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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
 |
|
|
| * 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)**  | \_\_ \_\_ \_\_  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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