Readmission CRF V1.62

CHAIN Number [5][0][0][0][1][ ][ ][ ]

Readmission to Hospital				
DATE arrived at the hospital	__ __/__ __/__ __ __ __ D D / M M / Y Y Y Y	**TIME arrived at the hospital**	__ __: __ __ *24h Clock*	☐ Arrival time unknown
DATE seen by research team	__ __/__ __/__ __ __ __ D D / M M / Y Y Y Y	**TIME seen by research team**	__ __: __ __ *24h Clock*	

Initial Observations *to be taken at time of examination by research team*					
Axillary temperature	____ ____. ____ °C	**Respiratory rate** *Count for 1 minute*	____ ____ ____/minute		
Heart rate *Count for 1 minute*	____ ____ ____/minute				
SaO2 *To be taken from finger or toe using pulse oximeter*	____ ____ ____ % *Leave blank if unrecordable*	☐ Measured in Oxygen	☐ Measured in Room Air	☐ Unrecordable	

1. Presenting Complaints

☐ Fever / Hotness of body	☐ Vomiting	☐ Lethargy
☐ Difficulty breathing	☐ Diarrhoea <14 days	☐ Convulsions
☐ Cough<14 days	☐ Diarrhoea >14 days	☐ Altered consciousness
☐ Cough>14days	☐ Blood in stool	☐ Not feeding
☐ Poor feeding/ Weight loss	☐ Developmental delay	☐ Body swelling / limb swelling/ Oedema
☐ Rash/ skin lesion	☐ Neonatal jaundice	☐ Umbilical infection

☐ Other *(only one complaint, if not covered by above options)*

____

CHAIN Number [5][0][0][0][1][ ][ ][ ]

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

1. Current Health	
Previously admitted to hospital. *Include other hospitals / health centres. Select 1*	☐ No ☐ < 1 week ago ☐ 1 weeks-1month ago ☐ >1month ago
Any medication last 7 days. *Select all that apply*	☐ No medication ☐ Antibiotic ☐ Antimalarial ☐Traditional ☐ Deworming ☐ Vitamin ☐ Paracetamol or Ibuprofen ☐ Yes, but unknown ☐Other
Urine volume in last 24hrs? *Select 1*	☐ Not passing urine ☐ Less than normal ☐ Normal or greater ☐ Unknown

Feeding			
Currently in outpatient nutrition program? *Select one.*	☐ Supplementary *(corn soy blend, RUSF, khichuri, halwa)* ☐ Therapeutic *(RUTF, Plumpy-nut)* ☐ None		
Has the child eaten these nutrition products in the last 3 days?	☐ Supplementary ☐ Therapeutic ☐ None		
Currently Breastfeeding?	☐ Y ☐ N	**If yes is the child taking anything else (exclude medicine)?**	☐ Y ☐ N
If NO breastfeeding at all, age stopped in months? *(select one)*	☐ 0-3m ☐ 4-6m ☐ 7-12m ☐ >12m ☐ Unknown		

CHAIN Number [5][0][0][0][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 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)	☐ **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	☐ **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/ papular
Site of skin lesions. *(select any that apply)*	☐ Not applicable (No rash) ☐ Trunk ☐ Face / scalp ☐ Legs ☐ Palms / Soles ☐ Buttocks ☐ Arms ☐ Perineum

CHAIN Number [5][0][0][0][1][ ][ ][ ]

TB Screening			
Known TB (on treatment)	Child has cough >14 days	Household contact has TB, or cough >14 days	Child has suspected extra-pulmonary TB
Y N	Y N	Y N	Y N

Immediate Clinical Investigations							
Malaria RDT *circle result*	Positive		Negative		Not done		
Blood glucose	___ ___ . ___ mmol /L		**Time glucose measured**		___ ___:___ ___ *24h clock* ☐ Unknown		
Urine Dipstick *(can be done at any time during admission)* ☐ Not done ☐ Bag ☐ Clean catch	Protein + ++ +++ None	Nitrites Pos Neg	Leucocytes + ++ +++ None	Blood + ++ +++ None	Ketones + ++ +++ None	Glucose + ++ +++ None	

11. Suspected Initial Diagnoses:

Clinical diagnosis should be based on examination and investigation findings.
Tick the three most likely diagnoses.

Respiratory
- ☐ LRTI/pneumonia
- ☐ Bronchiolitis
- ☐ URTI
- ☐ Pulmonary TB
- ☐ Otitis media
- ☐ Asthma

General
- ☐ Anaemia
- ☐ Sickle Cell Disease
- ☐ Thalassaemia
- ☐ Renal impairment
- ☐ Nephrotic syndrome
- ☐ Nephritis
- ☐ Liver dysfunction
- ☐ Ileus
- ☐ Congenital cardiac disease
- ☐ Haemolytic disease newborn
- ☐ Neonatal jaundice

Infection
- ☐ Gastroenteritis
- ☐ Sepsis
- ☐ Malaria
- ☐ Extra pulmonary TB
- ☐ Soft tissue infection
- ☐ UTI
- ☐ HIV related illness
- ☐ Measles
- ☐ Varicella
- ☐ Osteomyelitis
- ☐ Febrile illness unspecified
- ☐ Enteric fever
- ☐ Infected umbilicus

CNS
- ☐ Febrile convulsions
- ☐ Epilepsy
- ☐ Probable meningitis
- ☐ Other encephalopathy
- ☐ Hydrocephalus
- ☐ Developmental delay
- ☐ Cerebral palsy

Other suspected diagnosis:
- ☐ Other
- ☐ Unknown
- ☐ Failed appetite test only
- ☐ Breast-feeding difficulty

11. Initial Treatment

Admitted to: *select one*	☐ Admission to ward	☐ Admission to HDU	☐ Admission to ICU	☐ Admission to neonatal unit
Date and time First antibiotics given	__ __/__ __/__ __ __ __		___ ___:___ ___	☐Not given

Intravenous Antibiotics Given? ☐ **Not given**		
☐ Benzylpenicillin	☐ Gentamicin	☐ Ceftriaxone / Cefotaxime
☐ Co-amoxiclav/ Augmentin	☐ Flu/Cloxacillin	☐ Chloramphenicol
☐ Ampicillin	☐ Amikacin	☐ Meropenem / Imipenem
☐ Levofloxacin	☐ Vancomycin	☐ Metronidazole
☐ Ceftazidime	☐ Pivmecillinam	
☐ Other____		

Oral Antibiotics Given? ☐ **Not given**		
☐ Amoxicillin	☐ Erythromycin	☐ Azithromycin
☐ Co-trimoxazole	☐ Metronidazole	☐ Ciprofloxacin
☐ Cefalexin / cefaclor	☐ Co-amoxiclav / Augmentin	☐ Nalidixic acid
☐ Penicillin	☐ Flucloxacillin	☐ Levofloxacin
☐ Other _______________		

Initial treatment given *First 6 hours.* *Select any that apply.*	
☐ IV Fluid Bolus	☐ IV Maintenance Fluids
☐ Oxygen	☐ CPAP
☐ IV Glucose ☐ Oral Glucose	☐ Warmth (heater, warmed fluids)
☐ Blood transfusion	☐ Commercial F75
☐ Phenobarbitone	☐ Commercial F100
☐ Diazepam	☐ Locally prepared F75/ milk suji
☐ Paracetamol	☐ Local prepared F100 / milk suji 100
☐ Ibuprofen	☐ Expressed breast milk
☐ Diclofenac	☐ Dilute F100/ dilute milk or formula
☐ Salbutamol / atrovent / other bronchodilator	☐ Other milk/ formula/ feed ☐ RUTF
☐ Prednisolone/ dexamethasone/ hydrocortisone	☐ Nasogastric tube
☐ Adrenaline	☐ Multivitamin
☐ Zinc	☐ Micronutrients
☐ Folic acid	☐ Vitamin A
☐ Antimalarial (any)	☐ Albendazole / deworming
☐ ReSoMal	☐ Other ______________________________
☐ ORS	

Clinicians impression of risk

How likely does the clinical team think this child is to die during this admission? Select one

Readmission CRF V1.62 CHAIN Number [5][0][0][0][1][ ][ ][ ]

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

Readmission Sample Collection					
CBC taken	☐ Y	☐ N	**Plain Blood (serum)**	☐ Y	☐ N
Clinical chemistry taken	☐ Y	☐ N	**Blood spot taken**	☐ Y	☐ N
EDTA 2ml blood taken	☐ Y	☐ N	**Blood culture taken** *(if available at site)*	☐ Y BEFORE ABX ☐ Y AFTER ABX	☐ N
EDTA 0.5ml blood taken	☐ Y	☐ N	**Blood gas taken** *(if available at site)*	☐ Capillary ☐ Venous	☐ N
Date Taken	Date taken __ __/ __ __/ __ __ __ __ D D / M M / Y Y Y Y		Time taken___ ___: ___ ___		
Unable to take blood samples, why?	☐ Difficult venepuncture	☐ Child uncooperative	☐ Parent refused	☐ Other	
Rectal swabs taken	☐ Y BEFORE ABX ☐ Y AFTER ABX	☐ N	Number taken ☐1 ☐2	Time taken___ ___: ___ ___	
Stool sample	Taken in first 24h?	☐ Y	☐ N	Date taken __ __/ __ __/ __ __ __ __ D D / M M / Y Y Y Y	Time taken___ ___: ___ ___

Chest x-ray indicated *(respiratory signs symptoms)*	☐ Yes, but too unwell	☐ Yes, done	☐ Not indicated
Lumbar puncture indicated *(signs of meningitis documented)*	☐ Yes, but too unwell	☐ Yes, done	☐ Not indicated
Blood Samples taken by (initials)	__ __ __		
Rectal Swabs taken 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 ___ ___: ___ ___

END