

*Government of Rajasthan*  
*Directorate Medical & Health Services, Rajasthan, Jaipur*  
*Integrated Disease Surveillance Programme*

**COVID – Most Urgent**

No: IDSP/COVID19/2020/455

Dated: 30.04.2020

All, Principal & Controller  
Government Medical College and  
All, CM&HO,  
Rajasthan.

Subject: Regarding daily updation of positive patient status.

Ref.:- ASMD letter No. D.O.No. Z-33014/78/2020-RCH. dated 11. April 2020.

In view of the perceptible augmentation of COVID cases, it has been felt expedient to gather information on several parameters including admitted, discharge, recovered, patient on oxygen/ventilator support, expired and other information from all hospitals in state where positive patient are admitted.

You are directed to daily furnish information in attached formats ( Daily Status, Line List & Death Summary) covidrajidsp@gmail.com & Copy to rajasthan\_idsp@yahoo.co.in

Enclosed:- As above.



(Rohit Kumar Singh)  
ACS. Medical & Health and  
Family Welfare Department,  
Rajasthan. Jaipur.

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Copy for information and necessary action:-

1. PS to Hon'ble Health Minister, Government of Rajasthan. Jaipur.
2. PS to Addl. Chief Secretary (M&H), Rajasthan.
3. PS to Secretary, Medical Education Department, Rajasthan.
4. Director (ESI), Rajasthan.
5. Addl. Director (RH), DM&HS, Jaipur.
6. All District Collectors, Rajasthan.
7. Nodal officer (IDSP), DM&HS, Jaipur.
8. All, Joint Director, Rajasthan.
9. All, Superintendent, Medical College attached hospital, Rajasthan.
10. All, PMO, Rajasthan.
11. Server Room, Room no 302.



Director (PH)  
Medical & Health Department  
Rajasthan. Jaipur.

# COVID-19 Death Summary Form

(Proforma to be filled up for the COVID-19 confirmed patients who have died)

Name of the referral hospital with address: .....

Duration of stay in referral hospital:.....

I. **Reported by Medical Unit:**.....

II. **Patient Identification Data:**

1. Name: \_\_\_\_\_

2. Patient ID No./CR No. : \_\_\_\_\_

3. Date of Birth (dd/mm/yy) - -/ - / - - - - Age (in yrs): - -

4. Sex Male  Female

If Female, was the patient pregnant? Yes (w  ks pregnant) \_\_\_\_ No  Unkn  n

4. Residential status:  Urban  Rural, specify address with contact telephone no. (mobile preferred) of family member

5. History of contact with COVID-19 positive/ Foreign travel/ Paramedical staff/ Clinician/ Suspect COVID-19 in community/ attended a large congregation

III. **Clinical Data (Please tick one or more than one symptoms/ailments the patient had)**

**A] Asymptomatic** -----

**B] Symptomatic** -----

1. Signs and symptoms with date of onset (dd/mm/yy) : - -/ - / - - - -

	Duration (in days)		Duration (in days)
<input type="checkbox"/> Mild fever	<input type="text"/>	<input type="checkbox"/> High grade fever	<input type="text"/>
<input type="checkbox"/> Cough	<input type="text"/>	<input type="checkbox"/> Fall in Blood Pressure	<input type="text"/>
<input type="checkbox"/> Fatigue	<input type="text"/>	<input type="checkbox"/> Sputum with blood	<input type="text"/>
<input type="checkbox"/> Breathlessness	<input type="text"/>	<input type="checkbox"/> Any other, specify	<input type="text"/>
<input type="checkbox"/> Sore throat	<input type="text"/>		
<input type="checkbox"/> Vomiting	<input type="text"/>		

Diarrhoea

2. Did the patient have any high risk illness / predisposing condition

i) Age >65 years- Yes  No

ii) Diabetes mellitus Yes  Controlled  Uncontrolled  No  Unknown

iii) Chronic Lung disease (specify with duration) \_\_\_\_\_

iv) Hypertension & Coronary artery disease (On medication) \_\_\_\_\_

v) HIV +ve only Yes  No  Unknown

vi) AIDS Yes  No  Unknown

vii) Chronic Liver disease (specify with duration) \_\_\_\_\_

viii) Chronic Kidney disease (specify with duration)  
\_\_\_\_\_

ix) Cancer (specify with duration) \_\_\_\_\_

x) History of Cerebrovascular Accident \_\_\_\_\_

xi) Cortisone therapy + Yes No  Unknown   
Immuno suppressive Therapy

xii) Any other (specify with duration) \_\_\_\_\_

3. Diagnostic Findings (clinical) :

3.1. General tests:

CBC \_\_\_\_\_ Ferritin \_\_\_\_\_  
DLC \_\_\_\_\_ Procalcitonin \_\_\_\_\_  
CRP \_\_\_\_\_ D-dimer \_\_\_\_\_  
LDH \_\_\_\_\_

3.2 Did the patient have any of the following tests?

Chest x ray If yes,  Normal  Abnormal  Unknown   
Chest CT scan If yes,  Normal  Abnormal  Unknown

If chest x- ray or chest CT scan result abnormal:

Was there evidence of pneumonia?

Yes  No  Unknown

3.3 SARS-CoV-2 testing:

Date of collection of sample: \_\_\_//\_\_\_//\_\_\_  
 Date of declaration of First result: \_\_\_//\_\_\_//\_\_\_  
 Name of the lab which conducted test:  
 Result: Daywise

Day 0	Day 3	Day 6	Day 9	Day	Day	Day	Day

4. Treatment details

4.1 Previous treatment history

I. Treatment for other symptoms \_\_\_\_\_

II. Name of the Hospitals/health facilities/private practitioner where treatment taken with dates \_\_\_\_\_

4.2. Treatment given in the hospital where patient died

I. Date of admission: \_\_\_//\_\_\_//\_\_\_

II. Date of death: \_\_\_//\_\_\_//\_\_\_ Cause of Death: \_\_\_\_\_

Drug	Date initiated	Date discontinued	Dosage( if known)

III. Monitoring side effects of Drugs:

- a. CBC \_\_\_\_\_
- b. ECG (QT interval) \_\_\_\_\_
- c. RFT \_\_\_\_\_
- d. LFT \_\_\_\_\_
- e. Other \_\_\_\_\_

IV. Treatment for complications (details)

V. Did the patient require mechanical ventilation? Yes  No  Unknown

(Signature of Treating Doctor / Medical Superintendent)

Date:

Date :

Daily Status Report

S N	District Name	Hospital Name	Covid-19 patients hospitalized		Covid-19 patients Discharged		Patients admitted in ICU		COVID-19 Patients on Ventilator		COVID-19 Patients on Oxygen Support		Total Deaths reported				
			New cases in last 24 hrs	Total positive cases hospitalized till date (Cumulative)	Patients discharged in last 24 hrs	Total cases discharged till date (Cumulative)	Patients admitted in the last 24 hrs	Total no. of patients currently in ICU (as on today)	Total patients admitted till date (Cumulative)	Patients put on ventilator in last 24 hrs	Total no. of patients on ventilator currently (as on today)	Total no. of patients put on ventilator till date (Cumulative)	Patients put on oxygen support in last 24 hrs	Total no. of patients currently on oxygen support (as on today)	Total no. of patients put on oxygen support till date (Cumulative)	Deaths reported in last 24 hrs	Total deaths reported till date (Cumulative)
			A	B	C	D	E	F	G	H	I	J	K	L	M	N	O

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Line List of patients

S. No.	Name of MC	Name of Hospital	OPD / IPD Number	Date of IPD / OPD	Type of Hospital ward/ ICU/ Special Ward in which patient is admitted	Patient's Name	Father's/ Husband's Name	Age	Gender	Complete Address of the patient	Nationality	Contact number of Patients / near relative	Contact History (Yes/No)	Information to Medical & CMHO given for close contacts management (Yes/ No)	Outcome (Recovered/Discharge/Death/Shifted to Other Hospital (Name of Hospital))	Date of Outcome			Remark	Diagnosis / Symptoms	Co-morbidity	Date of Positive		
																Recovered	Discharge	Death	Referral					

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