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

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
Discharged early because of e.g. staff strike, hospital closure	☐ Y ☐ N	**Discharged unexpectedly, returned for review**	☐ Y ☐ N
Discharged from referral hospital?	☐ Y ☐ N	**Attended admitting hospital for discharge samples and review?**	☐ Y ☐ N
Date last seen by research team *This may be after discharge and leaving hospital if the child absconds or leaves unexpectedly and is brought back within 7days by the 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

Anthropometry					
Weight *to be taken using SECA scales for CHAIN study*	___ ___ . ___ ___kg		**Length** *to be taken using SECA 416 infantometer provided for CHAIN study*	Measurer 1	____ ____. ____ cm
				Measurer 2	____ ____ . ____ cm
MUAC *To be taken using MUAC tape for CHAIN study*	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 2 ___ ___ ___

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

Discharge observations:

to be done by research team at discharge examination. If the child has absconded or discharged unexpectedly, and does not return use most recent observations documented by research team or do observations at household visit or if child returns after absconding/ referral

Unknown, child discharged from other hospital after referral > 1 week ago ☐

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 unrecordable or not measured	☐Measured in oxygen ☐Measured in room air ☐Unrecordable ☐Not measured (if absconded)	

1. 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)	☐ 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 *(Select one)*	☐ Normal	☐ Poorly	☐ Not drinking	☐ Eager / Thirsty
Abdomen *(select any that apply)*	☐ Normal – no concerns	☐ Distension	☐ Hepatomegaly	
	☐ Tenderness	☐ Splenomegaly	☐ Other abdominal mass	

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

Signs of Rickets	☐ None	☐ Wrist widening	☐ Rachitic rosary	☐ Swollen knees	☐ Bow legs	☐ Frontal bossing
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)*	☐ Normal	☐ Hyperpigmentation		☐ Depigmentation		
	☐ Broken skin/excoriation	☐ Dermatitis		☐ 'Flaky paint'		
	☐ Cellulitis	☐ Impetigo		☐ Pustules		
	☐ Vesicles	☐ Desquamation		☐ Macular or papular		
Site of skin lesions. *(select any that apply)*	☐ Not applicable (No rash)	☐ Trunk	☐ Face / scalp	☐ Legs		
	☐ Palms / soles	☐ Buttocks	☐ Arms	☐ Perineum		

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
	☐ Penicillin	☐ Flucloxacillin	☐ Other _____
Other Discharge Treatment *Select any that apply*	☐ Anti-TB therapy	☐ Zinc	
	☐ Anti-retroviral therapy (new)	☐ Vitamin A	
	☐ Anti-convulsant (new)	☐ Vitamin D	
	☐ Diuretic (any)	☐ Multivitamin	
	☐ Calcium	☐ Iron supplement	

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

	☐ Folic acid	☐ Salbutamol inhaler
	☐ Antimalarial	☐ Deworming
	☐ Oral steroid (any)	☐ RUTF
	☐ None	☐ Other

Nutrition and Follow-up

Discharged to nutrition program?	☐None	☐Therapeutic	☐Supplementary	
Breastfeeding questions: ask ALL caregivers.				
Breastfeeding at discharge?	☐ Y ☐ N	**Is the child receiving anything apart from breast milk? (exclude medicine)**	☐ Y ☐ N	
Any re-lactation input during admission	☐ Y ☐ N	**Any Breastfeeding Counselling during admission**	☐ Y ☐ N	
If yes, was re-lactation successful?	☐ Y ☐ N	**Breastfeeding counselling follow up arranged?**	☐ Y ☐ N	
Any Nutrition counselling during admission	☐ Y ☐ N	**Does mother/carer think it is achievable to exclusively breastfeed an infant to age 6 months?**	☐ Y ☐ N	
Does mother/carer feel breastfeeding alone is sufficient for her child?	☐ Y ☐ N	**Is mother/ carer willing to participate in further qualitative research on attitudes to breast feeding?**	☐ Y ☐ N	
Primary caregiver follow-up				
Has the mother/carer been referred for any treatment or follow-up?	☐ Y ☐ N	**Has the family been referred for any social support?**	☐ Y ☐ N	

Discharge Diagnosis

Select all that apply

Respiratory	**Infection**	**CNS**
☐ LRTI/pneumonia	☐ Gastroenteritis	☐ Febrile convulsions
☐ Bronchiolitis	☐ Sepsis	☐ Epilepsy
☐ URTI	☐ Confirmed Malaria	☐ LP confirmed meningitis

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

☐ Pulmonary TB	☐ Extra pulmonary TB	☐ Other encephalopathy
☐ Otitis media	☐ Soft tissue infection	☐ Hydrocephalus
☐ Asthma	☐ UTI	☐ Developmental delay unspecified
General	☐ HIV related illness	☐ Cerebral palsy
☐ Anaemia	☐ Measles	☐ Confirmed diagnosis congenital syndrome:
☐ Sickle Cell Disease	☐ Varicella	_____
☐ Renal impairment	☐ Osteomyelitis	**Other confirmed diagnosis:**
☐ Nephrotic syndrome	☐ Confirmed enteric fever	☐ Other
☐ Nephritis	☐ Typhoid/paratyphoid with perforation	_____
☐ Liver dysfunction		
☐ Congenital cardiac disease confirmed by echo	☐ Febrile illness unspecified	

GPS LOCATION OF HOUSEHOLD (This is entered into the Enrolment CRF on REDCap Database)

Tick + or – to indicate N/S and W/E

Latitude: ☐ + ☐ – ____ ____ • ____ ____ ____ ____ ____

Longitude ☐ + ☐ – ____ ____ • ____ ____ ____ ____ ____

NOTE: GPS must be set to decimal degrees DDD.DDDDDD (not degrees, minutes and seconds).

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

11. Discharge Sample Collection				
CBC taken	☐ Y ☐ N	**Plain Blood (serum)**	☐ Y	☐ N
EDTA 2ml sample taken	☐ Y ☐ N	**Clinical chemistry taken**	☐ Y	☐ N
0.5ml EDTA blood taken	☐ Y ☐ N	**Blood spot taken**	☐ Y	☐ N
Date Taken	**Date taken** __ __ / __ __ / __ __ __ __ (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** ☐ **Y AFTER ABX** ☐ **N** **Number taken** ☐**1** ☐**2** **Time taken**___ ___: ___ ___			
Stool sample	**Taken before leaving?** ☐ **Y** ☐ **N** **Date taken** __ __ / __ __ / __ __ __ __ (D D / M M / Y Y Y Y) **Time taken**___ ___: ___ ___			

Blood Samples taken by (initials)	__ __ __
Rectal Swabs taken by (initials)	__ __ __
Home visit organised 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 ___ ___: ___ ___