Readmission CRF V1.62

CHAIN Number

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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*	____ ____ ____ % ☐ Measured in Oxygen Room Air ☐ Measured in ☐ Unrecordable *Leave blank if 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)*

_____

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

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MUAC *To be taken using MUAC tape for CHAIN*	Measurer 1 ____ ____ . ____ cm	**Head circumference** *To be taken using CHAIN measuring tape*	Measurer 1 ____ ____. _____cm
	Measurer 2 ____ ____ . ____ 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 ☐ Deworming ☐ Vitamin ☐ Paracetamol or Ibupr ☐Traditional ofen ☐ 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

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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 ☐ 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? Skin pinch (*select one)*	☐ Y ☐ N ☐ >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	☐ Wrist ☐ Swollen ☐ Bow ☐ Frontal ☐ **None** ☐ Rachitic rosary widening knees legs 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

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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 ☐ Trunk ☐ Face / scalp ☐ Legs (No rash) ☐ Palms / Soles ☐ Buttocks ☐ Arms ☐ Perineum

TB Screening

Known TB (on treatment)	Child has cough >14 days	Household contact has TB, or cough >14 days	Child has suspected extrapulmonary 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 <u>three most likely</u> diagnoses.

Respiratory	**Infection**	**CNS**
☐ LRTI/pneumonia	☐ Gastroenteritis	☐ Febrile convulsions
☐ Bronchiolitis	☐ Sepsis	☐ Epilepsy
☐ URTI	☐ Malaria	☐ Probable meningitis
☐ Pulmonary TB	☐ Extra pulmonary TB	☐ Other encephalopathy
☐ Otitis media	☐ Soft tissue infection	☐ Hydrocephalus
☐ Asthma	☐ UTI	☐ Developmental delay
General	☐ HIV related illness	☐ Cerebral palsy
☐ Anaemia	☐ Measles	
☐ Sickle Cell Disease	☐ Varicella	**Other suspected diagnosis:**
		☐ Other

☐ Thalassaemia	☐ Osteomyelitis	☐ Unknown
☐ Renal impairment	☐ Febrile illness unspecified	☐ Failed appetite test only
☐ Nephrotic syndrome	☐ Enteric fever	☐ Breast-feeding difficulty
☐ Nephritis	☐ Infected umbilicus	
☐ Liver dysfunction		
☐ Ileus		
☐ Congenital cardiac disease		
☐ Haemolytic disease newborn		
☐ Neonatal jaundice		

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/ ☐ Flu/Cloxacillin ☐ Chloramphenicol Augmentin ☐ Ampicillin ☐ Amikacin ☐ Meropenem / Imipenem ☐ Levofloxacin ☐ Vancomycin ☐ Metronidazole ☐ Ceftazidime ☐ Pivmecillinam ☐ Other_____			
Oral Antibiotics Given? ☐ **Not given**	☐ Amoxicillin ☐ Erythromycin ☐ Azithromycin ☐ Co-trimoxazole ☐ Metronidazole ☐ Ciprofloxacin ☐ Co-amoxiclav / Augmentin ☐ Cefalexin / cefaclor ☐ Nalidixic acid ☐ Penicillin ☐ Flucloxacillin ☐ Levofloxacin ☐ Other _____			
Initial treatment <u>given</u>	☐ IV Fluid Bolus		☐ IV Maintenance Fluids	

First 6 hours. *Select any that apply.*	☐ 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

☐ 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

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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 ☐ Number taken ☐1 ☐2 ☐ Y AFTER ABX N 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