 **MDT meeting for Children Interstitial**

**Lung Disease (ChILD)** Enter Date

*« I confirm that I have obtained the patient’s consent for discussing his medical file in MDT meeting and that I have informed him that their medical data will be managed via a secure website and shared with other health professionals only for the purpose of his diagnostic and therapeutic management ».*

# Prescriber

Prescriber for MDT meeting\* (Last name, First Name):Type text

Clinical in charge of the patient (Last name, First Name):Type text

Date of request: Enter Date

Presents:

# Patient

Last Name\*: Type text

First Name\*: Type text

Date of birth \* (dd/mm/yyyy): Enter Date

Gender: F  M

Patient included in a database: yes  no  do not know

If yes, which one:

Patient previously presented in MDT meeting: yes , Enter Date no

Consanguinity (if known): yes  no

Specify: Type text

Geographic extraction:

Father: Type text

Mother: Type text

Family history:

Father: Type text

Mother: Type text

Siblings: Type text

Other: Type text

Environment: Type text

Neonatal history:

Term? yes  no , Type text SA

Birth weight (kg): Type text

Neonatal respiratory distress? Yes  no

# Medical history

Age at onset of symptoms: Type text

Medical history: Type text

Weight (kg): Type text

Size (cm): Type text

Respiratory symptoms: Type text

Respiratory rate (RR): Type text /min

Pulse oxygen saturation (SaO2) awake/sleep: Type text % / Type text %

Tachypnoea

Chest deformation

Digital Clubbing

Comments

Digestive and nutritional symptoms Type text

Neurological symptoms Type text

Other(s) Type text

# Explorations

Normal? Comments

Chest CT  Type text

PFT  Type text

Cardiac US PAH: yes  no  Type text

Metabolic test  Type text

Thyroid test  Type text

Immunologic tests  Type text

Auto-antibodies  Type text

IFN signature  Type text

BAL Type text

Bacteriology/virology  Type text

Genetic analyses Laboratory: Type text Type text

Lung biopsy Type text

Other(s): Type text

# Treatments

Current treatments:

Comments

Oxygen therapy Type text

Ventilation Type text

Enteral nutrition Type text

Corticosteroid therapy  Oral Type text

Pulses Type text

Azithromycin Type text

Hydroxychloroquin Type text

Other(s) Type text

# MDT Conclusion

Clinicial’s request\*:  Diagnostic  Therapeutic  Other: Type text

Specify: Type text

**MDT CONCLUSION**:

ILD diagnosis: Type text

Proposed explorations: Type text

Management: Type text