## Special Investigation Form for Dapsone induced Hemolysis

## A. Field Investigation Section

(This section is to be completed by the relevant Medical Officer of Health after visiting the household)

|   | LC Numbe  |   |               |                    |           |                       |                      |            |    |   |      |  |
|---|---|---|---------------|--------------------|-----------|-----------------------|----------------------|------------|----|---|------|--|
| . N                                       | lame of the   | patient:  |               |                    |           |                       |                      |            |    |   |      |  |
|   |   |   |               |                    |           |                       |                      |            |    |   |      |  |
| ). A                                      |   |   |               |                    |           |                       |                      |            |    |   |      |  |
|   | ******  |   |               |                    |           |                       |                      |            |    | • |      |  |
| S F                                       | Educational   | Status:   |               |                    |           |                       |                      |            |    |   |      |  |
| . I.                                      | adoutionar  | criticis.   |               |                    |           |                       |                      |            |    |   |      |  |
| Von                                       | e   | Primary   |               | Secondary          | Tertiary  |                       |                      | Unknow     | 1  |   |      |  |
|   |   | Gd. 1-5   |               | Gd. 6-12           |           |                       | Actual in the second |            |    | -                                       |      |  |
|   |   |   |               |                    |           |                       |                      |            | *  |   |      |  |
|   |   |   |               |                    |           |                       |                      | 1          |    | - 1                                     |      |  |
| 7 N                                       | Aarital Stati   | is:   |               |                    |           |                       |                      |            |    |   |      |  |
| 7. 11                                     | maritar Mari  |   |               |                    |           |                       |                      |            |    |   |      |  |
| Unn                                       | narried   | Married   | Wido          | wed                | Divorce   | ed                    | Other (              | Specify)   |    |   |      |  |
|   |   |   |               |                    |           |                       |                      |            |    |   |      |  |
|   |   |   |               |                    |           |                       |                      |            |    |   |      |  |
|   | t II- MOH   |   | 820 - 6000000 |                    |           |                       |                      |            |    | 4                                       |      |  |
| 8. N                                      |   |   | 9. PHI        | area:              | <b></b>   |                       | 10. (                | iN divisio | 1: |   | <br> |  |
|   |   |   |               |                    |           |                       |                      |            |    |   |      |  |
| 11.                                       | Notificatio   |   |               |                    |           |                       |                      |            |    |   |      |  |
| 11.                                       | a. 11 -:  | 544 date:   |               |                    |           |                       |                      |            |    |   |      |  |
|   | a. II -:<br>b. II-  | 544 date:<br>111 date:  |               |                    |           |                       |                      |            |    |   |      |  |
| 12.                                       | a. II -:<br>b. II-<br>Contact tra   | 544 date:<br>111 date:<br>eing date:                              |               |                    |           |                       |                      |            |    |   |      |  |
| 12.                                       | a. H -:<br>b. H-<br>Contact tra<br>Any other  | 544 date:<br>111 date:  | ts in the     | <br>family         |           |                       |                      | Romart s   |    |   | 1    |  |
| 12.<br>13.                                | a. II -:<br>b. II-<br>Contact tra   | 544 date:<br>111 date:<br>eing date:                              |               |                    |           | lationshi             |                      | Remarks    |    |   |      |  |
| 12.<br>13.                                | a. H -:<br>b. H-<br>Contact tra<br>Any other  | 544 date:<br>111 date:<br>eing date:                              | ts in the     | <br>family         |           |                       |                      | Remarks    |    |   |      |  |
| 12.<br>13.<br>1.<br>2.                    | a. H -:<br>b. H-<br>Contact tra<br>Any other  | 544 date:<br>111 date:<br>eing date:                              | ts in the     | <br>family         |           |                       |                      | Remarks    |    | · ·                                     |      |  |
| 12.<br>13.<br>1.<br>2.<br>3.              | a. H -:<br>b. H-<br>Contact tra<br>Any other  | 544 date:<br>111 date:<br>eing date:                              | ts in the     | <br>family         |           |                       |                      | Remarks    |    | · Vivo                                  |      |  |
| 12.<br>13.<br>1.<br>2.                    | a. H -:<br>b. H-<br>Contact tra<br>Any other  | 544 date:<br>111 date:<br>eing date:                              | ts in the     | <br>family         |           |                       |                      | Remarks    |    |   |      |  |
| 12.<br>13.<br>1.<br>2.<br>3.              | a. H -:<br>b. H-<br>Contact tra<br>Any other  | 544 date:<br>111 date:<br>eing date:                              | ts in the     | <br>family         |           |                       |                      | Remarks    |    | V                                       |      |  |
| 12.<br>13.<br>1.<br>2.<br>3.              | a. II -;<br>b. II-<br>Contact tra<br>Any other<br>Name                                  | 544 date:<br>111 date:<br>eing date:                              | ts in the     | <br>family         |           |                       |                      | Remarks    |    |   |      |  |
| 12.<br>13.<br>1.<br>2.<br>3.<br>4.        | a. II -; b. II- Contact tra Any other Name B. Clin                                      | 544 date: HI date: cing date: positive contac                     | ts in the     | Family Sex         | Re        | lationshi             | p                    | Remarks    |    |   |      |  |
| 12.<br>13.<br>1.<br>2.<br>3.<br>4.        | a. II -; b. II- Contact tra Any other Name B. Clin                                      | 544 date:<br>111 date:<br>eing date:<br>positive contac           | ts in the     | Family Sex         | Re        | lationshi             | p                    | Remarks    |    |   |      |  |
| 12.<br>13.<br>1.<br>2.<br>3.<br>4.        | a. II -; b. II- Contact tra Any other Name  B. Clin his section in                      | 544 date: HI date: cing date: positive contac  ic details         | ts in the Age | Family Sex         | onsultant | lationshi<br>t Dermat | p                    | Remarks    |    |   |      |  |
| 12.<br>13.<br>1.<br>2.<br>3.<br>4.        | a. II -; b. II- Contact tra Any other Name  B. Clin his section in                      | 544 date: HI date: cing date: positive contac                     | ts in the Age | Family Sex         | onsultant | lationshi<br>t Dermat | p                    | Remarks    |    |   |      |  |
| 12.<br>13.<br>1.<br>2.<br>3.<br>4.        | a. II -; b. II- Contact tra Any other Name  B. Clin his section i                       | ic details s to be completed in the institution:                  | ts in the Age | Flamily Sex        | onsultant | lationshi<br>t Dermat | p                    |            |    |   |      |  |
| 12.<br>13.<br>1.<br>2.<br>3.<br>4.        | a. II -; b. II- Contact tra Any other Name  B. Clin his section i                       | 544 date: HI date: cing date: positive contac  ic details         | ts in the Age | Flamily Sex        | onsultant | lationshi<br>t Dermat | p                    |            |    |   |      |  |
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| 12.<br>13.<br>1.<br>2.<br>3.<br>4.<br>(Th | a. II -: b. II- Contact tra Any other Name  B. Clin his section i Name of th            | ic details s to be completed in the institution:                  | ts in the Age | Family Sex logist: | onsultant | lationshi<br>t Dermat | p                    |            |    |   |      |  |
| 12.<br>13.<br>1.<br>2.<br>3.<br>4.<br>(Th | a. II -: b. II- Contact tra Any other Name  B. Clin his section i Name of th Name of th | ic details s to be completed in the Consultant I ion (PB/MB):     | ts in the Age | Family Sex logist: | onsultant | lationshi<br>t Dermat | p                    |            |    |   |      |  |
| 12.<br>13.<br>1.<br>2.<br>3.<br>4.<br>(Th | a. II -: b. II- Contact tra Any other Name  B. Clin his section i Name of th Name of th | ic details s to be completed in the Institution:  ne Consultant I | ts in the Age | Family Sex logist: | onsultant | lationshi<br>t Dermat | p                    |            |    |   |      |  |
| 12.<br>13.<br>1.<br>2.<br>3.<br>4.<br>(Th | a. II -: b. II- Contact tra Any other Name  B. Clin his section i Name of th Name of th | ic details s to be completed in the Consultant I ion (PB/MB):     | ts in the Age | Family Sex logist: | onsultant | lationshi<br>t Dermat | p                    |            |    |   |      |  |
| 12.<br>13.<br>1.<br>2.<br>3.<br>4.<br>(Th | a. II -: b. II- Contact tra Any other Name  B. Clin his section i Name of th Name of th | ic details s to be completed in the Consultant I ion (PB/MB):     | ts in the Age | Family Sex logist: | onsultant | lationshi<br>t Dermat | p                    |            |    |   |      |  |
| 12.<br>13.<br>1.<br>2.<br>3.<br>4.<br>(Th | a. II -: b. II- Contact tra Any other Name  B. Clin his section i Name of th Name of th | ic details s to be completed in the Consultant I ion (PB/MB):     | ts in the Age | Family Sex logist: | onsultant | lationshi<br>t Dermat | p                    |            |    |   |      |  |

| 8. Investigations done during 1 <sup>st</sup> visit     |                           |
|---|---------------------------|
|   |                           |
|   |                           |
|   |                           |
|   |                           |
|   |                           |
| 9. Investigations done during subsequent visits         |                           |
|   |                           |
|   |                           |
|   |                           |
| 0. Disability assessment:                               |                           |
| irade 0 Grade 1 Grade 2                                 |                           |
|   |                           |
| 21. EHF score:  |                           |
| 22. Details of reactions:                               |                           |
| No reactions Type 1 Type 2 Da                           | psone                     |
|   |                           |
| 23. Any other reactions (Please specify):               |                           |
|   |                           |
| 2 4   |                           |
|   |                           |
|   |                           |
| C. Present reaction/Outcome                             |                           |
| 25. Type of Dapsone induced reaction reported (Please t | ick the appropriate cage) |
| Pyrexia   |                           |
| Jaundice  |                           |
| Anaemia   |                           |
| Hepatomegaly  |                           |
| Splenomegaly  |                           |
| Pneumonitis   |                           |
| Lymphadenopathy   |                           |
| Liver enzyme abnormality                                |                           |
| Carditis  |                           |

| Pruritic   |
|--|
| Exfoliative dermatitis   |
| Erytroderma  |
| Maculopapular rash   |
| Mucosal involvement  |
| 26. Date of onset: dd/ mm/ yy  |
| 27. Where was the patient treated for reaction: Govt. Hospital Pvt. Hos. Practitioner Other (specify):             |
|  |
|  |
| 28. Details related to the drug  |
| a. Batch No: of Dapsone used to treat patient:   |
| b. Expiry date of Dapsone:   |
| c. Dose of Dapsone :   |
| d. No: of doses given to the patient:  |
| D. Institutional Investigation Section   |
| (This section is to be completed by the relevant Consultant if patient was admitted to the hospital)               |
| 29. Name of the Institution:   |
| 30. Name of the Consultant:  |
| 31. Duration of hospital stay:   |
| a. In the ward:  |
| b. In ICU:   |
| 32. Main Investigation findings done in the Institution (If provided space is not enough please attach more pages) |
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|  |
|  |
| 33. Outcome of the patient: Cured Died Unknown  33. Details of post mortem ( if available)                         |
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## 34. Details of Investigation team:

| Name | Designation  |
|------|--|
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