

# Acute Watery Diarrhea Patient Data Collection Form

## Data collection form for Acute Watery

### Diarrhea Patients

#### Part A: Demographics

- 1) ID \_\_\_\_\_
- 2) Gender: Male / Female
- 3) Patient Age \_\_\_\_\_
- 4) Geographic
  - Urban life
  - Rural life
  - Nomad life
- 5) Potential Source of Infection \_\_\_\_\_

#### Part B: Admission details

##### 1) Admission Date DD/MM/YYYY

\_\_\_\_\_

**2) Diarrhea Onset before** \_\_\_\_\_ **days**

##### **3) Clinical Presentation**

- Diarrhea**  
how many times in a day? \_\_\_\_\_.
- Vomiting**
- Abdominal cramps**
- Fever**
- Dehydration**
- Other**  
**If Other, Please Specify**  
\_\_\_\_\_  
\_\_\_\_\_

##### **4) Chief Complaint was**

##### **5) Assessment of severity of dehydration:**

- **Severe (General Inspection: Lethargic, unconscious, floppy, Eyes: Sunken, dry, tears absent, Unable to drink, drinks poorly)**
- **Some (Restless, irritable, Sunken, tears absent, Thirsty, drinks eagerly)**
- **None (General Inspection Well, alert, Skin Pinch Normal, Eyes Normal, tears present, Tongue Moist, No thirst)**

##### Part D: Co-morbidities

- 1) Height \_\_\_\_\_ m
- 2) Weight \_\_\_\_\_ kg
- 3) Patient BMI \_\_\_\_\_ kg/m<sup>2</sup>
- 4) Heart Rate \_\_\_\_\_
- 5) Blood Pressure \_\_\_\_\_
- 7) Shock Index (SI) (heart rate (HR) / systolic blood pressure (SBP) ) \_\_\_\_\_
- 6) ASA Grade (chose number between 1 >>5) \_\_\_\_\_
  - ASA 1: Healthy person. Example: Fit, nonobese (BMI under 30), a nonsmoking patient with good exercise tolerance.
  - ASA 2: well-controlled disease (e.g., treated hypertension, obesity with BMI under 35, frequent social drinker, or cigarette smoker).

- ASA 3: a severe systemic disease that is not life-threatening. (e.g., poorly treated hypertension or diabetes, morbid obesity, chronic renal failure).
- ASA 4: a severe systemic disease that is a constant threat to life.
- ASA 5: A moribund person who is not expected to survive without the intervention.

##### **7) Comorbidities:**

- Diabetes mellitus
- Hypertension requiring medication
- Ischemic heart disease
- Chronic obstructive pulmonary disease (COPD)
- Asthma
- Ulcer disease
- Known liver cirrhosis
- Deep Vein Thrombosis
- Urinary Tract infection
- Chronic immunosuppression
- Cerebrovascular accident
- Chronic kidney disease (on dialysis or GFR <30 mL/min/1.73m<sup>2</sup>)
- Others (18)

If other, please Specify

##### **8) Past history of COVID-19 infection (within the last 6 months)**

- Yes
- No

Time gap between COVID-19 infection and Cholera Infection (in weeks): \_\_\_\_\_ Weeks

9) Previous open abdominal surgery/laparotomy

- Yes
- No

If Yes, please indicate the cause

\_\_\_\_\_

10) Past Gastrointestinal Surgery

- Yes
- No

If Yes, please indicate the Cause

\_\_\_\_\_

11) Past Medicine History:

- Antacids
- Histamine receptor blockers
- Proton pump inhibitors (PPI)
- Antibiotics (within last month)

If Yes, please specify Antibiotics Group

\_\_\_\_\_

\_\_\_\_\_

- Other
- \_\_\_\_\_
- \_\_\_\_\_

12) Current smoker within 1 year: (even with hookah)

- Active smoker
  - A daily smoker
  - An occasional smoker
- Ex-smoker
- Never smoked

13) Is the patient:

- Not drinking alcohol.

- Drinking alcohol in moderation (2 drinks or less in a day for men and 1 drink or less in a day for women)
- Binge Drinking (consuming 5 or more drinks (male), or 4 or more drinks (female), in about 2 hours.)
- Heavy Alcohol Use (binge drinking on 5 or more days in the past month.)

14) Cholera Vaccine

- Yes
- No

If yes, please specify the type of Vaccine

\_\_\_\_\_

### **Part E: Cholera Workup**

**1) Diagnosis was made according to:**

- Clinically (According to WHO: In an area with a noted cholera epidemic, a patient aged 5 years or older develops acute watery diarrhea, with or without vomiting)**
- Biochemical confirmation and characterization of the isolate.**
- Polymerase chain reaction (PCR) tests.**

**2) If Biochemical confirmation and characterization of the isolate was done please tick all that apply**

- Stool Examination**
  - Stool Culture**
  - Serotyping and Biotyping**
- If done, Please specify the type**
- \_\_\_\_\_

- Hematologic Tests**
- Metabolic Panel**

3) Laboratory findings (If done)

- Hemoglobin (g/dL) \_\_\_\_\_
- Platelet ( $10^3 / \mu\text{L}$ ) \_\_\_\_\_
- Bilirubin Total (mg/dL) \_\_\_\_\_
- Bilirubin direct (mg/dL) \_\_\_\_\_
- AST (U/L) \_\_\_\_\_
- ALT (U/L) \_\_\_\_\_
- Urea (mg/dL) \_\_\_\_\_
- Serum creatinine (mg/dL) \_\_\_\_\_
- Alkaline phosphatase \_\_\_\_\_
- White blood cell count,  $10^9/\text{L}$  \_\_\_\_\_
- K+ \_\_\_\_\_
- Na+ \_\_\_\_\_
- HCO<sub>3</sub><sup>-</sup> \_\_\_\_\_
- PCo<sub>2</sub> \_\_\_\_\_
- Ph \_\_\_\_\_
- Glucose \_\_\_\_\_
- Blood type (ABO +/-) \_\_\_\_\_

### **Part F: Treatment & Management**

**1) Intravenous Rehydration**

- Yes
- No

**If yes, please set the volume of intravenous infusion at the day case**

\_\_\_\_\_ ml/day case. (example: 2000 ml / day case)

**Set the rate of Intravenous Rehydration**

\_\_\_\_\_ ml/kg in hours (example; 30ml/kg in first hour then 70 ml / kg in next five hours)

**Type of solution**

- Lactated Ringer solution.**
- Isotonic sodium chloride solution**
- Other** \_\_\_\_\_

**2) ORS rehydration:**

- Yes
- No

If yes, please set the volume of ORS Solution at the day case

\_\_\_\_\_ ml/day case. (example: 2000 ml / day case)

Set the rate of Intravenous Rehydration

\_\_\_\_\_ ml/kg in hours (example; 30ml/kg after each loose stool then 70 ml / kg in next five hours)

**3) Antibiotic treatment**

- Yes
- No

If yes, please specify

- Tetracycline
- Doxycycline
- Trimethoprim and sulfamethoxazole
- Furazolidone
- Ciprofloxacin
- Ampicillin
- Other \_\_\_\_\_

Dose

- Single dose
- Multiple dose

\_\_\_\_\_ (for example 60 mg / once a day)

**4) Sodium Bicarbonate**

- Yes
- No

If yes, please specify the reason

**5) Potassium supplementation**

- Yes
  - Oral potassium supplementation
  - Intravenous potassium replacement
  - Potassium-sparing diuretics
- No

If yes, please specify the reason

**Part G: Follow-up Data at Staying in hospital****1) Patient Discharge**

- Same day with admission
- Next day
- After \_\_\_\_\_ days (example after two days)

**2) Did the patient die?**

- Yes
- No

If yes, please specify the reason

**3) Patient Health at discharge**

- Good
- Moderate
- Bad

**4) Did the patient need ICU care?**

- Yes
- No

If Yes, please describe the reason

**5) Did the patient need dialysis**

- Yes
- No

If yes, please specify the reason

**Did the patient have any complication through staying at hospital?**

- Yes
- No

If yes, please specify

**Part H: Follow-up Data during 30 days**

1) Did the patient have any complication through 30 days after the discharge?

- Yes
- No

If yes, please specify \_\_\_\_\_

2) Did the patient die as a result of a complication?

- Yes
- No

If Yes, please specify the reason

3) Any additional pharmacological treatment instituted by the medical team after discharge at home (other than routine treatment and prescription at discharge)

- Yes
- No

If Yes, please specify

4) Patient Health after 30 days from the admission:

- Good
- Moderate
- Bad

Any Additional Notes: \_\_\_\_\_