 **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