### Discharge Details

| **Date discharged by medical team:** | __ / __ / __ | **Time discharged by medical team 24H clock** | __ : __ |
| Discharged against medical advice | Y | N | Unknown |
| Discharged early because of e.g. staff strike, hospital closure | Y | N | |
| **Discharged from referral hospital?** | Y | N | |
| **Date last seen by research team** | __ / __ / __ | **Time seen by research team 24H clock** | __ : __ |
| **Date left hospital** | __ / __ / __ | **Phone number for follow-up** | Y | N |
| **Primary caregiver going to same household as child at discharge?** | Y | N | |
| **Child discharged with biological parent?** | Y | N | |
| **Child / family planning travel or relocation?** | Y | N | |

### 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
- Measurer 2: ____ ____ · ___ cm

**Head circumference**
- To be taken using CHAIN measuring tape
- Measurer 1: ____ ____ · ___ cm
- Measurer 2: ____ ____ · ___ cm
### 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**

<table>
<thead>
<tr>
<th>Temperature</th>
<th>Heart rate</th>
<th>Respiratory rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ _____ °C</td>
<td>_____ _____ /minute</td>
<td>_____ _____ /minute</td>
</tr>
</tbody>
</table>

**SaO2**

To be measured from finger or toe using pulse oximeter

___ ___ %

Leave blank if unrecordable or not measured

☐ Measured in ☐ Measured in ☐ Unrecordable ☐ Not measured (if oxygen room air absconded)

---

## 1. 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
- 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)
- Fontanelle (Select one)
- Tone (Select one)
- Posture (Select one)
- Activity (Select one)

- Alert
- Voice
- Pain
- Unresponsive

- Normal
- Bulging
- Sunken
- Not present

- Normal
- Hypertonic
- Hypotonic

- Normal
- Decorticate
- Decerebrate

- Normal
- Irritable/Agitated
- Lethargic

### Dehydration:

- Y
- N

---

2. Discharge Immunology CRF Version 2.0 April 2019
Sunken eyes? 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
- □ Wrist
- □ None widening
- □ Rachitic rosary
- □ Swollen knees
- □ Bow legs
- □ Frontal bossing

Jaundice (Select one)
- □ Not jaundiced
- □ +
- □ ++
- □ +++

ENT/Oral/Eyes (select any that apply)
- □ Mouth Normal
- □ Oral ulceration
- □ Oral candidiasis
- □ Stomatitis
- □ Ears Normal
- □ Pus from ear
- □ Tender swelling behind ear (mastoiditis)
- □ Lymphadenopathy
- □ Conjunctivitis
- □ Eye discharge
- □ Visual impairment

Skin (select any that apply)
- □ Normal
- □ Broken skin/excoriation
- □ Cellulitis
- □ Vesicles
- □ Hyperpigmentation
- □ Dermatitis
- □ Impetigo
- □ Desquamation
- □ ’Flaky paint’
- □ Pustules
- □ Macular or papular

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

DISCHARGE TREATMENT

ANTIBIOTICS AT DISCHARGE
- □ Yes
- □ No

If yes IV Antibiotics as Outpatient? (Select any that apply)
- □ Penicillin
- □ Co-amoxiclav
- □ Ampicillin
- □ Levofloxacin
- □ Gentamicin
- □ Flu/Cloxacillin
- □ Amikacin
- □ Vancomycin
- □ Ceftriaxone
- □ Chloramphenicol
- □ Meropenem
- □ Metronidazole

Oral Antibiotics
- □ Amoxicillin
- □ Erythromycin
- □ Azithromycin
**Number [2][0] [0][0][1] [ ][ ][ ]**

<table>
<thead>
<tr>
<th>Select any that apply</th>
<th>Co-Trimoxazole</th>
<th>Metronidazole</th>
<th>Ciprofloxacin</th>
<th>Co-amoxiclav</th>
<th>Nalidixic acid</th>
<th>Flucloxacillin</th>
<th>Penicillin</th>
<th>Other ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Discharge Treatment</td>
<td>Anti-TB therapy</td>
<td>Zinc</td>
<td>Vitamin A</td>
<td>Vitamin D</td>
<td>Multivitamin</td>
<td>Iron supplement</td>
<td>Folic acid</td>
<td>Salbutamol inhaler</td>
</tr>
<tr>
<td>Select any that apply</td>
<td>Anti-retroviral therapy (new)</td>
<td>Antimalarial</td>
<td>Anti-convulsant (new)</td>
<td>Diuretic (any)</td>
<td>Oral steroid (any)</td>
<td>None</td>
<td>Zinc</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anti-convulsant (new)</td>
<td>Antimalarial</td>
<td>Anti-convulsant (new)</td>
<td>Diuretic (any)</td>
<td>Oral steroid (any)</td>
<td>None</td>
<td>Zinc</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diuretic (any)</td>
<td>Antimalarial</td>
<td>Anti-convulsant (new)</td>
<td>Diuretic (any)</td>
<td>Oral steroid (any)</td>
<td>None</td>
<td>Zinc</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Calcium</td>
<td>Antimalarial</td>
<td>Anti-convulsant (new)</td>
<td>Diuretic (any)</td>
<td>Oral steroid (any)</td>
<td>None</td>
<td>Zinc</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Folic acid</td>
<td>Antimalarial</td>
<td>Anti-convulsant (new)</td>
<td>Diuretic (any)</td>
<td>Oral steroid (any)</td>
<td>None</td>
<td>Zinc</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Antimalarial</td>
<td>Antimalarial</td>
<td>Anti-convulsant (new)</td>
<td>Diuretic (any)</td>
<td>Oral steroid (any)</td>
<td>None</td>
<td>Zinc</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oral steroid (any)</td>
<td>Antimalarial</td>
<td>Anti-convulsant (new)</td>
<td>Diuretic (any)</td>
<td>Oral steroid (any)</td>
<td>None</td>
<td>Zinc</td>
<td></td>
</tr>
<tr>
<td></td>
<td>None</td>
<td>Antimalarial</td>
<td>Anti-convulsant (new)</td>
<td>Diuretic (any)</td>
<td>Oral steroid (any)</td>
<td>None</td>
<td>Zinc</td>
<td></td>
</tr>
</tbody>
</table>

**Nutrition and Follow-up**

<table>
<thead>
<tr>
<th>Discharged to nutrition program?</th>
<th>None</th>
<th>Therapeutic</th>
<th>Supplementary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Breastfeeding questions: ask ALL caregivers.**

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

**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 Diagnosis

*Select all that apply*

<table>
<thead>
<tr>
<th>Respiratory</th>
<th>Infection</th>
<th>CNS</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ LRTI/pneumonia</td>
<td>□ Gastroenteritis</td>
<td>□ Febrile convulsions</td>
</tr>
<tr>
<td>□ Bronchiolitis</td>
<td>□ Sepsis</td>
<td>□ Epilepsy</td>
</tr>
<tr>
<td>□ URTI</td>
<td>□ Confirmed Malaria</td>
<td>□ LP confirmed meningitis</td>
</tr>
<tr>
<td>□ Pulmonary TB</td>
<td>□ Extra pulmonary TB</td>
<td>□ Other encephalopathy</td>
</tr>
<tr>
<td>□ Otitis media</td>
<td>□ Soft tissue infection</td>
<td>□ Hydrocephalus</td>
</tr>
<tr>
<td>□ Asthma</td>
<td>□ UTI</td>
<td>□ Developmental delay unspecified</td>
</tr>
<tr>
<td><strong>General</strong></td>
<td></td>
<td>□ Cerebral palsy</td>
</tr>
<tr>
<td>□ Anaemia</td>
<td>□ HIV related illness</td>
<td>□ Confirmed diagnosis congenital syndrome:</td>
</tr>
<tr>
<td>□ Sickle Cell Disease</td>
<td>□ Measles</td>
<td>________________________________________</td>
</tr>
<tr>
<td>□ Renal impairment</td>
<td>□ Varicella</td>
<td><strong>Other confirmed diagnosis:</strong></td>
</tr>
<tr>
<td>□ Nephrotic syndrome</td>
<td>□ Osteomyelitis</td>
<td>□ Other</td>
</tr>
<tr>
<td>□ Nephritis</td>
<td>□ Confirmed enteric fever</td>
<td>________________________________________</td>
</tr>
<tr>
<td>□ Liver dysfunction</td>
<td>□ Typhoid/paratyphoid with perforation</td>
<td></td>
</tr>
<tr>
<td>□ Congenital cardiac disease</td>
<td>□ Febrile illness unspecified</td>
<td></td>
</tr>
<tr>
<td>confirmed by echo</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other confirmed diagnosis:**

□ Other

____________________________________
**GPS LOCATION OF HOUSEHOLD (This is entered into the Enrolment CRF on REDCap Database)**

Tick + or – to indicate N/S and W/E

<table>
<thead>
<tr>
<th></th>
<th>Latitude:</th>
<th>Longitude:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ +</td>
<td>□ –</td>
</tr>
</tbody>
</table>

Note: GPS must be set to decimal degrees DDD.DDDDD (not degrees, minutes and seconds).

---

**11. Discharge Sample Collection**

<table>
<thead>
<tr>
<th>Sample Type</th>
<th>CBC taken</th>
<th>PBMC sample taken</th>
<th>EDTA 2ml blood taken</th>
<th>0.5ml EDTA sample taken</th>
<th>Blood gas taken (if available at site)</th>
<th>Date Taken</th>
<th>Date taken</th>
<th>Time taken:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Y</td>
<td>□ N</td>
<td>□ Y</td>
<td>□ Y</td>
<td>□ N</td>
<td>___ / ___ / ___</td>
<td>___ / ___ / ___</td>
<td>___ : ___</td>
</tr>
<tr>
<td>Plain Blood (serum)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical chemistry taken</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood spot taken</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Green top WBA sample taken</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Unable to take blood samples, why?

- □ Child
- □ Difficult venepuncture
- □ Parent refused
- □ Other uncooperative

<table>
<thead>
<tr>
<th>Rectal swabs taken</th>
<th>□ Y BEFORE ABX</th>
<th>□ Y AFTER ABX</th>
<th>Number taken</th>
<th>□1</th>
<th>□2</th>
<th>Time taken:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>___ : ___</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stool sample</th>
<th>Taken</th>
<th>Date taken</th>
<th>Time taken:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>before □ Y</td>
<td>□ N</td>
<td>___ / ___ / ___</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Blood Samples taken by (initials)

___ ___ ___
<table>
<thead>
<tr>
<th>Rectal Swabs taken by (initials)</th>
<th>__ __ __</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home visit organised by (initials)</td>
<td>__ __ __</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CRF Completed by (Initials) – to be signed when complete. Do not sign if any fields are empty</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ __ __</td>
<td>___ / ___/ _____</td>
</tr>
<tr>
<td></td>
<td>D D / M M / Y Y Y</td>
</tr>
<tr>
<td></td>
<td>Time</td>
</tr>
<tr>
<td></td>
<td>___ : ___</td>
</tr>
</tbody>
</table>