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| Readmission to Hospital | | |  |
| **DATE arrived at the hospital** | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  ***D D / M M / Y Y Y Y*** | **TIME arrived at the hospital** |  Arrival time  \_\_ \_\_: \_\_ \_\_ unknown  *24h Clock* |
| **DATE seen by research team** | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  ***D D / M M / Y Y Y Y*** | **TIME seen by research team** | \_\_ \_\_: \_\_ \_\_  *24h Clock* |

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| **Initial Observations**  *to be taken at time of examination by research team* | | | |
| **Axillary temperature** | \_\_\_\_ \_\_\_\_. \_\_\_\_ °C | **Respiratory** **rate**  *Count for 1 minute* | \_\_\_\_ \_\_\_\_ \_\_\_\_/minute |
| **Heart rate** |  |
| *Count for 1 minute* | \_\_\_\_ \_\_\_\_ \_\_\_\_/minute |  |  |
| **SaO2**  *To be taken from finger or toe using pulse oximeter* | \_\_\_\_ \_\_\_\_ \_\_\_\_ %  Measured in  Measured in  Unrecordable *Leave blank if unrecordable* Oxygen Room Air | | |

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| **1. Presenting Complaints** |
| * Fever / Hotness of body  Vomiting  Lethargy * Difficulty breathing  Diarrhoea <14 days  Convulsions * Cough<14 days  Diarrhoea >14 days  Altered consciousness * Cough>14days  Blood in stool  Not feeding    Poor feeding/ Weight loss  Developmental delay  Body swelling / limb swelling/ Oedema   * Rash/ skin lesion  Neonatal jaundice  Umbilical infection * Other *(only one complaint, if not covered by above options)*   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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|  | **Anthropometry and Nutrition** | | |  |
| **Weight**  *to be taken using SECA scales for*  *CHAIN* | \_\_\_ \_\_\_ . \_\_\_ \_\_\_kg | **Length**  *to be taken using*  *SECA 416*  *infantometer provided for CHAIN* | Measurer 1 | \_\_\_\_ \_\_\_\_. \_\_\_\_ cm |
| Measurer 2 | \_\_\_\_ \_\_\_\_ . \_\_\_\_ cm |
| **MUAC**  *To be taken using MUAC tape for*  *CHAIN* | Measurer 1 \_\_\_\_ \_\_\_\_ . \_\_\_\_ cm | **Head**  **circumference**  *To be taken using*  *CHAIN measuring tape* | Measurer 1 | \_\_\_\_ \_\_\_\_. \_\_\_\_\_cm |
| Measurer 2 \_\_\_\_ \_\_\_\_ . \_\_\_\_ cm | Measurer 2 | \_\_\_\_ \_\_\_\_. \_\_\_\_\_cm |
| **Oedema** |  None  +  ++  +++ | **Initials** | Measurer 1 \_\_\_ \_\_\_ \_\_ | Measurer 1 \_\_\_ \_\_\_ \_\_ |

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|  | **1. Current Health** | |  |
| **Previously admitted to hospital.**  *Include other hospitals / health centres. Select 1* |  No  < 1 week ago  1 weeks-1month ago | |  >1month ago |
| **Any medication last 7 days**.  *Select all that apply* | * No medication  Antibiotic * Deworming  Vitamin | * Antimalarial * Paracetamol or Ibupr | Traditional ofen |
|  |  Yes, but unknown | Other | |
| **Urine volume in last 24hrs?** *Select 1* |  Not passing  Less than  urine normal |  Normal  Unknown  or greater | |

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| **Feeding** | | | |
| **Currently in outpatient nutrition program?**  *Select one.* |  Supplementary  Therapeutic  None  (*corn soy blend, RUSF, khichuri, halwa)* *(RUTF, Plumpy-nut)* | | |
| **Has the child eaten these nutrition products in the last 3 days?** |  Supplementary  Therapeutic  None | | |
| **Currently Breastfeeding?** |  Y  N | **If yes is the child taking anything else (exclude medicine)?** |  Y  N |
| **If NO breastfeeding at all, age stopped in months?** *(select one)* |  0-3m  4-6m  7-12m  >12m  Unknown | | |

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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  Head nodding | |
| **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)  **Tone**(select one)  **Posture**(select one)  **Activity**(select one) |  **Alert**  Voice  Pain  Unresponsive | |
|  **Normal**  Bulging  Sunken  Not present | |
|  **Normal**  Hypertonic  Hypotonic | |
|  **Normal**  Decorticate  Decerebrate | |
|  **Normal**  Irritable/Agitated  Lethargic | |
| **Dehydration:**  **Sunken eyes? Skin pinch** (s*elect one)* |  Y  N |  |
|  >2 seconds  <2 seconds  Immediate | |
| **Drinking/Breastfeeding***)* |  **Normal**  Poorly  Not drinking  Eager / Thirsty | |
| **Abdomen**  *(select any that apply)* | * **Normal – no concerns**  Distension  Hepatomegaly * Tenderness  Splenomegaly  Other abdominal mass | |
| **Signs of Rickets** | * Wrist  Swollen  Bow  Frontal * **None**  Rachitic rosary   wideningknees legs bossing | |
| **Jaundice** |  **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 | |
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| **Skin**  *(select any that apply)*    **Site of skin lesions.**  *(select any that apply)* |  Normal  Hyperpigmentation  Depigmentation   Broken skin  Dermatitis  ‘Flaky paint’   * Cellulitis  Impetigo  Pustules * Vesicles  Desquamation  Macular/ papular | |
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|
| * Not applicable  Trunk  Face / scalp  Legs   (No rash)   * Palms / Soles  Buttocks  Arms  Perineum | |
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|  | | **TB Screening** | |  |
| Known TB (on treatment) | | Child has cough >14 days    Y N | Household contact has TB, or cough >14 days    Y N | Child has suspected extrapulmonary TB  Y N |
| Y | N |

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|  | **Immediate Clinical Investigations** | | | |  | | |
| **Malaria RDT** *circle result* | Positive Negative | | | | Not done | | |
| **Blood glucose** | \_\_\_ \_\_\_ . \_\_\_ mmol /L | | **Time glucose measure** | | **d** | \_\_\_ \_\_\_:\_\_\_ \_\_\_  *24h clock* Unknown | |
| **Urine Dipstick**  *(can be done at any time during admission)*   Not done  Bag  Clean catch | Protein  + ++ +++  None | Nitrites Pos Neg | Leucocytes  + ++ +++  None | Blood  + ++ +++  None | Ketones  + ++ +++  None | | Glucose  + ++ +++  None |

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| **11. Suspected Initial Diagnoses:**  *Clinical diagnosis should be based on examination and investigation findings.*  *Tick the three most likely diagnoses.* | | |
| **Respiratory** | **Infection** | **CNS** |
|  LRTI/pneumonia |  Gastroenteritis |  Febrile convulsions |
|  Bronchiolitis |  Sepsis |  Epilepsy |
|  URTI |  Malaria |  Probable meningitis |
|  Pulmonary TB |  Extra pulmonary TB |  Other encephalopathy |
|  Otitis media |  Soft tissue infection |  Hydrocephalus |
|  Asthma | * UTI * HIV related illness * Measles * Varicella | * Developmental delay * Cerebral palsy |
| **General** |
| * Anaemia * Sickle Cell Disease | **Other suspected diagnosis:** |
|  Other |
|  Thalassaemia |  Osteomyelitis |  Unknown |
|  Renal impairment |  Febrile illness unspecified |  Failed appetite test only |
|  Nephrotic syndrome |  Enteric fever |  Breast-feeding difficulty |
| * Nephritis * Liver dysfunction * Ileus * Congenital cardiac disease * Haemolytic disease newborn * Neonatal jaundice |  Infected umbilicus |  |
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|  | 11. Initial Treatment | | | | | | |
| **Admitted to:** *select one* |  Admission to ward |  Admission to  HDU |  Admission to ICU | |  |  Admission to |  |
| neonatal unit |
| **Date and time First antibiotics given** | Not given  \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ \_\_\_ \_\_\_:\_\_\_ \_\_\_ | | | | | | |
| **Intravenous Antibiotics Given?**     **Not given** |  Benzylpenicillin  Gentamicin  Ceftriaxone / Cefotaxime | | | | | | |
| * Co-amoxiclav/ * Flu/Cloxacillin  Chloramphenicol Augmentin | | | | | | |
|  Ampicillin  Amikacin  Meropenem / Imipenem | | | | | | |
|  Levofloxacin  Vancomycin  Metronidazole | | | | | | |
|  Ceftazidime  Pivmecillinam | | | | | | |
|  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Oral Antibiotics Given?**     **Not given** | * Amoxicillin  Erythromycin  Azithromycin * Co-trimoxazole  Metronidazole  Ciprofloxacin * Co-amoxiclav / * Cefalexin / cefaclor  Nalidixic acid   Augmentin   * Penicillin  Flucloxacillin  Levofloxacin * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Initial treatment given**  *First 6 hours.*  *Select any that apply.* |  IV Fluid Bolus | | |  IV Maintenance Fluids | | | |
|  Oxygen | | |  CPAP | | | |
|  IV Glucose  Oral Glucose | | |  Warmth (heater, warmed fluids) | | | |
|  Blood transfusion | | |  Commercial F75 | | | |
|  Phenobarbitone | | |  Commercial F100 | | | |
|  Diazepam | | |  Locally prepared F75/ milk suji | | | |
|  Paracetamol | | |  Local prepared F100 / milk suji 100 | | | |
|  Ibuprofen | | |  Expressed breast milk | | | |
|  Diclofenac | | |  Dilute F100/ dilute milk or formula | | | |
|  Salbutamol / atrovent / other bronchodilator | | |  Other milk/ formula/ feed | | | |
|  RUTF | | | |
|  Prednisolone/ dexamethasone/ hydrocortisone | | |  Nasogastric tube | | | |
|  Adrenaline | | |  Multivitamin | | | |
|  Zinc | | |  Micronutrients | | | |
|  Folic acid | | |  Vitamin A | | | |
|  Antimalarial (any) | | |  Albendazole / deworming | | | |
|  ReSoMal | | |  Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  ORS | | |

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| **Clinicians impression of risk** | | | | | | | |
| *How likely does the clinical team think this child is to die during this admission? Select one* | | | | | | | |
|  Almost certainly not |  Very unlikely |  Quite unlikely |  Unsure |  Quite likely |  Very likely |  Almost certainly | |

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| **Readmission Sample Collection** | | | | | | |
| **CBC taken** | |  Y |  N | **Plain Blood (serum)** |  Y |  N |
| **Clinical chemistry taken** | |  Y |  N | **Blood spot taken** |  Y |  N |
| **EDTA 2ml blood taken** | |  Y |  N | **Blood culture taken** *(if available at site)* | * Y BEFORE ABX * Y AFTER ABX |  N |
| **EDTA 0.5ml blood taken** | |  Y |  N | **Blood gas taken** *(if available at site)* | * Capillary * Venous |  N |
| **Date Taken** | | Date taken  \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ Time taken\_\_\_ \_\_\_: \_\_\_ \_\_\_  ***D D / M M / Y Y Y Y*** | | | | |
| **Unable to take blood samples, why?** | |  Difficult venepuncture  Child uncooperative  Parent refused  Other | | | | |
| **Rectal swabs taken** | * Y BEFORE ABX    Number taken 1 2   * Y AFTER ABX N Time taken\_\_\_ \_\_\_: \_\_\_ \_\_\_ | | | | | |
| **Stool sample** | Taken  Date taken  in  Y  N \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  first  Time taken\_\_\_ \_\_\_: \_\_\_ \_\_\_  ***D D / M M / Y Y Y Y***  24h? | | | | | |

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| **Chest x-ray indicated**  *(respiratory signs symptoms)* |  Yes, but too unwell |  Yes, done |  |  |  Not indicated |
| **Lumbar puncture indicated**  *(signs of meningitis documented)* |  Yes, but too unwell |  Yes, done |  |  |  Not indicated |
| **Blood Samples taken by (initials)** | | \_\_ \_\_ \_\_ |  |  |  |
| **Rectal Swabs taken by (initials)** | | \_\_ \_\_ \_\_ |  |  |  |

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

END