

WVDHHR Undifferentiated Rash Illness Worksheet

Note: This worksheet is intended as an initial investigation for individual patients with undifferentiated / undiagnosed severe rash illness OR as a detailed investigation form for use with 8-10 patients from an outbreak of undifferentiated rash illness. If a specific etiology for the rash illness is identified, use a disease-specific investigation form.

Name: _____
 Address: _____
 City: _____ State: _____ ZIP _____
 Age: _____ DOB ___/___/___ Gender M F
 Race _____ Ethnicity _____
 Employer: _____ Type of work: _____

Location at time of interview? Hospital Clinic Home Other
 Specify: _____ phone (if other than home)
 Address (if other than home) _____
 City: _____ State: _____ ZIP _____

Physician (1): _____ phone _____
 Address: _____
 City: _____ State: _____ ZIP _____

Physician (2): _____ phone _____
 Address: _____
 City: _____ State: _____ ZIP _____

Household Information				
Name	Age	Relation	Ill?	Date of onset

Epi Data: During the 3 weeks / 21 days prior to illness, did the patient . . .

<p>Travel? Y N U</p> <p>where _____ Dates (from/to) _____</p> <p>_____</p> <p>_____</p>	<p>Work? Y N U</p> <p>Location/type of work _____ Dates (from/to) _____</p> <p>_____</p> <p>_____</p>
<p>Stay in the hospital? Y N U</p> <p>Hospital / location _____ Date(s) _____</p> <p>_____</p>	<p>Visit the doctor? Y N U</p> <p>Doctor / reason for visit _____ Date(s) _____</p> <p>_____</p>
<p>Attend special events? Y N U</p> <p>Event / location _____ Date(s) _____</p> <p>_____</p> <p>_____</p>	<p>Engage in outdoor activities? Y N U</p> <p>Activity / location _____ Date(s) _____</p> <p>_____</p> <p>_____</p>
<p>Contact others w/ same illness? Y N U</p> <p>Name _____ Date(s) _____ phone _____</p> <p>_____</p> <p>_____</p>	<p>Have contact with children? Y N U</p> <p>Specify _____ Date(s) _____ phone _____</p> <p>_____</p> <p>_____</p>
<p>Take any medications? Y N U</p> <p>Name _____ Date (from/to) _____</p> <p>Is there a history of illicit drug use? Y N U</p> <p>If Yes, please specify drug, amount (if known), route, and dates:</p> <p>_____</p> <p>_____</p>	<p>Bitten by insects? Y N U</p> <p>Describe _____ Date(s) _____</p> <p>_____</p> <p>_____</p>

Prodrome*: Y N prodrome onset: ____/____/____
 Prodrome signs / symptoms:

Sign / Symptom				Additional information
Fever	Y	N	U	How high? _____ F
Headache	Y	N	U	mild moderate severe
Backache	Y	N	U	mild moderate severe
Muscle pain	Y	N	U	mild moderate severe
Malaise (feeling bad)	Y	N	U	mild moderate severe
Prostration (so sick you can barely get out of bed)	Y	N	U	
Cough	Y	N	U	mild moderate severe
Coryza (runny nose)	Y	N	U	mild moderate severe
Conjunctivitis	Y	N	U	mild moderate severe
Arthralgia (joints hurt)	Y	N	U	mild moderate severe
Arthritis (joints are red,swollen,painful)	Y	N	U	mild moderate severe
Swollen lymph nodes	Y	N	U	where?
Itching or burning	Y	N	U	where?
Pain?	Y	N	U	
Transient rash?	Y	N	U	
other:	Y	N	U	
other:	Y	N	U	

*any signs or symptoms 1-4 days preceding rash onset. Check No of symptoms lasted < 1 day before rash onset.

On any one part of the body (e.g., face or arm), are all the lesions in the same state of development? Yes No Unknown

How big are most of the lesions? (*Do not measure superinfected lesions.*)

Small (1-5 mm) Large (5-10 mm)

Neither (*describe*) _____

Have any lesions crusted? Yes No Unknown

If Yes, how many days did it take for the first lesions to crust? _____

How itchy is the rash? Not at all Somewhat Very Unknown

Does the patient have lymphadenopathy? Yes No Unknown

If Yes, describe _____

Is the patient toxic or moribund now? Yes No Unknown

If Yes, describe: _____

Diagnostic testing:

Attach results of diagnostic testing

Disposition

Risk of smallpox

using the CDC criteria (available in the wdhr surveillance protocol for pustular/vesicular rash illness): **Low Moderate High* Unknown**

**If checked, see contact checklist below in Immediate Response Information*

Immediate Response Information

Institute airborne and contact precautions

Alert infection control

Take digital photographs of rash

Consult ID and/or dermatology

If the patient is high risk:

Contact local health department

Name: _____ Phone: _____

Contact state epidemiologist

Name: _____ Phone: 800-423-1271

24-Hour follow-up information

Date of follow -up: ____ / ____ / ____

Person making follow-up: _____

Condition of patient: _____

Risk of smallpox 24 hours later: Low Moderate High Unknown

Action taken: _____

Diagnosis: _____

Was diagnosis confirmed? Yes No Unknown

How was diagnosis confirmed? _____

Diagnosis: _____

Was diagnosis confirmed? Yes No Unknown

How was diagnosis confirmed? _____

48-hour follow-up information

Date of follow -up: ____ / ____ / ____

Person making follow-up: _____

Condition of patient: _____

Risk of smallpox 48 hours later: Low Moderate High Unknown

Action taken: _____

Diagnosis: _____

Was diagnosis confirmed? Yes No Unknown

How was diagnosis confirmed? _____

72-hour follow-up information

Date of follow -up: ____ / ____ / ____

Person making follow-up: _____

Condition of patient: _____

Risk of smallpox 72 hours later: Low Moderate High Unknown

Action taken: _____

Diagnosis: _____

Was diagnosis confirmed? Yes No Unknown

How was diagnosis confirmed? _____