Acute Liver Failure Study Group
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Study Form A-Pediatrics

# Admission to Study
## (Pediatrics)
## Pg 1

| Center No. | Patient Study No. | Date Initial Hospital Admission: | Time Admitted: | Hospital Transfer?: ◯ Yes ◯ No |
|---|---|---|---|---|
| | P | month day year | hr min | If Yes, date: month day year |

1. Features of ALF?

| Jaundice: | Yes | No | | Yes | No | | Yes | No |
|---|---|---|---|---|---|---|---|---|
| < 8 wks | ◯ | ◯ | Altered mental status? | ◯ | ◯ | INR > or = 1.5 or PT > or = 15 **OR** | ◯ | ◯ |
| **OR** | | | | | | | | |
| ≥ 8 weeks and < 26 wks | ◯ | ◯ | | | | INR > or = 2.0 or PT > 20 | ◯ | ◯ |

| 2. Consent obtained? | Yes | No | 3. Date of Admission to Study: | 4. Time: | 5. Previous: | Yes | No |
|---|---|---|---|---|---|---|---|
| | ◯ | ◯ | month day year | hr min | Sedatives | ◯ | ◯ |
| | | | | | FFP | ◯ | ◯ |

6. Date of birth: month day year

7. Age: years months

8. Sex: ◯ Male ◯ Female

9. Years of Education Completed: ◯ Unknown

10a. Ethnicity: ……..◯ Hispanic or Latino ◯ Not Hispanic or Latino

10b. Race: ……◯ Black/African American ◯ Asian ◯ American Indian/Alaskan Native ◯ White ◯ Native Hawaiian/ Other Pacific Islander ◯ Other: _____

11. Date of onset of first symptom: (Mark all symptoms below.) month day year

| | Yes | No | Unk | | Yes | No | Unk |
|---|---|---|---|---|---|---|---|
| Nausea/Vomit | ◯ | ◯ | ◯ | Lethargy | ◯ | ◯ | ◯ |
| Abdominal Pain | ◯ | ◯ | ◯ | Malaise | ◯ | ◯ | ◯ |
| Rash | ◯ | ◯ | ◯ | Fever | ◯ | ◯ | ◯ |
| Poor Feeding | ◯ | ◯ | ◯ | Other: | ◯ | ◯ | ◯ |
| Seizure | ◯ | ◯ | ◯ | _____ | | | |

12. Date of onset of icterus: month day year

13. Date of onset of hepatic coma grade if applicable:

I. month day year  II: month day year  III: month day year  IV. month day year

14. Family History / Patients Past Medical History: (mark all that apply)

*History in Mother:*
- ◯ HELLP syndrome
- ◯ Severe pre-eclampsia
- ◯ AFLP
- ◯ Obtained negative history
- ◯ Hx not obtained/unknown

*History in Parents/Extended Family:*
- ◯ NASH
- ◯ Hepatic steatosis
- ◯ Cardiomyopathy
- ◯ Myopathy
- ◯ Consanguinity
- ◯ Obtained negative history
- ◯ Hx not obtained/unknown

*History in Siblings:*
- ◯ SIDS
- ◯ Cardiac arrhythmia
- ◯ Cardiomyopathy
- ◯ Unexplained liver disease
- ◯ Reye's syndrome
- ◯ Myopathy
- ◯ Obtained negative history
- ◯ Hx not obtained/unknown

*Patients Medical History:*
- ◯ Poor weight gain
- ◯ Malignancy
- ◯ Heart disease
- ◯ Developmental delay
- ◯ Seizure disorder
- ◯ Obtained negative history
- ◯ Hx not obtained/unknown



Please FAX all pages of completed form to 214-456-8006 or mail to:
Dr. Norberto Rodriguez-Baez, Children's Medical Center of Dallas, 1935 Motor St. Dallas TX, 75235

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15. Dietary Changes in last six months:

| | Yes | No |
|---|---|---|
| Start formula | ○ | ○ |
| Start cereal | ○ | ○ |
| Start whole milk | ○ | ○ |
| EtOH | ○ | ○ |

16. Drugs Checklist: (mark all that apply)

- ○ Anesthetics
- ○ Anti TB agents
- ○ Antibiotics
- ○ Anticonvulsants
- ○ Diabetes meds
- ○ Estrogens
- ○ Herbals
- ○ Immunosuppressives
- ○ NSAIDs
- ○ OTC
- ○ Psychiatric
- ○ Vitamins/nutritional supplements

| 17. Medications last 6 months pta *(include toxins, herbs, mushrooms, OTC meds, vitamins, anesthetics)* | *Office Use* | *Date last taken* (month day year) | *Total Dose/ Day* | mg | µg | *Duration* | *Days* | *Months* |
|---|---|---|---|---|---|---|---|---|
| | | | | ○ | ○ | | ○ | ○ |
| | | | | ○ | ○ | | ○ | ○ |
| | | | | ○ | ○ | | ○ | ○ |
| | | | | ○ | ○ | | ○ | ○ |
| | | | | ○ | ○ | | ○ | ○ |
| | | | | ○ | ○ | | ○ | ○ |
| | | | | ○ | ○ | | ○ | ○ |

18. If acetaminophen overdose, mark type:

- ○ Suicide Attempt
- ○ Accidental
- ○ NA (not applicable)

Total Dose (mg):

If single dose, indicate date and time taken: (month) (hr) (min)

If chronic use, indicate number of days:

19. Physical Examination:

**On Admission to Study**

BP

Pulse/min

Resp/min

Temp ( °C)

Height (cm)

Weight (kg)

Head Circumference (cm)

Coma Grade: ○ **0** ○ **I** ○ **II** ○ **III** ○ **IV**

| | Yes | No |
|---|---|---|
| Peripheral edema: | ○ | ○ |
| Capillary refill > 2 secs: | ○ | ○ |
| Splenomegaly: | ○ | ○ |
| Ascites: | ○ | ○ |
| Hyper-reflexia: | ○ | ○ |
| Pupillary Dilatation: | ○ | ○ |

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20. Laboratory values at Admission to Study:

### Blood

| | | Not Done |
|---|---|---|
| Hemoglobin (g/dL): | ___.___ | ○ |
| Hematocrit (%): | ___.___ | ○ |
| WBC (1000/mm$^3$): | ___.___ | ○ |
| *Differential* | | |
| PMN (%): | ___ | ○ |
| Lymphocytes (%): | ___ | ○ |
| Eosinophils (%): | ___ | ○ |
| Monos (%): | ___ | ○ |
| Platelet count (1000/mm$^3$): | ___ | ○ |

### Liver

| | | Not Done |
|---|---|---|
| Prothrombin time (sec): | ___.___ | ○ |
| Factor VII (%): | ___ | ○ |
| Factor V (%): | ___ | ○ |
| INR: | ___.___ | ○ |
| ALT (IU/L): | ___ | ○ |
| AST (IU/L): | ___ | ○ |
| Alk Phosph (IU/L): | ___ | ○ |
| GGT (IU/L): | ___ | ○ |
| Albumin (gm/dL): | ___.___ | ○ |
| Total protein (gm/dL): | ___.___ | ○ |
| Total Bilirubin (mg/dL): | ___.___ | ○ |
| Conjugated bilirubin (mg/dL): | ___.___ | ○ |
| Glucose (mg/dL): | ___.___ | ○ |
| Amylase (IU/L): | ___ | ○ |
| CK (IU/L): | ___ | ○ |

### Kidney/Electrolytes

| | | |
|---|---|---|
| Creatinine (mg/dL): | ___.___ | ○ |
| BUN (mg/dL): | ___ | ○ |
| Na (mmol/L): | ___ | ○ |
| K (mmol/L): | ___.___ | ○ |
| HCO3 (mmol/L): | ___ | ○ |
| Chloride (mmol/L): | ___ | ○ |
| Phosphate (mg/dL): | ___.___ | ○ |
| Magnesium (mEq/L): | ___.___ | ○ |
| Total calcium (mg/dL): | ___.___ | ○ |
| Ionized calcium (mg/dL): | ___.___ | ○ |
| Lactate (mmol/L): | ___.___ | ○ |
| Pyruvate (µmol/L): | ___.___ | ○ |
| Uric acid (mg/dL): | ___.___ | ○ |

Urine ketones (degree of positivity):

○ ND ○ - ○ + ○ ++ ○ +++ ○ ++++

### Arterial/Toxins

| | | |
|---|---|---|
| pH: | ___.___ | ○ |
| $pO_2$ (mmHg): | ___ | ○ |
| $pCO_2$ (mmHg): | ___ | ○ |
| St. BC (mEq/L): | ___.___ | ○ |
| $O_2$ saturation (%): | ___ | ○ |
| $FiO_2$ (%): | ___ | ○ |
| Arterial ammonia (µmol/L): | ___ | ○ |
| Venous ammonia (µmol/L): | ___ | ○ |
| Urine for heavy metals? | POS ○ NEG ○ | ○ |
| Urine Toxin screen positive? | Yes ○ No ○ | ○ |
| If yes, indicate: | _____ | |
| Acetaminophen level (mg/L): | ___ | ○ |

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# Admission to Study
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21. Serological Parameters

| | + | - | ND | Pending |
|---|---|---|---|---|
| Anti-HAV (IgM): | ○ | ○ | ○ | ○ |
| HBsAg: | ○ | ○ | ○ | ○ |
| Anti-HBc: | ○ | ○ | ○ | ○ |
| Anti-HBc (IgM): | ○ | ○ | ○ | ○ |
| HBeAg: | ○ | ○ | ○ | ○ |
| Anti-HBs: | ○ | ○ | ○ | ○ |
| HBV-DNA: | ○ | ○ | ○ | ○ |
| Anti-HDV: | ○ | ○ | ○ | ○ |
| Anti-HCV: | ○ | ○ | ○ | ○ |
| HCV-RNA: | ○ | ○ | ○ | ○ |
| Anti-HEV: | ○ | ○ | ○ | ○ |
| Anti-HIV: | ○ | ○ | ○ | ○ |
| β-hCG: | ○ | ○ | ○ | ○ |

22. Miscellaneous

| | Neg | Pos | | Not Done |
|---|---|---|---|---|
| Anti-smooth muscle: | ○ | | 1: | ○ |
| ANA: | ○ | | 1: | ○ |
| pANCA: | ○ | ○ | | ○ |
| Anti-LKM: | ○ | | 1: | ○ |
| Alpha-1-AT $P_i$ type: | | | | ○ |
| Alpha-1-AT level (mg/dL): | | | | ○ |
| Serum Copper (µg/ml): | | | | ○ |
| Urine Copper (µg/24 hr.): | | | | ○ |
| Ceruloplasmin (mg/dL): | | | | ○ |
| Alpha-fetoprotein (ng/ml): | | | | ○ |

Other:

Admission serum collected? Yes ○ No ○

If yes: month day year hr min

If yes: (only one) Per Protocol ○ Lab Excess ○

Entered in NAC study? Yes ○ No ○

23. Presumed Diagnosis (mark one)

- ○ 1 Acetaminophen
- ○ 2 Autoimmune hepatitis
- ○ 3 Budd-Chiari
- ○ 4 Drug-induced hepatitis (list agent) _____
- ○ 5 Hepatitis A
- ○ 6 Hepatitis B (±delta)
- ○ 7 Hepatitis C
- ○ 8 Hepatitis E
- ○ 9 Mushroom intoxication
- ○ 10 Shock/ ischemia
- ○ 11 Wilson's disease
- ○ 12 Indeterminate
- ○ 13 Metabolic liver disease
- ○ 14 Other viruses _____
- ○ 15 Other _____

24. Comments:

*Please print*

Name of person filling out form: _____

Phone: _____

Pager: _____

| Date Form Completed | Time Completed |
|---|---|
| month day year | hr min |