**Readmission to Hospital**

<table>
<thead>
<tr>
<th>DATE arrived at the hospital</th>
<th>TIME arrived at the hospital</th>
<th>□ Arrival time unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ __ / __ __ / __ __ __ __</td>
<td>__ __: __ __ 24h Clock</td>
<td></td>
</tr>
<tr>
<td>D  D  /  M  M  /  Y  Y  Y  Y</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE seen by research team</th>
<th>TIME seen by research team</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>__ __ / __ __ / __ __ __ __</td>
<td>__ __: __ __ 24h Clock</td>
<td></td>
</tr>
<tr>
<td>D  D  /  M  M  /  Y  Y  Y  Y</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Initial Observations**

*to be taken at time of examination by research team*

<table>
<thead>
<tr>
<th>Axillary temperature</th>
<th>Respiratory rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>______. ______ °C</td>
<td>______ ______/minute</td>
</tr>
<tr>
<td>Heart rate</td>
<td>Count for 1 minute</td>
</tr>
<tr>
<td>Count for 1 minute</td>
<td></td>
</tr>
<tr>
<td>______ ______/minute</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SaO2</th>
</tr>
</thead>
<tbody>
<tr>
<td>______ ______ %</td>
</tr>
</tbody>
</table>

*To be taken from finger or toe using pulse oximeter*

□ Measured in Oxygen
□ Measured in Room Air
□ Unrecordable

**1. Presenting Complaints**

- □ Fever / Hotness of body
- □ Vomiting
- □ Lethargy
- □ Difficulty breathing
- □ Diarrhoea <14 days
- □ Convulsions
- □ 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

<table>
<thead>
<tr>
<th>Weight</th>
<th>Length</th>
<th>MUAC</th>
<th>Head circumference</th>
<th>Oedema</th>
</tr>
</thead>
<tbody>
<tr>
<td>to be taken using SECA scales for CHAIN</td>
<td>to be taken using SECA 416 infantometer provided for CHAIN</td>
<td>To be taken using MUAC tape for CHAIN</td>
<td>To be taken using CHAIN measuring tape</td>
<td>□ None □ + □ ++ □ +++</td>
</tr>
</tbody>
</table>

- **Weight**: ___ ___ • ___ ___ kg
- **Length**: Measurer 1 _______ • ___ cm
- **Length**: Measurer 2 _______ • ___ cm
- **MUAC**: Measurer 1 _______ • ___ cm
- **MUAC**: Measurer 2 _______ • ___ cm
- **Head circumference**: Measurer 1 _______ • ___ cm
- **Head circumference**: Measurer 2 _______ • ___ cm
- **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 □ Traditional |
| □ Deworming □ Vitamin □ Paracetamol or Ibuprofen |
| □ Yes, but unknown □ Other |

| Urine volume in last 24hrs? Select 1 |
|---------------------------------|---------------------------------|
| □ Not passing □ Less than normal □ Normal or greater |

### 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 |

<table>
<thead>
<tr>
<th>Currently Breastfeeding?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Y □ N □ If yes is the child taking anything else (exclude medicine)? □ Y □ N</td>
</tr>
</tbody>
</table>

| If NO breastfeeding at all, age stopped in months? (select one) |
|---------------------------------|---------------------------------|
| □ 0-3m □ 4-6m □ 7-12m □ >12m □ Unknown |
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:
- Conscient 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?
  - □ Y
  - □ N

- Skin pinch (select one)
  - □ >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
- □ None
  - □ Wrist widening
  - □ Rachitic rosary
  - □ Swollen knees
  - □ Bow legs
  - □ Frontal 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
  - □ Tenderness behind ear (mastoiditis)
  - □ Eye discharge

- □ Stomatitis
  - □ Lymphadenopathy
  - □ Visual impairment

### 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 (No rash)
  - □ Trunk
  - □ Face / scalp
  - □ Legs

  - □ Palms / Soles
  - □ Buttocks
  - □ Arms
  - □ Perineum
### TB Screening

<table>
<thead>
<tr>
<th>Known TB (on treatment)</th>
<th>Child has cough &gt;14 days</th>
<th>Household contact has TB, or cough &gt;14 days</th>
<th>Child has suspected extrapulmonary TB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>

### Immediate Clinical Investigations

**Malaria RDT**
- **circle result**
  - Positive
  - Negative
  - Not done

<table>
<thead>
<tr>
<th>Blood glucose</th>
<th>Time glucose measured</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ : ___ mmol/L</td>
<td>___ : ___ 24h clock</td>
</tr>
</tbody>
</table>

**Urine Dipstick**
- (can be done at any time during admission)
- □ Not done □ Bag □ Clean catch

<table>
<thead>
<tr>
<th>Protein</th>
<th>Nitrites</th>
<th>Leucocytes</th>
<th>Blood</th>
<th>Ketones</th>
<th>Glucose</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td>Pos</td>
<td>+</td>
<td>+</td>
<td>+++</td>
<td>+</td>
</tr>
<tr>
<td>++</td>
<td>++</td>
<td>+++</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>+++</td>
<td>Neg</td>
<td>+++</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

### 11. Suspected Initial Diagnoses:

*Clinical diagnosis should be based on examination and investigation findings. Tick the three most likely diagnoses.*

**Respiratory**
- □ LRTI/pneumonia
- □ Bronchiolitis
- □ URTI
- □ Pulmonary TB
- □ Otitis media
- □ Asthma

**General**
- □ Anaemia
- □ Sickle Cell Disease
- □ Thalassaemia
- □ Renal impairment
- □ Nephrotic syndrome
- □ Nephritis
- □ Liver dysfunction
- □ Ileus
- □ Congenital cardiac disease
  - □ Haemolytic disease newborn
  - □ Neonatal jaundice

**Infection**
- □ Gastroenteritis
- □ Sepsis
- □ Malaria
- □ Extra pulmonary TB
- □ Soft tissue infection
- □ UTI
- □ HIV related illness
- □ Measles
- □ Varicella
- □ Osteomyelitis
- □ Febrile illness unspecified
- □ Enteric fever
  - □ Infected umbilicus

**CNS**
- □ Febrile convulsions
- □ Epilepsy
- □ Probable meningitis
- □ Other encephalopathy
- □ Hydrocephalus
- □ Developmental delay
- □ Cerebral palsy

**Other suspected diagnosis:**
- □ Other
- □ Unknown
- □ Failed appetite test only
  - □ Breast-feeding difficulty
### 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**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>/<strong>/</strong></em></td>
<td><em>/<strong>/</strong></em></td>
<td><em>/<strong>/</strong></em></td>
<td>Not given</td>
</tr>
</tbody>
</table>

**Intravenous Antibiotics Given?**

- [ ] Benzylpenicillin
- [ ] Co-amoxiclav/Augmentin
- [ ] Ampicillin
- [ ] Levofloxacin
- [ ] Ceftazidime
- [ ] Other 

**Not given**

- [ ] Gentamicin
- [ ] Flu/Cloxacillin
- [ ] Amikacin
- [ ] Vancomycin
- [ ] Pivmecillinam

**Oral Antibiotics Given?**

- [ ] Amoxicillin
- [ ] Co-trimoxazole
- [ ] Cefalexin / cefaclor
- [ ] Penicillin
- [ ] Other 

**Not given**

- [ ] Erythromycin
- [ ] Metronidazole
- [ ] Co-amoxiclav/Augmentin
- [ ] Flucloxacin

**Initial treatment given**

First 6 hours. Select any that apply.

- [ ] IV Fluid Bolus
- [ ] IV Maintenance Fluids
- [ ] 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
- [ ] Prednisolone/ dexamethasone/hydrocortisone
- [ ] RUTF
- [ ] Adrenaline
- [ ] Nasogastric tube
- [ ] Multivitamin
- [ ] 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

Readmission CRF v1.62 3rd October 2018
<table>
<thead>
<tr>
<th>CBC taken</th>
<th>Plain Blood (serum)</th>
<th>Clinical chemistry taken</th>
<th>Blood spot taken</th>
<th>EDTA 2ml blood taken</th>
<th>Blood culture taken</th>
<th>EDTA 0.5ml blood taken</th>
<th>Blood gas taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Y</td>
<td>☐ N</td>
<td>☐ Y</td>
<td>☐ N</td>
<td>☐ Y</td>
<td>☐ N</td>
<td>☐ N</td>
<td>☐ N</td>
</tr>
</tbody>
</table>

**Readmission Sample Collection**

<table>
<thead>
<tr>
<th>Date Taken</th>
<th>Date taken</th>
<th>Time taken ___ : ___</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>_ _ / _ _ / _ _ _ _</td>
<td>D D / M M / Y Y Y Y</td>
</tr>
</tbody>
</table>

**Unable to take blood samples, why?**

- ☐ Difficult venepuncture
- ☐ Child uncooperative
- ☐ Parent refused
- ☐ Other

<table>
<thead>
<tr>
<th>Rectal swabs taken</th>
<th>Y BEFORE ABX</th>
<th>Y AFTER ABX</th>
<th>Number taken</th>
<th>1</th>
<th>2</th>
<th>Time taken ___ : ___</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stool sample</th>
<th>Taken in first 24h?</th>
<th>Date taken</th>
<th>Time taken ___ : ___</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>_ _ / _ _ / _ _ _ _</td>
<td>D D / M M / Y Y Y Y</td>
</tr>
</tbody>
</table>

**Chest x-ray indicated**

- Yes, but too unwell
- Yes, done
- Not indicated

**Lumbar puncture indicated**

- 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**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>_ _ / _ _ / _ _ _ _</td>
<td>D D / M M / Y Y Y Y</td>
</tr>
</tbody>
</table>

END