**Patient identifier** ………………………… **DOB** ……/……/………… **Pt:** ..... **Ep:** …../…..

**Appendix 1**

**Patient characteristics**

Preterm: Yes No Gestation: ……….weeks……….days

Gender: Male Female Gestational weight: ………………...……gram

Total infections: ………..…….Total shunts inserted:...……..….……Total shunt revisions:……....………

Date of first shunt placement: ……/……/………… Age at placement:….…..years…..…..months

Diagnosis: …………………………………………………………………………………………………………

**Surgery for first shunt**

Prophylactic antibiotics: Before After Both None

Antibiotic:……………………….…………. Dose:…………….Route:………………..Duration:……………..

Antibiotic:……………………….…………. Dose:…………….Route:………………..Duration:……………..

Duration of hospital stay prior to shunt insertion: ……….Days

Complications during surgery:…………………………………………………………………………………...

Post-operative ventricular shunt leak: Yes No

**Shunt characteristics**

Type of shunt: VP VA Ventriculopleural Subgalial Other…………………………

Antibiotic impregnated: Yes No Type of antibiotic……………………………….

Siphon control device: Yes No

Type of valve: Differential pressure/ fixed opening pressure

 Differential pressure/ programmable

 Flow regulation/ variable opening pressure

Other………………………………………………………………………………………………………………..

**Symptoms of infection**

Fever Abdominal pain Deterioration of consciousness Headache

Vomiting Neck stiffness Cutaneous manifestations Irritability

Seizure Neurologic abnormality Drowsiness Raised blood pressure

Other………………………………………………………………..……………………....................................

**Investigations**

**Appendix 1**

CT: Yes No Report………………………………………………………………

………………………………………………………………………………………………………………………

CSF red cell count………….………..../mm3 CSF white blood cell count………………………/mm3

CSF sugar level ……….………………mmol/L CSF protein concentration……….………………g/L

CSF culture positive negative

Blood culture positive negative

Blood white blood cell count………..…………...x109 g/L Blood CRP…………………..…...…….…mg/L

Blood neutrophils…………………..x109 g/L …………..% Blood ESR…………………………...…...mm/h

**Diagnosis**

Date of infection: ……/……/………… Age at infection:….….....…..years…….…..…..months

Time between placement and infection: ………. days and between revision and infection:……….days

Type of microorganism: ………………………………………………….…..... Site:………………….……….

Resistance profile:…………......................................................................................................................

………………………………………………………………………………………………………………………

**Treatment**

Surgical: Externalization Removal of shunt EVD placement

Date removal shunt: ……/……/………… Date reimplanting shunt: ……/……/…………

Empirical:

Antibiotic:……………………….…………. Dose:…………….Route:………………..Duration:……………..

Antibiotic:……………………….…………. Dose:…………….Route:………………..Duration:……………..

Antibiotic:……………………….…………. Dose:…………….Route:………………..Duration:……………..

Optimised:

Antibiotic:……………………….…………. Dose:…………….Route:………………..Duration:……………..

Antibiotic:……………………….…………. Dose:…………….Route:………………..Duration:……………..

Sterilised CSF: Yes No ………. Days after start infection

Secondary treatment: Yes No

Antibiotic:………………………………….. Dose:…………….Route:……………..Duration:………………..

Time between sterilised CSF and reimplanting shunt: ………. Days