

## CANDIDEMIA 2010-2013 CHART REVIEW FORM

State ID:

Surveillance Officer Initials: \_\_\_\_\_

### DEMOGRAPHICS

**11. Race:**

- 1  White
- 1  Black or African American
- 1  Asian
- 1  Pacific Islander
- 1  American Indian/Alaska Native
- 1  Unknown

**12. Date of last recorded patient encounter:**

//  
(mm/dd/yyyy) OR Unk

**13A. Outcome at last patient encounter:**

- 1  Alive
- 2  Dead      **13a1. If died, date of death:** // (mm/dd/yyyy) OR Unk
- 9  Unknown

**13B. Outcome at 30 days:**

- 1  Alive
- 2  Dead      **13b1. If died, date of death:** // (mm/dd/yyyy) OR Unk
- 9  Unknown

### MEDICAL ENCOUNTERS

**14. Did the patient require hospitalization in the 90 days before the first positive blood culture for *Candida* was drawn?**

- 1  Yes
- 2  No
- 9  Unknown

**15. Was the patient a resident of a nursing home or other chronic care facility at the time of the first positive culture?**

- 1  Yes
- 2  No
- 9  Unknown

**16. Was patient transferred from another hospital to the first treatment hospital?**

- 1  Yes (If yes, transferred hospital ID: )
- 2  No
- 9  Unknown

**17. Was patient hospitalized?**

- 1  Yes - If yes, 17A: treatment hospital ID:  17B: Date of admit: // or 9 Unk
- 2  No      17C: Date of discharge: // or 9 Unk
- 9  Unknown      (mm/dd/yyyy)

**18. Was the patient ever in an ICU during this hospital admission related to treatment of this episode of candidemia?**

- 1  Yes
- 2  No
- 9  Unknown

**19. Outcome at hospital discharge:**

- 1  Alive
- 2  Dead (If died, please fill in date of death in question #13)
- 3  Not applicable
- 9  Unknown

**20. If the patient was alive, where was the patient discharged to?**

- 1  Home
- 2  Hospice care at home or in facility
- 3  Skilled nursing facility/nursing home
- 4  Rehabilitation facility
- 0  Not applicable (for example, patient died, or not hospitalized)
- 5  Long term acute care hospital
- 6  Another acute care hospital
- 7  Other \_\_\_\_\_ (specify)
- 9  Unknown

– IMPORTANT – PLEASE COMPLETE THE BACK OF THIS FORM –

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**PREVIOUS CONDITIONS**

**21. Conditions** in the 90 days before the first positive blood culture was drawn (check all that apply): 1 None 9 Unknown

Cancer-related diagnoses

- 1 Leukemia
- 1 Lymphoma
- 1 Solid organ malignancy
- 1 Other cancer (specify):  
\_\_\_\_\_

Diabetes 1

HIV-related diagnoses

- 1 AIDS/CD4 count < 200
- 1 HIV infection without AIDS

Liver diagnoses

- 1 Alcohol-related liver disease
- 1 Cirrhosis
- 1 Hepatitis B
- 1 Hepatitis C
- 1 Non-alcoholic fatty liver disease
- 1 Other liver disease (specify):  
\_\_\_\_\_

Organ transplant

- 1 Stem cell transplant
- 1 Solid organ transplant

Pancreatitis 1

Renal diagnoses

- 1 CVWH/CVHD
- 1 Hemodialysis
- 1 Peritoneal dialysis

Surgeries

- 1 Biliary/pancreatic surgery
- 1 Emergency surgery
- 1 Gastrointestinal surgery
- 1 Gynecological surgery
- 1 Non-abdominal surgery: \_\_\_\_\_
- 1 Other abdominal surgery (specify):  
\_\_\_\_\_
- 1 Urological surgery

Other diagnoses 1 : \_\_\_\_\_

**22. Did the patient receive any of these medications in the 14 days before initial culture date:**

- 1 Antibacterials, systemic
- 1 Total parenteral nutrition (TPN)

**23. Did the patient receive systemic antifungal medication in the 14 days before the date the first positive culture was drawn?**

- 1 Yes
  - 2 No
  - 9 Unknown
- If yes, please specify antifungals:

9 Unknown

- |  |  |
|--|--|
| 1 <input type="checkbox"/> Amphotericin B, any formulation | 1 <input type="checkbox"/> Itraconazole (Sporanox) |
| 1 <input type="checkbox"/> Anidulafungin (Eraxis)          | 1 <input type="checkbox"/> Micafungin (Mycamine)   |
| 1 <input type="checkbox"/> Caspofungin (Cancidas)          | 1 <input type="checkbox"/> Posaconazole (Noxafil)  |
| 1 <input type="checkbox"/> Fluconazole (Diflucan)          | 1 <input type="checkbox"/> Voriconazole (Vfend)    |
| 1 <input type="checkbox"/> Flucytosine (5FC)               | 1 <input type="checkbox"/> Other: _____            |

**24. Did the patient have a central venous catheter 2 days before, the day before, or on the day the first positive culture was drawn?**

- 1 Yes
- 2 No
- 3 Had a CVC but can't find dates
- 9 Unknown

**25. Were all CVCs removed or changed within 7 days after the date of candidemia?**

- 1 Yes
- 2 No
- 3 CVC removed, but can't find dates
- 9 Unknown

**26. Was systemic antifungal therapy given to treat candidemia?**

- 1 Yes
  - 2 No
  - 9 Unknown
- If yes, please specify antifungals:

9 Unknown

- |  |  |
|--|--|
| 1 <input type="checkbox"/> Amphotericin B, any formulation | 1 <input type="checkbox"/> Itraconazole (Sporanox) |
| 1 <input type="checkbox"/> Anidulafungin (Eraxis)          | 1 <input type="checkbox"/> Micafungin (Mycamine)   |
| 1 <input type="checkbox"/> Caspofungin (Cancidas)          | 1 <input type="checkbox"/> Posaconazole (Noxafil)  |
| 1 <input type="checkbox"/> Fluconazole (Diflucan)          | 1 <input type="checkbox"/> Voriconazole (Vfend)    |
| 1 <input type="checkbox"/> Flucytosine (5FC)               | 1 <input type="checkbox"/> Other: _____            |

**27. Was the patient neutropenic\* 2 days before, the day before, or on the day the first positive culture was drawn?**

- 1 Yes
  - 2 No
  - 9 Unknown
- \*Neutropenia: **ANC** <= 500 OR calculated as: **WBC count \* (% polys + % bands) <= 500**
- ANC: \_\_\_\_\_ \* % \_\_\_\_\_ % \_\_\_\_\_ = \_\_\_\_\_

.....END OF CHART REVIEW FORM.....