Readmission CRF V1.62

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

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

| **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* | ____ ____ ____ % *Leave blank if unrecordable* | ☐ Measured in Oxygen | ☐ Measured in Room Air | ☐ Unrecordable | |

## 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<br>Measurer 2 ____ ____ . ____ cm |
| **MUAC** *To be taken using MUAC tape for CHAIN* | Measurer 1 ____ ____ . ____ cm<br>Measurer 2 ____ ____ . ____ cm | **Head circumference** *To be taken using CHAIN measuring tape* | Measurer 1 ____ ____. _____cm<br>Measurer 2 ____ ____. _____cm |
| **Oedema** | ☐ None ☐ + ☐ ++ ☐ +++ | **Initials** | Measurer 1 ___ ___ __ Measurer 1 ___ ___ __ |

## 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 ☐ Antimalarial ☐Traditional<br>☐ Deworming ☐ Vitamin ☐ Paracetamol or Ibuprofen<br>☐ Yes, but unknown ☐Other |
| **Urine volume in last 24hrs?** *Select 1* | ☐ Not passing urine ☐ Less than normal ☐ Normal or greater ☐ Unknown |

## Feeding

| | | | |
|---|---|---|---|
| **Currently in outpatient nutrition program?** *Select one.* | ☐ Supplementary *(corn soy blend, RUSF, khichuri, halwa)* ☐ Therapeutic *(RUTF, Plumpy-nut)* ☐ None | | |
| **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<br>☐ 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) | ☐ **Alert** | ☐ Voice | ☐ Pain | ☐ Unresponsive |
| **Fontanelle**(select one) | ☐ **Normal** | ☐ Bulging | ☐ Sunken | ☐ Not present |
| **Tone**(select one) | ☐ **Normal** | ☐ Hypertonic | | ☐ Hypotonic |
| **Posture**(select one) | ☐ **Normal** | ☐ Decorticate | | ☐ Decerebrate |
| **Activity**(select one) | ☐ **Normal** | ☐ Irritable/Agitated | | ☐ Lethargic |
| **Dehydration:** | | | | |
| **Sunken eyes?** | ☐ Y ☐ N | | | |
| **Skin pinch** *(select one)* | ☐ >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** | ☐ **None** | ☐ Wrist widening | ☐ Rachitic rosary | ☐ Swollen knees ☐ Bow legs ☐ Frontal 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 | |
| **Skin** *(select any that apply)* | ☐ Normal | ☐ Hyperpigmentation | ☐ Depigmentation | |
| | ☐ Broken skin | ☐ Dermatitis | ☐ 'Flaky paint' | |
| | ☐ Cellulitis | ☐ Impetigo | ☐ Pustules | |
| | ☐ Vesicles | ☐ Desquamation | ☐ Macular/ papular | |
| **Site of skin lesions.** *(select any that apply)* | ☐ Not applicable (No rash) | ☐ Trunk | ☐ Face / scalp | ☐ Legs |
| | ☐ Palms / Soles | ☐ Buttocks | ☐ Arms | ☐ Perineum |

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| TB Screening | | | |
|---|---|---|---|
| Known TB (on treatment) | Child has cough >14 days | Household contact has TB, or cough >14 days | Child has suspected extra-pulmonary TB |
| Y N | Y N | Y N | Y N |

| Immediate Clinical Investigations | | | | | | |
|---|---|---|---|---|---|---|
| **Malaria RDT** *circle result* | Positive | | Negative | | Not done | |
| **Blood glucose** | ___ ___ . ___ mmol /L | | **Time glucose measured** | | ___ ___:___ ___ *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 |

## 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 | ☐ Developmental delay |
| **General** | ☐ HIV related illness | ☐ Cerebral palsy |
| ☐ Anaemia | ☐ Measles | **Other suspected diagnosis:** |
| ☐ Sickle Cell Disease | ☐ Varicella | ☐ Other |
| ☐ Thalassaemia | ☐ Osteomyelitis | ☐ Unknown |
| ☐ Renal impairment | ☐ Febrile illness unspecified | ☐ Failed appetite test only |
| ☐ Nephrotic syndrome | ☐ Enteric fever | ☐ Breast-feeding difficulty |
| ☐ Nephritis | ☐ Infected umbilicus | |
| ☐ Liver dysfunction | | |
| ☐ Ileus | | |
| ☐ Congenital cardiac disease | | |
| ☐ Haemolytic disease newborn | | |
| ☐ Neonatal jaundice | | |

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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?**<br><br>☐ **Not given** | ☐ Benzylpenicillin<br>☐ Co-amoxiclav/ Augmentin<br>☐ Ampicillin<br>☐ Levofloxacin<br>☐ Ceftazidime<br>☐ Other________________ | ☐ Gentamicin<br>☐ Flu/Cloxacillin<br>☐ Amikacin<br>☐ Vancomycin<br>☐ Pivmecillinam | ☐ Ceftriaxone / Cefotaxime<br>☐ Chloramphenicol<br>☐ Meropenem / Imipenem<br>☐ Metronidazole |
| **Oral Antibiotics Given?**<br><br>☐ **Not given** | ☐ Amoxicillin<br>☐ Co-trimoxazole<br>☐ Cefalexin / cefaclor<br>☐ Penicillin<br>☐ Other ______________ | ☐ Erythromycin<br>☐ Metronidazole<br>☐ Co-amoxiclav / Augmentin<br>☐ Flucloxacillin | ☐ Azithromycin<br>☐ Ciprofloxacin<br>☐ Nalidixic acid<br>☐ Levofloxacin |

| **Initial treatment <u>given</u>**<br>*First 6 hours.*<br>*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<br>☐ RUTF |
| | ☐ Prednisolone/ dexamethasone/ hydrocortisone | ☐ Nasogastric tube |
| | ☐ Adrenaline | ☐ Multivitamin |
| | ☐ Zinc | ☐ Micronutrients |
| | ☐ Folic acid | ☐ Vitamin A |
| | ☐ Antimalarial (any) | ☐ Albendazole / deworming |
| | ☐ ReSoMal<br>☐ ORS | ☐ Other<br>________________________ |

## Clinicians impression of risk

*How likely does the clinical team think this child is to die during this admission? Select one*

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| ☐ Almost certainly not | ☐ Very unlikely | ☐ Quite unlikely | ☐ Unsure | ☐ Quite likely | ☐ Very likely | ☐ Almost certainly |
|---|---|---|---|---|---|---|

| 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<br>☐ Y AFTER ABX | ☐ N |
| **EDTA 0.5ml blood taken** | ☐ Y | ☐ N | **Blood gas taken** *(if available at site)* | ☐ Capillary<br>☐ Venous | ☐ N |
| **Date Taken** | Date taken<br>__ __/ __ __/ __ __ __ __<br>D D / M M / Y Y Y Y | Time taken___ ___: ___ ___ | | | |
| **Unable to take blood samples, why?** | ☐ Difficult venepuncture | ☐ Child uncooperative | ☐ Parent refused | ☐ Other | |
| **Rectal swabs taken** | ☐ Y BEFORE ABX<br>☐ Y AFTER ABX | ☐ N | Number taken ☐1 ☐2 | Time taken___ ___: ___ ___ | |
| **Stool sample** | Taken in first 24h? | ☐ Y | ☐ N | Date taken<br>__ __/ __ __/ __ __ __ __<br>D D / M M / Y Y Y Y | Time taken___ ___: ___ ___ |

| | | | |
|---|---|---|---|
| **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<br>__ __/ __ __/ __ __ __ __<br>D D / M M / Y Y Y Y | Time<br>___ ___: ___ ___ |

END