Study ID **|_B|_3_|--|___|--|___|___|___|** **Patient Initials: |___|___|** **Date form initiated:** |___|___|/|___|___|/|___|___|
Last First day month year

Hospital Admission, Follow-up and Discharge Form

Date of Admission: |___|___|/|___|___|/|___|___|
day month year

Hospital:

☐ Masafu General Hospital

☐ Tororo General Hospital

☐ Mbale Regional Referral Hospital

☐ Mulago National Referral Hospital

☐ Cure Children's Hospital

☐ Other:

Reason(s) for Admission:

Admission laboratory results and investigations:

Follow-up laboratory results and investigations:

Summary of hospitalization:

Were any of the following done/given?	
Blood transfusion	□ Yes □ No
Intravenous fluids	□ Yes □ No
Intravenous antibiotics	□ Yes □ No
Oxygen therapy	□ Yes □ No
Phototherapy	□ Yes □ No
Surgery	□ Yes □ No
If surgery describe: _____	

Diagnoses made during hospitalization*:

1st Diagnosis:_____ Dx code:_____

2nd Diagnosis:_____ Dx code:_____

3rd Diagnosis:_____ Dx code:_____

4th Diagnosis:_____ Dx code:_____

* All diagnoses and treatments given during admission should be added to appropriate CRF

* If patient dies during hospitalization complete *Subject Death CRF*

Discharge Plan / Notes:

Date of Discharge: |___|___|/|___|___|/|___|___|
day month year

Completed by ____ (Initials)