



### GBS CASE RECORD FORM

Name of DRU: \_\_\_\_\_  
 Address of DRU: \_\_\_\_\_

#### Patient General Data

Hospital Case Number: _____	Date of Admission[mm/dd/yyyy]: _____	Age _____	Sex _____
Name [Patient Initials]: _____	Sex: Male [ ] Female [ ]	Weight _____	
Date of Birth [mm/dd/yyyy] : _____	Contact number: _____	Height _____	
Address: _____			

#### Clinical history and examination

Check those present, and indicate onset (mm/dd/yy)	[ ] Pain
[ ] URTI _____	[ ] Sensory disturbance
[ ] Diarrhea _____	[ ] Bulbar palsy
[ ] Vomiting _____	[ ] Cranial nerve palsy, duration (days): _____
[ ] Abdominal pain _____	[ ] Hypo/areflexia
[ ] Anorexia _____	Recent vaccination [ ] Yes [ ] No
[ ] Malaise _____	If Yes, < 6 weeks [ ] or > 6 weeks [ ]
[ ] Headache _____	Type of vaccine given: _____ Date: _____
[ ] Joint pains _____	Immediate adverse reaction: _____

#### Muscle strength grading

Muscle Group	Right					Left					TOTAL MRC scoring	
	0	1	2	3	4	5	0	1	2	3		4
Upper arm abductors												
Elbow Flexors												
Wrist extensors												
Hip flexors												
Knee extensors												
Foot dorsiflexors												

#### Autonomic Function

[ ] Cardiac arrhythmias
[ ] Fluctuations in rate and blood pressure
[ ] Sweating abnormalities
[ ] Pupillary abnormalities
[ ] Gastrointestinal dysfunction
[ ] Urinary retention
[ ] Respiratory distress
[ ] Ventilatory support

#### Diagnostic Tests

[ ] Stool exam culture result: \_\_\_\_\_  
 [ ] Neuro-imaging study, specify: \_\_\_\_\_  
 [ ] Pulmonary function test: \_\_\_\_\_  
 [ ] Electrophysiologic study: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Attending Neurologist: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_



Day of illness	Hughes functional score							Score
	0	1	2	3	4	5	6	
Admission								
Discharge								
60-day follow-up								

**0- Healthy; 1-Minor symptoms or signs, able to run; 2- Able to walk 5m independently; 3- Able to walk 5m with a walker or support; 4- Bed- or chair-bound; 5- Requiring assisted ventilation; 6- Death**

### Hughes Functional score

Parameter	Patient's result	Normal value
Cell Count		
A. WBC		
Lymphocytes		≤5 (<1 month old: <20)
Neutrophils		0
B. RBC		0
Glucose, mmol/L		
A. CSF		≥ 2.5 mmol/L
B. Serum		
C. CSF:Serum		≥ 0.6
Protein, g/L		<0.4 (<1 month old: <1.0)
Gram stain		
Culture		
Virological study		
Others		

### CSF study

### Clinical Course

Date of onset of first symptom or sign [dd/mm/yyyy]: \_\_\_\_\_

Duration of symptoms from onset of illness to admission to hospital (Number of days):  
 Classify: 0 - 7 days [ ] 8 - 14 days [ ] 15-21 days [ ] >22 days [ ]

IVIg: Dose (mkg) \_\_\_\_\_ Drug \_\_\_\_\_ Frequency: \_\_\_\_\_ Timing (Day of illness) \_\_\_\_\_

Plasmapheresis: Dose \_\_\_\_\_ Timing (Day of illness-exchange, ex D3-1st exchange): \_\_\_\_\_

Steroids: Dose (mkg) \_\_\_\_\_ Drug \_\_\_\_\_ Duration \_\_\_\_\_ Timing (Day of illness) \_\_\_\_\_

MRC sum score on admission: \_\_\_\_\_

Date of Discharge or Death [dd/mm/yyyy]: \_\_\_\_\_