

NZPSU Acute post streptococcal glomerulonephritis study Questionnaire

a. Date of report _____/_____/_____

b. Date of diagnosis _____/_____/_____

c. Surname of paediatrician _____

a. First 2 letters of child's family name First 2 letters of child's first name

b. Child's date of birth (dd/mm/yyyy) ____/____/____ Child's Sex: ☐

☐ European/Pakeha
☐ Maori
☐ Pacific Island (specify)
☐ All others (please state)

If this patient is primarily cared for by another paediatrician who you believe will report the case, then there is no need to complete the remainder of this questionnaire. However please keep the patient's name and other details as if no other report is received for this child we will contact you for further information

Had this previously/simultaneously affected sibling(s)? Yes ☐ No ☐ DK ☐

i. Dyspnoea Yes ☐ No ☐ DK ☐

j. Congestive heart failure

Yes ☐ No ☐ DK ☐

5. Laboratory findings (at presentation)

- a. Serum creatinine _____ $\mu\text{mol/L}$
b. Serum urea _____ mmol/L
c. Serum albumin _____ g/L
d. C3 complement - initial date ____/____/____ g/L
- follow up at 6 weeks) date ____/____/____ g/L
e. Anti streptolysin O (ASOT) initial date ____/____/____
follow up date ____/____/____
f. Anti DN'aseB initial date ____/____/____
follow up date ____/____/____
g. Urine protein to creatinine ratio or albustix(1 - 4+) _____ mg/mmol or
h. Throat culture result
i. Skin swab result

6. Laboratory findings (during illness)

- a. Maximum serum creatinine _____ mmol/L
b. Time from onset of symptoms to peak serum creatinine _____ (days)
c. Maximum serum urea _____ mmol/L
d. Maximum urine protein creatinine ratio/urine dipstix (1 - 4+) _____ mg/mmol
e. Lowest serum albumin _____ g/L

7. Treatment and course

- a. Hypertension treatment Frusemide Yes ☐ No ☐ DK ☐
ACE inhibitor Yes ☐ No ☐ DK ☐
Calcium channel Blocker Yes ☐ No ☐ DK ☐
Hydralazine Yes ☐ No ☐ DK ☐
Other antihypertensive (specify)
b. Penicillin/other antibiotic treatment Yes ☐ No ☐ DK ☐
c. Duration of oliguria _____ days
e. Days in hospital before onset of diuresis _____ days
e. Duration of hospitalization _____ days
f. Other specific therapy
g. Renal biopsy Yes ☐ No ☐ DK ☐
If Yes findings

8. Follow up care

- a. Follow up in paediatric outpatients Yes ☐ No ☐ DK ☐
b. Follow up by general practitioner Yes ☐ No ☐ DK ☐

9. Any other comments

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Thank you for completing this questionnaire. Please keep a copy of this information.

Please return to:

Dr William Wong, Level 6 , Room 6.125
Department of Nephrology,
Starship Children's Hospital,
Park Road,

Grafton, Auckland