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RE-DISCHARGE CRF
To be completed at discharge following readmission

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
Date last seen by 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

Discharge observations: *to be done by research team at discharge examination. If the child has absconded use most recent observations documented*					
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)

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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
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
Signs of Rickets	☐ **None** ☐ Wrist widening ☐ Rachitic rosary ☐ Swollen knees ☐ Bow legs
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 ☐ Excoriation ☐ Dermatitis ☐ 'Flaky paint' ☐ Cellulitis ☐ Impetigo ☐ Pustules ☐ Vesicles ☐ Desquamation ☐ Maculopapular
Site of skin lesions. *(select any that apply)*	☐ Not applicable (No rash) ☐ Trunk ☐ Face / scalp ☐ Legs ☐ Buttocks ☐ Arms ☐ Perineum

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

How likely does the clinical team think this child is to die within 6 months? *Select one*						
☐ **Almost certainly not**	☐ **Very unlikely**	☐ **Quite unlikely**	☐ **Unsure**	☐ **Quite likely**	☐ **Very likely**	☐ **Almost certainly**

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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	☐ Multivitamin	
	☐ Calcium	☐ Iron supplement	
	☐ Antimalarial	☐ Deworming	
	☐ None	☐ Other	

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 ___ ___: ___ ___