

FORM – D

Influenza A H1N1 Death Summary Form

(Proforma to be filled up for the influenza A H1N1 confirmed patients who have died)

I. Reported by: -----

1. Name of the hospital with address: -----

II. Patient Identification Data: -----

1. Name & Address & Contact: -----

2. Date of Birth (dd/mm/yy) ___/___/___ Age (in yrs):

3. Sex: Male /FEMALE

If Female was the patient Pregnant? ___

4. Residential Status:

5. Economical Status:

6. Referred By:

a. Referral 1:

b. Referral 2:

c. Referral 3:

III. Clinical Data (Please tick one or more than one symptoms/ailments the patient had)

1. Signs and symptoms with date of onset (dd/mm/yy):

2.	Duration (in days)	Duration (in days)
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Mild Fever		High Grade fever	
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Cough		Breathlessness	
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Headache & Bodyache	_____	Chest Pain	_____
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Running of Nose	_____	Fall in Blood Pressure	_____
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Sore Throat	_____	Sputum with Blood	_____
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Vomiting	_____	Any other, Specify	
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Diarrhoea			
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2. Did the patient had any high risk illness / predisposing condition
- i) Cortisone therapy +
 - ii) HIV +ve only
 - iii) AIDS iv) Diabetes Mellitus
 - v) Chronic Lung disease (Specify with duration) _____
 - vi) Chronic Heart disease (Specify with duration) _____
 - vii) Chronic Kidney disease (Specify with duration) _____
 - viii) Chronic Liver disease (Specify with duration) _____
 - ix) Cancer (Specify with duration) _____
 - x) Blood disorders (Specify with duration) _____
 - xi) Neurological disorders (Specify with duration) _____
 - xii) Any other (Specify with duration) _____

3. Diagnostic Findings (Clinical):

3.1. General tests:

Did the patient have any of the following tests?

<u>Yes</u>	Chest Xray	If Yes,	Abnormal
	Chest CT Scan	If Yes,	Normal Abnormal Unknown

If Chest X-ray or Chest CT Scan result abnormal:

Was there evidence of Pneumonia?

3.2. Influenza Testing:

Date of Collection of Sample: -----

Date of Declaration of Result: -----

Name of the Lab. Which conducted test: _____

Result: -----

4. Treatment Details: -----

Ventilator on -----

Remark – -----

4.1. Previous treatment history

- I. Oseltamivir with duration.
- II. Treatment for other symptoms. :
- III. Name of the Hospitals / Health facilities / Private Practitioner where treatment taken with dates.

4.2. Treatment given in the Hospital where patient died.

- I. Date of Admission:
- II. Date and Time of Death:
Cause of Death:
- III. Did the Patient receive Oseltamivir?
 - a. If yes, Complete table below:

Drug	Date Initiated	Date Discontinued	Dosage (If Known)

- IV. Treatment for complications (details).
- V. Did the patient require mechanical ventilation? __

(Signature of Treating Doctor / Medical Superintendent)

Date:

Form C : DEATH PATIENT

Name of the Hospital:

Details of Patient on Ventilator in respect of (H1N1)

Date :

1	Name of Patient	
2	Age / Sex	
3	Residential Address	
4	Date of Onset of Illness	
5	Brief H/O Presumptive source of infection (Brief travel history)	
6	Sign & Symptoms (Details)	
7	Associated illness o/Physiological condition (if any)	
8	Details of treatment given at	
	1. By first Doctor / Hospital Dt. From 15/3/2012 to 15/3/2012	
	2. By IIW Dt. From 15/3/2012 To 16/3/2012	
9	Name of Referring Hospital	
10	Date & Time of Admission in Identified Isolation Ward (IIW)	
11	Name of IIW	
12	Date of Throat of Swab Taken	
13	Date of Result of Throat Swab	
14	Date of Initiation of Tamiflu	
15	Date : Time : Place of Death	
16	Cause of Death	

Name of the Hospital:

Details of Patient in respect of (H1N1) POSITIVE

Date:

1	Name of Patient	
2	Age / Sex	
3	Residential Address	
4	Date of Onset of Illness	
5	Sign & Symptoms (Details)	
6	Brief H/O Presumptive source of infection (Brief travel history)	
7	Associated illness o/Physiological condition (if any)	
8	Details of treatment given at	
	1. By first doctor / hospital Dt. From 4/3/2012 to 8/3/2012	
	2. By IIW Dt. From 8/3/2012 to	
9	Name of Referring Hospital	
10	Date & Time of Admission in Identified Isolation Ward (IIW)	
11	Name of IIW	
12	Date of Throat of Swab Taken	
13	Date of Result of Throat Swab	
14	Date of Initiation of Tamiflu	
15	Status as on today	
16	Remarks	

