

MELIOIDOSIS INVESTIGATION FORM

SECTION A: TO BE COMPLETED BY TREATING HOSPITAL

PERSONAL INFORMATION

- 1.00 **Date of registration** DD MM YYYY
- 2.00 **RN**
- 3.00 **Name**
- 4.00 **New IC** - -
- 5.00 **Other IC**
- 6.00 **Date of birth** DD MM YYYY
- 7.00 **Age** years/months/days*
- 8.00 **Gender** [1] Male [2] Female
- 9.00 **Race** [1] Malay [2] Chinese [3] Indian
[4] Orang Asli [5] Other
- 10.00 **Nationality** [1] Malaysian [2] Non-Malaysian
Specify:
- 11.00 **Occupation** *Current occupation. Choose only ONE answer.*
- Managerial and professional specialty occupations:**
- [1] Executive, administrative, and managerial occupations
[2] Professional specialty occupations
- Technical, sales, and administrative support occupations:**
- [3] Technicians and related support occupations
[4] Sales occupations
[5] Administrative support occupations, including clerical
- Service occupations:**
- [6] Private household occupations
[7] Protective service occupations
[8] Service occupations, except protective and household
[9] Farming, forestry, and fishing occupations
[10] Precision production, craft, and repair occupations
- Operators, fabricators, and labourers:**
- [11] Machine operators, assemblers, and inspectors
[12] Transportation and material moving occupations
[13] Handlers, equipment cleaners, helpers, and labourers
- Others**
- [14] Housewife
[15] Student
[16] Not relevant (children)
[17] Unemployed
[18] Others. Please specify : _____

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

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

Treatment History

20.00	<input checked="" type="checkbox"/>	Intensive Phase	Dose	Duration
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"/>	Maintenance Phase	Dose	Duration
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] Yes [2] No
- 23.02 Chronic renal failure [1] Yes [2] No
- 23.03 Alcohol abuse [1] Yes [2] No
- 23.04 Chronic lung disease [1] Yes [2] No
- 23.05 HIV/AIDS [1] Yes [2] No
- 23.06 Other immunocompromised state (e.g. Steroid) [1] Yes [2] No
- 23.07 Others [1] Yes [2] No

If others, please specify

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"/>		1/ <input type="checkbox"/>
31.02 IgM	1/ <input type="checkbox"/>		1/ <input type="checkbox"/>
31.03 IgG	1/ <input type="checkbox"/>		1/ <input type="checkbox"/>

32.00 Polymerase Chain Reaction

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

CURRENT TREATMENT

33.00	Empirical Antibiotics (if applicable)	Dose	Duration

34.00	<input checked="" type="checkbox"/>	Intensive Phase	Dose	Duration
34.01	<input type="checkbox"/>	Ceftazidime		
34.02	<input type="checkbox"/>	Amoxicillin-clavulinic		
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"/>	Maintenance Phase	Dose	Duration
35.01	<input type="checkbox"/>	Amoxicillin-clavulinic		
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