



Appendix E:  
Clinical Risk Assessment Form

 Feidhmeannacht na Seirbhíse Sláinte Health Service Executive	<h3 style="margin: 0;">Viral Haemorrhagic Fevers Clinical Risk Assessment Form</h3> <p style="margin: 0;">Version 1.3, 25/08/2014</p>									
<b>Section A - Patient Details</b>										
Enter the details in section A or attach patient label in space provided in section B										
Surname: <input style="width: 150px;" type="text"/>		Forename: <input style="width: 150px;" type="text"/>								
Address: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>										
Sex: F <input type="checkbox"/> M <input type="checkbox"/> NK <input type="checkbox"/>	Date of Birth: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Age: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>								
Emergency Dept/Ward: <input style="width: 150px;" type="text"/>		Patient's Hospital Number: <input style="width: 100px;" type="text"/>								
<b>Section B - Patient label</b>										
Place patient label below										
<b>Section C - Assessed by</b>										
Name of assessor: <input style="width: 150px;" type="text"/>		Date of assessment: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>								
Medical council number: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>										
<b>Section D - Travel history</b>										
Has the patient returned from an area known to be endemic for VHF ( <a href="http://www.hpsc.ie">www.hpsc.ie</a> ) in the last 21 days?		Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>								
If yes, which country <input style="width: 150px;" type="text"/>		City/Region/Town <input style="width: 150px;" type="text"/>								
<b>Section E - Signs &amp; Symptoms</b>										
		Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>								
Fever >38°C		<input type="checkbox"/>								
History of fever		<input type="checkbox"/>								
Fever >38°C persisting 72 hours after use of antimalarials or antimicrobials		<input type="checkbox"/>								
Yes	No	Unknown								
Yes	No	Unknown								
Headache	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BP systolic <90 mmHg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rash	<input type="checkbox"/>	<input type="checkbox"/>	Retrosternal pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory rate >20/min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myalgia	<input type="checkbox"/>	<input type="checkbox"/>	Haematemesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pulse >90bpm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>	Melaena	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Pharyngitis	<input type="checkbox"/>	<input type="checkbox"/>	Bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	Bruising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input type="checkbox"/>								
If other symptoms, please specify:										
Was onset of symptoms sudden or gradual? <input type="checkbox"/> Sudden onset <input type="checkbox"/> Gradual onset										
Date of onset of first symptoms: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>										
<b>Fever + travel to endemic area + bleeding or signs of bleeding increase the likelihood of VHF diagnosis. Please complete questions overleaf to assess exposure.</b>										



### Clinical Risk Assessment Form v1.3



#### Section F - Exposure

**Has the patient...**

	Yes	No	Unknown
1. Lived or worked in basic rural conditions where Lassa fever/CCHF is endemic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Received a tick bite &/or removed a tick &/or crushed a tick with their bare hands in a CCHF endemic area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Travelled to a rural environment where contact with livestock or ticks is possible in a CCHF endemic area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Visited caves or mines in a VHF endemic area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Had exposure to an area contaminated by bats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Eaten food which could have been contaminated by rats in a Lassa fever endemic area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Swept/cleaned dust which could have been contaminated by rats in a Lassa fever endemic area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Handled or butchered dead primates or been involved in drying, smoking their meat or consuming their meat in a VHF endemic area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For details of current outbreaks and maps of endemic/risk areas see [www.hpsc.ie](http://www.hpsc.ie)

**Has the patient...**

	Yes	No	Unknown
9. Come into contact with the body fluids of, or had direct contact with, a live or dead individual or animal, known or strongly suspected to have VHF, e.g. during routine patient care, transport of patient, resuscitation, autopsy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Handled clinical/laboratory specimens (blood, urine, faeces, tissues, laboratory cultures) from a live or dead individual or animal known or strongly suspected to have VHF?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Received IM or IV injections while in an endemic country?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Has the patient...**

	Yes	No	Unknown
12. Had close contact with a live or dead individual known or strongly suspected to have VHF e.g. kissed, been breastfed by?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Had sex in the last 3 months with an individual known or strongly suspected to have VHF?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Been involved in the funeral preparations of an individual known or strongly suspected to have VHF?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Come into contact with body fluids of a live or dead individual known or strongly suspected to have VHF either directly, e.g. handled blood, urine, or indirectly, e.g. soiled clothes or bedding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Assessed category of VHF risk**

If <b>YES</b> to <u>ANY</u> of questions 1-15 <b>AND</b> <b>FEVER</b> . See VHF algorithm for immediate actions.	→	<b>High Possibility of VHF (High risk)</b>
If <b>NO</b> to <u>ALL</u> of the above; <b>AND</b> <b>YES</b> to <b>TRAVEL</b> from endemic area in last 21 days <b>AND</b> <b>FEVER</b> ; VHF is possible, but malaria more likely	→	<b>Possibility of VHF (At Risk)</b>
If <b>no</b> to <u>ALL</u> of the above; <b>AND</b> <b>NO</b> to <b>TRAVEL</b> ; <b>AND</b> <b>YES</b> to <b>FEVER</b> ; VHF is unlikely.	→	<b>VHF Unlikely (No Risk)</b>

Reassess if fails to improve, e.g. nosebleed, bloody diarrhoea, sudden rise in ASK or CK, sudden fall in platelets, fall in BP, rapidly increasing O<sub>2</sub> requirements in absence of diagnosis. Consider bioterrorism related VHF if symptoms suggestive but no travel history.