EVD – DAILY CLINICAL DATASET

DATE (DD/MM): ___/___ YEAR 20__ __

PATIENT IDENTIFICATION NUMBER: [_____]

Time of assessment (HH:MM, 24-hour clock)	*Morning* __ __ : __ __	*Afternoon* __ __ : __ __	*Evening* __ __ : __ __
Temperature *(33 – 42°C)*	_____°C	_____°C	_____°C
Respiratory Rate *(0-100)*	_____*BPM*	_____*BPM*	_____*BPM*
Heart Rate / Pulse *(30-200)*	_____*BPM*	_____*BPM*	_____*BPM*
Systolic Blood Pressure *(50-200)*	_____*mmHg*	_____*mmHg*	_____*mmHg*
Diastolic Blood Pressure *(20 – 200)*	_____*mmHg*	_____*mmHg*	_____*mmHg*
SpO_2	_____*%*	_____*%*	_____*%*
LOWEST Consciousness **A**lert, **V**erbal stimuli, **P**ainful stimuli, **U**nresponsive	*A V P U*	*A V P U*	*A V P U*
At this assessment, does the patient have? (circle)			
Fatigue?	Yes No	Yes No	Yes No
Weakness?	Yes No	Yes No	Yes No
Myalgia?	Yes No	Yes No	Yes No
Anorexia?	Yes No	Yes No	Yes No
Headache?	Yes No	Yes No	Yes No
Nausea?	Yes No	Yes No	Yes No
Dysphagia?	Yes No	Yes No	Yes No
Vomiting?	Yes No	Yes No	Yes No
Difficulty Breathing?	Yes No	Yes No	Yes No
Diarrhea?	Yes No	Yes No	Yes No
Unusual Bleeding/bruising?	Yes No	Yes No	Yes No
Signs of dehydration?[2]	Yes No	Yes No	Yes No
Signs of shock?[3]	Yes No	Yes No	Yes No
Anuria?[4]	Yes No	Yes No	Yes No
Disorientation?	Yes No	Yes No	Yes No
Agitation?	Yes No	Yes No	Yes No
Seizure?	Yes No	Yes No	Yes No

Latest Ebola PCR Results	Date *(dd/mm/yyyy)*	Results
☐ Not done ☐ GeneXpert ☐ Others: _____	___/___/____	GP : ☐ Pos. ☐ Neg. Ct :____ NP : ☐ Pos. ☐ Neg. Ct :____ ☐indeterminate

Latest Laboratory results (ND=Not done)

ALT/SGPT (U/L)		☐ ND	Glucose (mmol/L)		☐ ND
AST/SGO (U/L)		☐ ND	Lactate (mmol/L)		☐ ND
Creatinine (µmol/L)		☐ ND	Haemoglobin (g/L)		☐ ND
Potassium (mmol/L)		☐ ND	Total bilirubin (µmol/L)		☐ ND
Urea (mmol/L)		☐ ND	WBC count ($x10^9$/L)		☐ ND
Creatinine kinase (U/L)		☐ ND	Platelets ($x10^9$/L)		☐ ND
Calcium (mmol/L)		☐ ND	PT		☐ ND
Sodium (mmol/L)		☐ ND	aPTT (seconds)		☐ ND

Medications given today

Type	Dose	Route	Frequency
Antibacterial: ☐ Yes ☐ No Specify: ☐ amoxicillin ☐ ceftriaxone ☐cefixime ☐ other _____		☐ IV ☐ oral	
Antimalarial: Select all that applies:			
☐ Artesunate		☐ IV	
☐ Arthemeter		☐ IM	
☐ Arthemeter/Lumefantrine	/	☐ oral	
☐ Artesunate/Amodiaquine	/	☐ oral	
☐ Other: _____		☐ IV ☐ oral	

Ebola experimental treatment: ☐ Yes ☐ No	Indicate if yes: ☐ZMapp ☐ Remdesivir (GS-5734) ☐REGN3470-3471-3479 ☐ Favipiravir ☐mAb114

Did the patient receive any of the following today?

Oral/orogastric fluids? ☐ Yes ☐ No ☐ Unknown. To specify: ☐ORS :_____ml ☐ Water: _____ml ☐ Others:_____& Vol____ml	**IV fluid therapy** ☐ Yes ☐ No☐ Unknown If yes, specify: _____ml using ☐Ringer's lactate ☐ Normal Saline ☐ Others, specify _____	**Access type** ☐ Intra-osseous ☐ PIV ☐ CVC ☐ Unknown
Blood transfusion ☐ Yes ☐ No ☐Unknown	**Oxygen therapy** ☐ Yes ☐ No ☐ Unknown If yes, specify: _____L/min with ☐Nasal cannula ☐ Face mask ☐face mask with reservoir bag	**Vasopressors/inotropes** ☐Yes ☐ No ☐Unknown
Renal replacement therapy ☐ Yes ☐ No ☐ Unknown		**Invasive mechanical ventilation** ☐ Yes ☐ No ☐ Unknown

Form filled in by: _____