Aston University

IMPROVING UNDERSTANDING OF FEBRILE INFECTION RELATED EPILEPTIC SYNDROME (FIRES)

Questionnaire

Details of clinician completing form:

- Name:
- Hospital
- Telephone
- Email
- Date completed

Patient information:

1. Age on attack:
2. Sex:
3. Height:
4. Weight:
5. Ethnic origin:
6. Comorbidities:
7. Family history:
8. Date of admission:
9. Total length of hospital stay
10. Date of status epilepticus onset:
11. Date of diagnosis:
12. Date of febrile infection onset:
13. Pathogen isolated:
14. Investigations performed:
    a. MRI:
    b. EEG:
    c. CSF:
    d. Other:
15. Treatment:

Treatment	Received?	Drug name, dose, duration of therapy	Response
AEDS			
Anaesthetic agents			
PLEX			
Ketogenic diet			
IVIG			
Steroids			
Anakinra			

Tocilizumab			
Other			

16. Outcome:
17. Anonymised MRI images uploaded: Y/N
18. Anonymised EEG sent: Y/N
19. Anonymised CSF samples sent: Y/N