

I. Identification

- 1. Initials \_\_\_\_\_
- 2. MRN \_\_\_\_\_
- 3. Hospital \_\_\_\_\_
- 4. Age \_\_\_\_\_
- 5. Gender \_\_\_\_\_
- 6. Date admitted \_\_\_\_\_
- 7. Area of residence
  - a. Urban
  - b. Rural

II. Clinical history at presentation

- 8. Duration of illness (days) \_\_\_\_\_ or hours \_\_\_\_\_
- 9. Symptoms (check all that apply)
  - a. Fever
  - b. Headache
  - c. Neck rigidity
  - d. Vomiting
  - e. Photophobia
  - f. Loss of consciousness
  - g. Seizure
  - h. Body weakness
  - i. Skin rash
- 10. Any documented risk factor or underlying disease (check all that apply)
  - c. Smoker
  - d. Alcoholic
  - e. Diabetes mellitus
  - f. Pregnancy
  - g. Known HIV patient
  - h. Similar illness at home or in the vicinity
  - i. Other, specify \_\_\_\_\_
- 11. Antibiotic treatment for the same complaint before presentation:
  - a. Yes
  - b. No
- 12. If yes, mention the **type** and **route** of administration  
\_\_\_\_\_  
\_\_\_\_\_
- 13. If yes, **when** and for **how long** was the treatment given? (days) \_\_\_\_\_
- 14. If yes, **where** was the treatment given
  - a. Health centre
  - b. Private clinic
  - c. Other hospital
  - d. At this hospital
  - e. Other, specify \_\_\_\_\_
  - f. Not specified

III. Physical examination findings at presentation

- 15. Vital signs
  - a. T (<sup>0</sup>C) \_\_\_\_\_
  - b. PR (bpm) \_\_\_\_\_
  - c. RR (per minute) \_\_\_\_\_
  - d. BP (mmHg) \_\_\_\_\_
- 16. GCS \_\_\_\_\_



17. Cranial nerve palsy (III, VI, VII)

- a. Yes, specify \_\_\_\_\_
- b. None

18. Hemiparesis/hemiplegia

- a. Yes
- b. No

**IV. Laboratory findings**

19. Was LP done

- a. Yes
- b. No

20. If **no**, mention the reason \_\_\_\_\_

**If yes to Q19, ANSWER Q21 THROUGH 30. If NO, go directly to Q31**

21. CSF Appearance

- a. Crystal clear
- b. Turbid
- c. Bloody

22. **A.** CSF Glucose (mg/dl) \_\_\_\_\_ **B.** CSF glucose to serum glucose ratio \_\_\_\_\_

23. CSF Protein (mg/dl) \_\_\_\_\_

24. CSF cell count (per HPF) \_\_\_\_\_ PMN(%) \_\_\_\_\_ Lymphocyte (%) \_\_\_\_\_

25. Gram stain finding

- a. Positive
- b. Negative
- c. Not done

26. If positive, give all the descriptions here \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

27. Indian ink

- a. Positive
- b. Negative
- c. Not done

28. ZN stain for AFB

- a. Positive
- b. Negative
- c. Not done

29. CSF culture and sensitivity test?

- a. Positive
- b. Negative
- c. Not done

30. If positive, give the type of organism and their sensitivity pattern

\_\_\_\_\_

\_\_\_\_\_



**Complete Blood count (CBC) – Q31-33**

- 31. WBC (per  $\mu$ l) \_\_\_\_\_  
Neutrophils (%) \_\_\_                      Lymphocytes (%) \_\_\_                      Others cells (%) \_\_\_
- 32. Hb(g/dl) \_\_\_\_\_
- 33. Platelet (per  $\mu$ l) \_\_\_\_\_
- 34. ESR \_\_\_\_\_ mm/in the first hour
- 35. Blood glucose (mg/dl) \_\_\_\_\_
- 36. HIV rapid test
  - a. Positive
  - b. Negative
  - c. Not done

**Answer Q37 to 40 if HIV positive, if not, go directly to Q41**

- 37. What is the current WHO stage? \_\_\_\_\_
- 38. What is the CD4 count? \_\_\_\_\_
- 39. Is the patient on HAART?
  - 1. Yes
  - 2. No
- 40. If on HAART, for how long? (years) \_\_\_\_\_ OR months \_\_\_\_\_
- 41. Blood film for haemoparasite
  - a. Positive
  - b. Negative
  - c. Not doneMention the finding if positive \_\_\_\_\_

**V. Treatment**

- 42. Mention the **regimen, route, dose** and **duration** of antibiotic treatment  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 43. Was dexamethasone given
  - a. Yes
  - b. No
- 44. If there is additional treatment given for additional or underlying disease  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VI. Outcome assessment**

- 45. What was the outcome at leaving service?
  - a. Improved
  - b. Died
  - c. Left against medical advice
- 46. Total stay in hospital in **days** \_\_\_\_\_ or **hours** \_\_\_\_\_



*Data accuracy and completeness is essential for evidence based practice!*

## Assessment of treatment strategies for bacterial meningitis in Ethiopia

47. GOS at leaving hospital \_\_\_\_\_ (please complete the details on separate questionnaire for GOS)

48. Symptoms at discharge if any \_\_\_\_\_

\_\_\_\_\_

49. Discharge neurologic sequelae if any \_\_\_\_\_

\_\_\_\_\_

50. If there are other meningitis related complications document at discharge, give it here \_\_\_\_\_

\_\_\_\_\_

51. Complete discharge assessment

a. Complete improvement

b. Some improvement

c. No improvement

52. Is discharge diagnosis different from admission?

a. Yes

b. No

53. If yes to Q52, give full diagnosis at discharge \_\_\_\_\_

\_\_\_\_\_

54. In case of in hospital death, what was the possible immediate cause of **death**?

a. Brain herniation

b. Respiratory failure

c. Septic shock

d. Multisystem organ failure

e. Other, specify \_\_\_\_\_

\_\_\_\_\_

Completed by \_\_\_\_\_ Sign. \_\_\_\_\_ Date \_\_\_\_\_

Checked by \_\_\_\_\_ Sign. \_\_\_\_\_ Date \_\_\_\_\_

GLASGOW OUTCOME SCALE

Initials: \_\_\_\_\_ MRN \_\_\_\_\_

Age: \_\_\_\_\_ Gender \_\_\_\_\_

Score Description

1. DEATH

2. PERSISTENT VEGETATIVE STATE

Patient exhibits no obvious cortical function.

3. SEVERE DISABILITY (Conscious but disabled).

Patient depends upon others for daily support due to mental or physical disability or both.

4. MODERATE DISABILITY (Disabled but independent).

Patient is independent as far as daily life is concerned. The disabilities found include varying degrees of dysphasia, hemiparesis, or ataxia, as well as intellectual and memory deficits and personality changes.

5. GOOD RECOVERY

Resumption of normal activities even though there may be minor neurological or psychological deficits

TOTAL (1–5): \_\_\_\_\_

Completed by \_\_\_\_\_ signature \_\_\_\_\_ date \_\_\_\_\_

Checked by \_\_\_\_\_ signature \_\_\_\_\_ date \_\_\_\_\_