Audit of the use of drotrecogin alfa (activated) for severe sepsis (Xigris)

case mix programme

TO		FROM	
	Emma North Research Administrator, ICNARC	Name:	
Fax Number:	020 7388 3759	Hospital:	
		Today's date:	

ADMISSION

CMP Admission Number: ☐☐☐☐☐☐☐☐ Date of admission to your unit: ☐☐ ☐☐ ☐☐☐☐

INFUSION

Date of first infusion of Xigris: ☐☐ ☐☐ ☐☐☐☐ Time of first infusion of Xigris: ☐☐:☐☐

Did the patient receive the complete 96-hour infusion of Xigris? Yes ☐ No ☐

If **No**, please state why not:

Was there any interruption in the infusion of Xigris? Yes ☐ No ☐

If **Yes**, on what date and at what time did the interruption occur? Date: ☐☐ ☐☐ ☐☐☐☐ Time: ☐☐:☐☐

What was the duration of the interruption? (hours:mins) ☐☐:☐☐

What was the reason for the interruption in the infusion?

Was this infusion given as part of a study/trial? Yes ☐ No ☐ Name of study/trial?

INFECTION

Do you know the primary site of this patient's infection? Yes ☐ No ☐

If **Yes**, please indicate the site: Lung: ☐ Abdomen: ☐ Urinary tract: ☐ Other: ☐

If **Other**, please state site:

Was a blood culture done prior to the infusion of Xigris? Yes ☐ No ☐ ⇒ If **Yes**, was it positive? Yes ☐ No ☐

Was an organism cultured for this patient's infection? Yes ☐ No ☐

If **Yes**, please tick **all** organisms cultured:

Gram-negative bacteria ☐ Gram-positive bacteria ☐ Fungus ☐

Name of primary pathogen (or state if not known)

ADVERSE EVENTS

Did a serious adverse event occur (any adverse event assessed as serious by the clinician)? Yes ☐ No ☐

If **Yes**, was it a: Serious bleeding event [§]? Yes ☐ No ☐ Thrombotic event? Yes ☐ No ☐ Other event? Yes ☐ No ☐

If a **serious bleeding event**, please indicate site(s) : If **Other event**, please state:

Gastrointestinal bleed: ☐ Genitourinary bleed: ☐ Skin or soft tissue bleed: ☐

Intrathoracic bleed: ☐ Intraabdominal bleed: ☐ Other (source unidentified) bleed: ☐

Intracranial bleed: ☐ Retroperitoneal bleed: ☐ Other (source identified) bleed: ☐

If **Other (source identified) bleed**, please state site(s):

[§] Serious bleeding events are defined as any intracranial haemorrhage, any life-threatening bleed or any bleeding event requiring the administration of >= 3 units of packed red blood cells per day for two consecutive days, or any bleeding event assessed as serious by the clinician