

Tetanos Investigation Form

To be filled by the Ministry of Public Health team

1. Patient identity

Name _____	Nationality _____
Date of birth _____	Caza _____
Gender _____	Locality _____
Occupation _____	Phone n° _____

2. Clinical details

Date of onset _____

Clinical signs: Trismus Respiratory distress
 Spasticity Autonomic dysfunction
 Dysphagia Spasms

Severity: Grade 1 (mild): Mild to moderate trismus and general spasticity, little or no dysphagia, no respiratory embarrassment
 Grade 2 (moderate): Moderate trismus and general spasticity, some dysphagia and respiratory embarrassment, and fleeting spasm occur
 Grade 3a (severe): Severe trismus and general spasticity, severe dysphagia and respiratory difficulties, and severe and prolonged spasms (both spontaneous and on stimulation)
 Grade 3b (very severe): As for severe tetanus plus autonomic dysfunction, particularly sympathetic overdrive

3. Treatment

Date of hospitalization _____	Hospital _____
Admission to ICU <input type="checkbox"/> , nb of days: _____	Physician _____
Mechanical ventilation <input type="checkbox"/> , nb of days: _____	Phone n° _____
Tetanus ImmunoGlobulin <input type="checkbox"/>	
TIG before tetanus onset <input type="checkbox"/>	
Date of TIG _____	

4. Outcome

Recovery Date of discharge _____
 Sequelae Specify sequela _____
 Death Date of death _____

5. Wound history

Acute wound identified <input type="checkbox"/>	Medical care given <input type="checkbox"/>
Date of wound _____	Tetanus Toxoid given <input type="checkbox"/>
Soil contamination <input type="checkbox"/>	Date TT given _____

Wound type: New Chronic Unspecified
 Specify: _____

Wound site: Head Trunk Upper limb
 Lower limb Unspecified
 Specify: _____

Environment: Home Yard Work
 Street Other Unspecified
 Specify: _____

6. Patient history

Diabetes Insulino-dependent
 Parental drug Abuse Drugs: _____

7. Vaccination

Nb of vaccine doses _____ Date last vaccine _____
 Investigator: _____ Date: _____