**Appendix 1: Data collecting sheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Assessment on Admission** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRN Number | | | | | | | | | | | | | | | | | Study Number | | | | | | | | | | | | | | | |
| Male ⃝ | | Married ⃝  Alone ⃝  Divorced ⃝ Other: | | | | | | | | | | | | | | | Sub Study Number | | | | | | | | | | | | | | | |
| Female ⃝ | |
| Height [cm] | | | | | Weight [kg] | | | | Age | | | | | Date and Time Admission in BMC: | | | | | | | | | | | | Telephone numbers  1.  2.  3.  4. | | | | | | |
| Home town: | | | | | Ward sent to? | | | | | | | | | First seen  by the physician  date & time: | | | | | | | | | | | |
| Smoking?  Yes ⃝ No ⃝ | | | | Pack years | | | | | | | Alcohol  \_\_\_\_\_\_\_\_\_\_Units/week | | | | | | | | | | Other: | | | | | | | | | | | |
| Insurance  Yes ⃝ No ⃝ | | | | Referred from (*Please circle):*  Home / Regional Hospital / District hospital / Dispensary / Health center / Private clinic | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education (*Please circle):*  Uneducated / Primary /  Secondary / Higher | | | | | | | Job (*Please circle)*  Unemployed / Farmer / Petty dealer /  Civil servant / Student / Retired / Other: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chronic diseases? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hypertension  Yes ⃝ No ⃝ | | | | ACEI  Yes ⃝ No ⃝ | | | | | BB  Yes ⃝ No ⃝ | | | | | | | CC  Yes ⃝ No ⃝ | | | | | Diuretic  Yes ⃝ No ⃝ | | | | | | Other:  Yes ⃝ No ⃝ | | | | | |
| Heart failure  Yes ⃝ No ⃝ | | | | ACEI  Yes ⃝ No ⃝ | | | | | BB  Yes ⃝ No ⃝ | | | | | | | CC  Yes ⃝ No ⃝ | | | | | Diuretic  Yes ⃝ No ⃝ | | | | | | Other:  Yes ⃝ No ⃝ | | | | | |
| Diabetes mellitus  Yes ⃝ No ⃝ | | | | Metformin  Yes ⃝ No ⃝ | | | | | Insulin  Yes ⃝ No ⃝ | | | | | | | Sulphonylureas  Yes ⃝ No ⃝ | | | | | | Other:  Yes ⃝ No ⃝ | | | | | | | | | | |
| HIV  Yes ⃝ No ⃝ | | | | Therapy Regimen: | | | | | | | | | | | | | | | | | CD4: | | | | | | Viral load: | | | | | |
| HIV Test: Yes ⃝ No ⃝ if not: reason for not performing test  no kit available ⃝ / patient refuse ⃝ / Other reasons: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other chronic diseases: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary diagnosis: | | | | | | | | | | | | | | | | | Fluids prescribed? Yes ⃝ No ⃝ If yes:  Type: Normal Saline ⃝ [ml]:  Ringers ⃝ [ml]: Dextrose ⃝ [ml]: | | | | | | | | | | | | | | | |
| Physician diagnosed sepsis? Yes ⃝ No ⃝ | | | | | | | | | | | | | | | | | Antibiotics prescribed? Yes ⃝ No ⃝ if yes:  Name and dosage:  Blood culture taken before first dose? Yes ⃝ No ⃝ | | | | | | | | | | | | | | | |
| Source of sepsis known? Yes ⃝ No ⃝  Source: | | | | | | | | | | | | | | | | | Surgical source control needed Yes ⃝ No ⃝  if yes give date and time: | | | | | | | | | | | | | | | |
| Blood cultures taken Yes ⃝ No ⃝, if no - give reason: No bottles ⃝ no payments ⃝, other: | | | | | | | | | | | | | | | | | Blood test done  Yes ⃝ No ⃝, if “no” give reason:  No bottles ⃝, no payments ⃝,  other: | | | | | | | | | | | | | | | |
| **IF** Blood culture specimen taken  Urine ⃝ Blood ⃝  Wound swab ⃝ Other: | | | | | | | | | | | | | | | | |
| Within 12 hours of admission | RR | | | | Sp02 | | | BP | | | | | | Temp. [°C] | | | | HR | | | | | | Fi02 / 02 Flow | | | | | | | GCS (see below) | |
| AVPU  ⃝ Patient **a**wake  ⃝ Responds to **v**erbal stimulation  ⃝ Responds to **p**ainful stimulation  ⃝ **U**nresponsive | | | | | | | | | | | GCS | | | | | | | | | | | | | | | | | | | | |
| Best eye response | | | | | | | | Best verbal response | | | | | | | | | | Best motor response | | |
| 4 Eyes open | | | | | | | | 5 Oriented | | | | | | | | | | 6 Obeys commands | | |
| 3 Eye opening to speech | | | | | | | | 4 Confused | | | | | | | | | | 5 Localizes pain | | |
| 2 Eye open to pain | | | | | | | | 3 Inappropriate words | | | | | | | | | | 4 Withdraws from pain | | |
| 1 No eye opening | | | | | | | | 2 Incomprehensible sounds | | | | | | | | | | 3 Flexion to pain | | |
|  | | | | | | | | 1 None | | | | | | | | | | 2 Extension to pain | | |
|  | | | | | | | |  | | | | | | | | | | 1 No motor response | | |
| **Assessment at 24 hours** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Patient alive** Yes ⃝ No ⃝ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fluids prescribed since last visit?  Yes ⃝ No ⃝ If yes:  Type: N/S ⃝ [ml]:  Ringers ⃝ [ml]:  Dextrose ⃝ [ml]:  Surgical Source control Yes ⃝ No ⃝  Date | | | | | | | | | | Specimen Sent?  Blood test: Yes ⃝ No ⃝  Culture: Yes ⃝ No ⃝  If culture sent: ⃝ Blood / ⃝ Urine  ⃝Other: | | | | | | | | | Change in antibiotics?  Yes ⃝ No ⃝  Drug / dosage: | | | | | | | | | Results blood culture | | | | | |
| Results blood tests | | | | |
| HR | | | BP | | | RR | | | | | | | Fi02/O2 L | | | | Sp02 | | | | | | Temp. | | | | | | GCS | | | APVU |
| **Assessment at 72 hours** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Patient alive** Yes ⃝ No ⃝ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fluids prescribed since last visit?  Yes ⃝ No ⃝ If yes:  Type: N/S ⃝ [ml]:  Ringers ⃝ [ml]:  Dextrose ⃝ [ml]:  Surgical Source control Yes ⃝ No ⃝  Date | | | | | | | | | | Specimen Sent?  Blood test : Yes ⃝ No ⃝  Culture: Yes ⃝ No ⃝  If culture sent: ⃝ Blood / ⃝ Urine  ⃝Other: | | | | | | | | | Change in antibiotics?  Yes ⃝ No ⃝  Drug / dosage: | | | | | | | | | Results blood culture | | | | |
| Results blood tests | | | | |
| HR | | | BP | | | RR | | | | | | | Fi02/O2 Flow | | | | Sp02 | | | | | | Temp. | | | | | | GCS | | | APVU |
| **5 days Assessment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Patient alive** Yes ⃝ No ⃝ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fluids prescribed since last visit?  Yes ⃝ No ⃝ If yes:  Type: N/S ⃝ [ml]:  Ringers ⃝ [ml]:  Dextrose ⃝ [ml]:  Surgical Source control Yes ⃝ No ⃝  Date | | | | | | | | | | Specimen Sent?  Blood test : Yes ⃝ No ⃝  Culture: Yes ⃝ No ⃝  If blood culture sent: ⃝ Blood / ⃝ Urine  ⃝Other: | | | | | | | | | Change in antibiotics?  Yes ⃝ No ⃝  Drug / dosage: | | | | | | | | | Results blood culture | | | | |
| Results blood tests | | | | |
| HR | | | BP | | | RR | | | | | | | Fi02/O2 Flow | | | | Sp02 | | | | | | Temp. | | | | | | GCS | | | APVU |
| **At Death or 30 days post admission** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of discharge/death | | | | | | | | | | | | | | | Discharge/death diagnosis: | | | | | | | | | | **Patient**  Dead ⃝ Alive ⃝ | | | | | | | |
| Blood culture results: | | | | | | | | | | | | | | | | | Blood test results:  E | | | | | | | | | | | | | | | |

**Patient Planning:**  
   
Admission Date: Time: 30 days post admission   
 Date:   
24h Assessment Date: Time:   
  
72h Assessment Date: Time:   
  
5 days Assessment Date: Time: