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

To be used if child is referred to another hospital, or to a specialist department within the same hospital e.g. Oncology, Neurology, Nephrology, Cardiology

REFERRAL			
Date of referral:	__ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y*	**Time of referral** 24H clock	__ __:__ __ Unknown
Name of Referral hospital			

Reason for Referral
Select one

☐Requires intubation and ventilation (PICU)	☐Blood transfusion	☐Specialist Radiology ☐ MRI ☐ CT ☐ USS	☐Renal assessment ☐Requires dialysis	☐Cardiology ☐ Echo only ☐Echo and surgery	☐ Surgery	☐Oncology assessment for suspected malignancy

☐ Family choice / referral to private facility

☐ Other (e.g. trauma or burns if readmitted, or specialist review)
_____

Source of Information and Discharge

☐ CHAIN research team attended referral hospital to review child and complete daily record and discharge details

☐ Discussion with clinical team at referral hospital

☐ Information obtained from discharge letter?

☐ Caregiver recall only

Did the participant return to the enrolling hospital as an inpatient from the referral hospital?	Y	N

If CHAIN research team are able to attend the referral hospital they should complete daily record and any samples that are indicated including those for clinical deterioration

If CHAIN team unable to attend use the discharge letter to complete the discharge form. Where possible contact should be maintained with the family during admission to the referral hospital and an appointment made for the participant to have discharge samples, anthropometry and home visit done within 72h of discharge

Surgical Procedures (include chest drain)

Date of surgery	__ __ / __ __ / __ __ __ __ ☐ Unknown ☐ N/A *D D / M M / Y Y Y Y*		
Procedure done	☐ Laparotomy for suspected perforation ☐ Laparotomy for suspected obstruction ☐ Chest drain ☐ Endoscopy ☐ Other_____ ☐ Unknown		
Required PICU/HDU after surgery?	Y N Unknown	**Complications**	Y N Unknown

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Admission to PICU Complete ONLY if in PICU located at a different hospital, OR if intubated and ventilated or on inotropes at local PICU			
Date of admission to PICU	__ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y* ☐ Unknown ☐ N/A	**Date of discharge from PICU**	__ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y* ☐ Unknown ☐ N/A
Intubated and ventilated	Y N Unknown	**Number of days ventilated**	__ __ ☐ Unknown ☐ N/A
Inotropes	Y N Unknown	**Inotrope used**	☐ Dopamine ☐ Noradrenaline ☐Dobutamine ☐ Milrinone ☐ Adrenaline ☐ Unknown ☐ N/A

Specialist radiology							
CT scan	Y	N	Date	__ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y*	☐ Unknown ☐ N/A		
			☐Brain ☐Chest ☐Abdomen ☐Other ☐ N/A		Normal?	Y N	Don't know
USS scan	Y	N	Date	__ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y*	☐ Not done	☐ Unknown ☐ N/A	
			☐Abdomen	Other (if renal see below)	Normal?	Y N	Don't know
MRI	Y	N	Date	__ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y*	☐ Unknown ☐ N/A		
			Brain Y N	Other	Normal?	Y N	Don't know

Cardiology				
Echo	Y N	Date	__ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y* ☐ N/A	
If yes diagnosis	☐ Normal	☐ VSD	☐ ASD	☐ Persistent ductus
	☐ AVSD	☐ Aortic stenosis	☐ Tetralogy of Fallot	☐ Cardiomyopathy
	☐ Other	☐ Unknown	☐ N/A	
Cardiac failure	Y N	Cyanosis	Y	N
Surgery planned/done?	Y N	Date	__ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y* ☐ N/A	

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Medication?	☐ ACE inhibitor ☐ Furosemide ☐Spironolactone ☐ Digoxin ☐ Beta blocker ☐Other ☐ None

Renal Assessment

Renal Failure?	Y N	**Renal Ultrasound scan**	Y N	__ __/__ __/__ __ __ __ *D D / M M / Y Y Y Y*	☐ Unknown ☐N/A	
Biopsy	Y N	**Date**	__ __/__ __/__ __ __ __ *D D / M M / Y Y Y Y* ☐Unknown ☐ N/A			
Dialysis	Y N	☐ N/A ☐ Haemodialysis ☐ Peritoneal Dialysis	From __ __/__ __/__ __ __ __ *D D / M M / Y Y Y Y* ☐ Unknown	To __ __/__ __/__ __ __ __ *D D / M M / Y Y Y Y* ☐ Unknown	☐ Ongoing	
Seen by nephrologist	Y N	**Follow up organised**	Y N	Date of follow up	__ __/__ __/__ __ __ __ *D D / M M / Y Y Y Y* ☐ Unknown	
Medication	☐ None ☐ ACE inhibitor	☐Furosemide	☐Spironolactone	☐ Prednisolone	☐Other	

Oncology Assessment

Seen by Oncologist	Y N	If yes date	__ __/__ __/__ __ __ __ *D D / M M / Y Y Y Y* ☐Unknown	
Cancer diagnosed?	Y N	If yes, diagnosis		
Starting curative treatment?	Y N	If no, palliative?	Y	N

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Transfusion	
Date of 1st blood or packed cell transfusion	__ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y* ☐Unknown ☐ N/A Not received
Date of 2nd blood or packed cell transfusion	__ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y* ☐Unknown ☐ N/A Not received
Date of 3rd blood or packed cell transfusion	__ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y* ☐Unknown ☐ N/A Not received
Date of Platelet transfusion	__ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y* ☐Unknown ☐ N/A Not received
Date of Fresh frozen plasma / Cryoprecipitate transfusion	__ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y* ☐Unknown ☐ N/A Not received

Other			
Trauma	Y	N	
Head injury	Y	N	
Burns	Y	N	
Poisoning	Y	N	
Miscellaneous	Y	N	

Discharge from Referral Hospital			
Date of discharge from referral hospital	__ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y* ☐ Unknown		
If patient died date of death	__ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y*	**Inpatient verbal autopsy complete?**	Y N
If verbal autopsy state why Complete study conclusion form.	☐Insufficient detail in discharge letter ☐Unable to contact family ☐ N/A Child alive		
Destination at discharge	☐ Home – same as pre-admission ☐ Home – different residence ☐ Home – different residence ☐ Transfer to other hospital ☐Return to enrolling hospital ☐ Unknown		
Was the participant able to attend the enrolling hospital within 72h following discharge for samples?	Y	N	N/A (child returned)
Was it possible to arrange home visit following discharge from referral hospital?	Y	N	N/A (child returned)

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 __ __ : __ __