CHAIN Number [1][0] [0][0][3] [ ][ ][ ]

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

Presentation

Presenting Complaints – ask carer and select any that apply.

☐ 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
☐ Rash	☐ Other________________________________	

Current History

Length of current illness	Number of days: _____ _____		If prolonged illness ___ ____months	
Previously admitted to hospital. *Include other hospitals / health centres. Select 1*	☐No	☐<1 week ago	☐1week-1month ago	☐>1month ago
Any medication last 7 days. *Select all that apply*	☐ No medication ☐Deworming	☐Antibiotic ☐ Yes, but unknown	☐ Antimalarial ☐Other ____________	☐Traditional/ Herbal/ Homeopathy
Urine volume in last 24hrs? *Select 1*	☐Not passing urine	☐Less than normal	☐Normal or greater	☐Unknown

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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 ___ ___ __

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	
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	
	☐ 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	

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	
☐ Nephritis		
☐ Liver dysfunction		
☐ Ileus		
☐ Congenital cardiac disease		

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Initial treatment

Admitted to: *select one*	☐ Admission to ward	☐ Admission to HDU	☐ Admission to ICU
Date and time First antibiotics given	__ __/__ __/__ __ __ __	__ __:__ __ *24h clock*	☐Not given
Intravenous Antibiotics Given? ☐ **Not given**	☐ Benzylpenicillin ☐ Co-amoxiclav ☐ Ampicillin ☐ Levofloxacin ☐ Other________________	☐ Gentamicin ☐ Flu/Cloxacillin ☐ Amikacin ☐ Vancomycin	☐ Ceftriaxone ☐ Chloramphenicol ☐ Meropenem ☐ Metronidazole
Oral Antibiotics Given? ☐ **Not given**	☐ Amoxicillin ☐ Co-trimoxazole ☐ Cefalexin / cefaclor ☐Penicillin	☐ Erythromycin ☐ Metronidazole ☐ Co-amoxiclav ☐ Flucloxacillin	☐ Azithromycin ☐ Ciprofloxacin ☐ Nalidixic acid ☐ Levofloxacin ☐ Other ______________

Initial treatment given *First 6 hours.* *Select any that apply.* *For IV fluid bolus, and IV fluids specify type and volume in ml, and duration*	☐ IV Fluid Bolus	☐ IV Maintenance Fluids
	☐ Oxygen	☐ Warmth (heater, warmed fluids)
	☐ IV Glucose ☐ Oral Glucose	☐ Commercial F75
	☐ Blood transfusion	☐ Commercial F100
	☐ Phenobarbitone	☐ Locally prepared F75/ milk suji
	☐ Diazepam	☐ Local prepared F100 / milk suji 100
	☐ Paracetamol	☐ Expressed breast milk
	☐ Ibuprofen	☐ Dilute F100
	☐ Antimalarial	☐ Other milk/ formula/ feed
	☐ ReSoMal	☐ Other ______________________
	☐ ORS	

Clinicians impression of risk

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

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

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Readmission investigations and Sample Collection

IF THE CHILD IS READMITTED <12h AFTER INITIAL DISCHARGE DO NOT RETAKE SAMPLES UNLESS CLINICALLY INDICATED AND RESEARCH TEAM PRESENT AT READMISSION

CBC taken	☐ Y ☐ N	**Plain Blood (serum)**	☐ Y ☐ N	Date taken: __ __/__ __/__ __ __ __ (D D/M M/ Y Y Y Y)
Clinical chemistry taken	☐ Y ☐ N	**Blood spot taken**	☐ Y ☐ N	
EDTA 2ml blood taken	☐ Y ☐ N			
EDTA 0.5ml blood taken	☐ Y ☐ N	**Blood culture taken**	☐ Y BEFORE ABX ☐ Y AFTER ABX ☐ N	Time taken ___ ___: ___ ___
Heparinised for PBMCs *(immunology sites only)*	☐ Y ☐ N			
Blood gas taken	☐ Capillary	☐ Venous	☐ N	

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 in first 24h? ☐ Y	☐ N	__ __/__ __/__ __ __ __ (D D / M M / Y Y Y Y)	Time taken___ ___: ___ ___ ☐ unknown

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 __ __/__ __/__ __ __ __ (D D / M M / Y Y Y Y)	Time ___ ___: ___ ___

END