Botulism surveillance report: The case

LEB-A051-|__|__|__|__|-|__|__|

1 *Patient ID*

Patient ID LEB-A051-|__|__|__|__|-|__|__|
Patient initial |__|__|-|__|__|
Gender ☐Male ☐Female
Date of birth |__|__|dd-|__|__|mm-|__|__|__|__|yyyy
Age |__|__|years-|__|__|months
Address: Mohafazat |_____|
Address: Caza |_____|
Address: Locality |_____|
Tel |__|__|-|__|__|__|__|__|__|__|
Occupation |_____|

2 *Risk Exposure*

Has the patient been involved in any activities that might expose wounds to soil e.g. gardening, carpentry, etc? ☐Yes ☐No ☐Unsp
If yes, specify:
|_____|
|_____|

Has the patient traveled away from home or overseas in the last month? ☐Yes ☐No ☐Unsp
If yes, specify:

Place	From	To
	|__|__|-|__|__|-|__|__|__|__|	|__|__|-|__|__|-|__|__|__|__|
	|__|__|-|__|__|-|__|__|__|__|	|__|__|-|__|__|-|__|__|__|__|
	|__|__|-|__|__|-|__|__|__|__|	|__|__|-|__|__|-|__|__|__|__|

3 *Care Provider*

Hospital name |_____|
Clinician name |_____|
Clinician Order No. |__|__|-|__|__|__|__|
Clinician Tel |__|__|-|__|__|__|__|__|__|__|

4 *Preliminary History*

Onset date of symptoms |__|__|-|__|__|-|__|__|__|__|__|__|
Date first seen by doctor |__|__|-|__|__|-|__|__|__|__|__|__|

Was patient hospitalized? ☐Yes ☐No ☐Unsp
If yes, date hospitalized |__|__|-|__|__|-|__|__|__|__|__|__|

Has the patient been admitted to intensive care? ☐Yes ☐No ☐Unsp
If yes, date admitted |__|__|-|__|__|-|__|__|__|__|__|__|

Botulism. Agent: toxins produced by Clostridium botulinum. Reservoir: spores of C. Botulinum are ubiquitous. Transmission: food borne (consumption of food in which toxin has been formed); wound (contamination of wounds); ingestion of spores. Incubation: 12-36 hours (2 hours-8 days). Communicability: no person – to –person transmission.

Has the patient been placed on a ventilator?	☐Yes	☐No	☐Unsp
If yes, date intubated	|__|__|-|__|__|-|__|__|__|__|__|__|		

Was the patient on any of the following medications in the month prior to onset?			
Phenothiazine	☐Yes	☐No	☐Unsp
Aminoglycoside	☐Yes	☐No	☐Unsp
Anticholinergic	☐Yes	☐No	☐Unsp

5 *Clinical History*

Briefly describe history and general symptom progression

6 *Specific Symptom History*

Abdominal pain	☐Yes	☐No	☐Unsp
Nausea	☐Yes	☐No	☐Unsp
Vomiting	☐Yes	☐No	☐Unsp
Diarrhoea	☐Yes	☐No	☐Unsp
Constipation	☐Yes	☐No	☐Unsp
Blurred vision	☐Yes	☐No	☐Unsp
Diplopia	☐Yes	☐No	☐Unsp
Dizziness	☐Yes	☐No	☐Unsp
Slurred speech	☐Yes	☐No	☐Unsp
Thick tongue	☐Yes	☐No	☐Unsp
Change in sound of voice	☐Yes	☐No	☐Unsp
Hoarseness	☐Yes	☐No	☐Unsp
Dry month	☐Yes	☐No	☐Unsp
Difficulty swallowing	☐Yes	☐No	☐Unsp
Shortness of breath	☐Yes	☐No	☐Unsp
Subjective weakness	☐Yes	☐No	☐Unsp
Fatigue	☐Yes	☐No	☐Unsp

Paraesthesia	□Yes	□No	□Unsp
If yes, describe paraesthesia			
Does the patient have a wound, boil or abscesses, no matter how trivial?	□Yes	□No	□Unsp

If yes, describe site and nature	#	Site	Nature

7 *Vital Signs on Admission*

Temperature	|__|__|.|__|ºC
Blood pressure	|__|__|__|/|__|__|__| mmHg
Heart rate	|__|__|__|/mn
Respiratory rate	|__|__|/mn

8 *Physical Examination Findings*

Altered mental state	□Yes		□No	□Unsp
Extraocular palsy	□Yes	□Bilateral	□No	□Unsp
Ptosis	□Yes	□Bilateral	□No	□Unsp
Pupils Dilated	□Yes	□Bilateral	□No	□Unsp
Pupils constricted	□Yes	□Bilateral	□No	□Unsp
Pupils fixed	□Yes	□Bilateral	□No	□Unsp
Pupils reactive	□Yes	□Bilateral	□No	□Unsp
Facial paralysis	□Yes	□Bilateral	□No	□Unsp
Palatal weakness	□Yes	□Bilateral	□No	□Unsp
Impaired gag reflex	□Yes	□Bilateral	□No	□Unsp
Sensory deficit(s)	□Yes	□Bilateral	□No	□Unsp
If yes, describe deficit				

9 *Deep Tendon Reflexes*

Abnormal deep tendon reflexes	□Brisk	□Normal	□Reduced	□Absent	□Unsp
Biceps	□Brisk	□Normal	□Reduced	□Absent	□Unsp
Triceps	□Brisk	□Normal	□Reduced	□Absent	□Unsp
Brachial	□Brisk	□Normal	□Reduced	□Absent	□Unsp
Patellar	□Brisk	□Normal	□Reduced	□Absent	□Unsp
Ankle	□Brisk	□Normal	□Reduced	□Absent	□Unsp

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10 Weakness and Paralysis

Upper extremities	☐Yes		☐No	
If yes : Distal weakness/paralysis	☐Yes	☐Bilateral	☐No	☐Unsp
Proximal weakness/paralysis	☐Yes	☐Bilateral	☐No	☐Unsp
Lower extremities	☐Yes		☐No	
If yes: Distal weakness/paralysis	☐Yes	☐Bilateral	☐No	☐Unsp
Proximal weakness/paralysis	☐Yes	☐Bilateral	☐No	☐Unsp
If yes to any of the above, Ascending (beginning in the lower extremities, moving to upper extremities and then cranial nerves)	☐Yes	☐Bilateral	☐No	☐Unsp
Descending (beginning with the cranial nerves, moving to upper then lower extremities)	☐Yes	☐Bilateral	☐No	☐Unsp

11 Laboratory Results

a) **Was a lumbar puncture done?**	☐Yes	☐No	☐Unsp	
If yes, Date	|__|__|-|__|__|-|__|__|__|__|	|__|__|-|__|__|-|__|__|__|__|	
RBC				
WBC				
Protein				
Glucose				
b) **Was a tensilon test (Edrophonium chloride) done?**	☐Yes	☐No	☐Unsp	
If yes, Date	|__|__|-|__|__|-|__|__|__|__|			
Results				
c) **Was electromyography (EMG) done?**	☐Yes	☐No	☐Unsp	
If yes, Date	|__|__|-|__|__|-|__|__|__|__|	|__|__|-|__|__|-|__|__|__|__|	
Muscle group				
Nerve conduction results				
Was rapid repetitive stimulation conducted?				
If yes, Hertz	☐Yes	☐No	☐Yes	☐No
Results				

d) **Was a brain CT done?** ☐Yes ☐No ☐Unsp
If Yes, Date |__|__|-|__|__|-|__|__|__|__|
Findings

e) **Was a Brain RMI done?** ☐Yes ☐No ☐Unsp
If Yes, Date |__|__|-|__|__|-|__|__|__|__|
Findings

11 Treatment

a) **For wound:Was surgical debridement performed?** ☐Yes ☐No ☐Unsp
Was the patient treated with antimicrobial agents? ☐Yes ☐No ☐Unsp
If yes, specify

b) **Was samples have been sent to test for botulism toxin?** ☐Yes ☐No ☐Unsp
If yes, Reference Laboratory |_____|
Specimen type ☐Serum (Sr) ☐Stool (St) ☐Food (Fd)
Specimen details

#	Type (Sr, St, Fd)	Date collection	Date sent	Results

c) **Botulinum Antitoxin: Was the patient given Antitoxin?** ☐Yes ☐No ☐Unsp
If yes, Date |__|__|-|__|__|-|__|__|__|__|
Quantity |_____|
Type |_____|

12 Summary

Differential Diagnosis by Clinician

Patient outcomes/status ☐Still admitted ☐Discharged ☐Died, date:
Is the patient a known drug user? ☐Yes ☐No ☐Unsp
Botulism type: ☐Food ☐Wound ☐Infant ☐Other
Classification: ☐Confirmed ☐Probable ☐Suspected