

CF ANNUAL REVIEW INFORMATION SHEET

NAME:

DOB:

HOSPITAL NUMBER (UHW):

SHARED-CARE HOSPITAL:

DATE:



Children's Hospital for Wales



Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Department of Paediatric Respiratory
Medicine and Cystic Fibrosis

MAJOR EVENTS:

NUMBER OF COURSES OF ORAL ANTIBIOTICS:

NUMBER OF COURSES OF IV ANTIBIOTICS:

DATE STARTED

DATE COMPLETED

No. INPATIENT IV DAYS

No. HOME IV DAYS

CHRONIC TREATMENTS STARTED:

CHRONIC TREATMENTS DISCONTINUED:

RESPIRATORY MICROBIOLOGY

Number of cough swabs taken at DGH this year:

Please list results below

BLOOD RESULTS

Sodium	_____	Potassium	_____
Urea	_____	Creatinine	_____
Bilirubin	_____		
Alk Phosphatase	_____	Asp Transaminase	_____
Albumin	_____	G.Glutamyl	_____
Protein	_____	Cholesterol	_____
Retinol (Vit A)	_____	Tocopherol (Vit E)	_____
Chol/Vit E ratio	_____	Vitamin D	_____
Random serum glucose	_____	2 hour glucose tolerance	_____
Fasting blood glucose	_____	Corrected Calcium	_____
PTH	_____	Phosphate	_____
HbA1c	_____		
Prothrombin time	_____		
Haemoglobin	_____	Platelets	_____
White blood cell count	_____	Eosinophils_____ number (x10 ⁶)	
IgG	_____	IgM	_____
IgA	_____	IgE	_____
A. fumigatus cultured	Yes / No		
A. fumigatus RAST	_____	A.fumigatus precipitins	+/-