R)
- □ Augmentin (S/R)
- □ Aztreonam (S/R)
- □ Levofoxacin (S/R)
- □ Cefamandole (S/R)
- □ Cefipime (S/R)
- □ Cefixime (S/R)
- □ Cefotaxime (S/R)
- □ Cefoxitin (S/R)
- □ Cefazidime (S/R)
- □ Ceftriaxone (S/R)
- □ Cefuroxime (S/R)
- □ Cephalexin (S/R)
- □ Norfloxacin (S/R)
- □ Ofloxacin (S/R)
- □ Oxacillin (S/R)
- □ Pefloxacin (S/R)
- □ Penicillin (S/R)
- □ Ciprofloxac (S/R)
- □ Clindamycin (S/R)
- □ Erythromycin (S/R)
- □ Gentamycin (S/R)
- □ Nitrofurantoin (S/R)
- □ Tetracycin (S/R)
- □ Tobramycin (S/R)
- □ Trimeth/Sulfa (S/R)
- □ Teicoplanin (S/R)
- □ Chloramphenicol (S/R)
- □ Tazocin (S/R)
- □ Imipenen (S/R)
- □ Vancomycin (S/R)
- □ Others

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Thank you

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