



Global Infectious Diseases & Epidemiology Network

Bedside Patient Form

Patient Name:

Number:

Institution:

Date of report:

Report submitted by:

Remarks:



DATA ENTRY FORM *

Country of disease acquisition:

Basic	
Date of disease acquisition	
Date exposure started	
Date exposure ended	
The patient is an adult	
Over the age of 60 years	
The patient is a child	
Less than two years old	
Severely ill or requires hospitalization	
Fatal infection	
Fever	
Relative bradycardia	
Illness is recurrent or ≥ 3 weeks	
Illness present >3 weeks to 6 weeks	
Illness present >6 weeks to 3 months	
Illness present >3 months to 6 months	
Illness present >6 months	
Compromized host	
Nosocomial acquisition	
AIDS	
Alcoholism	
Cytotoxic or corticosteroid	
Diabetes mellitus	
Leukemia or lymphoma	
Neutropenia - all causes	
Plasma cell disease	

Clinical – By Body System **	
Jaundice	
Gastrointestinal or intraabdominal	
Diarrhea	
Vomiting	
Hematemesis	
Abdominal pain	
Abdominal mass or cyst	
Dysphagia	
Esophagitis	
Hepatomegaly	
Hepatic mass or cyst	
Biliary disease	
Pancreatitis	
Rectal-Anal: inflammation or migrating worm	
Blood in stools (hematochezia)	
Gastrointestinal obstruction	
Gastrointestinal perforation	
Gastrointestinal ulcer(s)	
Pulmonary, thoracic or cardiac	
Cough	
Hemoptysis or hemorrhagic pneumonia	
Chest pain	
Pneumonic infiltrate	
Lung abscess, mass, nodule or cyst	
Pleural effusion	
Endocarditis (established or suspected)	
Myocarditis or myocardial dysfunction	
Pericarditis (established or suspected)	
Mediastinitis	
Skin and soft tissue	
Diffuse or multifocal rash	
Localized or unifocal rash	
Rash limited to the genital region	
Rash limited to lower extremity(ies)	
Macules and/or papules	
Vesicles or bullae	
Pustules	
Dermal or subcutaneous nodule(s)	
Urticaria	
Petechiae	
Hemorrhagic or purpuric rash	
Erythema - circumscribed	
Linear or serpiginous lesions(s)	
Edema	
Eschar	
Pruritus	
Verrucous or squamous lesion(s)	
Chancre, ulcer or wound	
Pigmentary changes	
Erythema nodosum	
Subcutaneous or soft tissue lesion(s)	
Subcutaneous or soft tissue sinus	
Lymphadenopathy	

Generalized lymphadenopathy	
Focal lymphadenopathy - inguinal	
Focal lymphadenopathy - other region	
Splenomegaly or splenic lesion(s)	
Neurological	
Headache	
Meningitis (clinical or laboratory)	
Encephalitis or encephalopathy	
Coma	
Seizures	
Cranial nerve signs	
Paralysis	
Paresthesia or neuropathy	
Cerebral mass or cyst	
Ophthalmological	
Conjunctivitis	
Keratitis	
Uveitis or retinitis	
Visual impairment	
Exophthalmos	
Photophobia	
Conjunctival nodule	
Eye worm	
Eye mass or cyst	
Ears, nose, throat and oral cavity	
Sore or inflamed pharynx	
Otitis or sinusitis	
Stomatitis, gingivitis or glossitis	
Rhinitis or rhinorrhea	
Salivary gland inflammation	
Epistaxis	
Oropharyngeal mass	
Muscle, bone and joint	
Arthralgia	
Arthritis	
Bone pain	
Back pain	
Myalgia or muscle swelling	
Osteomyelitis (known or suspected)	
Genitourinary	
Dysuria	
Prostatitis	
Epididymitis	
Orchitis	
Urethritis	
Vaginitis or cervicitis	
Salpingitis or oophoritis	

Laboratory tests	
Hematological findings	
Neutrophilia	
Neutropenia	
Lymphocytosis	
Thrombocytopenia	
Anemia	
Hemolysis	
Eosinophilia	
Hypereosinophilia	
Cerebrospinal fluid findings=====	
CSF pleocytosis: lymphocytes predominate	
CSF pleocytosis: neutrophils predominate	
CSF eosinophilia	
CSF glucose concentration < 45 mg/dl	
Hepatic dysfunction	
Renal dysfunction	
Proteinuria	
Hematuria	
"Worm" submitted (expelled, seen)	
Exposure history	
Case cluster or evidence for contagion	
Animal injury or contact ***	
Amphibian or reptile	
Bird	
Cat	
Dog	
Horse	
Cattle, sheep, goats, deer, swine	
Rodent	
Rabbit or hare	
Primate	
Marsupial	
Other mammal	
Marine	
Tick or mite bite	
Insect bite(s)	
Ingestion ***	
Amphibian or reptile - ingestion	
Dairy products	
Eggs or poultry	
Fish or shellfish	
Meat	
Snail or slug ingestion	
Vegetables	
Water ingestion	
Fecal-oral	
Miscellaneous or other food	
Blood, needle, etc ***	
Sexual exposure ***	

* Record a + or - in the small box for all relevant observations. Remember that key negative findings are extremely important in generating a focused differential diagnosis list.

** Enter only clinical findings which appear to be the result of the disease in question – and not due to additional, underlying or coincidental conditions. For example, a patient with AIDS is likely to have lymphadenopathy - but not related to his/her current superinfection.

*** These findings assume a causal / etiological role. For example, a “Yes” answer to ‘Dog contact’ will limit the differential diagnosis list to diseases acquired from dogs.