## NZPSU Acute post streptococcal glomerulonephritis study Questionnaire

a. Date of report  b. Date of diagnosis  Currence of prodictricion	
c. Surname of paediatrician	
2. Patient Details	9.40.40.40.40.40.40.40.40.40.40.40.40.40.
a. First 2 letters of child's family name L. First 2 letters of ch b. Child's date of birth (dd/mm/yyyy)// Child's	
c. If the child is under 5years of age, does he/she attend preschool	ol, day care, or other
d. Child's ethnicity (more than one box can be ticked):  European/Pakeha  Maori  Pacific Island (specify	)
This is a 4 digit number usually found in the top right hand corner of the front add	
If this patient is primarily cared for by another paediatrician who the case, then there is no need to complete the remainder of However please keep the patient's name and other details as received for this child we will contact you for further i	this questionnaire. if no other report is
3. Historical Data (please tick appropriate box DK = don't know	•••
a. Family history of renal disease	Yes No DK
If "Yes" specify	
b. Sore throat in past 14 days	Yes $\square$ No $\square$ DK $\square$
c. Skin infection/impetigo in last 4 weeks	Yes 🗆 No 🗆 DK 🗀
If sore throat/skin sepsis:	
Time to symptoms of PSGN	(day <u>s)</u>
Were antibiotic prescribed for the infection?	Yes 🗆 No 🗀 DK 🗀
What antibiotic was prescribed?	
Duration of antibiotics	(days)
Had this previously/simultaneously affected sibling(s)?	Yes LNo LDK L
4. Presenting or subsequent signs/symptoms	
a. Gross haematuria	Yes $\square$ No $\square$ DK $\square$
b. Microscopic haematuria	Yes $\square$ No $\square$ DK $\square$
c. Oedema	Yes $\square$ No $\square$ DK $\square$
d. Oliguria	Yes $\square$ No $\square$ DK $\square$
e. Anuria	Yes $\square$ No $\square$ DK $\square$
f. Hypertension (SBP>95%centile)  If yes, maximum BP	Yes No DK/
g. Seizures at presentation or during illness	Yes $\square$ No $\square$ DK $\square$
h. Encephalopathic features (coma, confusion)	Yes No DK
i. Dyspnoea	Yes $\square$ No $\square$ DK $\square$

Yes  $\square$  No  $\square$  DK  $\square$ 

5.	Laboratory findings (	at presentati	on)			
	Serum creatinine	•	,		<i>μ</i> mol	′L
b.	Serum urea				mmo	
	Serum albumin				g/L	_
	C3 complement - initial		date	1 1	a/I	
u.	•	n at 6 wooks)	date	//		
_		p at 6 weeks)		//_	g/L	
e.	Anti streptolysin O (ASOT	•	date	//_		
		follow up	date	//_		
f.	Anti DN'aseB	initial	date	//_		
		follow up	date	//		
g.	Urine protein to creatinine	ratio or albust	ix(1 - 4-	+)	_ mg/mmol or	
h.	Throat culture result		•			
i.	Skin swab result					
•	Simi Sinds Feedin					
6	Laboratory findings (	durina illnee	c)			
		_	3 <i>)</i>			
	Maximum serum creatinin				mmol/L	•
	Time from onset of symptom	oms to peak se	erum cre	eatinine	(days)	
C.	Maximum serum urea				mmol/L	
d.	Maximum urine protein cre	eatinine ratio/u	rine dip	stix (1 - 4+)	mg/mm	ıol
e.	Lowest serum albumin				g/L	
7.	<b>Treatment and course</b>	<b>)</b>				
a	Hypertension treatment	Frusemide			Yes □No □ DK	
u.	Tryportonoion troatment					$\overline{}$
		ACE inhibitor				_
		Calcium char	nel Blo	cker	Yes UNo UDK	$\overline{}$
		Hydralazine			Yes ∐No ∐ DK	Ш
		Other antihyp	ertensi	ve (specify)		
b.	Penicillin/other antibiotic tr	reatment			Yes □No □ DK	
c. Duration of oliguria					days	
e. Days in hospital before onset of diuresis					days	
	•	•				
	Duration of hospitalization	days				
	Other specific therapy					<del></del>
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	
υ.	rollow up by general plac	uuonei			TES LINU LIDA	Ш
0	Any other comments					
	Any other comments					
	Thank you for complet	ing this que	stionna	aire. Pleas	se keep a copy of t	his
	-		mation		,	
ΡI	ease return to:					

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