PB-SAM Discharge CRF v1.0

Patient Initials [ ][ ][ ] PB-SAM Number [1][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

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	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

	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 Specify_____	

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

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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*