DRAFT SHINE Pneumonia SAE Template

A [age] year old [male/female] suffered an acute ischemic stroke and was enrolled in SHINE on [date of enrollment] with an initial NIHSS of [baseline score]. The patient was admitted to the [ICU/stroke unit/floor]. On [date] the patient developed signs or symptoms subsequently determined to be consistent with pneumonia. These included [fever/cough/difficulty breathing/hypoxia/increasing supplemental oxygen requirement/increased work of breathing]. Chest imaging [was/was not] performed[demonstrating [no abnormalities/findings consistent with pneumonia].] Sputum cultures* [were/were not] obtained and were [positive/negative]. Blood cultures* [were/were not] obtained and were [positive/negative]. The pneumonia [is/is not] attributable to aspiration. [This event [does/does not] meet criteria for ventilator associated pneumonia.] Antibiotics [were/were not] initiated. [The patient subsequently required endotracheal intubation and mechanical ventilation because of this pneumonia.] The patient subsequently [recovered from this pneumonia/died from this pneumonia/died from other causes before resolution of this pneumonia].

*if cultures were not obtained, please leave those off the narrative.

For questions regarding SAE reporting or template, kindly contact the SHINE site manager, arthrama@umich.edu or 734-936-2454.