Readmission to Hospital

<table>
<thead>
<tr>
<th>DATE arrived at the hospital</th>
<th>TIME arrived at the hospital</th>
<th>Arrival time</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ __ / __ __ / __ __ __ __</td>
<td>__ __: __ __ 24h Clock</td>
<td></td>
</tr>
<tr>
<td>D   D  /  M  M  /   Y   Y</td>
<td>unknown</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE seen by research team</th>
<th>TIME seen by research team</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ __ / __ __ / __ __ __ __</td>
<td>__ __: __ __ 24h Clock</td>
</tr>
<tr>
<td>D   D  /  M  M  /   Y   Y</td>
<td></td>
</tr>
</tbody>
</table>

Initial Observations

to be taken at time of examination by research team

<table>
<thead>
<tr>
<th>Axillary temperature</th>
<th>Respiratory rate Count for 1 minute</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ __ . __ °C</td>
<td>__ __ __ __/ minute</td>
</tr>
</tbody>
</table>

| Heart rate Count for 1 minute |
|______________________________|
| __ __ __ __/ minute          |

<table>
<thead>
<tr>
<th>SaO2 To be taken from finger or toe using pulse oximeter</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ __ __ %</td>
</tr>
</tbody>
</table>

☐ Measured in ☐ Measured in ☐ Unrecordable Leave blank if unrecordable

Oxygen Room Air

1. Presenting Complaints

☐ Fever / Hotness of body ☐ Vomiting ☐ Lethargy

☐ Difficulty breathing ☐ Diarrhoea <14 days ☐ Convulsions

☐ Cough<14 days ☐ Diarrhoea >14 days ☐ Altered consciousness

☐ Cough>14 days ☐ 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)

Anthropometry and Nutrition

<table>
<thead>
<tr>
<th>Weight to be taken using SECA scales for CHAIN</th>
<th>length to be taken using SECA 416 infantometer provided for CHAIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ __ . __ ___kg</td>
<td>Measurer 1 __ __ . __ ___ cm</td>
</tr>
<tr>
<td>Measurer 2 __ __ . __ ___ cm</td>
<td></td>
</tr>
</tbody>
</table>
1. Current Health

Previously admitted to hospital.
Include other hospitals / health centres. Select 1

- No
- < 1 week ago
- 1 week-1month ago
- >1 month ago

Any medication last 7 days.
Select all that apply

- No medication
- Antibiotic
- Antimalarial
- Deworming
- Vitamin
- Paracetamol or Ibupr
- Other
- Yes, but unknown
- Traditional ofen

Urine volume in last 24hrs? Select 1

- Not passing
- Less than normal
- Normal or greater
- Unknown

Feeding

Currently in outpatient nutrition program?
Select one.

- Supplementary
- Therapeutic
- None

(corn soy blend, RUSF, khichuri, halwa) (RUTF, Plumpy-nut)

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
- 3-6m
- 7-12m
- >12m
- Unknown

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 2 __ __
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.

<table>
<thead>
<tr>
<th>Airway (select one)</th>
<th>Clear</th>
<th>Needs active support</th>
<th>Obstructed/Stridor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Breathing (select all that apply)</th>
<th>Normal – no concerns, (move to circulation)</th>
<th>Central cyanosis</th>
<th>Nasal flaring</th>
<th>Reduced air-entry</th>
<th>Wheeze</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Acidotic Breathing ☐ Grunting

<table>
<thead>
<tr>
<th>Circulation:</th>
<th>Cap Refill (select one)</th>
<th>☐ &gt;3s</th>
<th>☐ 2-3s</th>
<th>☐ &lt;2s</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cold Peripheries (select one)</td>
<td>☐ Shoulder</td>
<td>☐ Elbow</td>
<td>☐ Hand</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disability:</th>
<th>Conscious level (select one)</th>
<th>Alert</th>
<th>Voice</th>
<th>Pain</th>
<th>Unresponsive</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fontanelle (select one)</td>
<td>☐ Normal</td>
<td>☐ Bulging</td>
<td>☐ Sunken</td>
<td>☐ Not present</td>
</tr>
<tr>
<td></td>
<td>Tone (select one)</td>
<td>☐ Normal</td>
<td>☐ Hypertonic</td>
<td>☐ Hypotonic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Posture (select one)</td>
<td>☐ Normal</td>
<td>☐ Decorticate</td>
<td>☐ Decerebrate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Activity (select one)</td>
<td>☐ Normal</td>
<td>☐ Irritable/Agitated</td>
<td>☐ Lethargic</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dehydration:</th>
<th>Sunken eyes? Skin pinch (select one)</th>
<th>☐ Y</th>
<th>☐ N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ &gt;2 seconds</td>
<td>☐ &lt;2 seconds</td>
<td>☐ Immediate</td>
</tr>
<tr>
<td></td>
<td>Drinking/Breastfeeding</td>
<td>☐ Normal</td>
<td>☐ Poorly</td>
</tr>
<tr>
<td>Abdomen (select any that apply)</td>
<td>☐ Normal – no concerns</td>
<td>☐ Distension</td>
<td>☐ Hepatomegaly</td>
</tr>
<tr>
<td></td>
<td>☐ Tenderness</td>
<td>☐ Splenomegaly</td>
<td>☐ Other abdominal mass</td>
</tr>
<tr>
<td>Signs of Rickets</td>
<td>☐ Wrist</td>
<td>☐ Swollen</td>
<td>☐ Bow</td>
</tr>
<tr>
<td></td>
<td>☐ None</td>
<td>☐ Rachitic rosy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>widening</td>
<td>knees</td>
<td>legs</td>
</tr>
<tr>
<td>Jaundice</td>
<td>☐ Not jaundiced</td>
<td>☐ +</td>
<td>☐ ++</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ENT/Oral/Eyes (select any that apply)</th>
<th>☐ Mouth Normal</th>
<th>☐ Ears Normal</th>
<th>☐ Eyes Normal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Oral ulceration</td>
<td>☐ Pus from ear</td>
<td>☐ Conjunctivitis</td>
</tr>
<tr>
<td></td>
<td>☐ Oral candidiasis</td>
<td>☐ Tender swelling behind ear (mastoiditis)</td>
<td>☐ Eye discharge</td>
</tr>
<tr>
<td></td>
<td>☐ Stomatitis</td>
<td>☐ Lymphadenopathy</td>
<td>☐ Visual impairment</td>
</tr>
</tbody>
</table>
### Skin

- Normal
- Hyperpigmentation
- Depigmentation
- Broken skin
- Dermatitis
- ‘Flaky paint’
- Cellulitis
- Impetigo
- Pustules
- Vesicles
- Desquamation
- Macular/ papular

### Site of skin lesions.

- Not applicable
- Trunk
- Face / scalp
- Legs (No rash)
- Palms / Soles
- Buttocks
- Arms
- Perineum

### TB Screening

<table>
<thead>
<tr>
<th>Known TB (on treatment)</th>
<th>Child has cough &gt;14 days</th>
<th>Household contact has TB, or cough &gt;14 days</th>
<th>Child has suspected extrapulmonary TB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

### Immediate Clinical Investigations

#### Malaria RDT

- Positive
- Negative
- Not done

- Blood glucose: ___ . ___ mmol /L
- Time glucose measured: ___ : ___ 24h clock

#### Urine Dipstick

- 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

#### Infection

- Gastroenteritis
- Sepsis
- Malaria
- Extra pulmonary TB
- Soft tissue infection
- UTI
- HIV related illness
- Measles
- Varicella

#### CNS

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

#### Other suspected diagnosis:

- Other
11. Initial Treatment

<table>
<thead>
<tr>
<th>Admitted to: select one</th>
<th>Admission to ward</th>
<th>Admission to HDU</th>
<th>Admission to ICU</th>
<th>Admission to neonatal unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date and time First antibiotics given</td>
<td>_/<strong>/</strong> / ___ __ ___ __ <em><strong>:</strong></em> ___</td>
<td>Not given</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Intravenous Antibiotics Given?

- Benzylenicillin
- Gentamicin
- Ceftriaxone / Cefotaxime

- Not given

- Co-amoxiclav/
- Flu/Cloxacillin
- Chloramphenicol Augmentin

- Ampicillin
- Amikacin
- Meropenem / Imipenem

- Levofloxacine
- Vancomycin
- Metronidazole

- Ceftazidime
- Pivmecillinam

- Other________________________

Oral Antibiotics Given?

- Amoxicillin
- Erythromycin
- Azithromycin

- Not given

- Co-trimoxazole
- Metronidazole
- Ciprofloxacin

- Co-amoxiclav /
- Cefalexin / cefaclor
- Nalidixic acid Augmentin

- Penicillin
- Flucloxacin
- Levofloxacin

- Other_______________________

Initial treatment given

- IV Fluid Bolus
- IV Maintenance Fluids
First 6 hours. Select any that apply.

<table>
<thead>
<tr>
<th>Treatments</th>
<th>Treatments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxygen</td>
<td>CPAP</td>
</tr>
<tr>
<td>IV Glucose</td>
<td>Oral Glucose</td>
</tr>
<tr>
<td>Blood transfusion</td>
<td>Warmth (heater, warmed fluids)</td>
</tr>
<tr>
<td>Phenobarbitone</td>
<td>Commercial F75</td>
</tr>
<tr>
<td>Diazepam</td>
<td>Commercial F100</td>
</tr>
<tr>
<td>Paracetamol</td>
<td>Locally prepared F75/ milk suji</td>
</tr>
<tr>
<td>Ibuprofen</td>
<td>Local prepared F100 / milk suji 100</td>
</tr>
<tr>
<td>Diclofenac</td>
<td>Expressed breast milk</td>
</tr>
<tr>
<td>Salbutamol / atrovent / other bronchodilator</td>
<td>Dilute F100/ dilute milk or formula</td>
</tr>
<tr>
<td>Prednisolone/ dexamethasone/ hydrocortisone</td>
<td>Other milk/ formula/ feed</td>
</tr>
<tr>
<td>Adrenaline</td>
<td>RUTF</td>
</tr>
<tr>
<td>Zinc</td>
<td>Nasogastric tube</td>
</tr>
<tr>
<td>Folic acid</td>
<td>Multivitamin</td>
</tr>
<tr>
<td>Antimalarial (any)</td>
<td>Micronutrients</td>
</tr>
<tr>
<td>ReSoMal</td>
<td>Vitamin A</td>
</tr>
<tr>
<td>ORS</td>
<td>Albendazole / deworming</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

Clinicians impression of risk

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

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

Readmission Sample Collection

<table>
<thead>
<tr>
<th>CBC taken</th>
<th>Plain Blood (serum)</th>
<th>Blood spot taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

Clinical chemistry taken

<table>
<thead>
<tr>
<th>Clinical chemistry taken</th>
<th>Blood spot taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>
### 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)
- [ ] Y BEFORE ABX
- [ ] Y AFTER ABX
- [ ] N

### Date Taken
- Date taken: ___ / ___ / ___ ___
- Time taken: ___ : ___

### Unable to take blood samples, why?
- [ ] Difficult venepuncture
- [ ] Child uncooperative
- [ ] Parent refused
- [ ] Other

### Rectal swabs taken
- [ ] Y BEFORE ABX
- [ ] Y AFTER ABX
- Number taken: 1
- Time taken: ___ : ___

### Stool sample
- [ ] Y
- [ ] N
- Date taken: ___ / ___ / ___ ___
- 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: ___ / ___ / ___ ___
- Time: ___ : ___

---

Readmission CRF v1.62 3rd October 2018