**RTI Patient Questionnaire**

All answers contained in this questionnaire are strictly confidential and will become part of your medical record.

|  |  |
| --- | --- |
| **Hospital Name:**  **Hospital ID:**  **Date of Entry:** | **Unique De-identified ID:**  **(To be filled after entering the data in the online portal)** |

**Personal Data**

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Name** |  | | |
| **Patient Age** |  | | |
| **Gender (check the box)** | **Male** | **Female** | **Other** |
| **Is patient pregnant [applicable only for female patient]**    **Yes No Do not want to specify** | | |
| **Gynecological history [applicable only if patient is pregnant]** | | |
| **Marital Status** | 1. **Married b. Unmarried** | | |
| **Mobile Number** |  | | |
| **Known case of asthma/COPD** | **Yes No** | | |
| **Smoking** | **No Yes: Occasional Frequent Heavy** | | |
| **Smoking duration** | **<1 year 1-3 years 3-5 years >5 years**  **No. of** cigarettes smoked per day? | | |
| **Occupational factors** | Healthcare workers/laboratory workers  Workers in animal handling/agriculture  Construction, mining, and manufacturing  Hospitality industry (bartenders and servers, who may be exposed to secondhand smoke)  Shipyards, mines, and underground tunnels | | |
| **Travel exposure within 2 weeks** | **Recent travel to a place with COVID/epidemic** | | |
| **Covid testing** | **Positive Negative** | | |

**Presenting Complaints**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Acute cough duration** | **\*Less than one week More than 2 weeks** | | | | |
| **Sputum** | **Yes No If yes, small copious mucoid Copious** | | | | |
| **If more than 2 weeks** | **Rule out TB, Asthma, COPD others** | | | | |
| **Fever** | **\*High (>39C/102F) Normal** | | | | |
| **Chills+ rigors** | **Yes No** | | | | |
| **Pleuritic chest pain** | 1. **Yes b. No** | | | | |
| **Difficulty breathing** | **Yes No**    **\*>24 breaths/min** | **Sore throat** | **Yes No**    **NA** | **Runny nose** | **Yes No**    **NA** |
| **Headache** | **Yes No**    **NA** | **Sneezing** | **Yes No**    **NA** | **Diarrhoea** | **Yes No**    **NA** |
| **H/O Generalized weakness /malaise** | **Yes \*Severe**  **No**    **NA** | **Nasal blockade** | **Yes No**    **NA** | **Constipation** | **Yes No**    **NA** |
|  | **Yes No**    **NA** | **H/O Nausea/**  **Vomiting** | **Yes No**    **NA** | **Any other** | **Yes No**    **NA** |
| **Mental status** | **Well oriented**  **\*Confusion/\*Delirious** | | | | |

**If inpatient**

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient admitted to** | | | |
| If only Ward | If only ICU | If admitted to ward  and then to ICU | If admitted to ICU  and then to Ward |
| Date of admission into ward: | Date of admission into ICU: | Date of Admission to ward: | Date of admission into ICU: |
| Date of Exit from ward: | Date of Exit from ICU: | Date of Exit from ward: | Date of Exit from ICU: |
|  | | Date of admission into ICU: | Date of admission into ward: |
| Date of Exit from ICU: | Date of Exit from ward: |
| Date of re-admission into ward: |  |
| Date of re-exit from ward: |
| Length of hospital stay: | …………….days | | |
| Devices in-situ | **a. Foley’s catheter Nasogastric tube Central venous line**  **c. Intubated / tracheostomy d. None** | | |  |
| Surgical Status: | 1. **Pre-Op b. post-Op c. NA** | | |
| If post-surgery, prophylactic antibiotic used | 1. **Yes b. No**   If Yes, provide names of antibiotics: | | |
| Urine culture is performed | 1. **Yes b. No NA**   If Yes, **a. Culture Positive b. Culture Negative**  If Culture Positive, **Name of the organism:**  **Antibiotic resistance and Susceptibility patterns**  **AST Method:** | | |

**Past Infection Data:**

|  |  |
| --- | --- |
| H/O previous RTI (in last three months) | **Yes** **No** |
| If Yes, whether antibiotics taken  If yes, Name of the antibiotics | **Yes** **No** |
| Documentation of infection within the  past 1 year (RTI) | 1. **MDR…. b. ESBL c. CRE d. None** |
| H/O tuberculosis | **Yes** **No** **NA** |
| If yes, Type of H/O tuberculosis | 1. **Pulmonary b. Extra Pulmonary** |
| Treatment history | **Drug, Dose etc** |

**Hospital Admission history**

|  |  |
| --- | --- |
| Hospital admissions within 1 year:  **Yes** **No** | **If Yes, No. of times:**  1 2 3 More than 3 |
| **Last Admission Details**  **(Latest)** | 1. **Hospital location at time of infection:**   Public Private   1. **Reason:**   RTI Non-RTI   1. **Surgery:**   With Surgery Without Surgery   1. **Duration of hospitalization (no. of days): \_\_\_\_\_\_** 2. **Devices in-situ:**   Catheterized Intubated NA   1. **If Catheterized, Duration of catheter (no. of days)** : \_\_\_\_\_\_ |
| **Second last Admission Details** | 1. **Hospital location at time of infection:**   Public Private   1. **Reason:**   UTI Non-UTI   1. **Surgery:**   With Surgery Without Surgery   1. **Duration of hospitalization (no. of days): \_\_\_\_\_\_** 2. **Devices in-situ:**   Catheterized Intubated NA   1. **If Catheterized, Duration of catheter (no. of days)**: \_\_\_\_\_\_ |

**Drug history**

|  |  |
| --- | --- |
| Prior use of specific antibiotics | **Yes** **No**  If yes, span of Antibiotics Used     1. **Within 3 months b. 3 months-1 year**   Name of the antibiotic/s: |
| Immunosuppressant treatment within  1 year before the index date | **Yes** **No** |
| Sensitivity to penicillin/cephalosporins | **Yes** **No** |

**Travel History**

|  |  |
| --- | --- |
| Recent travel out of station/abroad  (Last two weeks) | **Yes** **No** |

**Comorbidities (Yes/No)**

|  |  |
| --- | --- |
| Myocardial infection | **Yes** **No NA** |
| Congestive heart failure | **Yes** **No NA** |
| Peripheral vascular disease | **Yes** **No NA** |
| Cerebrovascular disease | **Yes** **No NA** |
| Chronic pulmonary disease /Asthma | **Yes** **No NA** |
| Connective tissue disease | **Yes** **No NA** |
| Peptic ulcer disease | **Yes** **No NA** |
| Moderate or severe liver disease | **Yes** **No NA** |
| Moderate or severe renal disease | **Yes** **No NA** |
| Diabetes without end-organ damage | **Yes** **No NA** |
| Diabetes with end-organ damage | **Yes** **No NA** |
| AIDS | **Yes** **No NA** |
| Recent immunosuppressive therapy /chemotherapy | **Yes** **No NA** |
| Endocrine disorder (Hypothyroid etc.) | **Yes** **No NA** |
| Alcoholism | **Yes** **No NA** |
| Lung malignancy | **Yes** **No NA** |

**Clinical Parameters**

|  |  |
| --- | --- |
| PR: /min | Normal (70-100) High 100-125 If high \* >125/min |
| BP: mmHg | Normal \*SBP <90 DBP <60 High |
| RR: /min | Rapid breathing \*>30/min 24-30/min <24/min |
| Temp: | >38.0°C Yes No |
| Oxygen saturation | \*<92 % |
| Chest Auscultation | Bronchial breathing Yes No  Crackles Yes No  Consolidation Yes No |

* Fever /100.4°F)
* Leukopenia (≤ 4,000 WBC/mm3) or leukocytosis (≥12,000 WBC/mm3)
* Altered mental status with no other cause, in ≥70 year

**Investigations**

|  |  |
| --- | --- |
| Serum creatinine (mg/dl) | Normal Raised (<2 times UNL) Raised >3 time UNL |
| Haemoglobin (gm/dl) | Normal Low (8-10 g/dl) very low ( < =7 g/dl) |
| WBC count (cells/cumm or cells/microliter) | Normal (4000-11000/cumm  Raised >11000 WBC/mm3  Decreased <4000 WBC/mm3 |
| Neutrophil count (%) | Normal (40-60%) Raised >80% Decreased <40% |
| Lymphocyte count (%) | Normal (20-40%) Raised (>40%) Decreased <20% |
| Neutrophil/lymphocyte ratio  (Calculated based on above value) | Normal (1-2) Raised (>3) Decreased (<0.7) Borderline (2.3-3) |
| CRP (mg/l) | WNL Raised (1-10g/dl) Raised (>10g/dl) |
| Liver function test | Normal Raised (<2 times UNL) Raised >3 time UNL |
| Blood urea | Normal Raised (<2 times UNL) Raised >3 time UNL |
| Serum Electrolytes  Na  K | Normal Low (<130) High  Normal Low (<3) High (5.5) |
| X-Ray | Normal Segmental Lobar more than one lobe Pleural effusion  No new findings |
| Sputum Gram stain | 1. Organism seen b. no organism seen c. sample not satisfactory |
| Blood culture | a. Sterile b. Positive culture c. NA  If positive culture, organism name =  If Sensitive Resistant |
| Sputum culture | a. Sterile b. Positive culture c. NA  If positive culture, organism name =  If Sensitive Resistant |
| Pleural effusion fluid | a. Sterile b. Positive culture c. NA  If positive culture, organism name =  If Sensitive Resistant |
| Molecular diagnostic test (multiplex PCR) | Organism detected |
| Serological test | Urine pneumococcal antigen Positive Negative  Urine legionella antigen test Positive Negative  Influenza Positive Negative  Chlamydia Positive Negative |

**CURB 65 score**

Confusion  Yes (1 point) No (0 points)

Blood Nitrogen Urea >19 mg/dL (> 7 mmol/L)  Yes (1 point) No (0 points)

Respiratory rate equal to or higher than 30/min  Yes (1 point) No (0 points)

Systolic BP <90 mmHg or Diastolic BP <=60 mmHg  Yes (1 point) No (0 points)

Age equal or higher than 65  Yes (1 point) No (0 points)

**Red flag signs**

High fever [>39oC/102oF] Yes No

Chills Yes No

Chest pain/difficulty in or rapid breathing (>30 breaths/min) Yes No

Severe exacerbation of asthma or COPD, heart failure, other previous serious diseases Yes No

Reviewed by: Date:

(clinician)

**Assessment of response after 48 hours for IPD patient**

|  |  |
| --- | --- |
| General condition | Good Same Worsened |
| Improvement in cough and breathlessness | Yes No Worsened |
| Absence of fever | Yes No Worsened |
| Decreasing white blood cell count | Yes No Worsened |
| Functioning gastrointestinal tract with adequate oral intake | Yes No Worsened |