



**Address**

12.01

12.02

12.03 Postcode

12.04 City

12.05 State

13.00 Tel (H)

14.00 Tel (O)

15.00 Tel (H/P)

**PAST HISTORY**

16.00 Previous melioidosis infection [1]  Yes [2]  No (If No, go to Question 23)

17.00 When was the previous infection?   years/months/weeks/days\* ago

**18.00 Organ involved**

- 18.01 Unknown [1]  Yes [2]  No
- 18.02 Pulmonary [1]  Yes [2]  No
- 18.03 Liver [1]  Yes [2]  No
- 18.04 Spleen [1]  Yes [2]  No
- 18.05 Skin/Subcutaneous tissue [1]  Yes [2]  No
- 18.06 Musculoskeletal [1]  Yes [2]  No
- 18.07 Others [1]  Yes [2]  No

If others, please specify

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**19.00 How the diagnosis was made**

- 19.01 Culture [1]  Yes [2]  No
- 19.02 Serology [1]  Yes [2]  No
- 19.03 Clinical [1]  Yes [2]  No
- 19.04 Others [1]  Yes [2]  No

If others, please specify

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### Treatment History

20.00	<input checked="" type="checkbox"/>	<b>Intensive Phase</b>	<b>Dose</b>	<b>Duration</b>
20.01	<input type="checkbox"/>	Ceftazidime		
20.02	<input type="checkbox"/>	Amoxicillin-clavulanic		
20.03	<input type="checkbox"/>	Cefoperazone-sulbactam		
20.04	<input type="checkbox"/>	Trimethoprim-sulfamethoxazole		
20.05	<input type="checkbox"/>	Tetracycline		
20.06	<input type="checkbox"/>	Imipenam		
20.07	<input type="checkbox"/>	Meropenam		
20.08	<input type="checkbox"/>	Ciprofloxacin		
20.09	<input type="checkbox"/>	Others (Specify: )		
20.10	<input type="checkbox"/>	Others (Specify: )		
20.11	<input type="checkbox"/>	Others (Specify: )		

21.00	<input checked="" type="checkbox"/>	<b>Maintenance Phase</b>	<b>Dose</b>	<b>Duration</b>
21.01	<input type="checkbox"/>	Amoxicillin-clavulanic		
21.02	<input type="checkbox"/>	Chloramphenicol		
21.03	<input type="checkbox"/>	Trimethoprim-sulfamethoxazole		
21.04	<input type="checkbox"/>	Tetracycline		
21.05	<input type="checkbox"/>	Ciprofloxacin		
21.06	<input type="checkbox"/>	Others (Specify: )		
21.07	<input type="checkbox"/>	Others (Specify: )		
21.08	<input type="checkbox"/>	Others (Specify: )		

22.00  No antibiotic given

### 23.00 Underlying illnesses

- |  |                                  |                                 |
|--|----------------------------------|---------------------------------|
| 23.01 Diabetes mellitus                            | [1] <input type="checkbox"/> Yes | [2] <input type="checkbox"/> No |
| 23.02 Chronic renal failure                        | [1] <input type="checkbox"/> Yes | [2] <input type="checkbox"/> No |
| 23.03 Alcohol abuse                                | [1] <input type="checkbox"/> Yes | [2] <input type="checkbox"/> No |
| 23.04 Chronic lung disease                         | [1] <input type="checkbox"/> Yes | [2] <input type="checkbox"/> No |
| 23.05 HIV/AIDS                                     | [1] <input type="checkbox"/> Yes | [2] <input type="checkbox"/> No |
| 23.06 Other immunocompromised state (e.g. Steroid) | [1] <input type="checkbox"/> Yes | [2] <input type="checkbox"/> No |
| 23.07 Others                                       | [1] <input type="checkbox"/> Yes | [2] <input type="checkbox"/> No |

If others, please specify

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**CURRENT MEDICAL HISTORY**

24.00 **Date of admission:**   DD   MM     YYYY

**25.00 Clinical presentation**

- 25.01 Fever [1]  Yes [2]  No
- 25.02 Duration   months/weeks/days\*
- 25.03 Cough [1]  Yes [2]  No
- 25.04 Duration   months/weeks/days\*
- 25.05 Sputum [1]  Yes [2]  No
- 25.06 Sputum colour [1]  White [2]  Yellow  
 [3]  Green [4]  Others (Specify: )
- 25.07 Hemoptysis [1]  Yes [2]  No
- 25.08 Abdominal pain [1]  Yes [2]  No
- 25.09 Dysuria [1]  Yes [2]  No
- 25.10 Headache [1]  Yes [2]  No
- 25.11 Others [1]  Yes [2]  No

Specify

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**26.00 Physical findings**

- 26.01 Blood pressure    /     
 SBP DBP
- 26.02 Pulse rate   /min
- 26.03 Respiratory rate   /min
- 26.04 Jaundice [1]  Yes [2]  No
- 26.05 Joint swelling [1]  Yes [2]  No  
 If YES, how many joints involved?
- 26.06 Ulcer [1]  Yes [2]  No Specify :
- 26.07 Cut/abrasion [1]  Yes [2]  No Specify :
- 26.08 Hepatomegaly [1]  Yes [2]  No
- 26.09 Splenomegaly [1]  Yes [2]  No
- 26.10 Pleural effusion [1]  Yes [2]  No
- 26.11 Others [1]  Yes [2]  No

Specify

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**27.00 Final clinical diagnosis**

- 27.01 Pneumonia [1]  Yes [2]  No
- 27.02 Soft tissue abscess [1]  Yes [2]  No
- 27.03 Septic arthritis [1]  Yes [2]  No
- 27.04 Osteomyelitis [1]  Yes [2]  No
- 27.05 Prostatic abscess [1]  Yes [2]  No
- 27.06 Liver abscess [1]  Yes [2]  No
- 27.07 Splenic abscess [1]  Yes [2]  No
- 27.08 Meningoencephalitis [1]  Yes [2]  No
- 27.09 Brain abscess [1]  Yes [2]  No
- 27.10 Pyelonephritis/UTI/Perinephric Abscess [1]  Yes [2]  No
- 27.11 Others [1]  Yes [2]  No

Specify

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## INVESTIGATION

### 28.00 Investigation Findings

28.01 Hb  .  g/dL

28.02 WBC  x 1000/mL

28.03 Platelet  x 1000/ mL

28.04 PT Patient  Control

28.05 PTT Patient  Control

28.06 INR  .

28.07 RBS  .  mmol/L

#### UFEME

28.08 WBC [1]  1+ [2]  2+ [3]  3+ [4]  4+

28.09 RBC [1]  1+ [2]  2+ [3]  3+ [4]  4+

28.10 Protein [1]  1+ [2]  2+ [3]  3+ [4]  4+

28.11 Urea  mmol/L

28.12 Creatinine  umol/L

#### Bilirubin

28.13 Conjugated  umol/L

28.14 Unconjugated  umol/L

28.15 Albumin  g/L

28.16 Globulin  g/L

28.17 AST  U/L

28.18 ALT  U/L

28.19 ALP  U/L

28.20 CXR

#### USG Abdomen (Looking for abscess)

28.21 Liver abscess [1]  Single [2]  Multiple [3]  Normal

28.22 Splenic abscess [1]  Single [2]  Multiple [3]  Normal

28.23 Kidney abscess [1]  Single [2]  Multiple [3]  Normal

28.24 Prostate abscess [1]  Single [2]  Multiple [3]  Normal

28.50 Other finding: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

28.25 CT Scan

29.00 **Culture**

29.01 Blood	[1] <input type="checkbox"/> Positive	[2] <input type="checkbox"/> Negative	[3] <input type="checkbox"/> Not done
29.02 Tissue	[1] <input type="checkbox"/> Positive	[2] <input type="checkbox"/> Negative	[3] <input type="checkbox"/> Not done
29.03 Urine	[1] <input type="checkbox"/> Positive	[2] <input type="checkbox"/> Negative	[3] <input type="checkbox"/> Not done
29.04 Wound	[1] <input type="checkbox"/> Positive	[2] <input type="checkbox"/> Negative	[3] <input type="checkbox"/> Not done
29.05 Sputum	[1] <input type="checkbox"/> Positive	[2] <input type="checkbox"/> Negative	[3] <input type="checkbox"/> Not done
29.06 Stool	[1] <input type="checkbox"/> Positive	[2] <input type="checkbox"/> Negative	[3] <input type="checkbox"/> Not done
29.07 Others:			
.....	[1] <input type="checkbox"/> Positive	[2] <input type="checkbox"/> Negative	[3] <input type="checkbox"/> Not done
.....	[1] <input type="checkbox"/> Positive	[2] <input type="checkbox"/> Negative	[3] <input type="checkbox"/> Not done
.....	[1] <input type="checkbox"/> Positive	[2] <input type="checkbox"/> Negative	[3] <input type="checkbox"/> Not done

30.00 **Sensitivity**

30.01 Ceftazidime	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Resistance	<input type="checkbox"/> Not done
30.02 Augmentine	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Resistance	<input type="checkbox"/> Not done
30.03 Bactrim	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Resistance	<input type="checkbox"/> Not done
30.04 Tetracycline	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Resistance	<input type="checkbox"/> Not done
30.05 Imipenam	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Resistance	<input type="checkbox"/> Not done
30.06 Sulperazone	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Resistance	<input type="checkbox"/> Not done
30.07 Gentamycin	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Resistance	<input type="checkbox"/> Not done
30.08 Chloramphenicol	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Resistance	<input type="checkbox"/> Not done
30.09 Ciprofloxacin	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Resistance	<input type="checkbox"/> Not done

31.00 **Serology**

	[1] <input type="checkbox"/> Done	[2] <input type="checkbox"/> Not Done
	1st specimen	2nd specimen
31.01 Mixed	1/ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1/ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
31.02 IgM	1/ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1/ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
31.03 IgG	1/ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1/ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

32.00 **Polymerase Chain Reaction**

[1]  Positive [2]  Negative [3]  Not done

**CURRENT TREATMENT**

33.00	<b>Empirical Antibiotics (if applicable)</b>	<b>Dose</b>	<b>Duration</b>

34.00	<input checked="" type="checkbox"/>	<b>Intensive Phase</b>	<b>Dose</b>	<b>Duration</b>
34.01	<input type="checkbox"/>	Ceftazidime		
34.02	<input type="checkbox"/>	Amoxicillin-clavulanic		
34.03	<input type="checkbox"/>	Cefoperazone-sulbactam		
34.04	<input type="checkbox"/>	Trimethoprim-sulfamethoxazole		
34.05	<input type="checkbox"/>	Doxycycline		
34.06	<input type="checkbox"/>	Imipenam		
34.07	<input type="checkbox"/>	Meropenam		
34.08	<input type="checkbox"/>	Ciprofloxacin		
34.09	<input type="checkbox"/>	Others (Specify: )		
34.10	<input type="checkbox"/>	Others (Specify: )		
34.11	<input type="checkbox"/>	Others (Specify: )		

35.00	<input checked="" type="checkbox"/>	<b>Maintenance Phase</b>	<b>Dose</b>	<b>Duration</b>
35.01	<input type="checkbox"/>	Amoxicillin-clavulanic		
35.02	<input type="checkbox"/>	Chloramphenicol		
35.03	<input type="checkbox"/>	Trimethoprim-sulfamethoxazole		
35.04	<input type="checkbox"/>	Doxycycline		
35.05	<input type="checkbox"/>	Ciprofloxacin		
35.06	<input type="checkbox"/>	Others (Specify: )		
35.07	<input type="checkbox"/>	Others (Specify: )		
35.08	<input type="checkbox"/>	Others (Specify: )		

**Final Clinical Outcome**

- 36.00 [1]  Discharge well  
 [2]  Dead  
 Date of death      DD      MM        YYYY  
 [3]  AOR Discharge  
 [4]  Transfer to hospital \_\_\_\_\_

**Signature :**

**Name and designation of reporting officer:**

**Date :**      DD      MM        YYYY