**RE-DISCHARGE CRF**

**To be completed at discharge following readmission**

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| Discharge Details | | | |  |  |
| **Date discharged by medical team:** | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  ***D D / M M / Y Y Y Y*** | | **Time discharged by medical team** *24H clock* | \_\_ \_\_:\_\_ \_\_ |  Unknown |
| **Discharged against medical advice** |  Y  N | | **Absconded** |  Y |  N |
| **Date last seen by research team** | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  ***D D / M M / Y Y Y Y*** | | **Time seen by research team**  24H clock | \_\_ \_\_:\_\_ \_\_ |  |
| **Date left hospital** | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  ***D D / M M / Y Y Y Y*** | | **Phone number for follow-up** |  Y |  N |
| **Primary caregiver going to same household as child at discharge?** | |  Y  N | **Returning to the same household as admitted from?** |  Y |  N |
| **Child discharged with biological parent?** | |  Y  N | **Child discharged to care home?** |  Y |  N |
| **Child / family planning travel or relocation?** | |  Y  N | **If yes, able to attend follow up?** |  Y |  N |

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| **Discharge observations:**  *to be done by research team at discharge examination. If the child has absconded use most recent observations documented* | | | | |
| **Temperature** | \_\_\_\_ \_\_\_\_. \_\_\_\_ °C | **If absconded date and time observations done** | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  ***D D / M M / Y Y Y Y*** | \_\_ \_\_:\_\_ \_\_ |
| **Heart rate**  *To be counted for 1 min* | \_\_\_\_ \_\_\_\_ \_\_\_\_/minute | **Respiratory rate**  *To be counted for 1 min* | \_\_\_\_ \_\_\_\_ \_\_\_\_/minute |  |
| **SaO2** *To be measured from finger or toe using pulse oximeter* | \_\_ \_\_ \_\_ %  Leave blank if Measured in Measured in Unrecordable Not measured (if  unrecordable or not oxygen room air absconded)  measured | | | |

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| **Examination** | | |
| *Examination should be performed by CHAIN study clinician trained in clinical examination of children, and able to formulate a diagnosis based on clinical history and findings. Refer to Clinical Examination SOP* | | |
| **Airway**  *(select one)* |  **Clear** Needs active support  Obstructed/Stridor | |
| **Breathing**  *(select all that apply)* | * **Normal – no concerns**, (move to circulation) * Central cyanosis  Nasal flaring  Reduced air-entry  Wheeze  Acidotic Breathing  Grunting * Lower chest wall indrawing  Crackles  Dull to percussion | |
| **Circulation:**  **Cap Refill** (select one) |  >3s  2-3s  <2s | |
| **Cold Peripheries**(select one) |  Shoulder  Elbow  Hand  Warm peripheries | |
| **Disability:**  **Conscious level**(select one) **Fontanelle**(select one) |  **Alert**  Voice  Pain  Unresponsive | |
|  **Normal**  Bulging  Sunken  Not present | |
| **Tone**(select one) |  **Normal**  Hypertonic  Hypotonic | |
| **Posture**(select one) **Activity**(select one) |  **Normal**  Decorticate  Decerebrate | |
|  **Normal**  Irritable/Agitated  Lethargic | |
| **Dehydration:**  **Sunken eyes? Skin**  **pinch** (s*elect one)* |  Y  N |  |
|  >2 seconds  <2 seconds  Immediate | |
| **Drinking/Breastfeeding**  *(Select one)* |  **Normal**  Poorly  Not drinking  Eager / Thirsty | |
| **Abdomen**  *(select any that apply)* | * **Normal – no concerns**  Distension  Hepatomegaly * Tenderness  Splenomegaly  Other abdominal mass | |
| **Signs of Rickets** |  **None**  Wrist widening Rachitic rosary  Swollen knees  Bow legs | |
| **Jaundice**  *(Select one)* |  **Not jaundiced**  +  ++  +++ | |
| **ENT/Oral/Eyes**  *(select any that apply)* | * Mouth Normal  Ears Normal  Eyes Normal * Oral ulceration  Pus from ear  Conjunctivitis * Oral candidiasis  Tender swelling behind ear (mastoiditis)  Eye discharge * Stomatitis  Lymphadenopathy  Visual impairment | |
| **Skin**  *(select any that apply)*    **Site of skin lesions.**  *(select any that apply)* |  Normal  Hyperpigmentation  Depigmentation   Excoriation  Dermatitis  ‘Flaky paint’   * Cellulitis  Impetigo  Pustules  * Vesicles  Desquamation  Maculopapular | |
| * Not applicable  Trunk  Face / scalp  Legs   (No rash)   * Buttocks  Arms  Perineum | |

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|  | **Discharge Diagnosis** | |
| **Respiratory** | **Infection** | **CNS** |
|  LRTI/pneumonia |  Gastroenteritis |  Febrile convulsions |
|  Bronchiolitis |  Sepsis |  Epilepsy |
|  URTI |  Confirmed Malaria |  LP confirmed meningitis |
|  Pulmonary TB |  Extra pulmonary TB |  Other encephalopathy |
|  Otitis media |  Soft tissue infection |  Hydrocephalus |
|  Asthma | * UTI * HIV related illness * Measles * Varicella * Osteomyelitis    Confirmed enteric fever | * Developmental delay unspecified * Cerebral palsy |
| **General** |
| * Anaemia * Sickle Cell Disease * Renal impairment * Nephrotic syndrome |  Confirmed diagnosis congenital syndrome: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Other confirmed diagnosis:** |
|  Other |
| * Nephritis * Liver dysfunction      * Congenital cardiac disease   confirmed by echo |  Typhoid/paratyphoid with perforation   Febrile illness unspecified | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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# How likely does the clinical team think this child is to die within 6 months? *Select one*

 **Almost**  **Very**  **Quite**  **Unsure**  **Quite**  **Very likely**  **Almost certainly not unlikely unlikely likely certainly**

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|  | DISCHARGE TREATMENT | |
| **ANTIBIOTICS AT DISCHARGE** |  Yes |  No |
| **If yes IV Antibiotics as Outpatient?**  *Select any that apply* |  Penicillin  Gentamicin  Ceftriaxone | |
|  Co-amoxiclav  Flu/Cloxacillin  Chloramphenicol | |
|  Ampicillin  Amikacin  Meropenem | |
|  Levofloxacin  Vancomycin  Metronidazole | |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Oral Antibiotics**  *Select any that apply* |  Amoxicillin  Erythromycin  Azithromycin | |
|  Co-trimoxazole  Metronidazole  Ciprofloxacin | |
|  Cefalexin / cefaclor  Co-amoxiclav  Nalidixic acid | |
|  Flucloxacillin  Penicillin  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Other Discharge Treatment**  *Select any that apply* |  Anti-TB therapy  Zinc | |
|  Anti-retroviral therapy (new)  Vitamin A | |
|  Anti-convulsant (new)  Vitamin D | |
|  Diuretic  Multivitamin | |
|  Calcium  Iron supplement | |
|  Antimalarial  Deworming | |
|  None  Other | |

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| **CRF Completed by (Initials) – to be signed when complete.**  *Do not sign if any fields are empty* | \_\_ \_\_ \_\_ | Date    \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  ***D D / M M / Y Y Y Y*** | Time  \_\_\_ \_\_\_: \_\_\_ \_\_\_ |