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RE-DISCHARGE CRF
To be completed at discharge following readmission

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
Date last seen by 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

Discharge observations: *to be done by research team at discharge examination. If the child has absconded use most recent observations documented*			
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
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? Skin pinch** *(select one)*	☐ Y ☐ N
	☐ >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

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Skin *(select any that apply)*	☐ Normal	☐ Hyperpigmentation	☐ Depigmentation
	☐ Excoriation	☐ Dermatitis	☐ 'Flaky paint'
	☐ Cellulitis	☐ Impetigo	☐ Pustules
	☐ Vesicles	☐ Desquamation	☐ Maculopapular
Site of skin lesions. *(select any that apply)*	(No rash) ☐ Not applicable ☐ Trunk ☐ Face / scalp ☐ Legs ☐ Buttocks ☐ Arms ☐ Perineum		

Discharge Diagnosis

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	**Other confirmed diagnosis:**
☐ Renal impairment	☐ Osteomyelitis	☐ Other _____
☐ Nephrotic syndrome	☐ Confirmed enteric fever	
☐ 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*

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

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 ☐ Calcium ☐ Antimalarial ☐ None	☐ Zinc ☐ Vitamin A ☐ Vitamin D ☐ Multivitamin ☐ Iron supplement ☐ Deworming ☐ Other	

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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