

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)

Part I- Basic Information of the patient

1. ALC Number:
2. Name of the patient:
3. Age: 4. Sex:
5. Address:
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6. Educational Status:

None	Primary Gd. 1-5	Secondary Gd. 6-12	Tertiary	Unknown

7. Marital Status:

Unmarried	Married	Widowed	Divorced	Other (Specify)

Part II- MOH details

8. MOH area: 9. PHH area: 10. GN division:

11. Notification details:

- a. H-544 date:
- b. H-111 date:

12. Contact tracing date:

13. Any other positive contacts in the family

	Name	Age	Sex	Relationship	Remarks
1.					
2.					
3.					
4.					

B. Clinic details

(This section is to be completed by the treating Consultant Dermatologist)

14. Name of the Institution:
15. Name of the Consultant Dermatologist:
16. Classification (PB/MB):
17. Treatment type: PB/MB/ROM/Other (Please specify in detail)

18. Investigations done during 1st visit

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19. Investigations done during subsequent visits

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20. Disability assessment:

Grade 0	Grade 1	Grade 2

21. EHF score:

22. Details of reactions:

No reactions	Type 1	Type 2	Dapsone

23. Any other reactions (Please specify):

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C. Present reaction/Outcome

25. Type of Dapsone induced reaction reported (Please tick the appropriate cage)

- Pyrexia
- Jaundice
- Anaemia
- Hepatomegaly
- Splenomegaly
- Pneumonitis
- Lymphadenopathy
- Liver enzyme abnormality
- Carditis

- Pruritic
- Exfoliative dermatitis
- Erythroderma
- Maculopapular rash
- Mucosal involvement

26. Date of onset: dd/ mm/ yy
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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)

33. Outcome of the patient : Cured Died Unknown

33. Details of post mortem (if available)

