

## CHAIN Number [2][0][0][0][1][ ][ ][ ]

Enrolment date \_\_\_\_/\_\_\_\_/\_\_\_\_ Child's Initials \_\_\_\_ Weight this week \_\_\_\_ kg Date weighed \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ <6m

Month ____ Date ____	____	____	____	____	____	____	____
(24h clock) Time seen	____:____	____:____	____:____	____:____	____:____	____:____	____:____
Oedema now	+++ ++ + N	+++ ++ + N	+++ ++ + N	+++ ++ + N	+++ ++ + N	+++ ++ + N	+++ ++ + N
Oedema improving?	Y N N/A	Y N N/A	Y N N/A	Y N N/A	Y N N/A	Y N N/A	Y N N/A
For infants under 6m Weigh 48hrly	____.____ kg	____.____ kg	____.____ kg	____.____ kg	____.____ kg	____.____ kg	____.____ kg

## Clinical Events in the last 24h

DANGER SIGNS at any time in last 24h? <i>If any new danger signs take bloods and record these in sample log. If bloods have been taken by clinical team document results, do not retake bloods</i>	Obstructed breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Respiratory distress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cyanosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Shock*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Severe anaemia*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Convulsion(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Severe Dehydration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Profuse watery Diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Vomits everything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Impaired Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NO DANGER SIGNS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature >38°C in last 24h	Y	N	Y	N	Y	N	Y	N
Temperature <36°C in last 24h	Y	N	Y	N	Y	N	Y	N
NG tube in last 24h	Y	N	Y	N	Y	N	Y	N
Any EBM or breastfeeding last 24h	Y	N	Y	N	Y	N	Y	N
ReSoMal in last 24h	Y	N	Y	N	Y	N	Y	N
ORS in last 24h	Y	N	Y	N	Y	N	Y	N
IV fluids given in last 24h	Y	N	Y	N	Y	N	Y	N
Blood transfusion in last 24h	Y	N	Y	N	Y	N	Y	N
Oxygen given in last 24h?	Y	N	Y	N	Y	N	Y	N
CPAP given in last 24h?	Y	N	Y	N	Y	N	Y	N

## Clinical Observations now

In oxygen now	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Oxygen saturation now	_____%	_____%	_____%	_____%	_____%	_____%	_____%
Respiratory rate now	_____/min	_____/min	_____/min	_____/min	_____/min	_____/min	_____/min
Heart rate now	_____/min	_____/min	_____/min	_____/min	_____/min	_____/min	_____/min
AVPU now (circle)	A V P U	A V P U	A V P U	A V P U	A V P U	A V P U	A V P U
Temperature now	____.____ °C	____.____ °C	____.____ °C	____.____ °C	____.____ °C	____.____ °C	____.____ °C
In PICU/ HDU now	Y N	Y N	Y N	Y N	Y N	Y N	Y N
In a surgical or specialist unit now	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Currently on F75/equivalent	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Currently on F100/equivalent	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Currently on RUTF	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Currently on supplementary feed	Y N	Y N	Y N	Y N	Y N	Y N	Y N

Infant formula or dilute F100	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Non-standard milk e.g. soya	Y N	Y N	Y N	Y N	Y N	Y N	Y N



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CHAIN Daily record V1.61 4<sup>th</sup> October 18

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CHAIN Number [1][0][0][0][1][ ][ ][ ]

[illegible]

<b>Pivmecillinam</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other _____</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>NO ORAL ANTIBIOTICS</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>OTHER ANTI-INFECTIVE AGENTS IN LAST 24H</b>							
<b>Anti-malarial</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ART</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(e.g. fluconazole) Antifungal</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Anti-TB treatment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinician's initials</b>							



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