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)
   a. Smoker □
   b. Alcoholic □
   c. Diabetes mellitus □
   d. Pregnancy □
   e. Known HIV patient □
   f. Similar illness at home or in the vicinity □
   g. 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 (°C)________
   b. PR (bpm)________
   c. RR (per minute)_______
   d. BP (mmHg)________
16. GCS________________

Data accuracy and completeness is essential for evidence based practice!
Assessment of treatment strategies for bacterial meningitis in Ethiopia

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 □  c. Bloody □
   b. Turbid □

22. A. CSF Glucose (mg/dl)________  B. CSF glucose to serum glucose ratio________

23. CSF Protein (mg/ml)________

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 μl)______
   - Neutrophils (%) __
   - Lymphocytes (%) __
   - Others cells (%) __

32. Hb(g/dl)______

33. Platelet (per μl)______

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 done □

   Mention 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 ____________

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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__________