**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

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| * 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 \_\_\_ \_\_\_: \_\_\_ \_\_\_  |