



Form 25C Ascending Cholangitis

B: ASCENDING CHOLANGITIS

B1a	Visit Date:	____ / ____ / ____
B1a	Date of presentation/onset:	____ / ____ / ____
B2	Ongoing?	<input type="radio"/> No <input type="radio"/> Yes → go to B4
B3	If No, indicate date of resolution:	____ / ____ / ____
B4	Patient was hospitalized?	<input type="radio"/> No → go to B8 <input type="radio"/> Yes
B5	Date of admission:	____ / ____ / ____
B6	Discharged?	<input type="radio"/> No → go to B8 <input type="radio"/> Yes
B7	If Yes, date of discharge:	____ / ____ / ____
B8	Total white blood cell count:	____ <input type="radio"/> x10 ³ /mm ³ <input type="radio"/> x10 ⁹ /L <input type="radio"/> Not Done → go to B10
B9	Date White Blood Cell count taken:	____ / ____ / ____
B10	Blood culture:	<input type="radio"/> Negative → skip B12 <input type="radio"/> Positive <input type="radio"/> Not Done → go to B13
B11	Date blood culture taken:	____ / ____ / ____
B12	If blood culture is positive, organism present (check all that apply):	<input type="checkbox"/> Bacteroides species <input type="checkbox"/> Clostridium species <input type="checkbox"/> Enterobacter species <input type="checkbox"/> Enterococcus <input type="checkbox"/> Escherichia coli <input type="checkbox"/> Klebsiella species <input type="checkbox"/> Proteus species <input type="checkbox"/> Pseudomonas species <input type="checkbox"/> Other (specify): _____
B13	Resistance to Bactrim:	<input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Not Done
B14	Liver aspirate culture:	<input type="radio"/> Negative → skip B17 <input type="radio"/> Positive <input type="radio"/> Not Done → go to B17
B15	Date liver aspirate culture taken:	____ / ____ / ____

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B16	If liver aspirate culture is positive, organism present (check all that apply):	<input type="checkbox"/> Bacteroides species <input type="checkbox"/> Clostridium species <input type="checkbox"/> Enterobacter species <input type="checkbox"/> Enterococcus <input type="checkbox"/> Escherichia coli <input type="checkbox"/> Klebsiella species <input type="checkbox"/> Proteus species <input type="checkbox"/> Pseudomonas species <input type="checkbox"/> Other (specify): _____
B17	Interventions taken (check all that apply):	<input type="checkbox"/> None <input type="checkbox"/> Antibiotics (specify type and duration): _____ <input type="checkbox"/> Steroids <input type="checkbox"/> Reoperation <input type="checkbox"/> Other (specify): _____
B18	Liver biopsy performed:	<div style="display: flex; justify-content: space-around;"> O No O Yes </div>
B19	Data confirmed by medical record:	<div style="display: flex; justify-content: space-around;"> O No O Yes </div>