Case Report Form

Patient Information	Hospital	Serial number	Gender
			☐ Male ☐ Female
	Province	District	Date of Birth (DD/MM/YY)
		Date of admission (DD/MM/YY)	Date of discharge (DD/MM/YY)

Social Info	Attendance of school or daycare:	Number of Children at Home: ------
	☐ Yes ☐ No	Number of Family Members: ------

Medical Information	Initial Diagnosis: ☐ Pneumonia ☐ Bacteremia/sepsis ☐ Meningitis ☐ Sinusitis	
	☐ Mastoiditis ☐ Others specify ----------	
	Was the patient admitted to the hospital? ☐ Yes ☐ No ☐ Unknown	
	Did the patient receive any antibiotics during his hospital stay? ☐ Yes ☐ No ☐ Unknown	
	Duration of Hospital Stay (number of days) ----------	**Outcome**: ☐ Recovery ☐ Death ☐ Unknown

Antibiotic Therapy	☐ Ceftriaxone ☐ Cefotaxime ☐Teicoplanin ☐ Penicilin G ☐ Vancomycin ☐ Sulfamethoxazole TMP ☐ Oxacillin ☐ Erythromycin

Immunization History		Number of doses taken	Date of last dose(DD/MM/YY)
	☐ Influenza		
	☐ Pneumococcal		
	☐ Meningococcal		
	☐ PPD		
	☐☐Positive ☐ Negative ☐ Unknown		

Medical History (co-morbidities)	☐ 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: ----------

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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) ☐Levofloxacin (S/R) ☐ Cefamandole (S/R) ☐ Cefipime (S/R) ☐ Cefixime (S/R) ☐ Cefotaxime (S/R) ☐ Cefoxitin (S/R) ☐ Ceftazidime(S/R) ☐ Ceftriaxone (S/R) ☐ Cefuroxime (S/R) ☐ Cephalothin (S/R) ☐ Norfloxacin (S/R) ☐ Ofloxacin (S/R) ☐ Oxacillin (S/R) ☐ Pefloxacin (S/R) ☐ Penicillin (S/R) ☐ Ciprofloxacin (S/R) ☐ Clindamycin (S/R) ☐ Erythromycin (S/R) ☐ Gentamycin (S/R) ☐ ☐ Nitrofurantoin (S/R) ☐Tetracyclin (S/R) ☐ Tobramycin (S/R) ☐ Trimth/Sulfa (S/R) ☐ Teicoplanin (S/R) ☐ Chloramphenicol (S/R) ☐ Tazocin (S/R) ☐ Imipenem (S/R) ☐ Vancomycin (S/R) ☐Others

Thank you

Institutional Review Board
Faculty of Medicine
American University of Beirut

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APPROVED