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Global Clinical Data Platform

CHOLERA CASE REPORT FORM (CRF)

MODULE 2

INTRODUCTION

The CRF is designed to collect data obtained direct from patient examination and interview, and from review of hospital or clinical notes of people with suspected, probable or confirmed cholera.

The CRF captures data from patients being managed as inpatients in cholera treatment centre (CTC), cholera treatment unit (CTU) or dedicated inpatient ward. Data may be collected prospectively or retrospectively. The data collection period is defined as the period from hospital admission, or first visit, to discharge from care, transfer or death.

This CRF has three modules:

Module 1:	To be completed on the first day of presentation or admission to the CTC, CTU or ward.
Module 2:	Daily form: to be completed daily on inpatient days.
Module 3:	To be completed at hospital discharge, transfer or death.

GENERAL GUIDANCE

Participant identification numbers consist of a site code and a participant number.

Please e-mail the data management team at globalclinicaldataplatform@who.int and they will provide instructions for data entry and will assign you a 5-digit site code at that time.

Cholera Case Report Form (CRF): module 2, 17 February 2023

WHO reference number: WHO/Cholera/Clinical_CRF/Module_2/2023.2

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PARTICIPANT ID I___I I___I I___I I___I I___I -- I___I I___I I___I I___I

I. CASE IDENTIFICATION and TIME OF INTERIM REVIEW

ID number: [_____]	Site/facility name: [_____]
Date of admission: (dd/mm/yyyy) [__][__] /[__][__] / 20 [__][__]	Date of this review: (dd/mm/yyyy) [__][__] /[__][__] / 20 [__][__]

II. VITAL SIGNS AT INTERIM REVIEW – *Use the first recorded observations of the day after 06:00*

Temperature (°C): [__][__] . [__]	Heart rate (bpm) [__][__][__]	Respiratory rate (/min): [__][__]
BP (mmHg): [__][__][__] (systolic) [__][__][__] (diastolic)	O_2 saturation room air (%): [__][__][__] on ☐Room air ☐ Oxygen therapy on ☐CPAP/BiPAP ☐ Ventilator	Level of consciousness: A / V / P / U Pain score [__][__] /10
Capillary refill ≥ 3 sec? ☐ Yes ☐ No Absent or weak pulse ☐ Yes ☐ No	Weight (kg): [__][__][__] . [__]	Oedema ☐ Yes ☐ No Location:_____ ☐ + ☐++ ☐+++
Sunken eyes ☐ Yes ☐ No Slow skin pinch (> 2 secs) ☐ Yes ☐ No Passed urine in past 12 hours ☐ Yes ☐ No	Drinking ☐ Able ☐ Not able Eating ☐ Able ☐ Not able Route ☐ PO ☐ NG ☐ Breastfeeding	Mobility: ☐ Independent ☐ Walks with help ☐ Unable to mobilize
Episodes of vomiting in last 24 hours: [__][__] Episodes of diarrhoea in last 24 hours: [__][__]	**Clinical dehydration assessment** ☐ None/mild ☐ Moderate ☐ Severe	

III. CLINICAL DETAILS AT INTERIM REVIEW

Symptoms (at time of review)							
Confusion/irritability	☐ Yes	☐ No	☐ Unknown	Anorexia	☐ Yes	☐ No	☐ Unknown
Shortness of breath	☐ Yes	☐ No	☐ Unknown	Nausea	☐ Yes	☐ No	☐ Unknown
Weakness	☐ Yes	☐ No	☐ Unknown	Diarrhoea	☐ Yes	☐ No	☐ Unknown
Myalgia	☐ Yes	☐ No	☐ Unknown	Vomiting	☐ Yes	☐ No	☐ Unknown
Abdominal pain	☐ Yes	☐ No	☐ Unknown	Tetany	☐ Yes	☐ No	☐ Unknown
				Leg cramps	☐ Yes	☐ No	☐ Unknown
				Thirst	☐ Yes	☐ No	☐ Unknown

IV. DAILY FLUID BALANCE (time of daily totals: _____hrs)

DAILY INPUT		**DAILY OUTPUT**	
Total oral intake (PO, NG) in 24 hrs	[__][__][__][__] mL/24 hours	Total vomitus in 24 hrs	[__][__][__][__] mL/24 hours
Total IV intake in 24 hrs	[__][__] [__][__] mL/24 hours	Total urine output in 24 hrs	[__][__][__][__] mL/24 hours
		Total stool output in 24 hrs[1]	[__][__][__][__] mL/24 hours
TOTAL IN	**[__][__][__][__] mL/24 hours**	**TOTAL OUT**	**[__][__][__][__] mL/24 hours**

V. CURRENT TREATMENT

ORS	☐ Yes	☐ No	Zinc	☐ Yes	☐ No
F75	☐ Yes	☐ No	Doxycycline	☐ Yes	☐ No
F100/Ready to use therapeutic Food	☐ Yes	☐ No	Other antibiotic	☐ Yes	☐ No
IV fluids (tick all that apply)	☐ Ringer's lactate	☐ 0.9% w/v (Normal) saline	Furosemide	☐ Yes	☐ No
☐ 5% Dextrose					
IV Glucose (50%)	☐ Yes	☐ No			
IV Potassium	☐ Yes	☐ No			

[1] If stool and urine are measured together, e.g. bucket, then enter the total volume as "stool".

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VI. LABORATORY TEST RESULTS

Test	**Collection date** (dd/mm/yyyy)	**Result**
Haemoglobin (Hb)	[__][__] /[__][__] / 20 [__][__]	[__][__] . [__] g/dL
Haematocrit	[__][__] /[__][__] / 20 [__][__]	[__][__] . [__] %
Platelets	[__][__] /[__][__] / 20 [__][__]	[__][__][__][__] $x10^9$/L
Sodium	[__][__] /[__][__] / 20 [__][__]	[__][__] . [__] mmol/L
Potassium (K^+)	[__][__] /[__][__] / 20 [__][__]	[__][__] . [__] mmol/L
Urea	[__][__] /[__][__] / 20 [__][__]	[__][__] . [__] mmol/L OR [__][__][__][__] mg/dL
Creatinine	[__][__] /[__][__] / 20 [__][__]	[__][__] . [__] mg/dL OR [__][__][__][__] µmol/L
Chloride	[__][__] /[__][__] / 20 [__][__]	[__][__] . [__] mmol/L
Bicarbonate (HCO_3)	[__][__] /[__][__] / 20 [__][__]	[__][__] . [__] mmol/L
Lactate	[__][__] /[__][__] / 20 [__][__]	[__][__] . [__] mmol/L
Magnesium	[__][__] /[__][__] / 20 [__][__]	[__][__] . [__] mmol/L

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