**CABI: Case report form-Study ID\_\_\_\_\_\_\_\_\_\_\_**

**Demographics and Baseline Data**

|  |  |  |  |
| --- | --- | --- | --- |
| Local Patient ID: | Study ID: | Gender: | Initial admission date: |
| Age range | 18-29 | 30-39 | 40-49 | 50-59 |
| 60-69 | 70-79 | 80-89 | 90-99 | ≥100 |
| **Site (origin) of CABI** (please circle any that apply) |
| Appendix | Psoas muscle |
| Biliary | Reproductive tract |
| Colon | Small bowel |
| Kidney/Adrenal | Spleen |
| Liver | Unknown |
| Peptic Ulcer | Other (please state) |
| **Underlying pathology** (please circle any that apply) |
| Adnexal abscess | Immunosuppression |
| Anatomical abnormality | Ischaemic bowel |
| Appendicitis | Pancreatitis |
| Biliary stones | Pelvic inflammatory disease |
| Cancer | Perforated peptic ulcer |
| Chemo-radiotherapy in last 12 months | Perforated abdominal viscus at onset of CABI |
| *Clostridium difficile* colitis | Post-operative complication (< 6 months) |
| Crohn’s disease | Ulcerative colitis |
| Diverticular disease | Spontaneous |
| Drug reaction | Volvulus |
| Fistula Colo-cutaneous Colo-vaginal  Colo-urinary Colo-intra-abdominal  Other | Unknown |
| Other (please state) |
| Iatrogenic perforated bowel |

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**Primary Management of CABI**

|  |  |
| --- | --- |
| **Source control procedure as part of primary CABI management plan? (please circle)** | Radiological (CT guided) percutaneous drainage |
| Radiological (U/S guided) percutaneous drainage |
| Surgical: Resection and anastomosis or closure |
| Surgical: drainage only |
| Surgical: Resection and proximal diversion |
| Surgical: Closure of perforation only with/without washout/drain |
| Surgical: Drainage and diversion |
| None |
| **If no source control procedure, please select from the reasons opposite: (please circle)** | Not radiologically drainable |
| Not surgically drainable |
| Clinical decision to manage with antibiotics |
| Patient clinically responded to antibiotic therapy |
| Patient refused drainage |
| Patient too unwell for radiological drainage |
| Patient too unwell for surgical drainage |
| Unknown |
| Anticoagulated |
| Other (please give details) |
| **If multiple collections are present, and the patient underwent drainage, were all collections drained?** | Yes | No | Unknown |
| **Were cultures sent at the time of the CABI being diagnosed (blood cultures +/-samples from the site of infection)?** | Yes | No | Unknown |
| **Primary IV antibiotic6/7 regimen** | Co-amoxiclav (+/- metronidazole) | Piperacillin-tazobactam (+/- aminoglycoside) | Cefuroxime and metronidazole |
| Carbapenem | Quinolone and metronidazole (+/- beta lactam +/- glycopeptide) | Aminoglycoside and metronidazole (+/- beta-lactam) | Glycopeptide, beta-lactam and metronidazole |
| Tigecycline |  Antifungal  | Temocillin, metronidazole and glycopepetide or beta-lactam  | Unknown/Missing |
| Glycopeptide, Aminglycoside and metronidazole | Other (please state):  | None |
| **Duration of IV treatment8 (days)?** |  |
| **Primary oral antibiotic regimen6/7** | Co-amoxiclav | Oral cephalosporin and metronidazole | Quinolone and metronidazole (+/- beta lactam) |
| Antifungal | Other (please state): | Unknown/MissingNone |
| **Duration of oral treatment8 (days)?** |  |
| **Change of primary antibiotic treatment for initial CABI due to antibiotic resistance?** | Yes | No  | Unknown |
| **Change of primary antibiotic treatment for initial CABI due to failure of antibiotic therapy?** | Yes | No | Unknown |
| **Was an additional or unplanned source control procedure required as a result of failure of the primary CABI management plan?** | Yes | No | Unknown |
| **What date was the additional or unplanned source control procedure? (if multiple give earliest date only)** |  |

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**Outcomes**

|  |  |
| --- | --- |
| **Date of CABI diagnosis** |  |
| **Relapse within 90 days3** | Yes-Definite | Yes-Probable | No |
| **If yes, date of relapse and date of CABI diagnosis?** | Date of relapse |
| **Aetiology of relapses (circle all that apply)** | Failure of antibiotic treatment | Failure of source control |
|  |  | Unknown/Other |
| **Death (within 90 days)?****Number of days hospitali** | Yes | No |
| **If yes, date of death** | Date of death: |
| **Number of days hospitalisation (within the 90 days after CABI diagnosis)?** |  |
| **Date patient has clinically improved from initial CABI: Apyrexial (<38) for > 24 hours and WCC <11?** | Date improved:Or discharged before Apyrexial (<38) for > 24 hours and WCC <11? |

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**Primary Imaging characteristics5**

(Please discuss with a radiologist when answering the questions)

|  |  |
| --- | --- |
| **Date of imaging** |  |
| **Modality of imaging used to make the diagnosis** | **CT** | **US** |
| **Does imaging demonstrate a collection or free fluid?** | Collection(s) | Collection(s) |
| Free fluid | Free fluid |
| Neither | Neither |
| **Collection** | **Single** |  |  |
| **Multiple** | **<5** |  |  |
| **>5** |  |  |
| **Maximum depth2 of biggest collection (cm)** |  |  |
| **Anastomosis** | Yes | **Evidence of leak** | Yes |  |
| No | No |
| Unknown | Unknown |
| **Evidence of fistulation** | Yes | **If Yes, location of fistula?** |  |
| No |
| Not stated |
| **Radiological drainage feasible in radiologist’s opinion?** | YesNo | **If yes, would radiological drainage be advised?** | Yes |
|  | No: Surgical intervention preferred |
| No: Collection too small |
| No: Please state reason |

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**Microbiological characteristics of samples relevant4 to CABI as judged by clinician**

(Please liaise with a microbiologist to obtain this information)

|  |  |  |
| --- | --- | --- |
| **Staphylococcus aureus** | Yes | No |
| **MRSA** | Yes | No |
| **Enterococcus** | Yes | No |
| **Vancomycin resistant Enterococcus** | Yes | No |
| **Coliform (Enterobacteriaceae)** | Yes | No |
| **Augmentin resistant coliform** | Yes | No |
| **Piperacillin-tazobactam resistant coliform** | Yes | No |
| **AmpC/ESBL resistant coliform** | Yes | No |
| **Carbapenemase producing coliform (CPE)** | Yes | No |
| **Ciprofloxacin resistant coliforms** | Yes | No |
| **Anaerobes** | Yes | No |
| **Yeasts** | Yes | No |
| **Able to collect this information?** | Able | Unable |

**CABI: Case report form advice**

1. Where an event has not been identified after reviewing notes, please report this as having not occurred i.e. answer no to the question.
2. Depth of collection does not relate to the location of the collection in relation to the skin.
3. Relapse of a CABI definition: The diagnosis of a CABI relapse will be assigned as definite with: A combination of radiological AND clinical features consistent with CABI or Intra-operative confirmation of an abscess or perforated abdominal viscus, or Pathogenic bacteria from a sterile intra-abdominal site in combination with clinical or radiological features or In the absence of radiological imaging, but where no other source of infection was identified, and the patient was managed for a relapsed CABI, a diagnosis of probable CABI was assigned. A relapse can only occur after surgical and antibiotic therapy to manage the primary CABI has been considered to be successful. This will normally be demonstrated by antibiotics having been stopped and there being no further source control procedures being planned.
4. Relevant clinical samples include blood cultures, surgical samples, intra-abdominal drain samples and surgical wound samples (excluding skin bacteria such as coagulase negative staphylococcus, Diptheroids, Corynebacteria)
5. Where multiple radiological tests have been performed please report only the imaging completed closest to the time of CABI diagnosis
6. Antibiotics and antibiotic class: Aminoglycosides includes: Amikacin and Gentamicin, Beta-lactams includes all penicillins (e.g. amoxicillin), cephalosporins, carbapenems and aztreonam. Carbapenems includes: Ertapenem, Imipenem and Meropenem. Glycopeptides includes: Teicoplanin and Vancomycin. Quinolones includes: Ciprofloxacin and levofloxacin
7. The primary antibiotic is the predominant (jn terms of number of days) antibiotic administered)
8. Duration of treatment includes all IV/oral antibiotics administered from the start of treatment until antibiotics were stopped.