

**Australian Paediatric Surveillance Unit
Haemolytic Uraemic Syndrome (HUS) Questionnaire**

1. REPORTING DETAILS:

- a) Month/year of report _____/_____
 b) Paediatrician code _____
 c) Surname _____

2. PATIENT DATA:

- a) First name (first two letters only) _____
 b) Surname (first two letters only) _____
 c) Date of Birth (day,month,year) _____/_____/_____
 d) Postcode _____
 e) Age at diagnosis of HUS _____ months
 f) Sex M F

3. HISTORICAL DATA: (please circle one - Y = yes, N = no, DK = don't know)

- a) Diarrhoea prodrome Y N DK
 b) If yes, time of onset in days prior to diagnosis of HUS _____ days
 c) If yes, did the stool contain blood Y N DK
 d) Vomiting prodrome Y N DK
 e) Respiratory prodrome Y N DK
 f) Family History of HUS Y N DK
 g) Previously/simultaneously affected sibling Y N DK
 h) Was HUS attributed to ingestion of any food product? Y N DK
 i) If yes, please specify _____
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4. PRESENTING OR SUBSEQUENT SIGNS/SYMPTOMS (please circle)

- a) Anaemia Y N DK
 b) Jaundice Y N DK
 c) Fever Y N DK
 d) Oliguria Y N DK
 e) Anuria Y N DK
 f) If yes, duration _____ days
 g) Hypertension Y N DK
 h) If yes, maximum BP _____/_____
 i) Seizures Y N DK
 j) If yes, number _____
 k) If yes, nature eg generalised, focal _____
 l) Intracranial haemorrhage Y N DK

m) Other (specify) _____

5. LABORATORY FINDINGS:

- a) Minimum Haemoglobin _____ g/dL
- b) Minimum Platelets _____ x 10⁹/L
- c) Minimum Serum sodium _____ mmol/L
- d) Maximum Creatinine _____ μmol/L
- e) Maximum Urea _____ mmol/L
- f) Neutrophil count at presentation _____ x 10⁹/L
- g) Abnormal RBC morphology (including fragmented or burr cells, spherocytes, polychromasia) _____
Y N DK
- h) Stool pathogen isolated _____ Y N DK
- i) If yes, specify _____
- j) Verotoxin-producing E. coli (serotype 0157:H7) isolated _____ Y N DK
- k) If yes, serotype (e.g. 0157:H7) _____
- l) Has a stool sample been sent to Melbourne? _____ Y N DK

6. TREATMENT:

- a) Dialysis _____ Y N DK
- b) If yes, specify
type _____
- c) Duration _____ days
- d) Other/specify
eg supportive (hypertensives, anticonvulsants)

eg therapeutic (fresh frozen plasma, plasmapheresis, Vitamin K _____)

e) Duration of intensive care (days) _____ days
- f) Duration of hospital care (days) _____ days

7. COMPLICATIONS/OUTCOME: (please circle)

- a) Cardiomyopathy _____ days Y N DK
- b) Diabetes mellitus _____ days Y N DK
- c) Persistent hypertension _____ days Y N DK
- d) Persistent renal impairment _____ days Y N DK
- e) End-stage renal failure _____ days Y N DK
- f) Pancreatitis _____ days Y N DK
- g) Death _____ days Y N DK

Thank you for completing this questionnaire.

A short follow-up questionnaire will be sent in 12 months seeking information on long-term outcome.

Please return in the reply-paid envelope to: Dr E Elliott, HUS Study, 2nd Level, Clinical Sciences Bldg, Locked Bag 4001, Westmead NSW 2145 Tel: (02) 9845 3005 Fax: (02) 9845 3082