

ECUSTEC Central Nervous System (CNS) Assessment Worksheet

Hospital name:						
Trial number:	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>					
Date of Birth:	____/____/____					

Please complete this worksheet for the day 60 assessment visit if the patient experienced CNS features during the acute disease (STEC HUS). Once completed, the paediatric neurologist responsible will use the information on the worksheet as Source Data from which to assign a CNS score for the ECUSTEC trial.

ECUSTEC CNS Assessment*

Level of consciousness / alertness			
Result	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	Not possible <input type="checkbox"/>
Details if abnormal			

Cranial nerves			
Result	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	Not possible <input type="checkbox"/>
Details if abnormal			

Tone			
Result	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	Not possible <input type="checkbox"/>
Details if abnormal			

Abnormalities of movement			
Result	No abnormal movements <input type="checkbox"/>	Abnormal movements <input type="checkbox"/>	Not possible <input type="checkbox"/>
Details of abnormal movements			

Abnormalities of balance/gait

Result	Normal balance/gait <input type="checkbox"/>	Abnormal balance/gait <input type="checkbox"/>	Not possible <input type="checkbox"/>
Details of abnormal balance/gait			

Weakness			
Result	No weakness <input type="checkbox"/>	Weakness present <input type="checkbox"/>	Not possible <input type="checkbox"/>
Details of weakness			

Neuropathy			
Result	No neuropathy <input type="checkbox"/>	Evidence of neuropathy <input type="checkbox"/>	Not possible <input type="checkbox"/>
Details of neuropathy			

New epileptic seizures (since onset STEC HUS)			
Result	No new seizures <input type="checkbox"/>	New seizures <input type="checkbox"/>	Not possible <input type="checkbox"/>
Details of seizures			

Summary

Does this child have a normal neurological examination?			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unable to comment <input type="checkbox"/>	
If no, in your opinion (from parental reports and any available pre-morbid records) has this occurred since onset of STEC HUS?			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unable to comment <input type="checkbox"/>	

ECUSTEC Source Data: this worksheet is to be filed in the ECUSTEC Site File and a copy should be added to the patient medical notes.

*Examination should include the following:

- Level of consciousness / alertness
- Abnormalities of cranial nerves
 - Single
 - Multiple
- Abnormalities of tone
 - Hypotonia
 - Axial
 - Post-axial
 - Hypertonia
 - Spastic or dystonic
 - Generalised or focal
 - Arms v legs
 - Trunk v limbs
 - Head lag/drop
- Abnormalities of movement
 - Tremor
 - Location
 - Rest v Action v Postural
 - Symmetrical
 - Myoclonus
 - Choreoathetosis
 - Location
 - Frequency
- Abnormalities of balance/gait
 - Cerebellar ataxia
 - Upper limb dysmetria
 - Associated conjugate nystagmus
 - Associated tremor
 - Sensory ataxia (peripheral neuropathy)
 - Spastic v waddling v ataxic gait
- Weakness
 - Flaccid v Spastic
 - Hemiplegia, Monoplegia, Diplegia
 - Proximal v distal
 - Mobility - wheelchair; assisted walking; independently mobile (age appropriate)
- Neuropathy
 - Mononeuropathy
 - Mononeuritis multiplex
- New epileptic seizures (since onset of disease)
 - Focal v Generalised
 - Focal - semiology; secondary generalisation
 - Generalised - GTCS, absence seizures
 - Frequency of seizure types
 - Response to medication