

# SEVERE MALARIA I.V. ARTESUNATE TREATMENT CASE REPORTING FORM

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Please send this form by mail - You may save the form on your computer for your own reference.

<b>Name Clinic</b>	<b>Patient ID of local site:</b>	
.....	.....	
<b>Section 1 – Demographic and patient data</b>		
<b>Date of presentation to clinic/hospital (format: dd-mm-yyyy)</b>		
<b>Month/Year of birth (format: mm-yyyy)</b>		
<b>Sex</b>		M / F
<b>Country of permanent residence</b>		
<b>Patient Status</b>		European resident / Immigrant
<b>Country where infection was acquired</b>		
<b>Chemoprophylaxis</b>		Yes / No
<b>Compliance</b>		Yes / No
<b>Purpose of travel</b>		VFR / Tourism / Business / Other
<b>Pre-treatment criteria of severe malaria according to WHO definition (tick at least one):</b>	<input type="checkbox"/> Hyperparasitaemia (>10% of RBC or >500 000/ $\mu$ l) <input type="checkbox"/> Hyperparasitaemia (>4% of RBC or >200 000/ $\mu$ l) <input type="checkbox"/> Cerebral malaria (obnubulation or coma) <input type="checkbox"/> Convulsions <input type="checkbox"/> Acute renal failure (urine output <400/24h or creatine >2,5 mg/dl) <input type="checkbox"/> Respiratory failure or ARDS <input type="checkbox"/> Circulatory collapse (Shock)	<input type="checkbox"/> Anaemia (Hb <8 mg/dl) <input type="checkbox"/> Very low platelet count (PLT < 20.000/ml) <input type="checkbox"/> Spontaneous bleeding, DIC <input type="checkbox"/> Hypoglycaemia (<40 mg/dl) <input type="checkbox"/> Acidosis (pH <7.25) <input type="checkbox"/> Jaundice (bilirubin >3 mg/dl or >50 $\mu$ mol/l) <input type="checkbox"/> ALAT/ASAT >3 x UNL
<b>Significant pre-existing comorbidities of the patient (e.g. functional asplenism, HIV coinfection...)</b>		

Section 2 – Malaria Treatment regimen		First line Treatment? Yes / No		
<b>Date:</b> Day 1= Day of Dx and start of first line Tx (dd/mm/yy)				
Administered anti-malarial substances	Start of administration	End of administration	Dosage per dose (mg)	
Drug 1:				
Drug 2 :				
Drug 3 :				
Drug 4 :				
<b>Additional/supportive treatment/drugs:</b>				
<b>If IV Artesunate is used, please specify source of drug:</b>				
		<input type="checkbox"/> MALACEF <input type="checkbox"/> Other (specify).....		

