**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 physiciandate & 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?  |
| HypertensionYes ⃝ No ⃝ | ACEIYes ⃝ No ⃝ | BBYes ⃝ No ⃝ | CCYes ⃝ No ⃝ | DiureticYes ⃝ No ⃝ | Other: Yes ⃝ No ⃝ |
| Heart failureYes ⃝ No ⃝ | ACEIYes ⃝ No ⃝ | BBYes ⃝ No ⃝ | CCYes ⃝ No ⃝ | DiureticYes ⃝ No ⃝ | Other: Yes ⃝ No ⃝ |
| Diabetes mellitusYes ⃝ No ⃝ | Metformin Yes ⃝ No ⃝ | Insulin Yes ⃝ No ⃝ | SulphonylureasYes ⃝ No ⃝ | Other: Yes ⃝ No ⃝ |
| HIVYes ⃝ No ⃝ | Therapy Regimen: | CD4:  | Viral load:  |
| HIV Test: Yes ⃝ No ⃝ if not: reason for not performing testno 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 takenUrine ⃝ Blood ⃝ Wound swab ⃝ Other:  |
| Within 12 hours of admission |  RR | Sp02 | BP  | Temp. [°C] | HR | Fi02 / 02 Flow  | GCS (see below)  |
| AVPU⃝ Patient **a**wake ⃝ Responds to **v**erbal stimulation⃝ Responds to **p**ainful stimulation⃝ **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: