

	VIDA	:
--	------	---

CRF04B: Enrollment Cases - M (ECM)

Web Version: 1.0; 4.06; 23Sep16

Segment (PROTSEG): A

Visit Number (VISNO):

Center: (ECMCENGA)

01-Basse Major Health Center
02-Gambisara HC
03-Fatoto Health Center
04-Garawol HC
05-Demba Kunda health center
*Additional Options Listed Below

Center: (ECMCENMA)

01-CSREF Commune I
02-ASACOB
03-CSREF Commune IV
04-ASACODJIP
05-ASACODJENEKA
*Additional Options Listed Below

Center: (ECMCENKE)

01-Siaya District Hospital
02-Abidha Health Center
03-Lwak Mission Hospital
04-Ong'ielo Health Center
05-Kogelo Dispensary
*Additional Options Listed Below

Date: (ECMVSTDT)

(ddMMMyyyy)

Section 1: Physical Findings

1. Physical findings:

a. Weight:

0-23 months old: (Weight of caretaker with and without child):

Caretaker + child: (ECMWT1CC) (xxx.x) kg Caretaker alone: (ECMWT1CT) (xxx.x) kg
(ECMWT1NA) N/A
24-59 months old: (Weight of child alone) (ECMWT1CH) (xx.x) kg

b. Height

(ECMA1HT) 1st: (xxx.x) cm 2nd: (ECMA2HT) (xxx.x) cm
3rd: (ECMA3HT) (xxx.x) cm

c. MUAC: (ECMFMUA1)

1st: (xx.x) cm 2nd: (ECMSMUA2) (xx.x) cm
3rd: (ECMTMUA3) (xx.x) cm

d. Axillary temperature: (ECMAXTEM)

(xx.x) °C

e. Respiratory rate per minute: (ECMRP1RT)

1st: (xx) 2nd: (ECMRP2RT) (xx)

f. Capillary refill time: (ECMCAPII)

Normal (<2 sec.) Slow (2-3 sec.) Very slow (>3 sec.)

g. Chest indrawing: (ECMCHEST)

No Yes

h. Eyes: (ECMEYES)

Normal Sunken [Confirm with the mother that the eyes are more sunken than usual.]

i. Mouth: (ECMMOUT1)

Normal Somewhat dry Very dry

j. Skin pinch: (ECMSKIN1)

Normal Slow return [≤ 2 sec.] Very slow [>2 sec.]

k. Mental status: (ECMKMENT)

Normal Restless, irritable Lethargic/unconscious

l. Rectal prolapse: (ECMRECTA)	Absent	Present
m. Bipedal edema [Both feet]: (ECMMBIPE)	Absent	Present
n. Abnormal hair: sparse, loose, straight: (ECMABNHR)	Absent	Present
o. Undernutrition: wasted/very thin: (ECMUNDER)	Absent	Present
p. Skin has 'flaky paint' appearance: (ECMFLAKY)	Absent	Present

2. Did either the interviewer or the study staff observe a stool sample from this child? (ECMOBSTO)

[If "Yes", go to Question 3; if "No" go to Question 4.]

3. If "Yes", what was the nature of the stool? (ECMNATST)

Loose/liquid stool without blood
Loose/liquid stool with blood
Normal stool

4. Does the child require rehydration? (ECMREHYD)

No
Yes, Oral rehydration
Yes, IV rehydration
Yes, both IV and oral rehydration (If No, go to section 3)

5. Did the child receive recommended rehydration at this hospital/health center? (ECMRECRE)

No Yes (If "Yes" continue, If "No" skip to b)

a. If Yes, select one:

Received IV rehydration at this center
Received oral rehydration at this center
(ECMIVORA) Received both oral and IV rehydration at this center

b. If No, state reason:

Referred to another center
Parents refused
(ECMSTREA) Prescribed ORS for use at home

5x. Is the child a VIDA-Plus case? (ECMVIDPL)

No Yes

If child is a VIDA-PLUS case, go to question 17.

Section 2: Initial Rehydration

[Complete this section if the child received rehydration therapy (oral or intravenous) in this health facility.]

6. Start/Stop Initial Rehydration:

a. Start Date: (ECMSTRDT)	(ddMMMyyyy)	b. Start Time: (ECMSTRTM)	(hh:mm)
	(24 hour clock)		
c. Stop Date: (ECMSTPDT)	(ddMMMyyyy)	d. Stop Time: (ECMSTPTM)	(hh:mm)
	(24 hour clock)		

Outcome 4 Hours After Starting Rehydration

[Obtain the following information 4 hours after starting rehydration therapy (oral or intravenous). If the child leaves the facility before 4 hours have passed, answer question 7 then skip to Section 3.]

7. Was the child evaluated after 4 hours? (ECMEVALU)

No Yes

a. If "No", what was the reason? (ECMNEREA)

[If you were not able to do the evaluation after 4 hours, complete the reason and proceed to Section 3 below.]

b. Was the child completely rehydrated? (ECMCOREH)

No Yes

8. Findings after 4 hours of rehydration:

a. Weight:

0-23 months old: (Weight of caretaker with and without child):

Caretaker + child:(ECMWT2CC)(xxx.x) kg Caretaker alone:(ECMWT2CT)(xxx.x)(ECWT2NA)N/A

24-59 months old: (Weight of child alone): (ECMWT2CH)(xxx.x) kg

b. MUAC: (ECMFMUA4)

1st:(xx.x) cm 2nd:(ECMFMUA5)(xx.x) cm3rd:(ECMSMUA6)(xx.x) cm

c. Mouth: (ECMMOUT2)

NormalSomewhat dryVery dry

d. Skin pinch: (ECMSKIN2)

NormalSlow return [≤ 2 sec.]Very slow [>2 sec.]

9. Does the child continue to purge large volumes of watery stool?(ECMPLURG)

NoYes

10. Was the total stool output within the last four hours measured?(ECMTOSTO)

NoYes

a. If "Yes", what was the volume?(ECMVOLUM)(xxxx) (ml)

11. Does the child require additional oral/IV fluid for rehydration?(ECMADDIV)

NoYes(If No, go to section 3)

Outcome if additional rehydration needed after first 4 hours

a. Was the child completely rehydrated in the hospital?(ECMREHOS)

NoYes(If No, go to section 3)

b. Date of completed rehydration: (ECMREHDT)(ddMMMyyyy)

c. Time of completed rehydration: (ECMREHTM)(hh:mm) (24 hour clock)

d. Weight If "Yes" to Q11a, weigh the child again after the child is completely rehydrated

0-23 months old: (Weight of caretaker with and without child): (ECMWT3CC)

Caretaker + child:(xxx.x) kg Caretaker alone:(ECMWT3CT)(xxx.x) kg(ECMWT3NA)N/A

24-59 months old: (Weight of child alone): (ECMWT3CH)(xxx.x) kg

e. MUAC: (ECMSMUA7)

1st:(xx.x) cm 2nd:(ECMEMUA8)(xx.x) cm3rd:(ECMNMUA9)(xx.x) cm

Section 3: Outcome when leaving the hospital/health center

[This Section should be completed when the child leaves the health center, either after an outpatient visit or hospital admission.]

12. Physical Findings: [Measure only if child received rehydration therapy in the hospital and more than 4 hours have passed since last measurements.]

a. Weight:

0-23 months old: (Weight of caretaker with and without child): (ECMWTCC4)

Caretaker + child:(xxx.x) kg Caretaker alone:(ECMWTCT4)(xxx.x) kg (ECM23NA)N/A

24-59 months old: (Weight of child alone): (ECMWTCH4)(xxx.x) kg (ECM59NA)N/A

b. MUAC: (ECMMUA10)

1st:(xx.x) cm 2nd:(ECMMUA11)(xx.x) cm3rd:(ECMMUA12)(xx.x) cm (ECMNTAP2)N/A

13. Was the child admitted to a hospital?(ECMADDMI)

NoYes

13x. If "No", was it advised that the child be admitted to a hospital?(ECMADVIS)

NoYesIf Yes, specify: (ECMADVSP)

Yes, but parent refusedYes, referred to another hospital

file:///G:/VIDA/DM/AdvantageEDC/Annotated%20eCRFs/VDA02_A__field_names_ECM_20170511_1519290282_1494530369282_687437_6411.htm[5/11/2017 3:28:15 PM]

Yes, but parent refused
Yes, referred to another hospital
Yes, but child died before admission

If the child was admitted to a hospital, go to Q 14. If not admitted, go to Q 15.

14. If admitted to the hospital, for how many days?(ECMADDDAY) (xxx)
a. Is the child still in hospital > 60 days?(ECMHO60D) No Yes

15. Child's diagnosis upon leaving the hospital/health center. [Check all that apply.]

(ECMDIARR)	Diarrhea
(ECMDYSEN)	Dysentery
(ECMPNEUM)	Pneumonia/lower respiratory infection
(ECMMENIN)	Meningitis
(ECMBACTE)	Other invasive bacterial infection
(ECMMALAR)	Malaria
(ECMMALNU)	Malnutrition
(ECMTYPHO)	Typhoid
(ECMOTHER)	Other

Please, specify: (ECMDIASP)

16. A child may receive medication in the hospital and/or receive a prescription for treatment at home. For each of the following medications, cross check the appropriate boxes. [Check all that apply.]

	Given prescription for treatment at home	Treatment given in health center		
ORS	(ECMORSHM)	(ECMORSCE)		
Intravenous fluids	(ECMIVHM)	(ECMIVCEN)		
Zinc	(ECMZNHM)	(ECMZNCEN)		
Cotrimoxazole	(ECMCOTHM)	(ECMCOTCE)		
Gentamycin	(ECMGENHM)	(ECMGENCE)		
Chloramphenicol/Thiamphenicol	(ECMCHLHM)	(ECMCHLCE)		
Erythromycin	(ECMERYHM)	(ECMERYCE)		
Azithromycin	(ECMAZIHM)	(ECMAZICE)		
Other macrolides	(ECMMACHM)	(ECMMACCE)		
Penicillin	(ECMPENHM)	(ECMPENCE)		
Amoxycillin	(ECMAMOHM)	(ECMAMOCE)		
Ceftriaxone (or other 3rd generation cephalosporin)	(ECMCEFHM)	(ECMCEFCE)		

1st or 2nd generation cephalosporin	(ECMCEPHM)	(ECMCEPCE)		
Ampicillin	(ECMAMPHM)	(ECMAMPCE)		
Nalidixic acid	(ECMNALHM)	(ECMNALCE)		
Ciprofloxacin/Norfloxacin/other fluoroquinolone	(ECMCIPHM)	(ECMCIPCE)		
Selexid/Pivmecillinam	(ECMSELHM)	(ECMSELCE)		
Metronidazole (Flagyl)	(ECMMETHM)	(ECMMETCE)		
Other antibiotic	(ECMANTHM)	(ECMANTCE)	Please specify: (ECMANHSP)	Please specify: (ECMANCSP)
A (government recommended) homemade fluid	(ECMHMFHM)	(ECMHFCEN)		
An antimalarial drug	(ECMANTIM)	(ECMANTIC)		
Other medicine	(ECMOMHM1)	(ECMOMCE1)	Please specify: (ECMOM1SP)	Please specify: (ECMOM2SP)
Other medicine	(ECMOMHM2)	(ECMOMCE2)	Please specify: (ECMOM3SP)	Please specify: (ECMOM4SP)
Other medicine	(ECMOMHM3)	(ECMOMCE3)	Please specify: (ECMOM5SP)	Please specify: (ECMOM6SP)
	None prescribed/taken (ECMNONE)			

17. Outcome when leaving hospital/health center. (ECMOUTCO)

Resolved or healthy
Improved
No better
Worse
Died in hospital/health center
*Additional Options Listed Below

If Died in hospital/health center [skip to Q19]

18. Date of discharge: (ECMDISDT)

(ddMMMyyyy)

(hh:mm)

Time of discharge: (ECMDISTM)

19. If the child died, what was the date of death: (ECMDTHDT)

(ddMMMyyyy)

[If the child died, complete make sure a verbal autopsy will be completed according to local guidelines. Collect medical information using CRF 10.]

Notes or comments: (ECMNOTES)

Interviewer's Name: (ECMINTNM)

(ECMINTSC)

Staff code

Quality Control's Name: (ECMQCNAM)	(ECMQCSC)	Staff code (ECMQCDT)
(ddMMMyyyy)		

Additional Selection Options for ECM

- Center:
- 06-Koina Health Center
 - 07-Bansang Hospital
 - 08-Brikamaba HC
 - 09-Jahali HC (Private)
 - 31-Bakadagi HC
 - 32-Janjang Bureh HC
 - 33-Fulabantang HC (private)

- Center:
- 06-Hopital Gabriel Toure - National Children Hospital
 - 07-Military Health center : Infirmerie du camp para
 - 08-ASACODJAN: a CSCOM Public HC in Banconi
 - 09-Centre de Sante SADIA pvt HC in Banconi
 - 10-Centre de Sante CHERIFLA
 - 31-CVD-Mali/CNAM
 - 32-The Clinic Lac TELE
 - 33-The Iranian Health Center : Centre Iranien
 - 34-Cabinet TERIYA, pvt HC in BANCONI
 - 35-PMI Missira, public HC in Commune 2
 - 36-ASACONORD Commune 1
 - 37-Cabinet medical Kassim TIENOU pvt HC in BANCONI
 - 38-ASACOKOSA
 - 39-Clinic YATTARA, pvt HC in BANCONI
 - 40-Mother Child medical office AVICENNE pvt HC in BANCONI
 - 41-Cabinet DjIGUIYA, pvt HC in BANCONI
 - 42-Clinic FOMBA, pvt HC in BANCONI
 - 43-Clinic Life source , pvt HC in DJICORONI

- Center:
- 06-Ting Wangi Health Center
 - 07-Bar Agulu Health Center
 - 08-Akala Health Center
 - 09-Njejra Health Center
 - 10-Siala Kaduol Dispensary
 - 11-Mulaha Dispensary
 - 12-Mahaya Health Centre
 - 13-Ndori Dispensary
 - 14-Nyathengo Health Centre
 - 15-Wagai Dispensary
 - 16-Siaya Prison Health Facility

Outcome when leaving hospital/health center.
Unknown/lost to follow up