PB-SAM Discharge CRF v1.0

Patient Initials [ ][ ][ ] PB-SAM Number [4][0] [ ][ ][ ]

1. DISCHARGE DETAILS		
1.1.	Date discharged by medical team	__ __/__ __/__ __ __ __ *D D/M M/ Y Y Y Y*
1.2.	Time discharged by medical team *(24H clock)*	__ __:__ __ ☐ Unknown
1.3.	Discharge made by clinical team?	☐ Yes ☐ No
1.4.	Discharged against medical advice?	☐ Yes ☐ No
1.5.	Absconded?	☐ Yes ☐ No
1.6.	Patient referred to other hospital?	☐ Yes ☐ No
1.7.	Discharged early because of e.g. nurses / doctors strike?	☐ Yes ☐ No
1.8.	Date left hospital	__ __/__ __/__ __ __ __ *D D/M M/ Y Y Y Y*

2. STUDY MEDICATION		
2.1.	**Study Medication Given?**	☐ Yes ☐ No
2.2.	**Enzyme/Placebo** a) Bottle 1: i). Weight	☐ Not given |__ |___|___| grams
	b) Bottle 2: i). Weight	☐ Not given |__ |___|___| grams
2.3.	**Urso/Placebo:** a) Bottle 1 i). Weight	☐ Not given |__ |___|___| grams
	b) Bottle 2 i). Weight	☐ Not given |__ |___|___| grams

	3. ANTHROPOMETRY	
3.1.	Anthropometry done?	☐ Yes ☐No
3.2.	Date anthropometry taken	__ __/ __ __/ __ __ __ __ D D/M M/ Y Y Y Y
3.3.	**Weight** *(to be taken using SECA scales for CHAIN study)*	___ ___ . ___ ___kg
3.4.	**Length/ height** **(Select ONE)** *(Length measured lying down if participant less than 24 months and height measured standing***)**	☐ **Length** ☐ Height *(to be taken using SECA 416 infantometer provided for study)* Measurer 1: __ __. ____ cm Measurer 2: __ __. __ cm
3.5.	**MUAC** *(To be taken using MUAC tape for CHAIN study)*	Measurer 1: __ __. ____ cm Measurer 2: __ __ . __ cm
3.6.	**Head circumference** *(To be taken using CHAIN measuring tape)*	Measurer 1: __ __. ____ cm Measurer 2: __ __ . __ cm
3.7.	**Growth changes consistent with previous measurements?**	☐ Yes ☐ No (*If no, consider to be wrong measurement, child or file)*
3.8.	**Staff Initials**	Measurer 1: ___ ___ ___ Measurer 2: ___ ___ ___

	4. DISCHARGE VITALS	
4.1.	**Date of vital signs**	__ __/ __ __/ __ __ __ __ D D/M M/ Y Y Y Y
4.2.	**Axillary temperature**	____ ____. ____ °C
4.3.	**Respiratory rate** *(Count for 1 minute)*	____ ____ ____/minute
4.4.	**Heart rate** *(Count for 1 minute)*	____ ____ ____/minute
4.5.	**SaO2** *(To be taken from finger or toe using pulse oximeter)*	____ ____ ____ % *Leave blank if unrecordable*
4.6.	**Where was SaO2 Measured?**	☐ Measured on Oxygen ☐ Measured in Room Air ☐ Unrecordable

If patient absconded, use vital signs collected during ward round on the day

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	5. 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	
5.1.	**Airway** *(select one)*	☐ **Clear** ☐ Needs active support ☐ Obstructed/Stridor
5.2.	**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
5.3.	**Circulation:** **a) Cap Refill** *(select one)* **b) Cold Peripheries** *(select all that apply)* **c) Pulse Volume** *(select one)*	☐ **<2s** ☐ 2-3s ☐ >3s ☐ **Warm peripheries** ☐Shoulder ☐ Elbow ☐ Hand ☐ **Normal** ☐Weak
5.4. 5.5.	**Disability:** **a) Conscious level** *(select one)*	☐ **Alert** ☐ Voice ☐ Pain ☐ Unresponsive
5.6.	**b) Fontanelle** *(select one)*	☐ **Normal** ☐ Bulging ☐ Sunken ☐ Not present
5.7.	**c) Tone** *(select one)*	☐ **Normal** ☐ Hypertonic ☐ Hypotonic
5.8.	**d) Posture** *(select one)*	☐ **Normal** ☐ Decorticate ☐Decerebrate
5.9.	**e) Activity** *(select one)*	☐ **Normal** ☐ Irritable/Agitated ☐ Lethargic
5.10.	**Dehydration:** **a) Sunken eyes?** *(select one)* **b) Skin pinch** *(select one)*	☐ Yes ☐ **No** ☐ **Immediate** ☐ <2 seconds ☐ >2 seconds
5.11.	**Oedema** *(Select all that apply)*	☐ None ☐ both feet/ankles ☐ lower legs ☐ hands or lower arms ☐ face
5.12.	**Drinking/Breastfeeding** *(select one)*	☐ **Normal** ☐ Poorly ☐ Not drinking ☐ Eager / Thirsty
5.13.	**Abdomen** *(select all that apply)*	☐ **Normal – no concerns** ☐ Distension ☐ Hepatomegaly ☐ Tenderness ☐ Splenomegaly ☐ Other mass
5.14.	**Signs of Rickets**	☐ **None** ☐ Wrist widening ☐ Rachitic rosary ☐ Swollen knees ☐ Bow legs ☐ Frontal bossing
5.15.	**Jaundice**	☐ Yes ☐ **No**

5.16.	**ENT/Oral/Eyes** *(select all that apply)*	☐ **Mouth Normal** ☐ Oral ulceration ☐ Oral candidiasis ☐ Stomatitis ☐ **Ears Normal** ☐ Pus from ear ☐ Tender swelling behind ear (mastoiditis) ☐ Lymphadenopathy ☐ **Eyes Normal** ☐ Conjunctivitis ☐ Eye discharge ☐ Visual impairment
5.17.	**Skin** **a) Type of skin lesion** *(select all that apply)*	☐ **Normal** ☐ Hyperpigmentation ☐ Depigmentation ☐ Broken skin ☐ Dermatitis ☐ 'Flaky paint' ☐ Cellulitis ☐ Impetigo ☐ Pustules ☐ Vesicles ☐ Desquamation ☐ Macular or papular
	b) Site of skin lesions *(select all that apply)*	☐ **Not applicable (No rash)** ☐ Palms / soles ☐ Trunk ☐ Face / scalp ☐ Legs ☐ Buttocks ☐ Arms ☐ Perineum

6. DISCHARGE DIAGNOSIS

Clinical diagnosis should be based on examination and investigation findings.
Select up to <u>three most likely</u> diagnoses.

6.1.	**Common Infections** *(select any that apply)*	☐ pneumonia ☐ Severe pneumonia ☐ Gastroenteritis ☐ Sepsis ☐ Malaria ☐ Soft tissue infection ☐ UTI ☐ URTI ☐ Osteomyelitis ☐ Febrile illness unspecified ☐ Enteric fever ☐ Not applicable
6.2.	**Other suspected diagnosis** *(select any that apply)*	☐ Anaemia ☐ Adverse Drug Reaction ☐ Asthma ☐ Bronchiolitis ☐ Cerebral palsy ☐ Developmental delay ☐ Epilepsy ☐ Extra pulmonary TB ☐ Failed appetite test only ☐ Febrile convulsions ☐ Hydrocephalus ☐ Ileus ☐ Liver disease ☐ Measles ☐ Nephrotic syndrome ☐ Other ☐ Otitis media ☐ Other encephalopathy ☐ Probable meningitis ☐ Pulmonary TB ☐ Renal impairment ☐ Sickle Cell Disease ☐ Suspected Toxicity ☐ Thalassaemia ☐ Varicella

		Other, specify: _____

	7. FEEDING AT DISCHARGE	
7.1.	**At discharge is child <u>receiving</u>?** *(Select one)*	☐ Supplementary (*corn soy blend, RUSF, khichuri, halwa)* ☐ Therapeutic *(RUTF, Plumpy-nut)* ☐ None
7.2.	**Is the child completing prescribed feeds?** *(Select one)*	☐ Yes ☐ No
7.3.	**Is the child breastfeeding ?** *(Select one)*	☐ Yes ☐ No

	8. DISCHARGE TREATMENT			
8.1.	a) Antibiotics at discharge? *(Select one)*	☐ Yes	☐ No	
	b) If yes IV Antibiotics as Outpatient? *(Select all that apply)*	☐ Penicillin ☐ Co-amoxiclav ☐ Ampicillin ☐ Levofloxacin ☐ Other_____	☐ Gentamicin ☐ Flu/Cloxacillin ☐ Amikacin ☐ Vancomycin	☐ Ceftriaxone ☐ Chloramphenicol ☐ Meropenem ☐ Metronidazole
	c) Oral Antibiotics *(Select all that apply)*	☐ Amoxicillin ☐ Co-trimoxazole ☐ Cefalexin / cefaclor ☐ Penicillin	☐ Erythromycin ☐ Metronidazole ☐ Co-amoxiclav ☐ Flucloxacillin	☐ Azithromycin ☐ Ciprofloxacin ☐ Nalidixic acid ☐ Other _____
8.2.	Other Discharge Treatment *(Select all that apply)*	☐ Anti-TB therapy ☐ Anti-retroviral therapy (new) ☐ Anti-convulsant (new) ☐ Diuretic ☐ Calcium ☐ Antimalarial ☐ None	☐ Zinc ☐ Vitamin A ☐ Vitamin D ☐ Multivitamin ☐ Iron supplement ☐ Deworming ☐ Other	

9. DISCHARGE SAMPLE COLLECTION		
9.1.	**Rectal swab taken** *(Select one)*	☐ Yes ☐ No
9.2.	**Date and Time Rectal swabs taken**	__ __/__ __/__ __ __ __ D D/M M/ Y Y Y Y __ __:__ __ 24 Hrs
9.3.	**Stool sample taken** *(Select one)*	☐ Yes ☐ No
9.4.	**Date and Time Stool taken**	__ __/__ __/__ __ __ __ D D/M M/ Y Y Y Y __ __:__ __ 24 Hrs
9.5.	**Rectal Swabs taken by (initials)**	__ __ __
9.6.	**Stool taken by (initials**	__ __ __

10. FOLLOW UP INFORMATION			
10.1	**Date of next follow up visit given to mother/ carer** *(Select one)*	☐ Yes	☐ No
10.2	**Contact information collected from mother/carer** *(Select one)*	☐ Yes	☐ No
10.3	**Is the child being discharged to same household lived in before admission?** *(Select one)*	☐ Yes	☐ No

	11. CRF COMPLETION	
11.1.	a) **CRF Completed by (Initials) – to be signed when complete.** *Do not sign if any fields are empty*	__ __ __
	b) **Date**	__ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y*
	c) **Time**	__ __:__ __ *24 h clock*
11.2	*d)* **CRF Reviewed by (Initials)**	__ __ __
	e) **Date**	__ __/__ __/__ __ __ __ *D D / M M / Y Y Y Y*
	f) **Time**	__ __:__ __ *24 h clock*