

# Patient Demographics

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Record ID

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Hospital Name

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Record ID (unit initials + last 2 digits of patient's hospital number + month of patient's birth)

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Age (years)

\_\_\_\_\_

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BMI

- < 18.5
- 18.5-24.9
- 25-29.9
- 30-39.9
- >40

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Post-partum

- Yes
- No

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Number of weeks since delivery (weeks)

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# Patient treatment pathway

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Day of presentation	<input type="radio"/> Weekday (Monday-Thursday) <input type="radio"/> Friday <input type="radio"/> Weekend
Time of presentation	<input type="radio"/> Day (8.01-17.00) <input type="radio"/> Evening (17.01-20.00) <input type="radio"/> Night (20.00-8.00)
First seen by	<input type="radio"/> Breast team <input type="radio"/> General surgical on-call team <input type="radio"/> A&E
Source of referral to surgical / breast team	<input type="radio"/> A&E <input type="radio"/> GP <input type="radio"/> Maternity services <input type="radio"/> Direct self-referral
Did the patient see her GP prior to being seen in A&E	<input type="radio"/> Yes <input type="radio"/> No
Antibiotics prior to being seen in hospital	<input type="radio"/> Yes <input type="radio"/> No
How many courses	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> $\geq 3$
Breast surgeon/clinician/associate specialist review	<input type="radio"/> Yes <input type="radio"/> No
Type of review	<input type="radio"/> Inpatient <input type="radio"/> Outpatient
Breast clinic follow-up	<input type="radio"/> Yes <input type="radio"/> No

# Diagnosis

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Number of days from onset of symptoms prior to seeking help \_\_\_\_\_

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Diagnosis

- Lactational Mastitis
- Lactational mastitis with Breast Abscess
- Peri-ductal mastitis
- Peri-ductal mastitis with Breast Abscess
- Peripheral non-lactational mastitis
- Peripheral non-lactational mastitis with Breast Abscess
- Granulomatous mastitis

## Risk Factors

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Breastfeeding

- Yes  
 No

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Using breast pump regularly

- Yes  
 No

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Advice to continue breastfeeding from the affected breast given

- Yes  
 No

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Previous Breast infection (abscess / mastitis)

- Yes  
 No

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Risk factors other than lactation

- Smoking  
 Diabetes  
 Breast Trauma  
 Steroid Use  
 IV drug use  
 Recent Breast Intervention  
 Co-morbidities

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Please list co-morbidities

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# Antibiotics

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Antibiotics prescribed in hospital

- Yes  
 No

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Number of antibiotics prescribed

- 1  
 2  
  $\geq 3$

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Which antibiotic

- Amoxicillin  
 Cephalexin  
 Clindamycin  
 Co-amoxiclav  
 Dicloxacillin  
 Erythromycin  
 Flucloxacillin  
 Metronidazole  
 Vancomycin

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Route

- Oral  
 Intravenous

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Course duration (days)

- $\leq 7$   
 7-10  
 10-14  
  $> 14$

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Reason for choice of antibiotic

- Hospital Protocol  
 Patient Allergies  
 Previous treatment  
 Other

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Please specify 'other' reason for choice of antibiotic

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Second antibiotic

- Amoxicillin  
 Cephalexin  
 Clindamycin  
 Co-amoxiclav  
 Dicloxacillin  
 Erythromycin  
 Flucloxacillin  
 Metronidazole  
 Vancomycin

---

Route

- Oral  
 Intravenous

---

Course duration (days)

- $\leq 7$   
 7-10  
 10-14  
  $> 14$

---

Reason for choice of antibiotic

- Hospital Protocol  
 Patient Allergies  
 Previous treatment  
 Other

---

Please specify 'other' reason for choice of antibiotic

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Third antibiotic

- Amoxicillin
- Cephalexin
- Clindamycin
- Co-amoxiclav
- Dicloxacillin
- Erythromycin
- Flucloxacillin
- Metronidazole
- Vancomycin

---

Route

- Oral
- Intravenous

---

Course duration (days)

- ≤7
- 7-10
- 10-14
- >14

---

Reason for choice of antibiotic

- Hospital Protocol
- Patient Allergies
- Previous treatment
- Other

---

Please specify 'other' reason for choice of antibiotic

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# Treatment

Location of treatment

- Inpatient  
 Outpatient

Length of hospital stay (days)

\_\_\_\_\_

Reason for admission

- Severe infection/sepsis  
 Haemodynamically unstable  
 Immunocompromised  
 Rapidly-progressing infection  
 IV Antibiotics  
 Other

Please list 'Other' reasons for admission

\_\_\_\_\_

Decision made to admit by (select most senior decision-maker involved)

- Nurse practitioner  
 House Officer / FY1 / Intern  
 Senior House Officer / FY2 / CT1-2  
 Registrar ( ≥ST3)  
 Consultant

Diagnostic breast ultrasound scan

- Yes  
 No

Waiting time to diagnostic breast ultrasound scan (days)

\_\_\_\_\_

Needle aspiration

- Yes  
 No

Under ultrasound guidance

- Yes  
 No

Waiting time to 1st needle aspiration (days)

\_\_\_\_\_

Number of aspirations performed in total

\_\_\_\_\_

Surgical Incision and drainage

- Yes  
 No

Indication for surgical incision and drainage

- Skin changes / necrosis  
 Pointing  
 Size ≥5cm  
 Multiloculated abscess  
 Duration of symptoms ≥5 days  
 Other

Please state 'Other' reason for incision and drainage

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Waiting time to incision and drainage (days)

\_\_\_\_\_

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Returned to theatre for repeat incision and drainage

- Yes
- No

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Aspirate sent for culture and sensitivity

- Yes
- No

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Pathogen isolated

- Yes
- No

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Name of the pathogen isolated

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