**IE database/data-field Synchonisation wish-list.**

**EPIDEMIOLOGY**

Prior instrumentation /Device (intra-cardiac) date/type

Prior IE -org if known, valve if known, approx. date, surgery or non-surgery # episodes

RHD yes/no

CHD/other known intracardiac abnormalities esp bicuspid AV

Haemodialysis Y/N if Y duration/ current access (line vs fistula)

CVC access type, date inserted

Age/sex/BMI if known.

IVDU- age started injecting, other bacteraemias if known or deep infections.?injecting technique if known? Last IVD injection. On opiod therapy before of after IE episode?

Dental procedures?

Trauma or known source?

Zoonotic source (if relevant)

Immunosuppression: transplant, malignancy, auto-immune, diabetes.

Pre-existing urinary, GUT, resp,skin problems (eg prostatism, diverticular disease, bronchiectasis, psoriasis)

**SYMPTOMS**

Duration.

Constitutional- lethargy, weight loss, anorexia, “fevers”

Cardiac- palpitations, dyspnoea, oedema.

Neuro- generalised (confusion, memory-loss),focal (CVA)

Embolic or auto-immune symptoms.

**Duke criteria** + ESC IE modified Duke list. 2015.

**Complications:**

Emboli sites, approx. #, dates? (Rx of emboli if performed)

ARF date, % deterioration (whether dialysed as result)

CCF date

Neuro

Liver

Hypotension requiring ionotropes

Arrythmias requiring intervention (drugs/PPM/ICD)

Duration and degree of disability and management (eg physio referral) of all complications.

**ECHO:**

TTE vs TOE + image/study quality

Vegetation size and location

Valve (pre-existing abnormalities including previous surgery)

Complication: new regurgitation/sinus/fistula

Abscess/perforation

RVEF/LVEF, pulmonary HT.

Pre-existing abnormalities.

Other relevant echo findings.

Results of prior echos for comparison?

**Other imaging of relevance**

USS (emboli?)

CT

MRI

WCS/Gallium/PET

? also include if scan negative and comparison with prior/progress scans?

**Treatment:**

Date 1st admission for current episode

Inter-hospital transfer? (if yes, date and # of transfers)

Date diagnosis confirmed (and how)

Date surgery

Date 1st ID input

Date 1st cardiology input

Date 1st CTS input

Rx outcome: complications, relapse readmission dates.

LOS- peripheral sites/CTS centre, ICU,HITH, rehab.? NHP?

**Surgery:**

Date.

Findings.

Surgery performed

Surgical complications (eg valve loosening, sternal wound infection)

Please see EXCEL spreadsheet for more detail

**Pharmacology:**

Antibiotics- dose duration.(?route/dates?)

Date appropriate therapy commenced.

TDM if available.

Any ADRs and response. (include desens for “vague ADR in past”)

**Neuro-**

any neurological pre-existing abnormalities

any neuro symptoms during illness

any abnormal neuro tests during illness

need for rehab?

Any attributable neuro sequelae (eg VIIIn)? During F/U.

**Skin:**

Any skin abnormalities.

Management of?

**Dental:**

Any dental abnormalities

Management of?

**Death.**

During admission (date)

30D

180D

365D

Longest known survival (and date death approx. if known if > 1 year)

**Microbiology:**

Positive isolates.

Organism name (method of identification)

# pos cultures, duration # cultures (both from 1st presentation and from start appropriate Rx)

AST/MIC (method)

Organism stored or sequenced?

Time to positive (total + observed + method incubation)- BCs may be from peripheral site transferred to other lab.

? volume of blood in bottle?

Appropriateness of BCs (site clearly marked and appropriate number/duration before ABS commenced)

IF BCNE- results of Q/bartonella (+ whether Brucella, Legionella, Tropheryma, or others performed)

Valve culture (+16s if BCNE) (date) + microscopy

Culture from emboli (site date)

**AP:**

Histology findings:

Valve type

Tissue destruction

Neutrophils

Granulomas

Vegetations.

Fibrosis

Neovascularisation.

If BCNE – other ancillary investigations including immunohistochemistry, PCR and electron microscopy.

**Haematology:**

WCC (neuts/eos), platelets, Hb at presentation (+ baseline if known)

Peak and nadir of these during admission or 1st 7 days? (date nadir/peak?)

Coags (ditto) + anticoagulation?

ESR ditto

?D-Dimer, anti-cardiolipin?

# PCs transfused?

**Biochemistry:**

Creatinine/eGFR baseline/presentation, nadir peak as above

CRP ditto

Other inflammation markers?

?RPR (stat only)

? ANCA/ANA (stat only)?

**LEVELS OF DATA-FIELDS (proposed)**

Level “A”- rely on reports. Single data-gatherer.

Level “B”- cardiologist in addition to review ECHO films.

Level “C”- AP to review histopath, imaging expert to review relevant images, CT surgeon to review surgical report.

“+M” microbes biobanked

“+P” patient blood biobanked