CARE Checklist – 2016: Information for writing a case report

**Topic Item Checklist item description Line/Page**

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| --- | --- | --- | --- |
| **Title** | **1** | The words “case report” should be in the title along with the area of focus | **5 / Page 1** |
| **Key Words** | **2** | Four to seven key words—include“case report” as one of the key words | **54-55 / Page 2** |
| **Abstract** | **3a 3b 3c** | Background: What does this case report add to the medical literature? Case summary: chief complaint, diagnoses, interventions, and outcomes Conclusion: What is the main “take-away” lesson from this case? | **30-34 / Page 2****36-46 / Page 2****48-52 / Page 2** |
| **Introduction** | **4** | The current standard of care and contributions of this case—with references (1-2 paragraphs) | **76-78 / Page 3** |
| **Timeline** | **5** | Information from this case reportorganized intoa timeline (table or figure) | **Not Applicable** |
| **Patient Information** | **6a 6b 6c** | De-identified demographic and other patient or client specific information Chief complaint—what prompted this visit?Relevant history including past interventions and outcomes | **82 / Page 3****82 / Page 3****85-89 / Page 4** |
| **Physical Exam** | **7** | Relevant physical examination findings | **95 / Page 4** |
| **Diagnostic** | **8a** | Evaluations such as surveys, laboratory testing, imaging, etc. | **97-114/ Page 4-5** |
| **Assessment** | **8b 8c 8d** | Diagnostic reasoning including other diagnoses considered and challenges Consider tables or figures linking assessment, diagnoses and interventions Prognostic characteristics where applicable | **119-131 / Page 4-5****Page 4-5 / Fig. 1-4** **Lines 134 / Page 5** |
| **Interventions** | **9a 9b 9c 9d** | Types such as life-style recommendations, treatments, medications, surgery Intervention administration such as dosage, frequency and durationNote changes in intervention with explanation Other concurrent interventions  | **119-131 / Page 5 Not Applicable****Not Applicable****Not Applicable** |
| **Follow-up and** | **10a** | Clinician assessment (and patientor client assessed outcomes when appropriate) | **119-131 / Page 5**  |
| **Outcomes** | **10b 10c** | Important follow-up diagnostic evaluationsAssessment of intervention adherence and tolerability, including adverse events | **134 / Page 5****Not Applicable** |
| **Discussion** | **11a 11b****11c** | Strengths and limitations in your approach to this caseSpecify how this case report informs practice or Clinical Practice Guidelines (CPG) How does this case report suggest a testable hypothesis? | **Discussion / Page 7 Lines 181-185 / Page7****Not Applicable**  |
|  | **11d** | Conclusions and rationale | **222-228 / Page 8-9** |
| **Patient Perspective** | **12** | When appropriate include the assessment of the patient or client on this episode of care | **Not Applicable** |
| **Informed Consent** | **13** | Informed consent from the person who is the subject of this case report is required by most journals | **See Signed Consent for Treatment Form(s) or Document(s)** |
| **Additional Information** | **14** | Acknowledgement section; Competing Interests; IRB approval when required | **Page 15** |
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