



CASE HISTORY SHEET: ENCEPHALITIS / ACUTE ENCEPHALITIS SYNDROME

PATIENT INFORMATION

Patient Name: **Age:** **Sex:** Male/Female/Other/NA
Hospital Admission Date: **Case Registration No.:**
Sample Type: Serum* & CSF* & EDTA Blood*/Other: _____
Date of Sample Collection: **Date of onset of Fever:**
Date of onset of First Clinical Symptom: **Date of onset of First Neurological Symptom:**

[*CSF, serum and whole blood (EDTA) are necessary for laboratory investigations of Encephalitis / AES cases].

Hospital Details: **Hospital Status:** Government/Private/Other
Hospital Name: **Doctor's Name:**
Postal Address: **Doctor's Mobile No:**
 **Doctor's Email ID:**

Provisional / Differential Diagnosis: _____

Suspected Etiologies: _____

Demographic and Socio-economic Details:

Father's/Husband's Name: **Residential area:** Rural/Semi-urban/ Urban
Village: **Tal:** **District:** **State:**
Education: Patient: Father: Mother:
Occupation: Patient: Father: Mother:
Family Income/month: **Mobile no.:**

Immediate Past History within 4 weeks of hospitalization: **[Please tick (✓) whichever is applicable]**

Recent Illness: Yes / No; if yes, **Type of illness:**
Recent vaccination: Yes / No, if yes, **Vaccine and date:**
Domestic Animal Exposure: Yes / No **Animal / insect bite:** Yes / No; If yes, **details:**
Recent Head Injury: Yes / No **Immuno-compromized:** Yes / No **Alcoholism:** Yes / No **Smoking:** Yes / No
Recent Blood Transfusion / Organ Transplant: Yes / No; If yes, **Date and type:**
Contact with Patient having Similar Symptoms: Yes / No; If yes, **details:**.....
Recent Travel: Yes/No; if yes, **Date and Area of Travel:**

Past/Current morbidities:

Cancer/Tumor: Yes / No; Type: _____ **Autoimmune disease:** Yes / No; Type _____
Asthma: Yes / No **Hypertension:** Yes / No **Diabetes:** Yes / No **Tuberculosis:** Yes / No

Immunization History: (If vaccinated, mention year of vaccination)

JE: **Polio:** **MMR:** **Hepatitis B:** **Varicella:** **BCG:** **Others:**

CLINICAL SYMPTOMS

[Please tick (✓) whichever is applicable]

Attach Xerox copies of case reports with history Sheet OR mail scanned copy to: encephalitisgroup2016@gmail.com

Vital basic biometrics:

Weight (kg): Body Temp: Pulse rate: Respiratory rate:
 BP Systolic: Diastolic: Icterus: Yes / No Pallor: Yes / No
 Edema: Yes / No (if yes, Generalized / Localized; Details.....) Facial puffiness: Yes / No

Clinical Symptoms checklist:

(Note: D= Duration and E=Episode)

Symptoms	Observations	Symptoms	Observations
Headache	Yes / No; If yes, D: _____	Unconscious	Yes / No; If yes, D: _____
Cough	Yes / No	Photophobia	Yes / No
Dyspnea	Yes / No; If yes, D: _____	Hydrophobia	Yes / No
Vomiting	Yes / No; If yes, E: _____	Phonophobia	Yes / No
Abdomen	Tender / Non-tender	DTR	Yes / No
Abdominal Pain	Yes / No	SAR	Yes / No
Diarrhoea	Yes / No; If yes, E: _____	Power	
Hepatomegaly	Yes / No	Neurological / CNS Symptoms	
Splenomegaly	Yes / No	Altered Sensorium	Yes / No ; If yes, D: _____
Lymphadenopathy	Yes / No	Seizure	Yes / No; If yes, D & E: _____
Myocarditis	Yes / No	Seizure Type	Generalized/ Focal /Epileptic
Parotitis	Yes / No	Personality changes	Yes / No
Up Rolling of Eyeballs	Yes / No	Mental status	Steady/Fluctuating/Deteriorating
Pupil size		Plantar Reflex	Yes / No
Pupil reactive to light	Yes / No	Neck Rigidity	Yes / No
Dolls Eye	Yes / No	Kernig's Signs	Yes / No
Irritability	Yes / No	GCS Eye	
Hallucinations	Yes / No	GCS Verbal	
Frothing from Mouth	Yes / No	GCS Motor	
Abnormal Limb Movements	Yes / No	GCS Total	
Posture		Any other signs	

Skin/Mucous membrane Rash:

Rash: Yes / No; If yes, Type: Maculopapular/Erythematous/Haemorrhagic / Vesicular/ Blisters/ Nodular/ Eschar

Duration of Rash: Itching/Non-itching Confluent/Non-confluent

Distribution: Generalized / Localized [Face/Neck/Trunk/Thorax/Back/Limbs (upper/lower/both)]

Radiological Investigations: [Please attach Xerox copy of investigation reports or e-mail scanned copy]

CT: Normal / abnormal MRI: Normal / abnormal EEG: Normal / abnormal
 USG: Normal / abnormal ECG: Normal / abnormal X-Ray: Normal / abnormal
 Details:

Treatment Details:

[Please attach separate sheet mentioning details of drugs given to the patient along with timing and duration]

Antivirals: Antibiotics:
 Immunoglobulins: Steroids:
 Supportive treatment:.....

BIOCHEMICAL INVESTIGATIONS

[Please tick (✓) whichever is applicable]

Parameter	Values	Parameter	Values	Parameter	Values
Blood			Date of collection:		
Blood Group	Rh	MPV	fL	Creatinine	mg/dL
Hemoglobin	g/dL	ESR	mm/h	Blood urea nitrogen	mg/dL
Total RBC Count	10 ⁶ /mm ³	Polymorphs	%	C-reactive protein	mg/L
PCV	%	Lymphocytes	%	Procalcitonin	µg/L
TLC (4-10.5 X 10 ³ /mm ³)	x 10 ³ /mm ³	Eosinophils	%	SGOT	U/L
Platelet Count (150-450 X 10 ³ /µl)	x 10 ³ /µl	Basophils	%	SGPT	U/L
MCV	pg/cell	Monocytes	%	Glucose	mg/dL
MCH	g/dL	P-LCR	%	Serum Bilirubin:	
MCHC	g/dL	Transaminase	IU/L	Total: mg/dL	
				Direct: mg/dL	
				Indirect: mg/dL	
Cerebrospinal Fluid (CSF)			Date of collection:		
IC Pressure	High/ low /Normal	Appearance	Clear / Hazy Turbid	Blood tinged	Yes / No
Glucose	mg/dL	Proteins	mg/dL	Pleocytosis	Yes / No
TLC	cells/mm ³	Polymorphs	%	Mononuclear cells	%
AFB Stain	POS / NEG /ND	Gram Stain	POS / NEG /ND	Culture	Yes / No
If yes, organism detected:					
Urine			Date of collection:		
Glucose	Present /Absent	Protein	Present/Absent	Urine Bilirubin	Present /Absent
C-reactive protein	mg/L	Urine RBC	cells/hpf	Pus cells	cells/hpf
Leukocytes	cells/hpf	Urine Culture	Yes/ No	Organism detected:	

Diagnostic Tests Performed at Hospital:

[POS: Positive, NEG: Negative and ND: Not Done]

Test	Results	Test	Results	Test	Results
RDT / blood smear MP	POS/ NEG/ND	HIV	POS/ NEG/ND	HSV-1 IgM	POS/ NEG/ND
Widal	POS/ NEG/ND	HBsAg	POS/ NEG/ND	JEV IgM	POS/ NEG/ND
Blood culture	POS/ NEG/ND	HCV	POS/ NEG/ND	Autoimmune disease	POS/ NEG/ND
Tuberculosis	POS/ NEG/ND	Dengue IgM	POS/ NEG/ND	Any other: _____	
Scrub Typhus IgM	POS/ NEG/ND	Dengue NS1	POS/ NEG/ND	_____	

Clinical Outcome: Hospitalized / LAMA / Referred to other hospital/ Recovered/Recovered with Sequelae/Death

Date of outcome: Neurological/pathological Sequelae: Yes / No

Sequelae Details:

Any other relevant information:

Note: As per the institutional practice, remaining amounts of referred specimens are archived after etiological investigations. Archived specimens may be used in research leading to development of newer diagnostics, preventive measures; generation of knowledge and evidences contributing to clinical medicine / public health with prior approval by competent authorities.