

Systemic Lupus Erythematosus Questionnaire: Paediatric SLE

Australian Paediatric Surveillance Unit

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REPORTING CLINICIAN

1. APSU Dr Code/Name: / _____ 2. Month/Year of Report: _____ / _____
3. Date questionnaire completed / /

PATIENT DETAILS

4. First 2 letters of first name: 5. First 2 letters of surname:
6. Date of Birth: / / 7. Sex: M F
8. Postcode of family: 9. Date of diagnosis: / /
10. Country of birth: _____

If this patient is primarily cared for by another physician whom you believe will report the case and could provide additional details, please write that physician's name in the space below then complete the questionnaire details above this line and return to APSU. If no other report is received for this child we will contact you for information requested in the remainder of the questionnaire.

The primary clinician caring for this child is: Name: _____

Hospital: _____

Instructions: Please answer each question by ticking the appropriate box or writing your response in the space provided.

DK= Don't Know, NA = Not applicable

FAMILY DETAILS

11. Mother's Ethnicity: Aboriginal Torres Strait Islander Caucasian Pacific Islander Maori Middle Eastern
 Asian African Latin American Indian subcontinent Other Please Specify: _____
12. Mother's country of birth: _____
13. Father's Ethnicity: Aboriginal Torres Strait Islander Caucasian Pacific Islander Maori Middle Eastern
 Asian African Latin American Indian subcontinent Other Please Specify: _____
14. Father's country of birth: _____

PRESENTATION

15. Specialty of treating doctor at initial presentation (e.g. general paediatrician, paediatric rheumatologist, adult immunologist, etc): _____

16. Presenting features (tick all that apply)

- a. Malar rash Yes No DK e. Arthritis Yes No DK
- b. Discoid rash Yes No DK f. Pleuritis Yes No DK
- c. Photosensitive skin rash Yes No DK g. Pericarditis Yes No DK
- d. Oral ulcers Yes No DK

Renal disease:

- h. Persistent proteinuria >3+ dipstick or >500mg/day Yes No DK
- i. Cellular casts Yes No DK
- j. Microscopic haematuria Yes No DK

k. Serum creatinine μ mol/L _____

Neurological disorder:

- l. Seizures Yes No DK m. Psychosis Yes No DK

Haematological disorder:

- n. Haemolytic anaemia Yes No DK
- o. Leukopenia (<4000/mm³ total on 2 or more occasions) Yes No DK
- p. Lymphopenia (<1500/mm³ on 2 or more occasions) Yes No DK
- q. Thrombocytopenia (<100,000/mm³ on 2 or more occasions) Yes No DK
- r. Prolonged APTT Yes No DK

Immunological:

- s. Anti-DNA antibody in abnormal titre Yes No DK Presenting titre IU/ml _____
- t. Anti-SM antibody present Yes No DK Presenting titre IU/ml _____

- u. Anti phospholipid Ab (IgG or IgM, cardiolipinAb 2) Yes No DK
- v. Lupus anticoagulant positive Yes No DK
- w. False positive serological test for syphilis Yes No DK
- x. Anti nuclear antibody (ANA) Yes No DK Presenting titre/U/ml: _____
- C3 g/L _____ C4 g/L _____ CH100 g/L _____
- y. Fatigue Yes No DK
- z. Weight loss Yes No DK
- aa. Fevers Yes No DK
- bb. Alopecia Yes No DK
- cc. Myalgia Yes No DK
- dd. Other _____

Pathology

17. Has this patient had a renal biopsy? Yes No DK
18. Date of biopsy: / /
19. Classification of renal biopsy: No nephritis
- Class I Minimal mesangial nephritis
- Class II Mesangial proliferative lupus nephritis
- Class III Focal lupus nephritis
- Class IV Diffuse lupus nephritis
- Class V Membranous lupus nephropathy
- Class VI Advanced sclerosing lupus nephritis
- (may mark more than 1 class) If you have a renal biopsy report and are willing to provide a copy, please attach to this questionnaire in a de-identified form.
20. Has this patient had a skin biopsy? Yes No DK
21. Date of biopsy: / /
22. Findings _____

23. Medications prescribed since presentation

- a. Daily Oral Prednisone Yes No DK/NA
- b. Cyclosporin Yes No DK/NA
- c. Alternate Day Prednisone Yes No DK/NA
- d. Tacrolimus Yes No DK/NA
- e. Methylprednisone Yes No DK/NA
- f. Rituximab Yes No DK/NA
- g. Cyclophosphamide Yes No DK/NA
- h. Hydroxychloroquine Yes No DK/NA
- i. Azathioprine Yes No DK/NA
- j. IVIG Yes No DK/NA
- k. Mycophenolate Yes No DK/NA
- l. Anti-inflammatories Yes No DK/NA
- m. Anticonvulsant Yes No DK/NA
- If Yes, specify: _____
- n. Antihypertensive Yes No DK/NA
- o. Other : _____

Outcome of first presentation:

24. During the first presentation did the patient require:

- a. Outpatient management Yes No DK
- b. Date of outpatient management: / /
- c. Inpatient (ward) admission Yes No DK If yes,
- Date of admission: / / Date of discharge: / /
- d. Inpatient (ICU or high dependency) admission Yes No DK If yes,
- Date of admission: / / Date of admission: / /

25. Did any of the following events occur during the first presentation?

- a. Thrombosis Yes No DK
- b. Permanent neurological disability Yes No DK If Yes, please specify: _____
- c. Received blood transfusion Yes No DK If Yes, please specify: _____
- d. Renal failure requiring dialysis Yes No DK
- e. Death Yes No If Yes, please provide date of death: / /

26. Are you aware of any significant adverse effects of treatment during management of the first presentation? If so, please specify effect and medication: _____