Buruli ulcer clinical and treatment form – new case **BU 01.N**

Health facility: _____

Name of health worker treating patient : _____

Date of clinical diagnosis or admission (dd/mm/yy): ____/____/____

Date of complete healing (dd/mm/yy): ____/____/____

Name of patient: _____ ID#:_____

Address (village or town): _____ District: _____

Province/Region/State: _____ Country: _____

Age (yrs): _____ Sex: ☐ Male ☐ Female

Weight (kg): _____ Profession: _____

CLINICAL HISTORY AT DIAGNOSIS

Duration of illness before seeking care (weeks): _____

Use of traditional treatment: ☐ Yes ☐ No

Limitation of movement at any joint: ☐ Yes ☐ No

Previous treatment with streptomycin: ☐ Yes (duration in days: _____) ☐ No

REFERRED BY:

☐ Village health worker
☐ Self-referral
☐ Former patient
☐ Family member
☐ Schoolteacher
☐ Health worker
☐ Other (specify): _____

CLINICAL FORMS

☐ Nodule (N) ☐ Plaque (Q)
☐ Oedema (E) ☐ Ulcer (U)
☐ Osteomyelitis (O) ☐ Papule (P)

CATEGORIES

☐ **Category I:** A single lesion ≤ 5 cm in diameter
☐ **Category II**: A single lesion 5–15 cm in diameter
☐ **Category III**: A single lesion > 15 cm in diameter, multiple lesions, lesions at critical sites, osteomyelitis

LOCATION OF LESION(S)

☐ Upper limb (UL)
☐ Lower limb (LL)
☐ Abdomen (AB)
☐ Back (BK)
☐ Buttocks and perineum (BP)
☐ Thorax (TH)
☐ Head and neck (HN)

CRITICAL SITES
☐ Eye ☐ Breast ☐ Genitalia

LABORATORY CONFIRMATION

Specimen(s) collected: ☐ **Yes** ☐ **No** Date first specimen(s) taken: ___/___/___

Specimen(s) type(s): ☐ Swab ☐ Fine needle aspiration (FNA) ☐ Biopsy

Results			
☐ ZN :	☐ *Positive* ☐ *Negative*	☐ *Positive* ☐ *Negative*
☐ PCR :	☐ *Positive* ☐ *Negative*	☐ *Positive* ☐ *Negative*
☐ Histo :	☐ *Positive* ☐ *Negative*	☐ *Positive* ☐ *Negative*

TREATMENT TYPE (Tick all applicable) ☐ Dressings ☐ Antibiotics ☐ Surgery (date: _____/_____/____) ☐ POD (prevention of disability)

DOSAGES **Rifampicin: _____ (mg)** **Streptomycin: _____ (g)** **Other (name): _____:_____ (mg)**

Cross out each day (X) after administering the antibiotics; if antibiotics are not taken, indicate with the symbol Ø

Month \ Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Doses

TREATMENT OUTCOME

☐ 1a: Antibiotic treatment completed ☐ 2a: Healed without surgery ☐ 3a: Healed without limitation of movement at any joint ☐ 4: Referred for further treatment

☐ 1b: Antibiotic treatment **not** completed ☐ 2b: Healed with surgery ☐ 3b: Healed with limitation of movement at any joint ☐ 5: Lost to follow up ☐ Died

Dosage Guide						
Weight of patient (kg)	**Rifampicin (300 mg/tablet)**		**Streptomycin (1 g/2 ml)**		**Other: ……**	
	Dose (mg)	**Number of tablets**	**Dose (g)**	**Volume (ml)**	**Dose (mg)**	**Number of tablets**
5–10	75	0.25	0.25	0.50		
11–20	150	0.50	0.33	0.70		
21–30	300	1.00	0.50	1.00		
31–39	300	1.00	0.50	1.00		
40–54	450	1.50	0.75	1.50		
>54	600	2.00	1.00	2.00		
If streptomycin is contraindicated (e.g. pregnancy, previous treatment with streptomycin), please contact the national programme manager or a designated referral treatment centre.						

FOLLOW-UP APPOINTMENTS AFTER TREATMENT	
DATE (dd/mm/yy)	**COMMENTS**
___/___/___	
___/___/___	
___/___/___	
___/___/___	
___/___/___	
___/___/___	
___/___/___	
___/___/___	