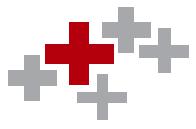
**CARE Checklist – 2016: Information for writing a case report**

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| --- | --- | --- | --- | --- |
| **Topic** |  | **Item** | **Checklist item description** | **Line/Page** |
| **Title** | **1** | The words “case report” should be in the title along with the area of focus | | \_\_\_\_1/1\_\_\_ |
| **Key Words** | **2** | Four to seven key words—include “case report” as one of the key words | | \_\_\_\_2-3/5\_\_\_ |
| **Abstract** | **3a** | Background: What does this case report add to the medical literature? | | \_\_\_\_8-9/4\_\_\_ |
|  | **3b** | Case summary: chief complaint, diagnoses, interventions, and outcomes | | \_\_\_\_10-24/4\_\_\_ |
|  | **3c** | Conclusion: What is the main “take-away” lesson from this case? | | \_\_\_\_26-27/4\_\_\_ |
| **Introduction** | **4** | The current standard of care and contributions of this case—with references (1-2 paragraphs) | | \_\_\_\_12-28/5\_\_\_ |
| **Timeline** | **5** | Information from this case report organized into a timeline (table or figure) | | \_\_\_\_\_2-24/15\_\_ |
| **Patient Information** | **6a** | De-identified demographic and other patient or client specific information | | \_\_\_\_14/6\_\_\_ |
|  | **6b** | Chief complaint—what prompted this visit? | | \_\_\_\_6/6\_\_\_ |
|  | **6c** | Relevant history including past interventions and outcomes | | \_\_\_\_13-14/6\_\_\_ |
| **Physical Exam** | **7** | Relevant physical examination findings | | \_\_\_\_21-25/6\_\_\_ |
| **Diagnostic** | **8a** | Evaluations such as surveys, laboratory testing, imaging, etc. | | \_\_\_\_2-15/7\_\_\_ |
| **Assessment** | **8b** | Diagnostic reasoning including other diagnoses considered and challenges | | \_\_\_\_7-8/7\_\_\_ |
|  | **8c** | Consider tables or figures linking assessment, diagnoses and interventions | | \_\_\_\_1-3/18\_\_\_ |
|  | **8d** | Prognostic characteristics where applicable | | None |
| **Interventions** | **9a** | Types such as life-style recommendations, treatments, medications, surgery | | \_\_\_\_18-20/7\_\_\_ |
|  | **9b** | Intervention administration such as dosage, frequency and duration | | \_\_\_\_18-20/7\_\_\_ |
|  | **9c** | Note changes in intervention with explanation | | \_\_\_\_21-22/7\_\_\_ |
|  | **9d** | Other concurrent interventions | | \_\_\_\_\_18-20/7\_\_ |
| **Follow-up and** | **10a** | Clinician assessment (and patient or client assessed outcomes when appropriate) | | \_\_\_\_21-22/7\_\_\_ |
| **Outcomes** | **10b** | Important follow-up diagnostic evaluations | | \_\_\_21-22/7\_\_\_\_ |
|  | **10c** | Assessment of intervention adherence and tolerability, including adverse events | | \_\_\_\_21/7\_\_\_ |
| **Discussion** | **11a** | Strengths and limitations in your approach to this case | | \_\_\_\_24-25/8; 7-8/9\_\_\_ |
|  | **11b** | Specify how this case report informs practice or Clinical Practice Guidelines (CPG) | | \_\_\_\_None\_\_\_ |
|  | **11c** | How does this case report suggest a testable hypothesis? | | \_\_\_\_None\_\_\_ |
|  | **11d** | Conclusions and rationale |  | \_\_\_\_18-24/10\_\_\_ |
| **Patient Perspective** | **12** | When appropriate include the assessment of the patient or client on this episode of care | | \_\_\_\_None\_\_\_ |
| **Informed Consent** | **13** | Informed consent from the person who is the subject of this case report is required by most journals | | \_\_\_√\_\_\_\_ |
| **Additional Information** | **14** | Acknowledgement section; Competing Interests; IRB approval when required | | \_\_\_\_1-4/11\_\_\_ |
| www.care-statement.org |  |  |  | January 31, 2016 |