**Ped. Pneumology EXACERBATION**

 **chILD-EU**

**Barcode**

Date: \_\_\_\_\_\_\_\_\_\_\_ Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_

 **Please 1 sheet per exacerbation**

Patient at the end again in previous baseline - state?

O No, O Yes

Start date \_\_- \_\_- \_\_\_\_ End date \_\_- \_\_- \_\_\_\_

DD-MM-YYYY DD-MM-YYYY

**Please check the “7-criteria”:**

1. Increase in respiratory rate O No, O yes O nd

2. Increase or development of dyspnea O No, O yes

3. Newly developing or increased abnormalities on chest imaging O No, O yes O nd

4. Onset/increase of oxygen demand to attain the individual baseline saturation O No, O yes

5. Need for an additional level of ventilatory support (in addition to oxygen) O No, O yes

6. Decrease in lung function in children able to perform the tests O No, O yes O nd

7. Reduced exercise tolerance (history or in tests) O No, O yes

**Additional info**

1. Was the patient hospitalized? O No, O yes

2. New feeding problems O No, O yes

3. New failure to thrive/weight lost O No, O yes

4. Was there a change in treatment O No, O yes => What was done?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cause/trigger** (multiple selection possible)

1. Infection O No, O yes

2. Exposure to environmental irritant O No, O yes

3. Aspiration O No, O yes

4. Extra-pulmonary processes O No, O yes

5. Changes of treatment prior worsening O No, O yes

6. Poor treatment adherence O No, O yes

7. Side effect of current medication O No, O yes

8. Psychosocial factors O No, O yes

**Remarks:**