

**BSRBR Event of Special Interest (ESI) Report  
SERIOUS INFECTION**



<b>Patient Name:</b>	<b>Date of Birth:</b>
<b>BSRBR ID:</b>	<b>HRN:</b>
<b>Biologic at time of event:</b>	<b>Date of Event:</b>

**Event:**

Site of infection:

Were microbiological/serological tests carried out? YES / NO / DON'T KNOW (Circle)

If yes, specify micro-organism / serological result: \_\_\_\_\_  
(Please state if nil grown)

Medication at time of infection:  
\_\_\_\_\_  
\_\_\_\_\_

At the **TIME OF INFECTION** did the patient have?

Indwelling catheter  YES  NO  DON'T KNOW

Intravenous access (e.g., Hickman's Line)  YES  NO  DON'T KNOW

Any wounds or ulcers  YES  NO  DON'T KNOW

**At the TIME OF INFECTION what was the patient's:**

White cell count: \_\_\_\_\_

Neutrophil count: \_\_\_\_\_

Lymphocyte count: \_\_\_\_\_

**PRIOR TO THE INFECTION what was the patient's:** (TAKEN ON: \_\_\_\_/\_\_\_\_/\_\_\_\_)

White cell count: \_\_\_\_\_

Neutrophil count: \_\_\_\_\_

Lymphocyte count: \_\_\_\_\_

Has the patient ever had Felty's?  YES  NO  DON'T KNOW

Has the patient ever had a splenectomy?  YES  NO  DON'T KNOW

**What was the outcome?**  Resolved  Not Resolved

Resolved with sequelae  Fatal

**Has a yellow card been submitted?**  YES  NO  UNKNOWN

Form completed  
By: \_\_\_\_\_  
On: \_\_\_\_/\_\_\_\_/\_\_\_\_

Return to: BSRBR, Arthritis Research UK Epidemiology Unit, The University of Manchester, Rutherford House, 40 Pencroft Way, Manchester. M15 6SZ, or fax to 0161 275 1640.  
**Thank you for your help!**