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 | 8-9 / 3 |
| **Abstract** | **3a 3b 3c** | Background:Whatdoesthiscasereportaddtothemedicalliterature? Casesummary:chiefcomplaint,diagnoses,interventions,andoutcomes Conclusion:Whatisthemain“take-away” lessonfromthiscase? | 7-14/ 2  16-30/2 ; 1-7/3  5-7/3 |
| **Introduction** | **4** | The current standard of care and contributions of this case—with references (1-2 paragraphs) | 28-29/9\_ |
| **Timeline** | **5** | Information from this case report organized into a timeline (table or figure) | \_ |
| **Patient Information** | **6a 6b 6c** | De-identifieddemographicandotherpatientorclientspecificinformation Chiefcomplaint—whatpromptedthisvisit?  Relevant history including past interventions and outcomes | \_\_  28-29/3 \_\_  3-14/4;29-30/8 |
| **Physical Exam** | **7** | Relevant physical examination findings | 16-27/4 |
| **Diagnostic** | **8a** | Evaluations such as surveys, laboratory testing, imaging, etc. | 5-9 |
| **Assessment** | **8b** | Diagnostic reasoning including other diagnoses considered and challenges | 25-30/9-1-4/10 |
|  | **8c 8d** | Consider tables or figures linking assessment, diagnoses and interventions Prognostic characteristics where applicable | 5-9  5-7 /10 |
| **Interventions** | **9a 9b 9c 9d** | Types such as life-style recommendations, treatments, medications, surgery Intervention administration such as dosage, frequency and duration Note changesininterventionwithexplanation  Other concurrentinterventions | 7-13 /6  8-12 /10 \_  3-14 /4 |
| **Follow-up and** | **10a** | Clinician assessment (and patient or client assessed outcomes when appropriate) | 4-12 /10 \_ |
| **Outcomes** | **10b** | Important follow-up diagnostic evaluations | 4-12 /10 |
|  | **10c** | Assessment of intervention adherence and tolerability, including adverse events | 4-12 /10 |
| **Discussion** | **11a** | Strengths and limitations in your approach to this case | 9-17/14 |
|  | **11b 11c 11d** | SpecifyhowthiscasereportinformspracticeorClinicalPracticeGuidelines(CPG)  Howdoesthiscasereportsuggesta testablehypothesis?  Conclusions and rationale | 1/1  4-12 /10\_  9-17/14 |
| **Patient Perspective** | **12** | When appropriate include the assessment of the patient or client on this episode of care | \_4-12 /10\_\_ |
| **Informed Consent** | **13** | Informed consent from the person who is the subject of this case report is required by most journals | \_\_7/6\_ |
| **Additional Information** | **14** | Acknowledgement section; Competing Interests; IRB approval when required | 19-20 /14 |

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