SUMMARY 1	**SUM 1**
Study code **56DX** - [_0_|_0_|_3_] - [___|___|___]	Initials [__|__|__|__|__|__]

SUMMARY (1): WARNING SIGNS (Please complete at discharge)

1. Did this patient have warning signs? ○ Yes ○ No

   If yes, which signs did the patient have:

   a. Abdominal pain or tenderness: ○ Yes ○ No

   b. Persistent vomiting: ○ Yes ○ No

   c. Fluid accumulation: ○ Yes ○ No

   d. Mucosal bleed: ○ Yes ○ No

   If yes, bleeding site: ☐ nose ☐ gum ☐ GI tract ☐ unrinary tract ☐ vaginal ☐ other: [_____]

   e. Lethargy: ○ Yes ○ No

   f. Restlessness: ○ Yes ○ No

   g. Liver enlargement > 2cm: ○ Yes ○ No

   h. Increase in Hct (*) concurrent with rapid decrease in platelet count (**): ○ Yes ○ No

Signature: [_____][___|___|___|___] **Date: [___|___]/[___|___]/[___|___]**

.

Parameters	**Definition**[1]
(*) Increase in Hematocrit	One of the following status: • > 15% change in hematocrit during the illness • Any hematocrit reading > 50%
(**) Rapid decrease in Platelet count	One of the following status: • More intensive observation on a regular ward, or transfer to Intensive Care Unit (ICU) depending on facilities available WITH decreasing trend in platelets from 100,000/uL to ≤ 50,000/uL within 24 hours • More intensive observation on a regular ward, or transfer to ICU depending on facilities available WITH decreasing trend in platelets from 50,000/uL to ≤ 20,000/uL within 24 hours • More intensive observation on a regular ward, or transfer to ICU depending on facilities available WITH one platelet level less than 50,000/uL

.

[1] **Tomashek KM, Wills B, See Lum LC, Thomas L, Durbin A, Leo Y-S, et al. (2018) Development of standard clinical endpoints for use in dengue interventional trials. PLoS Negl Trop Dis 12(10): e0006497. https://doi.org/10.1371/journal. pntd.0006497**

SUMMARY 2	**SUM 2**
Study code **56DX** - [_0_|_0_|_3_] - [___|___|___]	Initials [__|__|__|__|__|__]

SUMMARY (2): (Please complete at discharge)

1. Did the patient have dengue shock syndrome (DSS)? ○ Yes ○ No

a. Date & time this FIRST occurred: [__|__]/[__|__]/[__|__] - [__|__]:[__|__]

b. Day of illness at the FIRST shock: [__]

c. What were the vital signs at the FIRST shock?

Temperature: [__|__].[__] ^{o}C Pulse: [__|__|__]/minute

BP: [__|__|__]/[__|__|__] mmHg Respiratory rate: [__|__]/minute

d. Was there poor peripheral perfusion? ○ Yes ○ No

e. Hematocrit at the FIRST shock: [__|__].[__] %

f. Date & time of starting crystalloid fluid: [__|__]/[__|__]/[__|__] - [__|__]:[__|__]

Fluid volume in the FIRST 24 hours of resuscitation: [__|__|__|__] mL

Fluid volume in the SECOND 24 hours of resuscitation: [__|__|__|__] mL

Fluid volume in the THIRD 24 hours of resuscitation: [__|__|__|__] mL

g. Did this patient have recurrent shock? ○ Yes ○ No

h. If yes, how many episodes of recurrent shock? [__|__]

i. Did this patient have prolonged shock? (*) ○ Yes ○ No

j. Did the patient receive colloids/albumin? ○ Yes ○ No

k. If yes, date & time of starting colloids/albumin: [__|__]/[__|__]/[__|__] - [__|__]:[__|__]

fluid volume in the FIRST 24 hours: [__|__|__|__] mL

fluid volume in the SECOND 24 hours: [__|__|__|__] mL

fluid volume in the THIRD 24 hours: [__|__|__|__] mL

l. Date & time of finishing fluid resuscitation: [__|__]/[__|__]/[__|__] - [__|__]:[__|__]

2. If the patient did not have DSS, did s/he receive any parenteral fluid? ○ Yes ○ No ○ NA

a. If yes, date & time of starting IV fluid: [__|__]/[__|__]/[__|__] - [__|__]:[__|__]

b. Reason for IV fluid *(choose all relevant)*:

□ Rehydration □ High/rising haematocrit □ Anorexia □ Persistent vomiting

□ Other (please define) [_____]

3. Did this patient have severe bleeding? ○ Yes ○ No

a. If yes, date this first occurred: [__|__]/[__|__]/[__|__]

b. Site: □ skin □ gum □ nose □ GI □ venipuncture site □ urinary □ vaginal

□ other (please describe) [_____]

c. Required transfusion: ○ Yes ○ No

d. Transfusion with: □ whole blood or packed RBC □ platelets □ FFP □ cryoprecipitate

□ other fluid: [_____]

e. Date & time of blood/blood products/fluid transfusion: [__|__]/[__|__]/[__|__] - [__|__]:[__|__]

f. Other interventions: □ nasal packing □ gum packing □ compression

□ other (please describe) [_____]

SUMMARY 2	**SUM 2**
Study code **56DX** - [_0_|_0_|_3_] - [___|___|___]	Initials [__|__|__|__|__|__]

4. Did the patient have CNS involvement? ○ Yes ○ No

a. If yes, date this first occurred: [__|__]/[__|__]/[__|__]

b. Convulsions during hospitalization? ○ Yes ○ No

c. If YES how many convulsions? [_____]

d. Abnormal Glasgow Coma Score? ○ Yes ○ No ○ Unknown

e. Lowest recorded Glasgow Coma Score? [__|__] E [__] V [__] M [__] [__] Don't know

f. Abnormal neurological signs? : [_____]

5. Did this patient have severe liver involvement? ○ Yes ○ No

a. If yes date this was first observed: [__|__]/[__|__]/[__|__]

b. Jaundice? ○ Yes ○ No

c. Acute liver failure? ○ Yes ○ No

d. Hepatic encephalopathy? ○ Yes ○ No

e. What is the highest AST: [__|__|__|__|__] U/L

the highest ALT: [__|__|__|__|__] U/L

f. If measured, what is the highest total bilirubin: [__|__|__].[__] mmol/L

the highest direct bilirubin: [__|__|__].[__] mmol/L

6. Did this patient have respiratory distress? (**) ○ Yes ○ No

a. If yes date & time this was first observed: [__|__]/[__|__]/[__|__] – [___|___]:[___|___]

b. Suspected cause of respiratory distress:

□ pleural effusion □ pulmonary oedema □ ascites

□ other (please describe) [_____]

7. Did this patient have any other major organ involvement? ○ Yes ○ No

a. If yes, date this first occurred: [__|__]/[__|__]/[__|__]

b. Describe: [_____]

[_____]

8. Date and time of ICU admission: [__|__]/[__|__]/[__|__] - [__|__]:[__|__] ○ NA

9. Date and time of discharge from ICU: [__|__]/[__|__]/[__|__] - [__|__]:[__|__] ○ NA

Signature: [_____] [___|___|___|___] **Date: [___|___]/[___|___]/[___|___]**

(*) The patient's hemodynamics are not improved after 6 consecutive hours of resuscitation

(**) Patient has all three following signs:

(i) increased respiratory rate for age;

(ii) sign of increased work of breathing (e.g. retractions, nasal flaring, accessory muscle use);

(iii) need for additional support to include oxygen supplementation or intubation

SUMMARY 3	**SUM 3**
Study code **56DX** - [_0_|_0_|_3_] - [___|___|___]	Initials [__|__|__|__|__|__]

SUMMARY (3) – this sheet should be completed AT THE TIME OF DISCHARGE.

1. **Date/time became afebrile*:** [__|__]/[__|__]/[__|__] - [__|__]:[__|__]
2. **Outcome** Full recovery without complication: ○ Yes ○ No

   a. If 'No', insert a below code here : [__]

(1 – Incomplete recovery; 2 – Transferred; 3 – Death; 4 *– Other specify*):_____)

3. **Reason for death/transfer: [_____]**
4. **Date and time of discharge/death/transfer:** [__|__]/[__|__]/[__|__] - [__|__]:[__|__]
5. **Patient's weight at discharge: [__|__|__].[__] Kg** ○ NA

Clinician's discharge diagnosis:

6. **Final diagnosis at discharge:**
   ○ Dengue
   ○ Dengue with warning signs
   ○ Severe dengue
7. **Any secondary diagnosis/es?** ○ Yes ○ No
   If 'yes', specify secondary diagnosis/es:
   a) [_____]
   b) [_____]
   c) [_____]

8. **Patient withdrew from the study:** ○ Yes ○ No
   a) If yes, date: [__|__]/[__|__]/[__|__]
   b) Main reason for withdrawal: [_____]

Signature: [_____][___|___|___|___] **Date: [___|___]/[___|___]/[___|___]**

(*) Study nurses will please record the date and the first time the temperature falls to < 37.5 °C and remains below this level for 48 hours, (or less if the patient is discharged before the 48 hours is completed).