

Child Initials

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FLACSAM: READMISSION TO STUDY HOSPITAL

If a child has been readmitted, this is an SAE – complete an SAE form to give details of diagnosis and outcome.

READMISSION

Admission date

____/____/____
D D / M M / Y Y Y Y

Anthropometry

Weight

____ . ____ kg

Oedema

None + ++ +++

MUAC

____ . ____ cm

Length/Height

____ . ____ cm Length
 Height

Measured by (initials)

Length measurement not possible
due to physical reasons

Prior Care

What was the main reason for bringing the child to this hospital today? *Reasons given, select one*

- Referred by health care worker Caregiver concern of child's condition
- Received money for transport to hospital (e.g. from family, neighbour, paid work) Primary caregiver returned home (e.g. if working away)
- Other _____

Have you sought treatment for this illness prior to coming to hospital? *Select all that apply*

- Shop Traditional/Homoeopathy/Herbalist
- Government hospital Pharmacy
- Government dispensary Private Medical Facility
- Other _____ No

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Study Samples			
Date blood samples taken	___ / ___ / ___ <i>D D / M M / Y Y Y Y</i>		Date blood culture taken:
EDTA 0.5ml <i>(whole blood)</i>	<input type="checkbox"/> Y	<input type="checkbox"/> Low Volume	<input type="checkbox"/> N
EDTA 1ml <i>(plasma)</i>	<input type="checkbox"/> Y	<input type="checkbox"/> Low Volume	<input type="checkbox"/> N
Sodium Heparin 1ml <i>(plasma)</i>	<input type="checkbox"/> Y	<input type="checkbox"/> Low Volume	<input type="checkbox"/> N
PK baseline sample 1ml <i>use PK bedside tool</i>	<input type="checkbox"/> Y	<input type="checkbox"/> Low Volume	<input type="checkbox"/> N
Unable to take blood samples, why?	<input type="checkbox"/> N/A <input type="checkbox"/> Difficult venepuncture <input type="checkbox"/> Other		
Malaria RDT	<input type="checkbox"/> Child uncooperative <input type="checkbox"/> Parent refused		
Malaria RDT	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Missed
Rectal swabs taken <i>(should be two)</i>	<input type="checkbox"/> Y BEFORE ABX <input type="checkbox"/> Y AFTER ABX <input type="checkbox"/> N	Tick which were taken:	<input type="checkbox"/> For culture (transport media) <input type="checkbox"/> For storage (dry)
Blood Samples taken by initials		_____	
Rectal Swabs taken by initials		_____	
Clinical Section of Enrolment CRF Completed by (Initials) <i>to be signed when complete.</i>	_____		Date ___ / ___ / ___ <i>D D / M M / Y Y Y Y</i>

*For blood culture samples, 'before/after ABX' refers to antibiotics given at this hospital.

Clinical details should be recorded on an SAE CRF

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Results of Routine Admission Investigations

FBC done	<input type="checkbox"/> Y <input type="checkbox"/> N	Chemistry done	<input type="checkbox"/> Y <input type="checkbox"/> N	Blood Gases done	<input type="checkbox"/> Y <input type="checkbox"/> N
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FBC

Hb	RBC	WBC	Neutrophils	Lymphocytes	Monocytes	Eosinophils	Basophils	Platelets
— · —	— · —	— · —	— · —	— · —	— · —	— · —	— · —	—
g/dL	X10 ⁶ /μL	X10 ³ /μL	X10 ³ /μL	X10 ³ /μL	X10 ³ /μL	X10 ³ /μL	X10 ³ /μL	X10 ³ /μL

*Differentials must be actual values not percentages

* leave blank if missing results

CLINICAL CHEMISTRY

Na	K	Ca	Glucose	Mg	Urea
— — —	— — · —	— · — —	— — — · —	— · — —	— — — · —
mmol/L	mmol/L	mmol/L	mmol/L	mmol/L	mmol/L

Creatinine	Albumin	Total Bilirubin	ALT	ALP	I.Phos
— — — —	— — — · —	— — — —	— — — — —	— — — — —	— · — — —
μmol/L	g/L	μmol/L	IU/L	IU/L	IU/L

* leave blank if missing results

BLOOD GAS

pH	PO ₂	PCO ₂	Bicarb	Lactate
— · — — —	— — — · —	— — — · —	— — — · —	— — — · —
	kpa	kpa	mmol/L	mmol/L

* leave blank if missing results

*Units may vary from site to site, so please provide units as per your machine. Provide actual machine values

MICROBIOLOGY

Blood Culture done	<input type="checkbox"/> Y <input type="checkbox"/> N Enter results in microbiology CRF if a pathogen isolated
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Routine Investigations Results Section Completed by <i>initials</i>		Date — / — / — — — — D D / M M / Y Y Y Y
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END OF READMISSION CRF