DISCHARGE CRF

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
Discharged early because of e.g. staff strike, hospital closure	☐ Y ☐ N	**Discharged unexpectedly, returned for review**	☐ Y ☐ N
Discharged from referral hospital?	☐ Y ☐ N	**Attended admitting hospital for discharge samples and review?**	☐ Y ☐ N
Date last seen by research team *This may be after discharge and leaving hospital if the child absconds or leaves unexpectedly and is brought back within 7days by the 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
Research team will accompany child home?	☐ Y ☐ N	**If no, date when home visit arranged**	__ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y*

Anthropometry			
Weight *to be taken using SECA scales for CHAIN study*	___ ___ . ___ ___ kg	**Length** *to be taken using SECA 416 infantometer provided for CHAIN study*	Measurer 1 ____ ____ . ____ cm
			Measurer 2 ____ ____ . ____ cm
MUAC *To be taken using MUAC tape for CHAIN study*	Measurer 1 ____ ____ . ____ cm	**Head circumference** *To be taken using CHAIN measuring tape*	Measurer 1 ____ ____ . ____ cm
	Measurer 2 ____ ____ . ____ cm		Measurer 2 ____ ____ . ____ cm
Oedema	☐ None ☐ + ☐ ++ ☐ +++	**Initials**	Measurer 1 __ __ __ Measurer 2 __ __ __

Discharge observations:

to be done by research team at discharge examination. If the child has absconded or discharged unexpectedly, and does not return use most recent observations documented by research team or do observations at household visit or if child returns after absconding/ referral

Unknown, child discharged from other hospital after referral > 1 week ago ☐

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 ☐ 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 *(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	☐ Frontal bossing

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 or papular
Site of skin lesions. *(select any that apply)*	☐ Not applicable (No rash) ☐ Palms / soles	☐ Trunk ☐ Buttocks	☐ Face / scalp ☐ Arms	☐ Legs ☐ Perineum

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Discharge Diagnosis – what was the child treated for in hospital?
Select all that apply

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

DISCHARGE TREATMENT			
ANTIBIOTICS AT DISCHARGE	☐ Yes	☐ No	
If yes IV Antibiotics as Outpatient? *Select any that apply*	☐ Penicillin ☐ Co-amoxiclav ☐ Ampicillin ☐ Levofloxacin ☐ Other_____	☐ Gentamicin ☐ Flu/Cloxacillin ☐ Amikacin ☐ Vancomycin	☐ Ceftriaxone ☐ Chloramphenicol ☐ Meropenem ☐ Metronidazole
Oral Antibiotics *Select any that apply*	☐ Amoxicillin ☐ Co-trimoxazole ☐ Cefalexin / cefaclor ☐ Penicillin	☐ Erythromycin ☐ Metronidazole ☐ Co-amoxiclav ☐ Flucloxacillin	☐ Azithromycin ☐ Ciprofloxacin ☐ Nalidixic acid ☐ Other _____
Other Discharge Treatment *Select any that apply*	☐ Anti-TB therapy ☐ Anti-retroviral therapy (new) ☐ Anti-convulsant (new) ☐ Diuretic (any) ☐ Calcium ☐ Folic acid ☐ Antimalarial ☐ Oral steroid (any) ☐ None	☐ Zinc ☐ Vitamin A ☐ Vitamin D ☐ Multivitamin ☐ Iron supplement ☐ Salbutamol inhaler ☐ Deworming ☐ RUTF ☐ Other	

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Nutrition and Follow-up

Discharged to nutrition program?	□None	□Therapeutic	□Supplementary

Breastfeeding questions: ask ALL caregivers.

Breastfeeding at discharge?	□ Y □ N	Is the child receiving anything apart from breast milk? (exclude medicine)	□ Y □ N	
Any re-lactation input during admission	□ Y □ N	Any Breastfeeding Counselling during admission	□ Y □ N	
If yes, was re-lactation successful?	□ Y □ N	Breastfeeding counselling follow up arranged?	□ Y □ N	
Any Nutrition counselling during admission	□ Y □ N	Does mother/carer think it is achievable to exclusively breastfeed an infant to age 6 months?	□ Y □ N	
Does mother/carer feel breastfeeding alone is sufficient for her child?	□ Y □ N	Is mother/ carer willing to participate in further qualitative research on attitudes to breast feeding?	□ Y □ N	

Primary caregiver follow-up

Has the mother/carer been referred for any treatment or follow-up?	□ Y □ N	Has the family been referred for any social support?	□ Y □ N

Discharge Core Cohort Investigations and Sample Collection

If the child absconded or discharged unexpectedly and then returns these may be taken after discharge
If the child is discharged <=12h after after previous blood sample do not take discharge blood samples.
Discharge rectal swabs should always be taken unless parent refuses

CBC taken	□ Y □ N	Plain Blood (serum)	□ Y □ N	Date taken:
Clinical chemistry taken	□ Y □ N	EDTA 0.5ml blood taken	□ Y □ N	_ _ / _ _ / _ _ _ _ *D D / M M / Y Y Y Y* Time taken
EDTA 2ml blood taken	□ Y □ N	Blood spot taken	□ Y □ N	___ ___: ___ ___
Unable to take blood samples, why?	□ Difficult venepuncture □ Discharge within 12h of previous blood sample	□ Child uncooperative □ Absconded / unexpected discharge > 1 week ago	□ Parent refused □Discharged from referral hospital >1w ago	
Rectal swabs taken	□ Y □ N Number taken □1 □2 □ Refused		Time taken___ ___: ___ ___24h clock	
Stool sample taken when child recovering?	□ Y □ N			

Blood Samples taken by (initials)	__ __ __
Rectal Swabs taken by (initials)	__ __ __
Home visit organised 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 ___ ___: ___ ___

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