Annexure 1

Case Record Form for Patients with Hemolytic Uremic Syndrome

New……. Relapse……..follow up……..Others……	**LAB**
UHID……RMC no…….	**ID……**

Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Gender (male=1, female=2) ☐

Age ☐☐ yr ☐☐months Date of birth ☐☐/☐☐/☐☐☐☐

Father's name ☐☐☐☐☐☐☐☐☐☐☐☐☐ Phone No ☐☐☐☐☐☐☐☐☐☐

Residence _____(City/village)

_____(State)

Date of enrolment ☐☐/☐☐/☐☐☐☐ Weight ☐☐ kg Height ☐☐☐ cm

Current illness

Date of onset of symptoms ☐☐/☐☐/☐☐☐☐ Date of presentation ☐☐/☐☐/☐☐☐☐

Triggering event (None=0; diarrhea=1; dysentery=2; upper respiratory infection=3; febrile illness=4)

Others ☐; details, if others:

Date of onset of diarrhea/dysentery/upper respiratory tract infection/febrile illness/ other prodrome (if present) ☐☐/☐☐/☐☐☐☐

Duration of prodromal symptoms: ☐☐☐ days

Indicate for the following (yes=1, no=0)

Cough ☐	Sore throat ☐	Running nose ☐
Ear pain, discharge ☐	Fever (>38°C on ≥2 occasions over 24-hr) ☐	Diarrhea ☐
Dysentery ☐	Urticarial rash ☐	Abdominal pain ☐
Nausea, vomiting ☐	History of vaccination ☐	History of insect bite ☐
Malaise ☐	Conjunctivitis ☐	Features of pneumonia ☐
Macular rash ☐	Anorexia ☐	Headache ☐
Myalgia ☐	Other prodrome ☐	

Antibiotic use (yes=1, no=0, unknown=9):

If yes, indicate type, dose and duration of antibiotics:

Brief history of prodrome in detail:

Family History of renal disease, if yes, what ☐

Blood Group ☐☐ PRBC ☐☐ Platelet transfusion ☐☐

Duration of oliguria (days) ☐☐ Anuria (no=0, yes=1) ☐ Seizures (no=0, yes=1) ☐

Hypertensive encephalopathy ☐

Hypertension (no=0, stage 1=1, stage 2=2, requiring >2 antihypertensive agents=3) ☐

Hematuria (none=0, microscopic=1, gross=2) ☐ Urine protein (dipstick 1+ to 4+) ☐

Lowest hemoglobin (g/dl) ☐☐☐ Lowest platelet count (x 10^3/mm^3) ☐☐☐

Highest reticulocyte count (%) ☐☐☐ Highest LDH (IU/L) ☐☐☐☐

Hemolysis on smear (yes=1) ☐☐☐ Serum complement C3 (mg/dl) ☐☐☐

Total Leucocyte count (/mm^3) ☐☐☐ Differential count (% N/L/M/E) ☐☐

D-Dimer (positive=1; strongly positive=2) ☐ Prothrombin time (s) or INR ☐☐

APTT (s) ☐☐ Fibrinogen level (g/dl) ☐☐

Peak urea (mg/dl) ☐☐☐ Peak creatinine (mg/dl) ☐☐.☐

Jaundice (yes=1) ☐ Elevated transaminases (yes=1) ☐

ANA (negative=0, positive=1, not done=9)☐ ANCA (negative=0, positive=1, not done=9)☐

Malaria smear/antigen (neg=0, pos=1, not done=9)☐Serology for leptospira (neg=0, pos=1, ND=9)☐

Past history of HUS-like illness(No=0, Yes=1) ☐If yes,when (month/year) ☐☐/☐☐☐☐

Therapies

Dialysis (none=0, PD=1, HD=2) ☐Date of initiation ☐☐/☐☐/☐☐☐☐

Plasma therapy (none=0, infusion=1, exchanges=2) ☐Date of initiation ☐☐/☐☐/☐☐☐☐No. of sessions conducted prior to sample draw ☐

IVIG (no=0, yes=1) ☐Date of initiation ☐☐/☐☐/☐☐☐☐

Corticosteroids (oral =1, IV methylprednisolone=2)☐Date of initiation ☐☐/☐☐/☐☐☐☐

Additional immunosuppression

None=0, IV cyclophosphamide=1, rituximab=2 ☐Date of initiation ☐☐/☐☐/☐☐☐☐

None=0, mycophenolate mofetil=1, azathioprine=2 ☐Date of initiation ☐☐/☐☐/☐☐☐☐

Treatment details Date of last follow-up ☐☐/☐☐/☐☐☐☐

Time to hematological remission (days) ☐☐Approximate date ☐☐/☐☐/☐☐☐☐

Dialysis (stopped=0, PD=1, HD=2) ☐Date of last dialysis ☐☐/☐☐/☐☐☐☐

Plasma (stopped=0, infusion=1, exchanges=2) ☐Date of last session ☐☐/☐☐/☐☐☐☐Total no. of sessions ☐

Corticosteroids (stopped=0, ongoing=1) ☐Last dose given on ☐☐/☐☐/☐☐☐☐

IV cyclophosphamide/rituximab last given on ☐Date of initiation ☐☐/☐☐/☐☐☐☐

MMF/azathioprine (stopped=0, ongoing=1) ☐Last dose given on ☐☐/☐☐/☐☐☐☐

Biopsy done (no=0, yes=1) ☐If yes, date ☐☐/☐☐/☐☐☐☐

Findings on biopsy _____