

## Pneumonia data collection form – NEO-KISS

webKessID

Patient ID:

Patient name:

Ventilation association:

- CPAP    Intubation  
 No mech. ventilation

Infection start date:

Pathogen 1:

Pathogen 2:

Pathogen 3:

And **four** of the following clinical signs or symptoms:

• new or increased bradycardia (< 80/min) or new or increased tachycardia (> 200/min)  no  yes

• new or increased tachypnea (> 60/min) or new or increased apnea (> 20 s)  no  yes

• purulent sputum  no  yes

• germs isolated in sputum  no  yes

• new or increased dyspnea (retraction, nasal flaring, sighing)  no  yes

• temperature instability, fever, hypothermia  no  yes

• increased respiratory secretion (e.g., increased oral suctioning)  no  yes

• CRP > 2.0 mg/dl  no  yes

• Neutrophils I/T ratio > 0.2  no  yes

One of the following radiological criteria:

• new or progressive infiltrate  no  yes

• shadowing  no  yes

• fluid in the intrapleural cavity or Interlobar fissure  no  yes

AND

• worsening in gas exchange, drop in oxygenation  no  yes