### Readmission to Hospital

<table>
<thead>
<tr>
<th>DATE arrived at the hospital</th>
<th>TIME arrived at the hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ __ / __ __ / __ __ __ __ D D / M M / Y Y Y Y</td>
<td>__ __ : __ __ 24h Clock</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE seen by research team</th>
<th>TIME seen by research team</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ __ / __ __ / __ __ __ __ D D / M M / Y Y Y Y</td>
<td>__ __ : __ __ 24h Clock</td>
</tr>
</tbody>
</table>

### Initial Observations

**to be taken at time of examination by research team**

<table>
<thead>
<tr>
<th>Axillary temperature</th>
<th>Respiratory rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ _____ °C</td>
<td>_____ _____ /minute</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Heart rate</th>
<th>SaO2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count for 1 minute</td>
<td>To be taken from finger or toe using pulse oximeter</td>
</tr>
<tr>
<td>_____ _____ /minute</td>
<td>_____ _____ %</td>
</tr>
</tbody>
</table>

- Leave blank if unrecordable
- Measured in Oxygen
- Measured in Room Air
- Unrecordable

### Presenting Complaints

- Fever / Hotness of body
- Difficulty breathing
- Cough < 14 days
- Cough > 14 days
- Poor feeding / Weight loss
- Rash / skin lesion
- Vomiting
- Diarrhoea < 14 days
- Diarrhoea > 14 days
- Blood in stool
- Developmental delay
- Body swelling / limb swelling / Oedema
- Lethargy
- Convulsions
- Altered consciousness
- Not feeding
- Other (only one complaint, if not covered by above options)

### Current History

#### Length of current illness

<table>
<thead>
<tr>
<th>Number of days: _____ _____ months</th>
</tr>
</thead>
</table>

- Previously admitted to hospital. Include other hospitals / health centres. Select 1
  - No
  - < 1 week ago
  - 1 week - 1 month ago
  - > 1 month ago

- Any medication last 7 days. Select all that apply
  - No medication
  - Antibiotic
  - Antimalarial
  - Traditional / Herbal / Homeopathy
  - Deworming
  - Yes, but unknown
  - ORS
  - Paracetamol / ibuprofen

- Urine volume in last 24hrs? Select 1
  - Not passing urine
  - Less than normal
  - Normal or greater
  - Unknown
### Anthropometry and Nutrition

<table>
<thead>
<tr>
<th>Weight to be taken using SECA scales for CHAIN</th>
<th>Length to be taken using SECA 416 infantometer provided for CHAIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ ___ . ___ ___ kg</td>
<td>Measurer 1: ____ ____ . ____ cm</td>
</tr>
<tr>
<td></td>
<td>Measurer 2: ____ ____ . ____ cm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MUAC To be taken using MUAC tape for CHAIN</th>
<th>Head circumference To be taken using CHAIN measuring tape</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurer 1: ____ ____ . ____ cm</td>
<td>Measurer 1: ____ ____ . ____ cm</td>
</tr>
<tr>
<td>Measurer 2: ____ ____ . ____ cm</td>
<td>Measurer 2: ____ ____ . ____ cm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Oedema</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ None</td>
<td>Measurer 1</td>
</tr>
<tr>
<td>□ +</td>
<td>Measurer 1</td>
</tr>
<tr>
<td>□ ++</td>
<td>Measurer 1</td>
</tr>
<tr>
<td>□ +++</td>
<td>Measurer 1</td>
</tr>
</tbody>
</table>

### Feeding

<table>
<thead>
<tr>
<th>Currently in outpatient nutrition program? Select one.</th>
<th>□ Supplementary (corn soy blend, RUSF, khichuri, halwa)</th>
<th>□ Therapeutic (RUTF, Plumpy-nut)</th>
<th>□ None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the child eaten these nutrition products in the last 3 days?</td>
<td>□ Supplementary</td>
<td>□ Therapeutic</td>
<td>□ None</td>
</tr>
<tr>
<td>Currently Breastfeeding? □ Y □ N</td>
<td>If yes is the child taking anything else (exclude medicine)? □ Y □ N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If NO breastfeeding at all, age stopped in months? (select one)</td>
<td>□ 0-3m</td>
<td>□ 4-6m</td>
<td>□ 7-12m</td>
</tr>
</tbody>
</table>
### 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
  - ‘Flaky paint’
  - Broken skin
  - Dermatitis
  - Macular/ papular
  - Cellulitis
  - Impetigo
  - Pustules
  - Vesicles
  - Desquamation
  - Skin

- **Site of skin lesions.** (select any that apply)
  - Not applicable
  - Trunk
  - Face / scalp
  - Legs
  - Palms / Soles
  - Buttocks
  - Arms
  - Perineum

Readmission CRF 30th August 2017Version 1.61
**TB Screening**

<table>
<thead>
<tr>
<th>Known TB (on treatment)</th>
<th>Child has cough &gt;14 days</th>
<th>Household contact has TB, or cough &gt;14 days</th>
<th>Child has suspected extra-pulmonary TB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

**Immediate Clinical Investigations**

<table>
<thead>
<tr>
<th>Malaria RDT circle result</th>
<th>Positive</th>
<th>Negative</th>
<th>Not done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood glucose</td>
<td>___ : ___ mmol /L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time glucose measured</td>
<td>___ : ___ 24h clock</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Urine Dipstick (can be done at any time during admission)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protein: + ++ +++ None</td>
</tr>
<tr>
<td>Nitrites: Pos Neg</td>
</tr>
<tr>
<td>Leucocytes: + ++ +++ None</td>
</tr>
<tr>
<td>Blood: + ++ +++ None</td>
</tr>
<tr>
<td>Ketones: + ++ +++ None</td>
</tr>
<tr>
<td>Glucose: + ++ +++ None</td>
</tr>
</tbody>
</table>

**Suspected Initial Diagnoses:**
*Clinical diagnosis should be based on examination and investigation findings. Tick the three most likely diagnoses.*

**Respiratory**
- LRTI/pneumonia
- Bronchiolitis
- URTI
- Pulmonary TB
- Otitis media
- Asthma

**Infection**
- Gastroenteritis
- Sepsis
- Malaria
- Extra pulmonary TB
- Soft tissue infection
- UTI
- HIV related illness
- Measles
- Varicella
- Osteomyelitis
- Febrile illness unspecified
- Enteric fever

**CNS**
- Febrile convulsions
- Epilepsy
- Probable meningitis
- Other encephalopathy
- Hydrocephalus
- Developmental delay
- Cerebral palsy

**Other suspected diagnosis:**
- Other
- Unknown
- Failed appetite test only

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Readmission CRF 30th August 2017Version 1.61
### Initial treatment

<table>
<thead>
<tr>
<th>Admitted to: select one</th>
<th>Admission to ward</th>
<th>Admission to HDU</th>
<th>Admission to ICU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date and time First antibiotics given</td>
<td><strong>/</strong>/__</td>
<td><strong>:</strong></td>
<td>Not given</td>
</tr>
</tbody>
</table>

#### Intravenous Antibiotics Given?
- [ ] Not given
- [ ] Benzylpenicillin
- [ ] Co-amoxiclav
- [ ] Ampicillin
- [ ] Levofloxacin
- [ ] Other

#### Oral Antibiotics Given?
- [ ] Not given
- [ ] Amoxicillin
- [ ] Co-trimoxazole
- [ ] Cefalexin / cefaclor
- [ ] Penicillin
- [ ] 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**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>IV Fluid Bolus</td>
<td>IV Maintenance Fluids</td>
<td></td>
</tr>
<tr>
<td>Oxygen</td>
<td>Warmth (heater, warmed fluids)</td>
<td></td>
</tr>
<tr>
<td>IV Glucose</td>
<td>Oral Glucose</td>
<td>Commercial F75</td>
</tr>
<tr>
<td>Blood transfusion</td>
<td></td>
<td>Commercial F100</td>
</tr>
<tr>
<td>Phenobarbitone</td>
<td></td>
<td>Locally prepared F75/ milk suji</td>
</tr>
<tr>
<td>Diazepam</td>
<td></td>
<td>Local prepared F100 / milk suji 100</td>
</tr>
<tr>
<td>Paracetamol</td>
<td></td>
<td>Expressed breast milk</td>
</tr>
<tr>
<td>Ibuprofen</td>
<td></td>
<td>Dilute F100</td>
</tr>
<tr>
<td>Antimalarial</td>
<td></td>
<td>Other milk/ formula/ feed</td>
</tr>
<tr>
<td>ReSoMal</td>
<td></td>
<td>Other</td>
</tr>
<tr>
<td>ORS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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
### Readmission investigations and Sample Collection

**THESE MAY BE TAKEN AT ANY TIME DURING READMISSION**

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Y</th>
<th>N</th>
<th>Date taken:</th>
<th>Time taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBC taken</td>
<td>□</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical chemistry taken</td>
<td>□</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EDTA 2ml blood taken</td>
<td>□</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EDTA 0.5ml blood taken</td>
<td>□</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hemoglobin taken</td>
<td>□</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood gas taken</td>
<td>□</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood spot taken</td>
<td>□</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood culture taken</td>
<td>□</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood gas taken</td>
<td>□</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unable to take blood samples, why?</td>
<td>□</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rectal swabs taken</td>
<td>□</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stool sample</td>
<td>□</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest x-ray indicated</td>
<td>□</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lumbar puncture indicated</td>
<td>□</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Samples taken by (initials)</td>
<td>□</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rectal Swabs taken by (initials)</td>
<td>□</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRF Completed by (initials) – to be signed when complete.</td>
<td>□</td>
<td>□</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**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

**Stool sample**

- □ Y
- □ N

**Chest x-ray indicated**

- □ Yes, but too unwell
- □ Yes, done
- □ Not indicated

**Lumbar puncture indicated**

- □ Yes, but too unwell
- □ Yes, done
- □ Not indicated

---

**Do not sign if any fields are empty**

**Date**

```
  _ _ / _ _ / _ _ _ _  
  D D / M M / Y Y Y Y
```

**Time**

```
  ___ : ___ 
```