

**S1 APPENDIX
(CASE RECORD FORM)**

Name : _____ **Age :** _____ **Sex :** M / F
CR No: _____ **Date of admission :** _____ **Date of discharge :** _____
Postal address: _____ **Occupation :** _____ **Phone :** _____

History	1 if yes, 0 if No, Duration (days)	Examination	1 if yes, 0 if No
Fever		Lympadenopathy	
Headache		Cold abscess	
Vomiting		Spine deformity	
Loss of appetite		Rash	
Constipation		Type of rash: (encircle)	
Diarrhoea		Petechial /Pupuric /maculopapular /vescicular/other	
Weight loss		Pallor/ Clubbing /I/Cy/JVP/PE	
Night Sweats		Any other finding on general physical examination:	
Abdominal pain			
Cough		Chest examination: RR/Trachea/Air entry/Adventitious sound	
Chest pain			
Seizure		CVS examination:	
Focal seizures		Heart sounds muffled : Yes/No	
HTN/CLD/CRF /CHF/RA/SLE		Worst GCS:	
DM		Decerebrate/decorticate posturing	
Hemoptysis		Focal deficits	
Altered sensorium		Extrapyramidal signs: Type of deficit (encircle): Chorea, Dystonia, Tremor , Athetosis, Ballismus, Hemiparesis, Monoparesis, Aphasia, Blindness	
BCG Scar			
Contact with TB Patient			
Alcohol		Cranial Nerve involvement and details:	
Drug user history		Hepatomegaly	
Smoking		Splenomegaly	
Head injury/neurosurgery		Ascites	
Ear discharge		Any other significant finding	
Amenorrhoea			

Investigations:									
Haemogram	Hb		TLC		ESR		Platelet		
DLC									
LFT	D Bil		I Bil		AST		ALT		ALP
KFT	Urea		Creatinine		Uric Acid				
Serum protein	Total		Albumin		Globulin				
Sputum AFB									
HIV/Cancer/Steroid therapy									
Mantoux	Pos.				Neg.				

Fluid analysis (fill in relevant columns for each fluid type)	Pleural fluid	Ascitic fluid	CSF	Pericardial Fluid	Liver abscess fluid	Urine	Any Other fluid
Color							
Cytology :total cells/ml							
Cytology :differential							
Sugar							
Concomitant Blood Sugar (mg/dL)							
Protein (F+S)							
LDH (F+S)							
Albumin (F+S)							
SAAG ratio							
Light's criteria							
ADA							

Whether bacterial/viral/fungal isolation from other sites: Yes/ No If yes, what site.....

CT /MRI brain (tick ✓ if yes)	Hydrocephalus	Basal exudates	TB Abscess	Ependymal/meningeal enhancement	Infarcts	Tuberculomas	Bacterial Abscess
2D echo	Pre treatment			Post treatment			
CXR	Effusion	Hazy lucencies	Miliary	Cavity	Consolidation	Collapse	Mediastinal LAP

Whether AFB found in other fluids: Yes/No

If yes, where: Sputum/Gastric aspirate/BAL/Pleural fluid/other.....

Whether FNAC/HPE of any tissue done: Y/ N

If yes, which tissue:.....

Finding: Inconclusive/ granulomas/ caseating granuloma/ other.....

USG/CT abdomen if done: Ascites/LAP/ ileal thickening/ other findings.....

Any other investigation done to support the diagnosis with findings:

Provisional Diagnosis:

Any other investigation:

Follow up:

ATT treatment: Yes/No, (If yes: then Durationdays); Weight Gain.....(yes / no)

Date of Start of ATT:..... Date of Completion of ATT:.....

Any other test done to confirm follow up:

.....
Signature of Senior Resident
Name:.....