

# Bhutan Sentinel Surveillance for Diarrhea Etiologic Agents

## Case Investigation Form

Reg. Number:

Date of hospital visit:

Lab ID:

<b>DEMOGRAPHY</b>		
Name:	Age:.....Years ... ..months (if under 1y) DOB (DD/MM/YYYY):	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Occupation:	
Residential address:	District: Rural <input type="checkbox"/> Urban <input type="checkbox"/>	
Parent Name (Father/Mother)/Guardian:		
Contact Number:		
OPD/IPD:	Category: Surveillance <input type="checkbox"/> Outbreak <input type="checkbox"/>	
Notified/Investigated by:		Date of notification:
<b>HOSPITALIZATION</b>		
Date of admission, if applicable (dd/mm/yyyy):		
Name/ Address of hospital (Sentinel Site):		
Date of discharge or death, if applicable:		
<b>CLINICAL INFORMATION</b>		
<b>Syndrome</b>		
Date of onset of illness (diarrhoea):		
Maximum number of diarrhoeal episodes in 24H at peak of illness		
Degree of dehydration presented by case		
0 = None <input type="checkbox"/> 1 = Some <input type="checkbox"/> 2 = Severe <input type="checkbox"/> 3 = Shock <input type="checkbox"/> 99 = Unknown <input type="checkbox"/>		
	<b>Yes</b>	<b>No</b>
Watery/Loose diarrhea		
Bloody diarrhea		
Fever		
Abdominal pain		
Acute diarrhea ((<14 days)		
Persistent diarrhea (last 14-28 days)		
Chronic diarrhea (last more than 28 days)		
Vomiting present?		
Maximum number of vomiting episodes in 24-hour period, at peak of illness		
Suspected foods/drinks consumed in the past 72 hours?		
If yes, specify (name the food/drinks):		
Travel history: Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, Place name:		Date:
<b>TREATMENT</b>		
Rehydration done 1= ORS <input type="checkbox"/> 2=IV fluids <input type="checkbox"/>		
<b>IMMUNIZATION HISTORY</b>		
Rota vaccine received 1= Yes <input type="checkbox"/> 2= No <input type="checkbox"/>		
Vaccine type 1=Rotarix <input type="checkbox"/> 2= Rotavac <input type="checkbox"/> 3=Rotasil <input type="checkbox"/> Others <input type="checkbox"/>		
Date of vaccine last received:		
Source of vaccination information 1=Card <input type="checkbox"/> 2=HF* records <input type="checkbox"/> 3=Recall <input type="checkbox"/>		

**SPECIMEN COLLECTION**

Date of specimen collected:

Date specimen received at the lab:

**LABORATORY RESULT**

**Stool R/E:**

Quantity adequate? Yes  No

Color: .....

Consistency: Watery/Loose  Formed

Mucus seen: Yes  No

Blood seen: Yes  No

RBCs...../HPF

WBCs...../HPF

Ova/cyst.....

Others.....

Sample aliquot in cryo tube?: Yes  No

Sample aliquot in mCB media?: Yes  No

Date of shipment to RCDC:

Specimen processed by (Name of Lab personnel):

**OUTCOME**

Outcome: Alive  Death  Referred  99=unknown

\* HF – Health facility/Health book records