



## CARE Checklist – 2016: Information for writing a case report

| Topic                  | Item | Checklist item description                                                                           | Line/Page                           |
|------------------------|------|------------------------------------------------------------------------------------------------------|-------------------------------------|
| Title                  | 1    | The words “case report” should be in the title along with the area of focus                          | <input checked="" type="checkbox"/> |
| Key Words              | 2    | Four to seven key words—include “case report” as one of the key words                                | <input checked="" type="checkbox"/> |
| Abstract               | 3a   | Background: What does this case report add to the medical literature?                                | <input checked="" type="checkbox"/> |
|                        | 3b   | Case summary: chief complaint, diagnoses, interventions, and outcomes                                | <input checked="" type="checkbox"/> |
|                        | 3c   | Conclusion: What is the main “take-away” lesson from this case?                                      | <input checked="" type="checkbox"/> |
| Introduction           | 4    | The current standard of care and contributions of this case—with references (1-2 paragraphs)         | <input checked="" type="checkbox"/> |
| Timeline               | 5    | Information from this case report organized into a timeline (table or figure)                        | <input checked="" type="checkbox"/> |
| Patient Information    | 6a   | De-identified demographic and other patient or client specific information                           | <input checked="" type="checkbox"/> |
|                        | 6b   | Chief complaint—what prompted this visit?                                                            | <input checked="" type="checkbox"/> |
|                        | 6c   | Relevant history including past interventions and outcomes                                           | <input checked="" type="checkbox"/> |
| Physical Exam          | 7    | Relevant physical examination findings                                                               | <input checked="" type="checkbox"/> |
| Diagnostic Assessment  | 8a   | Evaluations such as surveys, laboratory testing, imaging, etc.                                       | <input checked="" type="checkbox"/> |
|                        | 8b   | Diagnostic reasoning including other diagnoses considered and challenges                             | <input checked="" type="checkbox"/> |
|                        | 8c   | Consider tables or figures linking assessment, diagnoses and interventions                           | <input checked="" type="checkbox"/> |
|                        | 8d   | Prognostic characteristics where applicable                                                          | <input checked="" type="checkbox"/> |
| Interventions          | 9a   | Types such as life-style recommendations, treatments, medications, surgery                           | <input checked="" type="checkbox"/> |
|                        | 9b   | Intervention administration such as dosage, frequency and duration                                   | <input checked="" type="checkbox"/> |
|                        | 9c   | Note changes in intervention with explanation                                                        | <input checked="" type="checkbox"/> |
|                        | 9d   | Other concurrent interventions                                                                       | <input checked="" type="checkbox"/> |
| Follow-up and Outcomes | 10a  | Clinician assessment (and patient or client assessed outcomes when appropriate)                      | <input checked="" type="checkbox"/> |
|                        | 10b  | Important follow-up diagnostic evaluations                                                           | <input checked="" type="checkbox"/> |
|                        | 10c  | Assessment of intervention adherence and tolerability, including adverse events                      | <input checked="" type="checkbox"/> |
| Discussion             | 11a  | Strengths and limitations in your approach to this case                                              | <input checked="" type="checkbox"/> |
|                        | 11b  | Specify how this case report informs practice or Clinical Practice Guidelines (CPG)                  | <input checked="" type="checkbox"/> |
|                        | 11c  | How does this case report suggest a testable hypothesis?                                             | <input checked="" type="checkbox"/> |
|                        | 11d  | Conclusions and rationale                                                                            | <input checked="" type="checkbox"/> |
| Patient Perspective    | 12   | When appropriate include the assessment of the patient or client on this episode of care             | <input checked="" type="checkbox"/> |
| Informed Consent       | 13   | Informed consent from the person who is the subject of this case report is required by most journals | <input checked="" type="checkbox"/> |
| Additional Information | 14   | Acknowledgement section; Competing Interests; IRB approval when required                             | <input checked="" type="checkbox"/> |

January 31, 2016