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

The Childhood Acute Illness & Nutrition Network

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 Measurer 2 ____ ____ . ____ cm
MUAC *To be taken using MUAC tape for CHAIN*	Measurer 1 ____ ____ . ____ cm Measurer 2 ____ ____ . ____ cm	**Head circumference** *To be taken using CHAIN measuring tape*	Measurer 1 ____ ____. _____cm 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 ☐ Deworming ☐ Vitamin ☐ Paracetamol or Ibuprofen ☐ 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 ☐ 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	

11. Suspected Initial Diagnoses:

Clinical diagnosis should be based on examination and investigation findings.
Tick the <u>three most likely</u> 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? **☐ Not given**	☐ Benzylpenicillin ☐ Co-amoxiclav/ Augmentin ☐ Ampicillin ☐ Levofloxacin ☐ Ceftazidime ☐ Other_____	☐ Gentamicin ☐ Flu/Cloxacillin ☐ Amikacin ☐ Vancomycin ☐ Pivmecillinam	☐ Ceftriaxone / Cefotaxime ☐ Chloramphenicol ☐ Meropenem / Imipenem ☐ Metronidazole	
Oral Antibiotics Given? **☐ Not given**	☐ Amoxicillin ☐ Co-trimoxazole ☐ Cefalexin / cefaclor ☐ Penicillin ☐ Other _____	☐ Erythromycin ☐ Metronidazole ☐ Co-amoxiclav / Augmentin ☐ Flucloxacillin	☐ Azithromycin ☐ Ciprofloxacin ☐ Nalidixic acid ☐ Levofloxacin	

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	

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** ___ ___: ___ ___