Abstraction Form - CAP

Please complete the survey below.

Thank you!

Case ID (unique ID - integer, randomly generated):

_____

Hospital
- ⃝ hospital name here
- ⃝ hospital2 name
- ⃝ hospital3 name...

Inclusion Criteria

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Adult patient admitted and discharged from the participating hospital with a discharge diagnosis (listed as any discharge diagnosis) of community-acquired pneumonia.
Select diagnostic code(s):

- ☐ A48.1 - Legionnaires' disease
- ☐ J10.00 - Flu due to oth ident flu virus w unsp type of pneumonia
- ☐ J10.01 - Influenza due to other identified influenza virus with the same other identified influenza virus pneumonia
- ☐ J11.00 - Flu due to unidentified flu virus w unsp type of pneumonia
- ☐ J12.0 - Adenoviral pneumonia
- ☐ J12.1 - Respiratory syncytial virus pneumonia
- ☐ J12.2 - Parainfluenza virus pneumonia
- ☐ J12.3 - Human metapneumovirus pneumonia
- ☐ J12.81 - Pneumonia due to SARS-associated coronavirus
- ☐ J12.89 - Other viral pneumonia
- ☐ J12.9 - Viral pneumonia, unspecified
- ☐ J13 - Pneumonia due to Streptococcus pneumoniae
- ☐ J14 - Pneumonia due to Hemophilus influenzae
- ☐ J15.0 - Pneumonia due to Klebsiella pneumoniae
- ☐ J15.1 - Pneumonia due to Pseudomonas
- ☐ J15.20 - Pneumonia due to staphylococcus, unspecified
- ☐ J85.1 - Abscess of lung with pneumonia
- ☐ J85.2 - Abscess of lung without pneumonia
- ☐ J15.211 - Pneumonia due to methicillin suscep staph
- ☐ J15.212 - Pneumonia due to Methicillin resistant Staphylococcus aureus
- ☐ J15.29 - Pneumonia due to other staphylococcus
- ☐ J15.3 - Pneumonia due to streptococcus, group B
- ☐ J15.4 - Pneumonia due to other streptococci
- ☐ J15.5 - Pneumonia due to Escherichia coli
- ☐ J15.6 - Pneumonia due to other aerobic Gram-negative bacteria
- ☐ J15.7 - Pneumonia due to Mycoplasma pneumoniae
- ☐ J15.8 - Pneumonia due to other specified bacteria
- ☐ J15.9 - Unspecified bacterial pneumonia
- ☐ J16.0 - Chlamydial pneumonia
- ☐ J16.8 - Pneumonia due to other specified infectious organisms
- ☐ J17 - Pneumonia in diseases classified elsewhere
- ☐ J18.0 - Bronchopneumonia, unspecified organism
- ☐ J18.1 - Lobar pneumonia, unspecified organism
- ☐ J18.2 - Hypostatic pneumonia, unspecified organism
- ☐ J18.8 - Other pneumonia, unspecified organism
- ☐ J18.9 - Pneumonia, unspecified organism
- ☐ J09.X1 - Influenza due to ident novel influenza A virus w pneumonia
- ☐ J10.08 - Influenza due to oth ident influenza virus w oth pneumonia
- ☐ J11.08 - Flu due to unidentified flu virus w specified pneumonia
- ☐ J84.111 - Idiopathic interstitial pneumonia, not otherwise specified
- ☐ J84.116 - Cryptogenic organizing pneumonia
- ☐ J84.117 - Desquamative interstitial pneumonia
- ☐ J84.2 - Lymphoid interstitial pneumonia
- ☐ J69.0 - Pneumonitis due to inhalation of food and vomit
- ☐ J69.8 - Pneumonitis due to inhalation of other solids and liquids

Inclusion Criteria

	Yes	No
Age >/= 18 years	○	○
Received any eligible antibiotic therapy on day 1 or 2 of hospital encounter	○	○
Admitted to a general care medicine service	○	○
Do not have a concomitant infection (e.g., COVID-19, fungal pneumonia, antibiotic treatment for unrelated infection)	○	○
Immunocompetent (allowing for mild immune suppression)	○	○

Exclusions

	Yes	No
Patients who left against medical advice (AMA) or refused medical advice	○	○
Patient admitted on hospice	○	○
Pregnant or breastfeeding	○	○
Cystic fibrosis	○	○
Had a pulmonary complication (include any patient prescribed > 14 days of antibiotics)	○	○

If none of the exclusion criteria was checked 'Yes', please continue case review

Hospitalization

Date of hospital encounter (Day 1):

_____

Date of admission to hospital:

_____

Date of discharge from hospital:

_____

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Demographics

Date of birth:

_____
(years)

Sex:

○ Male
○ Female
○ Other or not specified

Race:

○ White
○ Black
○ Asian
○ Pacific Islander
○ American Indian or Alaska Native
○ Multiracial
○ Other
○ Unknown or not specified

Ethnicity:

○ Hispanic/Latinx
○ Not Hispanic/Latinx
○ Unknown or not specified

Signs and Symptoms (Check all that apply):

Review the medical record/ laboratory data to determine if any of the following symptoms are documented as present in the first 2 days (Day 1 and Day 2) of the hospital encounter or in the 2 days prior to the hospital encounter (Day -2 and Day -1).

	Day -2	Day -1	Day 1	Day 2
No Data are available for this day:	☐	☐	☐	☐
New or Increasing Cough	☐	☐	☐	☐
New or Increasing Dyspnea/ Shortness of Breath	☐	☐	☐	☐
Increased/ Changed Secretions or Sputum Production	☐	☐	☐	☐
Chills	☐	☐	☐	☐
Egophony	☐	☐	☐	☐
Rales	☐	☐	☐	☐
Bronchial Breath Sounds	☐	☐	☐	☐
Rhonchi	☐	☐	☐	☐
Dullness on Percussion	☐	☐	☐	☐
Crackles	☐	☐	☐	☐
Tachypnea	☐	☐	☐	☐
Leukocytosis	☐	☐	☐	☐
Abnormal Temperature	☐	☐	☐	☐
Hypoxemia	☐	☐	☐	☐
Leukopenia	☐	☐	☐	☐

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None of the above (all negative)	☐	☐	☐	☐

Co-Morbidities (documented in PMH)

	Yes	No
Dementia	○	○
COPD	○	○
Structural lung disease	○	○
Asthma	○	○
Immune suppression (not severe enough to be excluded; i.e., HIV with CD4>200 or pred< 20 or only 1 immunosuppressive medication)	○	○
Heart failure	○	○
Receiving home O2	○	○
Nursing home resident in prior 90 days	○	○
Acute hospitalization in prior 90 days	○	○

How much oxygen is the patient on at home?

- ○ 1L (22-26% Face Mask)
- ○ 2L (27-30% Face Mask)
- ○ 3L (31-34% Face Mask)
- ○ 4L (35-38% Face Mask)
- ○ 5L (39-42% Face Mask)
- ○ 6L (43-49% Face Mask)
- ○ 7-10L or 50-90% Face Mask
- ○ 11L or more or 91-100% Face Mask
- ○ Not Available

SIRS criteria and organ dysfunction (check all that apply):
Information from the period of -2 day to +2 days of hospital encounter (day 1)

	Day -2	Day -1	Day 1	Day 2
No data are available for this day	☐	☐	☐	☐
BUN > 19 mg/dL	☐	☐	☐	☐
Confusion or alteration of mental status	☐	☐	☐	☐
Temp > 38.0 C	☐	☐	☐	☐
Temp < 36.0 C	☐	☐	☐	☐
HR > 90 bpm	☐	☐	☐	☐
RR > 20 breaths/min	☐	☐	☐	☐
WBC >10 k/uL	☐	☐	☐	☐
WBC < 4 k/uL	☐	☐	☐	☐
SBP < 90 mmHg	☐	☐	☐	☐

DBP < /= 60 mmHg	☐	☐	☐	☐
Organ dysfunction thought secondary to infection including: Cr>2; Bilirubin>2; platelet< 100,000; INR>1.5; or elevated lactate	☐	☐	☐	☐
Required vasopressors	☐	☐	☐	☐
Arterial saturation < 90%	☐	☐	☐	☐
Oxygen requirement higher than baseline	☐	☐	☐	☐
None of the above (all negative)	☐	☐	☐	☐

What was the highest FiO2 the patient was on?

○ 1L (22-26% Face Mask)
○ 2L (27-30% Face Mask)
○ 3L (31-34% Face Mask)
○ 4L (35-38% Face Mask)
○ 5L (39-42% Face Mask)
○ 6L (43-49% Face Mask)
○ 7-10L or 50-90% Face Mask
○ 11L or more or 91-100% Face Mask
○ Not Available

Highest temperature recorded during hospital encounter (from day -2 to day +2):

_____
(xx.x degrees C)

Lowest temperature recorded during hospital encounter (from day -2 to day +2):

_____
(xx.x degrees C)

Antibiotic Information

	Yes	No
Received IV antibiotic therapy while inpatient	○	○
Received oral antibiotic therapy while inpatient	○	○
Discharged with IV antibiotic therapy	○	○
Discharged with oral antibiotic therapy	○	○
Completed antibiotic therapy while inpatient; no antibiotic prescribed on discharge	○	○

Check all antibiotics received on day 1 or 2 of hospitalization:

- ☐ Amoxicillin (Novamax, Amoxil, Amoxicot, Dispermax, Moxatag, Moxilin, Trihydrate, Trimax, Wymax)
- ☐ Amoxicillin-clavulanate (Augmentin, Co-Amoxiclav)
- ☐ Ampicillin/Sulbactam (Unasyn)
- ☐ Azithromycin (Zithromax, Sumamed, Zitrocin)
- ☐ Cefdinir (Omnicef, Cefdiel)
- ☐ Cefepime (Maxipime)
- ☐ Cefpodoxime
- ☐ Ceftriaxone (Rocephin)
- ☐ Cefuroxime (Ceftin, Kefurox, Zinacef)
- ☐ Cephalexin (Cefalexin, Keflex, Keftal, Cefanox, Biocef, Panixine, Zartan)
- ☐ Ciprofloxacin (Cipro, Ciproxin, Ciprobay)
- ☐ Clindamycin (Cleocin)
- ☐ Doxycycline (Doxycycline hyclate, Doxy, Vibra, Vibramycin)
- ☐ Levofloxacin (Levaquin, Quixin)
- ☐ Meropenem (Merrem)
- ☐ Metronidazole (Flagyl)
- ☐ Moxifloxacin (Avelox)
- ☐ Piperacillin-tazobactam (Zosyn)
- ☐ IV Vancomycin (Vancocin, Lyphocin)
- ☐ Other abx

Other antibiotic (check all that apply):

- ☐ Amikacin (Amikin)
- ☐ Ampicillin (Omnipen, Principen, Totacillin)
- ☐ Aztreonam (Azactam)
- ☐ Bactrim (Co-Trimaxazole, Sulfamethoxazole, Sulfisoxazole, Trimethoprim, Trimethoprim-Sulfamethoxazole, TMP-SMX)
- ☐ Cefaclor (Ceclor, Ceclor CD)
- ☐ Cefadroxil (Cephadroxil, Duricef)
- ☐ Cefalotin (Cephalothin)
- ☐ Cefazolin (Ancef, Kefzol, Zolicef)
- ☐ Cefditoren (Spectracef)
- ☐ Cefixime (Suprax)
- ☐ Cefoperazone (Cefobid, Sodium)
- ☐ Cefotaxime (cephotaxime, Claforan)
- ☐ Cefotetan (Cefotan)
- ☐ Cefoxitin (Mefoxin)
- ☐ Cefprozil (Cefzil)
- ☐ Ceftaroline
- ☐ Ceftazidime (Ceptaz, Fortaz, Tazicef)
- ☐ Ceftazidime-avibactram (Avycaz)
- ☐ Ceftizoxime
- ☐ Ceftolozane/Tazobactam (Zerbaxa)
- ☐ Ceftibuten (Cedax)
- ☐ Clarithromycin (Biaxin)
- ☐ Cloxacillin (Tegopen, Coxapen)
- ☐ Colistin (Xylistin, Polymyxin E, Colistimethate)
- ☐ Dalbavancin
- ☐ Daptomycin
- ☐ Delafloxacin (Baxdela)
- ☐ Dicloxacillin (Dycill, Dynapen)
- ☐ Doripenem (Doribax)
- ☐ Ertapenem (Invanz)
- ☐ Erythromycin (E-mycin, Ery-tab, Benzamycin)
- ☐ Fosfomycin (Monurol)
- ☐ Gemifloxacin
- ☐ Gentamicin (Gentamycin, Garamycin, Cidomycin, Septopal, Gentamycin Synergy)
- ☐ Imipenem (Primaxin)
- ☐ Linezolid (Zyvox)
- ☐ Meropenem Vaborbactram (Vabomere)
- ☐ Minocycline (Minocycline hydrochloride, Minocin, Dynacin, Myrac, Solodayn, Vectrin)
- ☐ Nafcillin (Unipen, Nafcil, Nallpen)
- ☐ Nalidixic Acid
- ☐ Neomycin (Mycifradin, Neo-Fradin, Neo-Tab)
- ☐ Nitrofurntoin (Macrobid)
- ☐ Norfloaxacin (Noroxin)
- ☐ Ofloxacin (Floxin)
- ☐ Oritavancin (LY333328)
- ☐ Oxacillin (Prostaphilin, Bactocil, Prostaphlin)
- ☐ Penicillin (Benylpenicillin, Penicillin G, Bicillin C-R/L-A, Pfizerpen, Wycellin)
- ☐ Polymixin B
- ☐ Rifabutin
- ☐ Rifampicin (Rifampin)
- ☐ Rifapentine (Priftin)
- ☐ Solithromycin
- ☐ Streptomycin
- ☐ Sulfasalazine (Azulfidine, Sulfazine)
- ☐ Tedizolid
- ☐ Telavancin (TD-6424, Vibativ)
- ☐ Tetracycline (Ala-Tet, Panmycin, Sumycin)
- ☐ Tigecycline (Tigacyl)
- ☐ Tobramycin (Tobrex, Nebcin, Kitabis Pak, Tobi TOBI)
- ☐ Other

Please type in "Other" antibiotic received on day 1/
day 2 of hospitalization

_____

Total inpatient IV antibiotic duration

_____
(calendar days)

Total inpatient oral antibiotic duration:

_____
(calendar days)

Total inpatient antibiotic days (IV + oral)

_____
(IV + oral, calendar days)

Total discharge antibiotic days

_____
(IV + oral, calendar days)

Total days antibiotic course (inpatient + outpatient)

_____

Total days antibiotic course (inpatient + outpatient)
for those patients discharged with antibiotics

_____

Discharge antibiotic (check all that apply)

☐ Amoxicillin (Novamax, Amoxil, Amoxicot, Dispermax, Moxatag, Moxilin, Trihydrate, Trimax, Wymax)
☐ Amoxicillin-clavulanate (Augmentin, Co-Amoxiclav)
☐ Ampicillin/Sulbactam (Unasyn)
☐ Azithromycin (Zithromax, Sumamed, Zitrocin)
☐ Cefdinir (Omnicef, Cefdiel)
☐ Cefepime (Maxipime)
☐ Cefpodoxime
☐ Ceftriaxone (Rocephin)
☐ Cefuroxime (Ceftin, Kefurox, Zinacef)
☐ Cephalexin (Cefalexin, Keflex, Keftal, Cefanox, Biocef, Panixine, Zartan)
☐ Ciprofloxacin (Cipro, Ciproxin, Ciprobay)
☐ Clindamycin (Cleocin)
☐ Doxycycline (Doxycycline hyclate, Doxy, Vibra, Vibramycin)
☐ Levofloxacin (Levaquin, Quixin)
☐ Meropenem (Merrem)
☐ Metronidazole (Flagyl)
☐ Moxifloxacin (Avelox)
☐ Piperacillin-tazobactam (Zosyn)
☐ IV Vancomycin (Vancocin, Lyphocin)
☐ Other abx

Discharge antibiotic: Other (check all that apply)	☐ Amikacin (Amikin)
	☐ Ampicillin (Omnipen, Principen, Totacillin)
	☐ Aztreonam (Azactam)
	☐ Bactrim (Co-Trimaxazole, Sulfamethoxazole, Sulfisoxazole, Trimethoprim, Trimethoprim-Sulfamethoxazole, TMP-SMX)
	☐ Cefaclor (Ceclor, Ceclor CD)
	☐ Cefadroxil (Cephadroxil, Duricef)
	☐ Cefalotin (Cephalothin)
	☐ Cefazolin (Ancef, Kefzol, Zolicef)
	☐ Cefditoren (Spectracef)
	☐ Cefixime (Suprax)
	☐ Cefoperazone (Cefobid, Sodium)
	☐ Cefotaxime (cephotaxime, Claforan)
	☐ Cefotetan (Cefotan)
	☐ Cefoxitin (Mefoxin)
	☐ Cefprozil (Cefzil)
	☐ Ceftaroline
	☐ Ceftazidime (Ceptaz, Fortaz, Tazicef)
	☐ Ceftazidime-avibactram (Avycaz)
	☐ Ceftizoxime
	☐ Ceftolozane/Tazobactam (Zerbaxa)
	☐ Ceftibuten (Cedax)
	☐ Clarithromycin (Biaxin)
	☐ Cloxacillin (Tegopen, Coxapen)
	☐ Colistin (Xylistin, Polymyxin E, Colistimethate)
	☐ Dalbavancin
	☐ Daptomycin
	☐ Delafloxacin (Baxdela)
	☐ Dicloxacillin (Dycill, Dynapen)
	☐ Doripenem (Doribax)
	☐ Ertapenem (Invanz)
	☐ Erythromycin (E-mycin, Ery-tab, Benzamycin)
	☐ Fosfomycin (Monurol)
	☐ Gemifloxacin
	☐ Gentamicin (Gentamycin, Garamycin, Cidomycin, Septopal, Gentamycin Synergy)
	☐ Imipenem (Primaxin)
	☐ Linezolid (Zyvox)
	☐ Meropenem Vaborbactram (Vabomere)
	☐ Minocycline (Minocycline hydrochloride, Minocin, Dynacin, Myrac, Solodayn, Vectrin)
	☐ Nafcillin (Unipen, Nafcil, Nallpen)
	☐ Nalidixic Acid
	☐ Neomycin (Mycifradin, Neo-Fradin, Neo-Tab)
	☐ Nitrofurntoin (Macrobid)
	☐ Norfloaxacin (Noroxin)
	☐ Ofloxacin (Floxin)
	☐ Oritavancin (LY333328)
	☐ Oxacillin (Prostaphilin, Bactocil, Prostaphlin)
	☐ Penicillin (Benylpenicillin, Penicillin G, Bicillin C-R/L-A, Pfizerpen, Wycellin)
	☐ Polymixin B
	☐ Rifabutin
	☐ Rifampicin (Rifampin)
	☐ Rifapentine (Priftin)
	☐ Solithromycin
	☐ Streptomycin
	☐ Sulfasalazine (Azulfidine, Sulfazine)
	☐ Tedizolid
	☐ Telavancin (TD-6424, Vibativ)
	☐ Tetracycline (Ala-Tet, Panmycin, Sumycin)
	☐ Tigecycline (Tigacyl)
	☐ Tobramycin (Tobrex, Nebcin, Kitabis Pak, Tobi TOBI)
	☐ Other

Please enter "Other" antibiotic received at discharge

_____

Imaging - Did the patient have any of the following imaging performed in the 2 calendar days prior to the hospital encounter or the first 4 days of the hospital encounter? (select all that apply)

	Yes	No
Chest CT	○	○
Abdominal CT	○	○
Chest X-ray	○	○
None of the above	○	○

Date of first Chest CT

_____

Were any of the following reported on the first Chest CT?

- ☐ Abscess
- ☐ Air space density/opacity/disease
- ☐ Aspiration
- ☐ Aspiration pneumonia
- ☐ Bronchial wall thickening/pleural thickening
- ☐ Bronchiectasis
- ☐ Bronchopneumonia
- ☐ Cannot rule out pneumonia
- ☐ Cavitation
- ☐ Consolidation
- ☐ Emphysema/emphysematous changes
- ☐ Granuloma
- ☐ Ground glass
- ☐ Hyperinflation
- ☐ Infection (cannot rule out infection, likely infection)
- ☐ Infiltrate (single lobe)
- ☐ Infiltrate (multiple lobes)
- ☐ Interstitial lung disease/interstitial disease
- ☐ Interval improvement or resolution
- ☐ Loculations
- ☐ Mass
- ☐ Mucus plugging/ plugging
- ☐ Necrotizing pneumonia
- ☐ Neoplasm/metastatic disease/malignancy
- ☐ New or worsening infiltrates
- ☐ Nodular airspace disease
- ☐ Nodules
- ☐ Pleural effusion
- ☐ Pneumonia
- ☐ Pneumonitis
- ☐ Post obstructive pneumonia
- ☐ Pulmonary edema
- ☐ Pulmonary vascular congestion
- ☐ No evidence of pneumonia
- ☐ No change from previous/ no interval change
- ☐ Normal/ no abnormalities
- ☐ None of the above

Chest CT, Abdominal CT, and Chest X-ray questions will repeat up to 6 times (day -2 to day +4) as needed. Abstractor will be directed to repeating forms with date and findings for each.

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