Mucormycosis management assessment form

1. Patient study no. (unique number assigned by you, to keep the patient identity anonymous) ____
2. Date of entry of this form: (DD/MM/YYYY) ____________________________
3. Date of mucormycosis diagnosis DD/MM/YYYY) _________________________
4. Date of Discharge DD/MM/YYYY) _____________________________________
5. Outcome – recovered completely/ partially/ deteriorated
6. Outcome (if died) date of death DD/MM/YYYY) __________________________
7. Reason of death as per treating physician (tick appropriately)
    a. Died because of mucormycosis
    b. Died due to other cause not related to mucormycosis
    c. Died due to both mucormycosis and other illness
8. Autopsy finding, if any ____
9. Antifungal treatment
    a. Antifungal treatment, if any; before mucormycosis diagnosis - Yes / No

       If yes, date of start of therapy DD/MM/YYYY) _____________________

    b. Antifungal agent _____________________ Dose ________________

    c. Antifungal agent post-diagnosis of mucormycosis - Yes/No

Drug (mention all antifungal drugs)	Day started (dd/mm/yyyy)	Day stopped (dd/mm/yyyy)	Average daily dose (mg)

    d. Any adverse reaction to antifungal drug

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e. Change in antifungal agent after initiating antifungal as treatment to mucormycosis

Yes/ No

If Yes, Reasons of Change

- Cost of drug
- Drug toxicity
- De-escalation
- Up-escalation
- In-vitro susceptibility result
- Others, specify

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10. Surgical treatment:

a. Date of surgery DD/MM/YYYY) ____________________________
b. Type of surgery: Endoscopic /Invasive
c. Repeat surgery: Yes /No
d. Repeat surgery date: (DD/MM/YYYY) ____________________________
e. Post-surgery imaging done: Yes/ No
f. Lesion post-surgery:

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11. Any other form of therapy

a. Neutrophil transfusion, describe____

b. Interleukin or any other immune-potentiator

12. Description of Mucormycosis episode

Time of Mucormycosis

Isolation of Mucor form tissue: before hospitalization/ after hospitalization

Site of infection: Paranasal sinuses/ brain/ lung/ Skin & soft tissue/ Kidney/ abdominal/ disseminated disease

Involvement of nearby structures: Eye/ Brain/ Intracranial sinuses/ Abdominal viscera/ Other organs or site

Direct microscopy of sample done: Yes/No
Date of repeat wet film examination: (DD/MM/YYYY) ____________________________
Repeat wet film examination: Positive / negative

Repeat culture done: Yes/No
Date of repeat culture: (DD/MM/YYYY) _____________________________
Repeat culture result: Positive /negative

Repeat histopathology done: Yes/No
Date of repeat histopathology: (DD/MM/YYYY) ____________________________
Repeat histopathology: Positive / negative

Repeat radiologic investigation done: Yes/ No
Date of repeat radiologic investigation: (DD/MM/YYYY) ____________________________
Repeat radiologic investigation:

- Radiological lesion improved
- No change of radiological lesion
- Radiological lesion deteriorated
- Radiology not done