

NON-HOSPITALIZED ACUTE EXACERBATIONS

Clinical Study of IPPB

All non-hospitalized acute exacerbations requiring treatment with antibiotics or steroids should be reported on this form. If the patient is hospitalized before recovering, then Form 720 should be submitted instead of this form.

Form     1-4

Date of report    5-10  
Mo Day Yr

**A. PATIENT IDENTIFICATION**

1. Treatment center number  11

2. Patient number     12-15

3. Date of birth    16-21  
Mo Day Yr

**B. TYPE OF EXACERBATION**

1. Month exacerbation started (0-36)   22-23

2. Date exacerbation started    30-35  
Mo Day Yr

3. Features of exacerbation

	NO	YES	UNK	
a. Leukocytosis	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	36
b. Fever	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	37
c. Abnormal chest roentgenogram	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	38
d. Presence of significant bacteria in the sputum	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	39
e. Increased sputum volume	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	40
f. Decreased sputum volume	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	41
g. Change in consistency of sputum	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	42
h. Change in color of sputum	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	43
i. Chest tightness	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	44
j. Increased shortness of breath	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	45
k. Increased cough	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	46
l. Increased wheezing	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	47
m. Other	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	48

**C. MEDICATIONS**

1. Were antibiotics used?   54  
(If NO, skip to Question 2)

a. Date started    55-60  
Mo Day Yr

b. Type of antibiotic first prescribed

Ampicillin  61

Tetracycline

Erythromycin

Septra

Keflex

Other \_\_\_\_\_

c. Dose (mg)    62-64

d. Frequency (times per day)  65

e. Number of days prescribed   66-67

f. Was a second antibiotic prescribed?

No  68

Ampicillin

Tetracycline

Erythromycin

Septra

Keflex

Other \_\_\_\_\_

Patient # \_\_\_\_\_ Date \_\_\_\_\_

g. Reason for antibiotic usage

Documented bacterial pulmonary parenchymal infections  1 69

Presumed or proven bacterial bronchitis  2

Other respiratory reason  3

If other, specify \_\_\_\_\_

2. Were steroids started or was the dose increased?

(If NO, skip to Question 3)

No  1 76

Started  2

Dose increased  3

a. Type of steroid

Oral  1 77

Inhaled  2

Combination  3

b. Date started or date increased?

Mo  Day  Yr 78-83

Describe dose \_\_\_\_\_

3. Were other medications changed?

NO YES

a. Bronchodilators  1  2 84

b. Other  1  2 85

If YES, specify \_\_\_\_\_

D. SPIROMETRY DATA

1. Date performed    91-96  
(9's if not done) Mo Day Yr

2. Best FEV<sub>1</sub> (L)  •   97-100

3. Best FVC (L)  •   101-104

E. BLOOD GASES

1. Date performed    105-110  
(9's if not done) Mo Day Yr

2. PaO<sub>2</sub> on room air (mmHg)    111-113

3. PaCO<sub>2</sub> on room air (mmHg)    114-116

4. pH on room air  •   117-120

F. Person responsible for the information recorded on this form:

\_\_\_\_\_ Date \_\_\_\_\_