

Discharge Case Report FormAdmission Date: _____
DD/MM/YYYYDischarge Date: _____
DD/MM/YYYYDate of Data Collection _____
DD/MM/YYYY

Patient's FIRST name _____

Patient's LAST name _____

Patient's SEX: Male Female

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

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

Disposition from the hospital: Discharge AMA Transfer

Is the patient to return to the hospital or clinic after discharge? Yes No

If yes, when? _____

If yes, what is the reason for follow up? _____

Primary discharge diagnosis: _____

Secondary discharge diagnosis: _____

Were any procedures done during the hospitalization? Yes No

If yes, which procedure(s)? _____

Did the patient have surgery during the admission? Yes No

If yes, what kind of surgery? _____

Discharge weight: _____ (in kilograms)

Discharge height/length: _____ (in centimeters)

Discharge head circumference: _____ (in centimeters)

Discharge middle upper arm circumference: _____ (in centimeters)

Bilateral pedal edema present? Yes No

Discharge temperature: _____ (in Celsius)

Discharge heart rate: _____ (in beats per minute)

Discharge blood pressure: _____ (in mmHg)

Discharge respiratory rate: _____ (in breaths per minute)

Discharge oxygen saturation: _____ (in percentage)

Were any laboratory investigations done? Yes No

If yes, what laboratory investigations were done? _____

What were the results of each laboratory investigation? _____

Was radiology imaging done? Yes No

If yes, what radiology imaging was done? _____
What was/were the results of each radiology imaging? _____
What medications were given during the admission? _____
How many days was each medication given for? _____
Were any IV fluids given during the admission? Yes No
If yes, what kind of IV fluids were given? _____
Did the patient receive oxygen therapy during the admission? Yes No
If yes, what form of oxygen therapy? Nasal cannula CPAP Positive pressure
Ventilation Non-rebreather Ventilator Other
If yes, how many days did the patient receive oxygen therapy? _____
Did the patient receive nebulized treatments during the admission? Yes No
If yes, what kind? Salbutamol Normal saline Hypertonic saline Other
Did the patient receive treatment for malnutrition? Yes No
If yes, what treatment? F75 F100 Plumpy nut/RUTF IV fluids meant as nutrition
Did the patient receive a blood transfusion during the admission? Yes No
If yes, how many blood transfusions? _____
Did the patient receive an exchange transfusion during the admission? Yes No
Did the patient receive chemotherapy during the admission? Yes No
Were any of the following desired but not done during the admission? Laboratory tests
Medications Procedures Other
If yes, why were these not done? Not available Cost Out of stock Other
What medications is the patient being discharged with? _____