

Mucormycosis Clinical assessment form

1. Patient study no. _____

2. Clinician/Mycologist Name: _____

Telephone: _____

Fax: _____

E-mail: _____

3. a) Name of hospital: _____

b) Name of clinical consultant: _____

4. Demographics

Age: _____ years

Sex: Male/ Female

Weight : _____ Kg

5. Date of admission to the hospital: (DD/MM/YYYY) _____

6. Admitted in ward/ ICU:

7. Types of ICU/Ward facility

- Neonates
- Pediatric
- Adult
- Surgical
- Medical
- Others

8. Reason for Ward/ICU admission:

9. Date of first positive tissue wet film examination or culture: (DD/MM/YYYY) _____

10. Risk factors:

Diabetes mellitus

- Duration: _____ years
- Treatment: OHA/Insulin
- Controlled / uncontrolled, HBA1c value _____
- Ketoacidosis

Treatment with glucocorticoids

- Duration:
- Continuous /intermittent
- Reason for use

Malignancy

- Hematologic malignancy
- Solid organ malignancy
- Other malignancy (mention) -
- On chemotherapy/Not on chemotherapy

Hemopoietic stem cell transplant

- Duration of Tx: _____
- Allogenic / Autologus
- Reason for Tx: Leukemia/ Lymphoma/ other malignancy
- Disease in remission/ Relapsed disease
- Imunosuppressives used
- GVHD occurred : Yes/No

Solid organ transplant

- Duration of Tx:
- Organ: Kidney/ Liver/ Lung/ Heart
- Imunosuppressives used: Tacrolimus (dose/day)_____, MMF (dose/day), Prednisolone (Dose/day), Sirolimus (dose/day), Azathioprin (Dose/day), Other agents, Biologics etc

Treatment with deferoxamine

- Duration:
- Frequency of administration:
- Reason:

Iron overload

- Reason

Descriptive epidemiology on management of mucormycosis: FISF Network

AIDS

- HIV/AIDS diagnosis: (DD/MM/YYYY) _____
- CD4 count at the time of diagnosis of mucormycosis: _____ cells/cmm
- ART:
- Other OIs:

IV drug abuse

Duration _____

Trauma/Road Traffic accident

- Types of trauma: _____
- Date when trauma occurred: (DD/MM/YYYY) _____
- Treatment: Surgery / Conservative

Burns

- Superficial / Deep
- Electric /other
- Days:

Malnutrition - Yes/No

Surgery

- Site of surgery:
- Emergency / Planned
- Date of surgery
- ABX/antifungal used

Prior Use of Voriconazole

- Which antifungal used
- Reason for use
- Duration

No underlying risk factors

-

11. Other co-morbidities:

- Cardiovascular
- Renal
- Pulmonary
- Hepatic
- Neurologic
- Other

12. Evaluation of Mucormycosis

- Date of diagnosis(DD/MM/YYYY) _____

- Site of infection:
 - Paranasal sinuses with brain involvement
 - Paranasal sinuses without brain involvement
 - Pulmonary
 - Skin & soft tissue
 - Kidney
 - Abdominal
 - Disseminated disease
 - Other site:

- Source of infection:

- Diagnosis:
 - Wet film examination
 - Culture
 - Histopathology

- Clinical presentation:
_____ Fever, _____ headache, _____ facial pain-unilateral/bilateral, _____ facial swelling, _____ proptosis, _____ Visual disturbances, _____ oral ulcer, _____ eschar over face, _____ palatal eschar, _____ cough, _____ chest pain, _____ hemoptysis, _____ dyspnea, _____ erythematous macule over skin, _____ necrotic skin eschar, _____ GI bleeding- upper/lower, _____ GI perforation, _____ typhilitis, _____ Sepsis

- Radiological findings:
 - CT/MRI brain with/without paranasal sinuses

 - CT thorax

 - X-ray chest

 - CT abdomen

 - USG of abdomen