REGISTRY OF SEVERE CUTANEOUS ADVERSE REACTIONS TO DRUGS AND COLLECTION OF BIOLOGICAL SAMPLES

RegiSCAR

Interview no. ☐☐☐ ☐☐☐☐

PATIENT'S DATA

Initials of the patient ☐☐

date of birth ☐☐☐☐☐☐

Age ☐☐☐

country of birth _____

Gender

☐ male

☐ female

Death before interview

☐ no

☐ yes

Participation
agreed to by the patient

☐ registry

☐ cohort study
(only for DRESS)

☐ genetic study

Interview no. ☐☐☐ ☐☐☐☐

HOSPITAL DATA

Reporting hospital / department

_____

hospital no. ☐☐☐☐

date of admission ☐☐☐☐☐☐

Treating hospital / department

_____

hospital no. ☐☐☐☐

date of admission ☐☐☐☐☐☐

date of notification ☐☐☐☐☐☐

date of interview ☐☐☐☐☐☐

Transfer from one or more hospitals to the reporting / treating hospital:

- ☐ no
- ☐ yes
- ☐ unknown

If yes, first hospital:

hospital no. ☐☐☐☐

date of admission ☐☐☐☐☐☐

_____

Retrospective assessment

- ☐ no
- ☐ yes

Development of skin reaction

- ☐ prior to admission
- ☐ during inhospital stay

Interview no. ☐☐☐ ☐☐☐☐

DIAGNOSES AND CLINICAL COURSE

Admission diagnoses

1) _____

2) _____

3) _____

Date	Clinical symptoms
☐☐☐☐☐☐	_____
☐☐☐☐☐☐	_____
☐☐☐☐☐☐	_____
☐☐☐☐☐☐	_____
☐☐☐☐☐☐	_____
☐☐☐☐☐☐	_____
☐☐☐☐☐☐	_____
☐☐☐☐☐☐	_____

Fever no ☐ yes ☐ unknown ☐

If yes,

date of onset	date of normalization*	highest temperature (°C)	method of measurement
☐☐☐☐☐☐	☐☐☐☐☐☐	☐☐.☐	☐
☐☐☐☐☐☐	☐☐☐☐☐☐	☐☐.☐	☐

* if cured before admission

Interview no. ☐☐☐ ☐☐☐☐

FOR CASES OF DRESS ONLY

SKIN SYMPTOMS

	no	yes	unknown	date of onset	date of normalization*
Burning	☐	☐	☐	☐☐☐☐☐☐	☐☐☐☐☐☐
Pain	☐	☐	☐	☐☐☐☐☐☐	☐☐☐☐☐☐
Pruritus	☐	☐	☐	☐☐☐☐☐☐	☐☐☐☐☐☐
Exanthema	☐	☐	☐	☐☐☐☐☐☐	☐☐☐☐☐☐

If yes,

- maculopapular / morbilliform ☐
- urticarial ☐
- confluent erythema ☐
- exfoliative dermatitis ☐
- other: _____ ☐
  (please specify)

	no	yes	unknown
Specific lesions	☐	☐	☐

If yes,

	date of onset	date of normalization*
- edematous erythema ☐	☐☐☐☐☐☐	☐☐☐☐☐☐
- target-like lesions ☐	☐☐☐☐☐☐	☐☐☐☐☐☐
- pustules ☐	☐☐☐☐☐☐	☐☐☐☐☐☐
- purpura ☐	☐☐☐☐☐☐	☐☐☐☐☐☐
- infiltrated plaques ☐	☐☐☐☐☐☐	☐☐☐☐☐☐
- eczema-like lesions ☐	☐☐☐☐☐☐	☐☐☐☐☐☐

	no	yes	unknown	date of onset
Blisters / erosions	☐	☐	☐	☐☐☐☐☐☐
Nikolski's skin	☐	☐	☐	☐☐☐☐☐☐
Facial edema	☐	☐	☐	☐☐☐☐☐☐

		date of maximum
Maximum of erythema (percentage related to the BSA)	☐☐☐	☐☐☐☐☐☐
Maximum of detachment (percentage related to the BSA if blisters/ erosions were seen)	☐☐☐	☐☐☐☐☐☐

	no	yes	unknown
Resolution of erythema/ Specific lesions ≥ 15 days	☐	☐	☐

* if cured before admission

Interview no. ☐☐☐ ☐☐☐☐

FOR CASES OF DRESS ONLY

MUCOSAL SYMPTOMS no ☐ yes ☐ unknown ☐

If yes, please specify

	date of onset	date of resolution*
_____	☐☐☐☐☐☐	☐☐☐☐☐☐
_____	☐☐☐☐☐☐	☐☐☐☐☐☐
_____	☐☐☐☐☐☐	☐☐☐☐☐☐

* if cured before admission

Interview no. ☐☐☐ ☐☐☐☐

FOR CASES OF DRESS ONLY

ORGAN INVOLVEMENT 1

LIVER — no ☐ yes ☐ unknown ☐

If yes, please specify

_____ date of diagnosis ☐☐☐☐☐☐

- Jaundice — no ☐ yes ☐ unknown ☐ date of onset ☐☐☐☐☐☐

Is there a suspicion of excessive alcohol intake? — no ☐ yes ☐ unknown ☐

If yes, chronic ☐ acute ☐

KIDNEY — no ☐ yes ☐ unknown ☐

If yes, please specify

_____ date of diagnosis ☐☐☐☐☐☐

LUNG — no ☐ yes ☐ unknown ☐

If yes, please specify

_____ date of diagnosis ☐☐☐☐☐☐

DYSPNEA — no ☐ yes ☐ unknown ☐ date of onset ☐☐☐☐☐☐

Interview no. ☐☐☐ ☐☐☐☐

FOR CASES OF DRESS ONLY

ORGAN INVOLVEMENT 2

	no	yes	unknown	
HEART / MUSCLES	☐	☐	☐	
If yes, please specify				
_____				date of diagnosis ☐☐☐☐☐☐
GI-TRACT	☐	☐	☐	
If yes, please specify				
_____				date of diagnosis ☐☐☐☐☐☐
PALPABLE LYMPH NODES (>1cm, at least two sites)	☐	☐	☐	date of diagnosis ☐☐☐☐☐☐
NEUROLOGICAL SYSTEM				
- Headache	☐	☐	☐	date of onset ☐☐☐☐☐☐
- Paresis	☐	☐	☐	☐☐☐☐☐☐
- other	☐	☐	☐	
If yes, please specify				
_____				date of diagnosis ☐☐☐☐☐☐
SORE THROAT	☐	☐	☐	date of onset ☐☐☐☐☐☐
OTHER ORGAN INVOLVEMENT	☐	☐	☐	
If yes, please specify				
_____				date of diagnosis ☐☐☐☐☐☐
If yes, please specify				
_____				date of diagnosis ☐☐☐☐☐☐

Interview no. ☐☐☐ ☐☐☐☐

FOR CASES OF DRESS ONLY

MEDICAL IMAGING AND BIOPSIES 1

Have the following investigations been done?

- X-ray chest — no ☐ yes ☐ unknown ☐ date of performance ☐☐☐☐☐☐
  If yes, normal ☐ abnormal ☐ _____ please specify

- Chest-CT — no ☐ yes ☐ unknown ☐ date of performance ☐☐☐☐☐☐
  If yes, normal ☐ abnormal ☐ _____ please specify

- Bronchial endoscopy — no ☐ yes ☐ unknown ☐ date of performance ☐☐☐☐☐☐
  If yes, normal ☐ abnormal ☐ _____ please specify

- ECG — no ☐ yes ☐ unknown ☐ date of performance ☐☐☐☐☐☐
  If yes, normal ☐ abnormal ☐ _____ please specify

- Echocardiogram — no ☐ yes ☐ unknown ☐ date of performance ☐☐☐☐☐☐
  If yes, normal ☐ abnormal ☐ _____ please specify

- Abdominal sonography — no ☐ yes ☐ unknown ☐ date of performance ☐☐☐☐☐☐
  If yes, normal ☐ abnormal ☐ _____ please specify

Interview no. ☐☐☐ ☐☐☐☐

FOR CASES OF DRESS ONLY

MEDICAL IMAGING AND BIOPSIES 2

Have the following investigations been done?

- Gastrointest. endoscopy — no ☐ yes ☐ unknown ☐ date of performance ☐☐☐☐☐☐
  If yes, normal ☐ abnormal ☐ _____ please specify

- Other imaging (CT/MRI) — no ☐ yes ☐ unknown ☐ date of performance ☐☐☐☐☐☐
  If yes, normal ☐ abnormal ☐ _____ please specify
  If yes, normal ☐ abnormal ☐ _____ please specify

- Liver biopsy — no ☐ yes ☐ unknown ☐ date of performance ☐☐☐☐☐☐
  If yes, normal ☐ abnormal ☐ _____ please specify

- Kidney biopsy — no ☐ yes ☐ unknown ☐ date of performance ☐☐☐☐☐☐
  If yes, normal ☐ abnormal ☐ _____ please specify

- Biopsy of other organ — no ☐ yes ☐ unknown ☐ date of performance ☐☐☐☐☐☐
  If yes, normal ☐ abnormal ☐ _____ please specify

- Puncture of other organ — no ☐ yes ☐ unknown ☐ date of performance ☐☐☐☐☐☐
  If yes, normal ☐ abnormal ☐ _____ please specify

Interview no. | | | | | | | |

FOR CASES OF DRESS ONLY

BLOOD CELL COUNT
- VALUES -

Date of sampling: | | | | | | |

Laboratory number: | |
(ascending number for each lab or if ranges/units are updated)

	Value (numerical)
Leucocytes	
Neutrophils	
Eosinophils	
Basophils	
Lymphocytes	
Atyp. Lymphocytes	
Monocytes	
Platelets	
HB	
Quick	
PTT	
Other 1.:	
Other 2.:	
Other 3.:	
Other 4.:	
Other 5.:	

Interview no. | | | | | | | |

FOR CASES OF DRESS ONLY

CLINIAL CHEMISTRY
- VALUES -

Date of sampling: | | | | | | |

Laboratory number: | |
(ascending number for each lab or if ranges/units are updated)

	Value (numerical)
ALAT	
ASAT	
GGT	
AP	
LDH	
Bilirubin	
Lipase	
Amylase	
Creatinine	
Creatinine clearance	
Urea	
Proteinuria	
Hematuria	
Leucocyturia	
CK	
CK-MB	
Troponin	
CRP	
PH	
PO_2	
PCO_2	
HCO_3	
SaO_2	
Base excess	
Other 1.:	
Other 2.:	
Other 3.:	
Other 4.:	
Other 5.:	

Interview no. ☐☐☐ ☐☐☐☐

FOR CASES OF DRESS ONLY

BLOOD CELL COUNT
- REFERENCE RANGES AND UNITS -

Laboratory number: ☐☐
(ascending number for each lab or if ranges/units are updated)

	Lower limit (numerical)	Upper limit (numerical)	Unit (text)
Leucocytes			
Neutrophils			
Eosinophils			
Basophils			
Lymphocytes			
Atyp. Lymphocytes			
Monocytes			
Platelets			
HB			
Quick			
PTT			
Other 1.:			
Other 2.:			
Other 3.:			
Other 4.:			
Other 5.:			

Interview no. | | | | | | | |

FOR CASES OF DRESS ONLY

CLINIAL CHEMISTRY
- REFERENCE RANGES AND UNITS -

Laboratory number: | |
(ascending number for each lab or if ranges/units are updated)

	Lower limit (numerical)	**Upper limit** (numerical)	**Unit** (text)
ALAT			
ASAT			
GGT			
AP			
LDH			
Bilirubin			
Lipase			
Amylase			
Creatinine			
Creatinine clearance			
Urea			
Proteinuria			
Hematuria			
Leucocyturia			
CK			
CK-MB			
Troponin			
CRP			
PH			
PO_2			
PCO_2			
HCO_3			
SaO_2			
Base excess			
Other 1.:			
Other 2.:			
Other 3.:			
Other 4.:			
Other 5.:			

Interview no.

FOR CASES OF DRESS ONLY

LABORATORY VALUES 1

Have the following laboratory examinations been done?

		n	y	u	If yes, please specify:	
					Date of sampling	Comments (result, method, titer, etc.)
Blood culture	1					
	2					

		n	y	u	If yes, please specify:		
					Date of sampling	Suggesting recent infection/ re-activation	Comments (result, method, titer, etc.)
Chlamydia	1						
	2						
Mycoplasma	1						
	2						

Other laboratory examinations			
	If yes, please specify:		
	Date of sampling	Suggesting recent infection/ re-activation	Comments (result, method, titer, etc.)
Other 1.:			
Other 2.:			
Other 3.:			
Other 4.:			
Other 5.:			

Interview no.

FOR CASES OF DRESS ONLY

LABORATORY VALUES 2

Have the following laboratory examinations been done?

		n	y	u	If yes, please specify:		
					Date of sampling	Suggesting recent infection/ re-activation	Comments (result, method, titer, etc.)
HAV	1						
	2						
HBV	1						
	2						
HCV	1						
	2						
EBV	1						
	2						
CMV	1						
	2						
HHV6	1						
	2						
Parvovirus B19	1						
	2						
ANA	1						

Other laboratory examinations

	If yes, please specify:		
	Date of sampling	Suggesting recent infection/ re-activation	Comments (result, method, titer, etc.)
Other 1.:			
Other 2.:			
Other 3.:			
Other 4.:			
Other 5.:			

Interview no. ☐☐☐ ☐☐☐☐

FOR ALL CASES

FURTHER INFORMATION FOR CASE VALIDATION

	no	yes	unknown	date of first occurrence
Photographs	☐	☐	☐	☐☐☐☐☐☐
Biopsy	☐	☐	☐	☐☐☐☐☐☐
Diagnosis by a dermatologist	☐	☐	☐	☐☐☐☐☐☐

If yes, please specify: _____

Further photographs / biopsies and comments:

Date	Notes
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Interview no.

SYMPTOMS / EVENTS WITHIN 1 MONTH BEFORE THE RECENT SKIN REACTION

Herpes labialis or fever blisters

no ☐ yes ☐ unknown ☐ date of onset ☐☐☐☐☐☐ date of normalization* ☐☐☐☐☐☐

Do you have recurrent herpes labialis or fever blisters?

no ☐ yes ☐ unknown ☐ date of last eruption ☐☐☐☐☐☐

Herpes genitalis

no ☐ yes ☐ unknown ☐ date of onset ☐☐☐☐☐☐ date of normalization* ☐☐☐☐☐☐

Do you have recurrent genital herpes?

no ☐ yes ☐ unknown ☐ date of last eruption ☐☐☐☐☐☐

*if cured before admission

Interview no. ☐☐☐ ☐☐☐☐

SYMPTOMS / EVENTS WITHIN 1 MONTH BEFORE THE RECENT SKIN REACTION

	no	yes	unknown	date of onset	date of normalization*
Infections	☐	☐	☐		
If yes,					
- influenza / influenza-like illness		☐		☐☐☐☐☐☐	☐☐☐☐☐☐
Was the diagnosis confirmed by a physician?		☐			
Was any diagnostic test performed?		☐			
Was any medication taken for treatment?		☐			
- respiratory tract infection		☐		☐☐☐☐☐☐	☐☐☐☐☐☐
Was the diagnosis confirmed by a physician?		☐			
Was any diagnostic test performed?		☐			
Was any medication taken for treatment?		☐			
- urinary tract infection		☐		☐☐☐☐☐☐	☐☐☐☐☐☐
Was the diagnosis confirmed by a physician?		☐			
Was any diagnostic test performed?		☐			
Was any medication taken for treatment?		☐			
- other infection 1		☐		☐☐☐☐☐☐	☐☐☐☐☐☐
_____ (please specify)					
Was the diagnosis confirmed by a physician?		☐			
Was any diagnostic test performed?		☐			
Was any medication taken for treatment?		☐			
- other infection 2		☐		☐☐☐☐☐☐	☐☐☐☐☐☐
_____ (please specify)					

*if cured before admission

Was the diagnosis confirmed by a physician?		☐	
Was any diagnostic test performed?		☐	
Was any medication taken for treatment?		☐	

HIV-status	no	yes	unknown
HIV	☐	☐	☐
AIDS (current status)	☐	☐	☐

If yes for HIV or AIDS,
most recent CD4 count per µl: ☐☐☐

*if cured before admission

Interview no. ☐☐☐ ☐☐☐☐

HAVE YOU HAD ANY OF THE FOLLOWING DISEASES THAT ARE STILL ACTIVE?

	no	yes	unknown	year of event
Severe liver disorders	☐	☐	☐	☐☐☐☐

If yes, _____
(please specify)

	no	yes	unknown	year of event
Severe kidney disorders	☐	☐	☐	☐☐☐☐

If yes, _____
(please specify)

	no	yes	unknown
Rheumatic / collagen-vascular disease	☐	☐	☐

If yes,

	yes	year of event
- rheumatoid polyarthritis	☐	☐☐☐☐
- systemic lupus erythematosus	☐	☐☐☐☐
- other:	☐	☐☐☐☐

If yes, _____
(please specify)

	no	yes	unknown
Was a first-degree family member diagnosed with any rheumatic/ collagen-vascular disease?	☐	☐	☐

	no	yes	unknown
Inflammatory bowel disease	☐	☐	☐

	yes	year of event
- Colitis ulcerosa	☐	☐☐☐☐
- Crohn's disease	☐	☐☐☐☐

	no	yes	unknown	year of event
Psoriasis	☐	☐	☐	☐☐☐☐
- Pustular psoriasis, generalized		☐		

	no	yes	unknown
Was a first-degree family member diagnosed with psoriasis?	☐	☐	☐

	no	yes	unknown	year of event
Convulsive disorder / epilepsy	☐	☐	☐	☐☐☐☐

Interview no. ☐☐☐ ☐☐☐☐

HAVE YOU BEEN DIAGNOSED WITH A MALIGNANT DISEASE/CANCER WITHIN THE LAST 2 YEARS BEFORE THE REACTION OR THAT IS STILL BEING TREATED?

	no	yes	unknown	year of event
Malignant diseases / cancer	☐	☐	☐	
If yes, please specify: _____				☐☐☐☐
If yes, please specify: _____				☐☐☐☐

HAVE YOU HAD ANY RADIOTHERAPY RECENTLY?

	no	yes	unknown	date of most recent therapy
Have you ever had X-ray or radiotherapy? (not UV-radiation)	☐	☐	☐	☐☐☐☐☐☐

If yes, for what indication?

- lymphoma ☐ _____ (please specify)
- brain tumor ☐ _____ (please specify)
- other reason: ☐

_____ (please specify)

HAVE YOU IN THE PAST HAD ANY TRANSPLANTATION?

	no	yes	unknown	year of transplantation
Transplantation	☐	☐	☐	☐☐☐☐

If yes,

- Stem cell ☐
- other: _____ ☐

HAVE YOU IN THE PAST HAD ANY SCAR?

	no	yes	unknown	year of event
SCAR	☐	☐	☐	☐☐☐☐

If yes, please specify: _____ (please specify)

medication sheet no.___of___

Interview no

MEDICATION HISTORY WITHIN 1 MONTH BEFORE HOSPITALIZATION

date of admission

	no	yes	unknown
drug use	☐	☐	☐

Drug / Indication	Type of application	Dose	Begin of intake (day month year)	End of intake (day month year)	Frequency
Drug ____		____			
Indication ____		____			
		____			

	no	yes	unknown	
previous intake	☐	☐	☐	
If yes, any adverse reaction	☐	☐	☐	If yes, please specify: ____

Drug / Indication	Type of application	Dose	Begin of intake (day month year)	End of intake (day month year)	Frequency
Drug ____		____			
Indication ____		____			
		____			

	no	yes	unknown	
previous intake	☐	☐	☐	
If yes, any adverse reaction	☐	☐	☐	If yes, please specify: ____

Drug / Indication	Type of application	Dose	Begin of intake (day month year)	End of intake (day month year)	Frequency
Drug ____		____			
Indication ____		____			
		____			

	no	yes	unknown	
previous intake	☐	☐	☐	
If yes, any adverse reaction	☐	☐	☐	If yes, please specify: ____

medication sheet no.___of___

Interview no

MEDICATION HISTORY WITHIN 1 MONTH BEFORE HOSPITALIZATION

date of admission

drug use: no / yes / unknown

Drug / Indication	Type of application	Dose	Begin of intake (day month year)	End of intake (day month year)	Frequency
Drug ____		____			
Indication ____		____			
		____			

previous intake: no / yes / unknown

If yes, any adverse reaction: no / yes / unknown

If yes, please specify: ____________________

Drug / Indication	Type of application	Dose	Begin of intake (day month year)	End of intake (day month year)	Frequency
Drug ____		____			
Indication ____		____			
		____			

previous intake: no / yes / unknown

If yes, any adverse reaction: no / yes / unknown

If yes, please specify: ____________________

Drug / Indication	Type of application	Dose	Begin of intake (day month year)	End of intake (day month year)	Frequency
Drug ____		____			
Indication ____		____			
		____			

previous intake: no / yes / unknown

If yes, any adverse reaction: no / yes / unknown

If yes, please specify: ____________________

medication sheet no.___of___

Interview no

MEDICATION HISTORY WITHIN 1 MONTH BEFORE HOSPITALIZATION

date of admission

	no	yes	unknown
drug use	☐	☐	☐

Drug / Indication	Type of application	Dose	Begin of intake (day month year)	End of intake (day month year)	Frequency
Drug ____	☐☐	____	☐☐☐☐☐☐	☐☐☐☐☐☐	☐
Indication ____		____	☐☐☐☐☐☐	☐☐☐☐☐☐	☐
		____	☐☐☐☐☐☐	☐☐☐☐☐☐	☐

	no	yes	unknown	
previous intake	☐	☐	☐	
If yes, any adverse reaction	☐	☐	☐	If yes, please specify: ____

Drug / Indication	Type of application	Dose	Begin of intake (day month year)	End of intake (day month year)	Frequency
Drug ____	☐☐	____	☐☐☐☐☐☐	☐☐☐☐☐☐	☐
Indication ____		____	☐☐☐☐☐☐	☐☐☐☐☐☐	☐
		____	☐☐☐☐☐☐	☐☐☐☐☐☐	☐

	no	yes	unknown	
previous intake	☐	☐	☐	
If yes, any adverse reaction	☐	☐	☐	If yes, please specify: ____

Drug / Indication	Type of application	Dose	Begin of intake (day month year)	End of intake (day month year)	Frequency
Drug ____	☐☐	____	☐☐☐☐☐☐	☐☐☐☐☐☐	☐
Indication ____		____	☐☐☐☐☐☐	☐☐☐☐☐☐	☐
		____	☐☐☐☐☐☐	☐☐☐☐☐☐	☐

	no	yes	unknown	
previous intake	☐	☐	☐	
If yes, any adverse reaction	☐	☐	☐	If yes, please specify: ____

Interview no. ☐☐☐ ☐☐☐☐

Have you ever had a rash / skin reaction suspected to be an adverse reaction to a drug?

no ☐ yes ☐ unknown ☐

If yes,

Drug: _____

Type of eruption: _____

Drug: _____

Type of eruption: _____

Drug: _____

Type of eruption: _____

Drug: _____

Type of eruption: _____

Drug: _____

Type of eruption: _____

Interview no. ☐☐☐ ☐☐☐☐

DISCHARGE SHEET

Discharge diagnoses

1. _____

2. _____

3. _____

4. _____

5. _____

Results of the present admission

1. Death ☐ date of death ☐☐☐☐☐☐

2. Discharge ☐ date of discharge ☐☐☐☐☐☐

	no	yes	unknown	date of diagnosis
Mycoplasma infection within two months before admission	☐	☐	☐	☐☐☐☐☐☐

If no or yes, by which diagnostic means was the diagnosis reached:

- ☐ serology
- ☐ isolation
- ☐ x-ray
- ☐ PCR
- ☐ unknown

Interview no. ☐☐☐ ☐☐☐☐

MAIN SOURCE OF INFORMATION

1) Clinical pattern of the reaction

	no	yes	unknown
* Were the skin lesions seen by the investigator in acute stage?	☐	☐	☐

If not, please provide the source
(e.g., family physician, dermatologist, nurse, family member)

_____

2) Medication history

* just patient ☐

* just other source ☐ **If yes,** please specify: _____

* both ☐ **If yes,** please specify: _____

Interview no. ☐☐☐ ☐☐☐☐

ADDITIONAL REMARKS (optional)

Please use the fields below to note important additional information.

Please stick to the predefined topics and avoid redundancy:

Here you can specify additional information regarding ethnic origin:

_____

Here you can indicate if patient died after discharge. Please provide date of death:

Death ☐ date ☐☐☐☐☐☐

Here you can specify any other reason why follow-up investigations (DRESS) /blood sampling (SJS/TEN) could not be done:

_____

_____

_____

Further relevant remarks:

_____

_____

_____

Interview no. ☐☐☐ ☐☐☐☐

THERAPY 1

TREATING HOSPITAL

_____

hospital no. ☐☐☐☐

date of admission ☐☐☐☐☐☐

1. Burn unit ☐
2. Dept. of dermatology ☐
3. Intensive care unit ☐
4. Pediatric department ☐
5. Internal medicine ☐
6. Other: ☐

_____
(please specify)

SYSTEMIC THERAPY

1) Corticosteroids

no ☐ yes ☐ unknown ☐

If yes, please enter:

starting date ☐☐☐☐☐☐ stopping date ☐☐☐☐☐☐

Brand name/drug: _____

_____

Dosage: _____ Application: p.o. ☐ i.v. ☐

(if varying please provide minimum and maximum)

Comment: _____

_____

2) IVIG

no ☐ yes ☐ unknown ☐

If yes, please enter:

starting date ☐☐☐☐☐☐ stopping date ☐☐☐☐☐☐

Brand name/drug: _____

_____

Dosage: _____

(if varying please provide minimum and maximum)

Comment: _____

_____

Interview no. ☐☐☐ ☐☐☐☐

THERAPY 2

3) Ciclosporin no ☐ yes ☐ unknown ☐

If yes, please enter: starting date ☐☐☐☐☐☐ stopping date ☐☐☐☐☐☐

Brand name/drug: _____

_____

Dosage: _____

(if varying please provide minimum and maximum)

Comment: _____

_____

4) Other systemic treatments no ☐ yes ☐ unknown ☐

If yes, please enter: starting date ☐☐☐☐☐☐ stopping date ☐☐☐☐☐☐

Brand name/drug: _____

_____

Dosage: _____ Application: p.o. ☐ i.v. ☐

(if varying please provide minimum and maximum)

Comment: _____

_____

If yes, please enter: starting date ☐☐☐☐☐☐ stopping date ☐☐☐☐☐☐

Brand name/drug: _____

_____

Dosage: _____ Application: p.o. ☐ i.v. ☐

(if varying please provide minimum and maximum)

Comment: _____

_____

Interview no. ☐☐☐ ☐☐☐☐

THERAPY 3

5) Antibiotics no ☐ yes ☐ unknown ☐ starting date ☐☐☐☐☐☐

If yes,

- did the patient developed septicaemia? ☐ date of diagnosis ☐☐☐☐☐☐

TRANSFER TO OTHER HOSPITAL OR DEPARTMENT FOR TREATMENT OF SCAR

no ☐ yes ☐

If yes, please complete the sheet for the second treating hospital.