

Data Collection Sheet

BPNA 2002

Please enter all the following data on a patient you suspect may have Guillain Barre Syndrome:

Age at presentation

Sex M ☐

F ☐

NAME, HOSPITAL NUMBER
Date Of Birth
Full Post Code

Preceding Symptoms

Yes No

Fever

☐☐

URTI

☐☐

Diarrhoea

☐☐

Vomiting

☐☐

Viral illness

☐☐

Pre-existing illness

☐☐

Length of time

Date of admission to hospital:

Disability Score

Date diagnosis of Guillain-Barre Syndrome suspected:

Clinical features suspicious of GBS

Date of presentation

Progressive motor weakness of \geq 2 limbs

Areflexia

Cranial nerve involvement

Sensory Signs

Pain

INVESTIGATIONS

Investigations performed	Date	Result
Lumbar Puncture	<input type="text"/>	<input type="text"/>
MRI brainstem and spinal cord	<input type="text"/>	<input type="text"/>
Nerve conduction studies	<input type="text"/>	<input type="text"/>

Tests Performed	Date	Result
FBC	<input type="text"/>	<input type="text"/>
U&E	<input type="text"/>	<input type="text"/>
Blood Cultures	<input type="text"/>	<input type="text"/>
Viral Titres	<input type="text"/>	<input type="text"/>
Others	<input type="text"/>	<input type="text"/>
Stool C&S	<input type="text"/>	<input type="text"/>

DIFFERENTIAL DIAGNOSIS

Please list in order of preferential diagnosis

- 1.
- 2.
- 3.
- 4.
- 5.

COMPLICATIONS

Respiratory:

Date of Presentation

Length of time present

Fall in Vital Capacity

Breathing Difficulties

Cardiovascular

Date of Presentation

Length of time present

Hypertension

Volatile BP

Tachycardia

Arrhythmias

Bradycardia

Cardiac Arrest

Inotrope Support

Gastrointestinal

Date of Presentation

Length of time present

Constipation

Faecal incontinence

Enteral feeding

Parenteral nutrition

Urological

Date of Presentation

Length of time present

Bladder Dysfunction

Catheterisation

Urinary Tract Infection

Pain	Date of Presentation	Length of time present
	<input type="text"/>	<input type="text"/>

Please circle the appropriate explanation:

Site of Pain	Type of pain	Type of analgesia
Back	Muscular	NSAIDS
Flank	Causalgia	Carbamazepine
Extremities	Neuritic	Gabapentin
Headache	Paraesthesia	Opioids
Other	Other	Other

IMMUNOTHERAPY	Date Commenced	Date Terminated	Response
Immunoglobulin	<input type="text"/>	<input type="text"/>	<input type="text"/>
Plasmaphoresis	<input type="text"/>	<input type="text"/>	<input type="text"/>

PICU	Date Admitted	Date discharged
	<input type="text"/>	<input type="text"/>

Mechanical Ventilation	Date Commenced	Date Terminated
	<input type="text"/>	<input type="text"/>

REHABILITATION

	No Difficulties	Given Support from	to	Dates
Communication	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Physiotherapy	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Occupational Therapy	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Psychology	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Date of Discharge from Hospital &**Disability Score**

A. To Referring Hospital

B. To Home

Length of admission here

Lowest Disability Score & Date 1st noted

Outpatient Follow up**Clinical Findings &****Disability Score**

3 months

6 months

9 months

1 Year

Date

Date died

Disability Score

- 0 normal neurologic (gross motor) examination
- 1 able to walk unassisted
- 2 able to walk with assistance
- 3 able to stand up unassisted
- 4 able to stand up with assistance
- 5 wheelchair mobile only
- 6 stays in bed, without ventilator (most of the time)
- 7 stays in bed, with ventilator (most of the time)
- 8 death

(Modified from Miller RG et al. (1988) *Muscle & Nerve*, 11, 769-774.)