

## Checklist for investigation of severe community acquired pneumonia

### Notification

- Date, time, by whom

### Patient's particulars

- Full name, ID no., sex, age, residential address, type of residence
- Occupation – address, nature of work activities, previous occupation if relevant.
- Past health
- Smoking history
- Drug history
- Vaccination history – influenza, Hib, pneumococcal

### History of present illness

- Date & time of onset
- Initial symptoms / signs – acute or insidious onset, fever (temp., persistent / swinging), runny nose, sore throat, cough, sputum (copious / scanty, blood stained / haemoptysis, mucoid / purulent etc.), malaise, headache, chest pain, dyspnoea, other symptoms
- Progress prior to hospitalization
- Health seeking behaviour – self-medication, doctor consultation & treatment (date, name of doctor, contact details, aspirin, antibiotics, herbal)

### Hospitalization

- Name of hospital(s)
- dates of attendance at AED, admission, discharge,
- treatment history with dates, response to treatment
- S/S on admission, progress, ICU, intubation,
- CXR,
- laboratory findings – dates, types of specimens, results, which laboratory, sent to Gvu or not. Respiratory specimens (NPA, tracheal aspirate, sputum), tests (Directigen test, immunofluorescence, PCR, viral culture.), blood (culture, viral titre, CBP, cold agglutinins), urine for legionella antigen
- clinical diagnosis,
- current condition

### Travel history

- Itinerary
- Where – country, province, city, including stops, destination, visiting friends,

- social functions, sight-seeing, farms, parks, special events.
- When – dates & time of departure, arrival, see travel document if available.
- How – plane, ferry, train, bus, flight or route no. / company
- With whom – relationship, sex, age, symptomatic or not, close contact or not
- Lodging – dates, where, with whom, type of accommodation.

Local movement (during incubation period & after onset of illness)

- Dates & time, destination, school, workplace, visiting friends, social functions, sight-seeing, farms, parks, special events.
- How – route, means of transport
- With whom – relationship, sex, age, symptomatic or not, close contact or not

Exposure to poultry or birds (during incubation period)

- What, where, when, how, how many, how frequent and how long
- live poultry (pig, chicken, duck, goose, quail etc.) or birds (parrots, pigeons, egrets etc)
- nature of contact – direct contact, contact with feces of the poultry/birds, blow on hind part of chicken, shared same confined space, play, feed, watching at a close distance (height of children), slaughter, bathing, protective gear (gloves, aprons, mask), personal hygiene (wash hands, touch mouth & nose) etc.
- any sickness or deaths among the poultry / birds
- vaccination history of the poultry / birds
- if newly bought: source, date etc.
- if existing rearing practice: since when, source, turnover
- any other persons with close contact with the poultry/bird? Are they symptomatic?

Exposure to other risk factors (during incubation period)

- cooling towers, shower, water heater, nebulizer, fountains etc.
- flooding, water sports
- rodents – availability of harbourages & food for rodents, holes, smear, feces (fresh / old)

Close contacts or persons with similar exposure to the risk factors

- Types: Household, travel, relatives, friends, school / institution, co-workers
- Nature, dates, duration, activities
- poultry exposure
- symptoms, dates & history of present illness in these close contacts
- investigation as appropriate – NPA, serum antibody titre(s)
- name, sex & age, contact no., medical surveillance