Child Initials | | | |

F	0	7	9	9

FLACSAM: DAY 45

- *Note that this follow up should be done even if the participant in still in hospital.*
- *If it is only possible to confirm vital status by phone (participant is travelling) then ask and complete all the questions except the anthropometry and the samples.*

Follow up at 45 days post-enrolment			
DATE SEEN:	__ __/ __ __/ __ __ __ __ D D / M M / Y Y Y Y	**TIME SEEN:**	__ __: __ __ 24H Clock
Seen at:	☐ Study clinic ☐ Hospital inpatient ☐ In community	☐ Confirmed vital status by phone/verbal report	

Anthropometry and Oedema			
☐ **Anthropometry Not Done**			
Weight	___ ___ . ___ ___kg	**Oedema**	☐ None ☐ + ☐ ++ ☐ +++
MUAC	____ ____ . ____ cm	**Length/Height**	____ ____ ____ . ____ cm ☐ Length ☐ Height
Measured by (initials)		___ ___ ___	☐ **Length measurement not possible due to physical reasons**

Clinic Visits and Hospital Admissions		
How many times since day 14 has the child been taken to a nutrition clinic? *(number of times, indicate 0 if none)*	At study hospital ___	Other nutrition clinics ___
How many times since day 14 has the child been taken to a specialist clinic because of illness? *(number of times, indicate 0 if none)* *(Tick all that apply)*	At study hospital ____ ☐HIV ☐TB ☐Cardiac	Other clinics ____ ☐Sickle Cell ☐Neuro ☐Other
How many times since day 14 has the child been taken to a clinic because of acute illness? *(number of times, indicate 0 if none)*	Study clinic ____	Other clinics ____
How many times since day 14 has the child been admitted to hospital? *(number of times, indicate 0 if none)*	Study hospital ____	Non-study hospital____

If a child has been admitted, this is an SAE – complete an SAE form for every admission to give details of diagnosis and outcome

Child Initials | | | |

FLACSAM
First Line Antimicrobials in Children with Complicated Severe Acute Malnutrition

F	0	7	9	9

Current Health

Child in usual state of health now?	☐Y ☐N	If No, length of current illness	Number of days: ___ ___

What are the MAIN symptoms present now?

☐ No symptoms, child is well

☐ 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 (or failed appetite test)

☐ Poor feeding/ Weight loss ☐ Developmental delay ☐ Body swelling/bilateral limb swelling/bilateral oedema

☐ Rash/skin lesion ☐ Other ____

Medication last 7 days. *tick any that apply*	☐ No medication ☐ Antibiotic ☐ Antimalarial ☐ IV fluids ☐ Blood Transfusion ☐ Anticonvulsants ☐ Anti-TB ☐ ARVs/ARTs ☐ Traditional or Herbal ☐ Co-trimoxazole Prophylaxis ☐ Deworming ☐ Yes, but unknown ☐ **Other** ______________________________

Household health

Since the last scheduled study contact has anyone in the household had a serious illness/hospitalisation/ died?	☐ Y ☐ N

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

Feeding

Currently in outpatient nutrition program? (*Select one*)	☐ None	☐ Supplementary (*corn soy blend, RUSF*)	☐ Therapeutic (*RUTF, Plumpy-nut*)
Has the child eaten these nutrition products in the last 3 days?	☐ None	☐ Supplementary	☐ Therapeutic
Currently Breastfeeding?	☐ Y ☐ N	Is the child receiving feeds other than breast milk (*exclude medicine*)?	☐ Y ☐ N

Child Initials | | | |

F	0	7	9	9

D45 Sample Collection			
Rectal swabs taken (Take TWO)	☐ For culture (transport media) ☐ For storage (dry) ☐ N	Date Taken:	__ __/ __ __/ __ __ __ __ D D / M M / Y Y Y Y
Stool sample taken	☐ Y ☐ N	Date Taken: __ __/ __ __/ __ __ __ __ D D / M M / Y Y Y Y	☐ Passed at home ☐ Passed in the clinic
Rectal swab taken by *initials*	— — —		
Stool sample taken by *Initials*	— — —		

D45 CRF completed by *Initials*	— — —	Date __ __/ __ __/ __ __ __ __ D D / M M / Y Y Y Y	Time ___ ___: ___ ___
Date of next follow up	Date __ __/ __ __/ __ __ __ __ D D / M M / Y Y Y Y		
Is there a change in the client's contact details? *(Any changes in the client contact details to be entered in the Household Locator form)*	☐ Y ☐ N		