

Admission Case Report FormDate of Data Collection _____
DD/MM/YYYYAdmission Date _____
DD/MM/YYYY

Patient's FIRST name _____

Patient's LAST name _____

Patient's SEX: Male Female

Location of Admission: Inpatient Pediatric Ward NICU Oncology Ward Cardiology Ward MOI

Participant's Hospital Identifier _____ (Unique number assigned to each patient)

Patient's Age _____ (Reported in days (NICU), months, or years)

Patient's Date of Birth _____
DD/MM/YYYY

Caregiver's Name(s) _____

Caregiver's Age _____ (Reported in years)

Is the patient's mother or father deceased? Yes: Mother Yes: Father Yes: Both No

Is the patient's caregiver married? Yes No Divorced Cohabiting

What is the caregiver's highest level of education? No formal schooling

Completed secondary school Some secondary school Completed primary school

Some primary school Vocational/technical training Completed college/university

Some college/university Other

Caregiver's phone number (or number in which the caregiver can reliably be reached):

Caregiver's Mapcues:

Prior to admission to the hospital, what was the duration of symptoms? _____ (duration of symptoms in hours, days, weeks, months)

Prior to being admitted to MNH, did the child receive care at another health facility? Yes No

If Yes, what type of health facility(ies)?

Select all that apply.

Clinic

Health Center

Hospital

Pharmacy

Traditional Healer

Herbalist

Bone Setter

Other

If yes, what is the name of the referring health facility? _____

Who made the decision to bring the child to the hospital? Caregiver Other family member

Someone else in the community Other

Were there barriers in coming to MNH when the patient became sick? Yes No

If yes, what were the barriers?

Transportation

Money

Approval of family/community

Fear of hospital

Other

Does the child have any chronic medical conditions? Yes No

If yes, what chronic medical problems? _____

If yes, is the patient enrolled in any form of chronic care clinic? Yes No

Has the patient been admitted to the hospital before? Yes No

If yes, how many times? _____

If yes, how long ago was the last time? _____ (days, months, or years)

If yes, what was the diagnosis during the last admission? _____

If yes, did the patient receive a blood transfusion? Yes No

Does the patient take any medications chronically? Yes No

If yes, which medication(s)? _____

Has the patient ever had surgery? Yes No

If yes, when? _____ (month, year)

If yes, what kind of surgery? _____

Was the patient breastfed after birth? Yes No

If yes, exclusively? Yes No

If exclusively, until what age? _____ (in months or year)

Is the patient full immunized? Certificated Not certificated Incomplete Unknown

Not applicable (neonate)

Is the patient developmentally delayed? Yes No

Is the patient in school? Yes No

If yes, what grade is the patient in school? _____

Does the patient's parent(s) have any medical problems? Yes No

If yes, what medical problems? _____

How many children are in the household? _____

Have any children in the household died in the past? Yes No

If yes, at what age? _____ (in days, months, years)

If yes, what was the cause of death? _____

Are there any smokers in the home? Yes No

What is the household's primary source of drinking water? Piped Water Hand Pump Well
Hand Pump Bore Hole Water from a Spring Rain Water Surface Water
Mineral Water Other: _____

Does the household do any of the following to treat the household's drinking water? Boil it
Filter it Buy it Treat it with chlorine/iodine None

What kind of toilets are used in the home? Flush toilet Outside/Pit Other

Does the patient sleep under a mosquito net? Yes No

How does the household get rid of waste? Garbage Dump near home Burn it Swamp Other

What type of health facility is nearest the home? Clinic Health Center Hospital Other

How long does it take to get to the nearest health facility? _____ (minutes, hours, days)

Patient's weight on admission: _____ (in kilograms)

Patient's height/length on admission: _____ (in centimeters)

Patient's head circumference on admission: _____ (in centimeters)

Patient's middle upper arm circumference on admission: _____ (in centimeters)

Admission temperature: _____ (in Celsius)

Admission heart rate: _____ (in beats per minute)

Admission blood pressure: _____ (in mmHg)

Admission respiratory rate: _____ (in breaths per minute)

Admission oxygen saturation: _____ (in percentage)

Presence of bilateral pedal edema: Yes No

Patient's alertness on admission: Alert Voice Pain Unresponsive

Presence of any of the following on physical exam: Cyanosis Pallor Jaundice
Clubbing Dehydration Prostration

Primary admission diagnosis: _____
Severity: _____

Secondary admission diagnosis(es): _____
Severity: _____

Patient's condition on admission: Stable, critical

Shock present at admission: Yes No

If yes, what kind of shock? Septic Cardiogenic Neurogenic Hypovolemic

Is patient malnourished? Yes No

If yes, degree of malnutrition? Mild Moderate Severe Underweight
Wasted Stunted Kwashiorkor

For NICU Admissions (these will be collected in addition to the above variables)

Mother's gravida number: _____

Mother's para number: _____

Mother's abortion number: _____

Mother's number of prior dead children at delivery: _____

Was the mother referred from another hospital? Yes No

If yes, what is the name of the other hospital? _____

Complications of this pregnancy: _____

Gestational age: _____ (weeks, months)

Type of delivery: Vaginal C-section Vacuum

Duration of labor: _____ (in hours)

Color of amniotic fluid: Clear Green Bloody Unknown

Apgar score at 1 minute: _____

Apgar score at 5 minutes: _____

Apgar score at 10 minutes: _____

Birth weight: _____ (in grams or kilograms)

Birth length: _____ (in centimeters)

Birth head circumference: _____ (in centimeters)