CARE Checklist — 13 items for clinical case reports

Clinical case reports · Any specialty. Items 3, 5, 8, 9, 10, and 11 contain lettered sub-items — confirm each sub-item, not just the heading.

Use this as a pre-submission check: confirm each item is reported somewhere in your case report. The two items editors check first are informed consent (13) and the timeline (7) — leave neither implicit.

TITLE & KEY WORDS

- [ ] **1** **Title** — Identify the diagnosis or intervention of primary focus, followed by the words “case report”.
- [ ] **2** **Key words** — Provide 2 to 5 key words that identify the diagnoses or interventions in this case report, including “case report”.

ABSTRACT

- [ ] **3** **Abstract** *(sub-items a–d)* — Structured or unstructured per the journal: what is unique about this case and what it adds to the literature; the patient’s main symptoms and important clinical findings; the main diagnoses, therapeutic interventions, and outcomes; and the principal take-away lesson(s).

INTRODUCTION

- [ ] **4** **Introduction** — Briefly summarize — in one or two paragraphs, with references — why this case is unique and what it adds to the medical literature.

CASE PRESENTATION

- [ ] **5** **Patient information** *(sub-items a–d)* — De-identified demographic and other patient-specific information; the patient’s primary concerns and symptoms; medical, family, and psychosocial history including relevant genetic information; relevant past interventions with their outcomes.
- [ ] **6** **Clinical findings** — Describe the significant physical-examination findings and other important clinical findings — including the pertinent negatives that make the diagnostic reasoning auditable.
- [ ] **7** **Timeline** — Present the historical and current information from this episode of care organized as a timeline — a figure or table with dates or intervals for onset, presentation, diagnostic milestones, interventions, and follow-up.
- [ ] **8** **Diagnostic assessment** *(sub-items a–d)* — Diagnostic methods (physical examination, laboratory testing, imaging, surveys); diagnostic challenges (access, financial, or cultural); the diagnosis — including other diagnoses considered; and prognosis (such as staging in oncology) where applicable.
- [ ] **9** **Therapeutic intervention** *(sub-items a–c)* — The types of intervention (pharmacologic, surgical, preventive, self-care); the administration of each intervention (dosage, strength, duration); and any changes in the interventions, with the rationale for each change.
- [ ] **10** **Follow-up and outcomes** *(sub-items a–d)* — Clinician- and patient-assessed outcomes where available; important follow-up diagnostic and other test results; intervention adherence and tolerability, and how these were assessed; adverse and unanticipated events.

DISCUSSION & CONCLUSIONS

- [ ] **11** **Discussion** *(sub-items a–d)* — A scientific discussion of the strengths AND limitations of this case report; discussion of the relevant medical literature, with references; the scientific rationale for any conclusions, including an assessment of possible causes; and the primary take-away lessons in a one-paragraph conclusion (without references).

PATIENT PERSPECTIVE & CONSENT

- [ ] **12** **Patient perspective** — The patient should share their perspective on the treatment(s) they received, in one to two paragraphs — where the patient cannot, a parent or guardian may provide it.

☐ 13 **Informed consent** — Did the patient give informed consent for publication? State it explicitly and be prepared to provide the signed form if the journal requests it. If the patient has died, seek consent from next of kin; for minors, from a parent or guardian.

THE CARE FAMILY — WHICH CHECKLIST APPLIES

Checklist	Use it for	Notes
CARE (2013)	Clinical case reports in any specialty.	The base 13-item checklist on this page — the current version.
SCARE 2023	Surgical case reports.	Surgery-specific expansion of CARE; updated 2023.
PROCESS 2023	Surgical case series.	Companion to SCARE for series of surgical cases; updated 2023.
STROBE	Case series with a comparison group.	A comparative series is a cohort or case-control study — report it against STROBE, not CARE.

CARE (CAse REport) guidelines are maintained by the CARE Group (care-statement.org) and listed by the EQUATOR Network. Item text here is paraphrased for explanation; for the full official wording and the rationale behind each item, see the CARE statement (Gagnier et al., BMJ Case Reports 2013) and the CARE Explanation & Elaboration document (Riley et al., J Clin Epidemiol 2017;89:218–235). Annotated reference by PeerReviewAI — peerreviewai.org/guides/care-checklist.