

NAME
DOB
PATIENT ID NUMBER: [][][][][][]

NURSE LED ASSESSMENT

Date of Assessment:// Clinic visited:	erred <i>(tick appropriate</i> mmunity out-reach r I				
Last name/surname:	Sex: Male Age:	Female DOB://			
Ebola survivor: No Laboratory ID (VHF number) (i.e. PLK number Local clinic or hospital number (ETU/ETC/CC Country: District:	Region: Chiefdom:				
Married: Yes No Patient's living condi Lives alone Lives with family Lives with people oth	Tel (primary contact): Tel (secondary):				
Ebola History Date positive:/_/ Date neg Earliest admission date to holding centre: _		o.:			
Earliest discharge date to holding centre :	J_J				
Co-Morbidities/Clinical History (known condition	ons diagnosed or existing befor	e Ebola infection)			
Has patient ever been diagnosed with tuber If Yes, is the patient currently taking TB med If Yes, has the patient ever completed a cou	Yes	No O			
Any relevant social history:					
T P BP RR	Sats on %	%02 Capillary E	Blood Glucose		
Weight (kg) Height (m)	BMI (kg/m²)	MUAC	Z score		
Ebola Test Results Has the patient already consented to be in Which study Research Bloods Needed? Yes/No (circle of Research bloods /other samples taken Post Ebola Virus Disease syndrome		lo (circle one)			
1 222 230 That Discuse Syndrome					



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MATERNAL HEALTH (BASELINE, NURSE LED)
If male or female pre-menarche / post menopause check here to skip module \Box
Name of Nurse Date of assessment
Currently pregnant: ☐NO ☐YES ☐Do not know or last menstrual period >4 weeks ago ☐Post-menopausal
If YES, Were you pregnant when you had Ebola □NO □YES
If YES, Gestation age of fetus [][] weeks]
If YES Did the child survive □NO □YES
Currently using which method(s) of contraception
Condoms Oral Contraceptive Pill Other, specify None
If YES,
None Condoms ral Combined contraception Progesterone only pill ('mini pill)
Injectable long acting contraception \Box Coil – implanted with progesterone \Box Coil – not implanted
with progesterone Implanon Female sterilization Vasectomy
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GENERAL EXAMINATION MODULE completed. The following questions indicate if additional modules are advised.							
Name of Nurse			Date of assessment				
Problems with your joints, muscles or ribs/side of chest?	<u> </u>	□YES	If YES, COMPLETE JOINTS MODULE				
Problems with your vision/eyes	□NO	□YES	If YES, COMPLETE EYES MODULE				
Suffering from headaches	□NO	□YES	If YES, COMPLETE HEADACHE& NEUROLOGY MODULE				
Problems with your hearing, ringing/sounds in the ears or aural fullness (feels like ears are plugged)	□NO	□YES	IF YES, COMPLETE EARS MODULE				
Any of the following? If YES to any suggest completing the /	NEUROLO	GY MOD	ULE (HISTORY & EXAMINATION)				
Facial weakness	□NO	☐ YES	Start before Ebola? ☐ NO ☐ YES				
Body weakness	□ио	☐ YES	Start before Ebola? ☐ NO ☐ YES				
Numb areas	□ №	☐ YES	Start before Ebola? ☐ NO ☐ YES				
Problems with balance/movement	□NO	☐ YES	Start before Ebola? ☐ NO ☐ YES				
Any of the following? If YES to any suggest completing the O							
Chest pain	□ NO	☐ YES	Start before Ebola? ☐ NO ☐ YES				
Palpitations	□NO	☐ YES	Start before Ebola? ☐ NO ☐ YES				
Breathing?	□ NO	□YES	Start before Ebola? ☐ NO ☐ YES				
Any of the following? If YES to any suggest completing the O							
Abdominal pain	□NO	☐ YES	Start before Ebola? ☐ NO ☐ YES				
Constipation?	□NO	☐ YES	Start before Ebola? ☐ NO ☐ YES				
Diarrhoea?	□NO	☐ YES	Start before Ebola? ☐ NO ☐ YES				
Any of the following? If YES to any suggest completing the F							
Problems in passing urine?	□NO	☐ YES	Start before Ebola? ☐ NO ☐ YES				
Changes in urinary frequency	□ №	☐ YES	Start before Ebola? ☐ NO ☐ YES				
Blood in urine?	□ №	☐ YES	Start before Ebola? ☐ NO ☐ YES				
Other change in colour of Urine		☐ YES	Start before Ebola? ☐ NO ☐ YES				
Women only. If YES to any of the following suggest complet							
Changes to menstrual cycle?	□ NO	☐ YES	Start before Ebola? ☐ NO ☐ YES				
Abnormal vaginal bleeding?		☐ YES	Start before Ebola? ☐ NO ☐ YES				
Vaginal discharge?		☐ YES	Start before Ebola? NO YES				
Pelvic pain or pain during sex? Men only. If YES to any the following suggest completing th		YES	Start before Ebola? NO YES				
Pain/swelling around the genitals?		☐ YES	Start before Ebola? NO YES				
Problem getting/maintaining an erection?		☐ YES	Start before Ebola? ☐ NO ☐ YES				
Abnormal discharge from the penis?		☐ YES	Start before Ebola? ☐ NO ☐ YES				
If YES to any of the following suggest completing the PSYCH	IATRY M	ODULE					
Sleep disturbance?	□ №	☐ YES	Start before Ebola? ☐ NO ☐ YES				
Mood changes?	□ №	☐ YES	Start before Ebola? ☐ NO ☐ YES				
Behavioural problems?	□ №	☐ YES	Start before Ebola? ☐ NO ☐ YES				
Anxiety problems?		☐ YES	Start before Ebola? ☐ NO ☐ YES				
Psychosis?		☐ YES	Start before Ebola? ☐ NO ☐ YES				
OTHER							



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PATIENT ID NIIMBER: [11	11	11	11	11	11	11	1	

Any further module the examining team would like filled in

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MEDICATION (B	ASELINE, NURSE LI	ED)							Units
Name of Nurse			Date of	assessment					□g □mg □mcg □IU □ml
Adverse Drug Re	eactions								Other
Drug	Reaction		Data taken		Indication				Frequency Once daily (QD)
									☐Twice daily(BID) ☐Thrice daily(TID) ☐Four times daily(QII ☐Weekly ☐Unknown
						 - 			Other
Drugs taken prid	or to Ebola								Route
Indication	Name of medication(gen eric name preferred)	Dose =	Unit	Frequency	Start date (DD/MM/2 0YY)	End date (DD/MM/20 YY)	End date (DD/MM/20 YY)	Route	□oral □IV □inhaled □other □unknown
						□On-going	□On-going		
					//20	//20 □On-going	//20 □On-going		
					//20	//20	//20		



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GENERAL EXAMINATION (BASELINE, DOCTOR LED)								
Name of Doctor	Date of as	ssessment						
General Observation ☐ Check here if all general observation is normal and all items below are NO/NORMAL								
Jaundice	□NO	□YES	If YES, specify					
Anaemia (pallor)	□NO	□YES	If YES, specify					
Cyanosis	□NO	□YES	If YES, specify					
Clubbing	□NO	□YES	If YES, specify					
Oedema	□NO	□YES	If YES, specify					
Lymphadenopathy	□NO	□YES	If YES, specify					
Cardiac Exam ☐ Check here if all general observation	is normal							
Describe if not normal								
Impression if not normal								
Respiratory Exam ☐ Check here if all general observa	ition is nor	mal						
Describe if not normal								
Impression if not normal								
Abdominal Exam□Check here if all general observa	tion is norr	mal						
Describe if not normal								
Impression if not normal								
Cardiac Exam□Check here if all general observation	is normal							
Describe if not normal								
Impression if not normal								
Respiratory Exam□Check here if all general observa	ition is nor	mal						
Describe if not normal								
Impression if not normal								
Abdominal Exam□Check here if all general observa-	tion is norr	mal						
Describe if not normal								
Impression if not normal								
Skin □Check here if all general observation is norma	al							
Rash	□NO	□YES	If YES, specify					
Impression if not normal								
Bruising	□NO	□YES	If YES, specify					
Impression if not normal								
Peeling Skin	□NO	□YES	If YES, specify					
Impression if not normal								



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TREATMENT (BASELINE, DOCTOR LED)	
Name of Doctor	Date of assessment

Ocular & Joint diagnoses (circle)	Treatment (see protocol)	Dispensed & Patient teach back?	Investigations, Referral? Notes
Uveitis	Eye drops	□ Dispensed & Teachback □ Not available	
	Oral Prednisone taper as per attached protocol	□Dispensed & Teachback □Not available	
	Ivermectin 200 micrograms/kg od x 2 days (if starting oral steroids)	□Dispensed & Teachback □Not available	
Arthralgias (tender joints)	Ibuprofen 400 mg po BID x 7 days and if no or only mild improvement after day 5,	□Dispensed & Teachback	
Arthritis (tender & swollen joints)	increase to 400 mg po TID x 7 days Paracetamol 500 mg po q4-6h po PRN x 14 days Costochondritis	■Not available	1

If **Joints**, involves: □Single large joint □< 5 large joints □≥5 large and small joints

Other diagnoses (circle)	Treatment (see protocol)	Dispensed & Patient teach back?	Investigations, Referral? Notes
Costochondritis GORD (Gastro-oesophageal reflux)	Ranitidine/Omeprazolemg x 28 days	□Dispensed & Teachback □Not available	
Presumptive anemia	Blbendazole	□Dispensed & Teachback □Not available	
Oncho eradication if last received Oncho drugs >1 year ago	Ivermectin 150 micrograms/kg x 1 dose (link with NTD eradication program)	□Dispensed & Teachback □Not available	
Other	specify	☐Dispensed & Teachback☐Not available	
Other:	specify	□Dispensed & Teachback □Not available	
Other	specify	□Dispensed & Teachback □Not available	
Other:	specify	☐Dispensed & Teachback☐Not available	



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IMPRESSION (BASELINE, DOCTOR LED	
Name of Doctor	Date of assessment
FREE TEXT	
Plan (BASELINE, DOCTOR LED)	
Fig. (DASELINE, DOCTOR LED)	
Name of Doctor	Date of assessment
FREE TEXT	JUILIUI
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FREE TEXT	Signed
FREE TEXT	
FREE TEXT	Signed Print Name
FREE TEXT	Print Name
FREE TEXT	
FREE TEXT	Print Name



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