

Most common diagnoses other than OIs during hospital admission for adults and adolescents

Diagnosis	Subcategories	
Community acquired bacterial infection^{1,2}: <input type="checkbox"/> yes <input type="checkbox"/> no	Suspected site of infection – check <i>all that apply</i>: <input type="checkbox"/> Bacterial pneumonia <input type="checkbox"/> Blood stream infection: suspected <input type="checkbox"/> Bacterial meningitis <input type="checkbox"/> Blood stream infection: blood culture positive <input type="checkbox"/> Urinary tract infection <input type="checkbox"/> unknown ³ <input type="checkbox"/> Skin/soft tissue infection <input type="checkbox"/> other – give site:	
Hospital acquired bacterial infection^{2,4}: <input type="checkbox"/> yes <input type="checkbox"/> no	Suspected site of infection – check <i>all that apply</i>: <input type="checkbox"/> Hospital acquired pneumonia <input type="checkbox"/> Blood stream infection: suspected <input type="checkbox"/> Urinary catheter related UTI <input type="checkbox"/> Blood stream infection: blood culture positive <input type="checkbox"/> IV line related infection <input type="checkbox"/> unknown ³ <input type="checkbox"/> Other skin/soft tissue infection <input type="checkbox"/> other – give site:	
Shock⁵: <input type="checkbox"/> yes <input type="checkbox"/> no	Type of shock – check all that apply: <input type="checkbox"/> Hypovolaemic <input type="checkbox"/> Septic <input type="checkbox"/> Unknown <input type="checkbox"/> other – give details:	Is this the Immediate cause of death – did shock cause the patient’s death? Check one box only: <input type="checkbox"/> yes <input type="checkbox"/> no
Malaria⁶: <input type="checkbox"/> yes <input type="checkbox"/> no		
Anaemia - Hb < 8.0: <input type="checkbox"/> yes <input type="checkbox"/> no	Major causes – check all that apply: <input type="checkbox"/> HIV/TB <input type="checkbox"/> Drug related: circle likely drugs - AZT/cotrim/other: <input type="checkbox"/> Kaposi’s Sarcoma <input type="checkbox"/> Other:	Enter lowest value during admission: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div>
Renal impairment: CrCl < 50 : <input type="checkbox"/> yes <input type="checkbox"/> no	Major causes – check all that apply: <input type="checkbox"/> Acute kidney injury <input type="checkbox"/> Nephrotoxic drugs <input type="checkbox"/> HIVAN <input type="checkbox"/> Chronic kidney disease <input type="checkbox"/> Other:	Enter lowest CrCL during admission (use CKD-EPI): <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div>
Abnormal potassium – check one box only⁷: <input type="checkbox"/> yes - low <3.0 mEq/L <input type="checkbox"/> yes - high > 6.0 mEq/L <input type="checkbox"/> no abnormal potassium <input type="checkbox"/> not done	Low: <3.0 mEq/L – enter lowest value: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div>	High: > 6.0 mEq/L – enter highest value: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div>

Moderate/severe dehydration ⁸ : <input type="checkbox"/> yes <input type="checkbox"/> no		
Severe Malnutrition: MUAC < 185mm: <input type="checkbox"/> yes <input type="checkbox"/> no	Enter value in mm: <input type="text"/>	
Hypoglycaemia – random glucose < 80 mg/dL: <input type="checkbox"/> yes <input type="checkbox"/> no	Enter lowest value during admission: <input type="text"/>	
Severe liver impairment – check all that apply: <input type="checkbox"/> ALT > 120 with symptoms <input type="checkbox"/> ALT > 200 and asymptomatic <input type="checkbox"/> Bilirubin > 40 <input type="checkbox"/> None of the above; no severe liver impairment <input type="checkbox"/> ALT not done	Drug Induced Liver Injury (DILI): <input type="checkbox"/> yes <input type="checkbox"/> no If yes, which drugs are likely causes? Check all that apply: <input type="checkbox"/> TB medication <input type="checkbox"/> cotrimoxazole <input type="checkbox"/> ART <input type="checkbox"/> Other:	Causes other than DILI – check all that apply: <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Alcoholic liver disease <input type="checkbox"/> Other:
Severe drug reaction other than DILI: <input type="checkbox"/> yes <input type="checkbox"/> no	Check all that apply: <input type="checkbox"/> Steven Johnson's/TENS <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> EFV related toxicity other than DILI (ataxia, psychiatric symptoms, weight loss) <input type="checkbox"/> Other:	
Suspected venous thromboembolism: <input type="checkbox"/> yes - ultrasound <input type="checkbox"/> yes - clinically suspected <input type="checkbox"/> no - ultrasound done <input type="checkbox"/> no - no ultrasound done	<input type="checkbox"/> Suspected DVT (Deep Vein Thrombosis) ⁹ <input type="checkbox"/> Suspected PE (Pulmonary Embolism) ¹⁰	
<input type="checkbox"/> Additional major diagnoses:	Give details:	

Notes regarding case definitions:

These are a guide – a decision to initiate and continue treatment for a particular condition also fulfills the diagnostic criteria.

¹Community acquired bacterial infection: onset prior to admission or within first 48 hours of hospital stay

²An informed clinical decision that a seriously ill patient will benefit from antibiotics, with the full intended course of antibiotics given fulfills the case definition. If antibiotics are stopped by a senior clinician on the basis there is not sufficient evidence antibiotics are indicated, then check 'no' for bacterial infection.

³If the patient is systemically unwell (hypotension, confusion, hypoglycaemia and site is unknown, this is likely to be a bloodstream infection.

⁴Hospital acquired infection: onset > 48 hours after hospital admission or within one month of previous hospital discharge

⁵Shock: SBP < 90mmHg or clinically shocked (cold peripheries, weak rapid pulse)

⁶Positive rapid test or blood smear or clinical decision to treat for malaria

⁷Very unlikely that both are present during same admission: hypokalaemia is common, and often difficult to normalize. If overcorrection results in too high a value (extremely rare), enter the primary problem (ie low potassium)

⁸Moderate/severe dehydration: increased skin turgor, dry mucous membranes, sunken eyes, capillary refill > 2s

⁹swollen painful, tender limb; commonly misdiagnosed as cellulitis

¹⁰Sudden onset of severe dyspnoea (RR > 30 or saturation < 90%); or sudden collapse or sudden death