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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

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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)

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			

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

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☐ Renal impairment ☐ Nephrotic syndrome ☐ Nephritis ☐ Liver dysfunction ☐ Congenital cardiac disease confirmed by echo	☐ Osteomyelitis ☐ Confirmed enteric fever ☐ Typhoid/paratyphoid with perforation ☐ Febrile illness unspecified	**Other confirmed diagnosis:** ☐ Other _____

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 ☐ Meropenem ☐ Vancomycin ☐ Metronidazole _____	☐ Ceftriaxone ☐ Chloramphenicol
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	☐ Zinc ☐ Vitamin A ☐ Vitamin D ☐ Multivitamin ☐ Iron supplement	

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	☐ Antimalarial	☐ Deworming
	☐ None	☐ 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 __ __:__ __