CASE REPORT FORM



ID 999999 Today's date	Background info	rmatior // / Y	Y Y Y	7	Mother's age		# children in ho (inc. unwell ch	
DD/MM/20YY	Gender ☐ Female₀ ☐ Male₁		· · L		mothe	Does the er smoke?	☐ No₀ ☐ Yes	Don't know ₈₈
Informed consent for	—	PTO for o	codes, if escribe b	other below	Mother s	still breast	☐ No₀ ☐ Yes	Don't
study obtained \(\square\)						ng child at months?		know ₈₈
Carer reported symptoms	How unwell does the	o naroni	•	0 1	2 3	4 5 6	7 8 9 10	
. ,	consider the child to		Well					ery unwell
Duration of days Has illness got a lot No Yes Worse recently? No Yes did it start to get were?								
illness days	worse recently?		res ₁			rt to get wo	1 1 1 1 1 1	ys
Symptoms present	Durii	ng illness		ast 24 I			y in last 24 hours	(tick one)
	No ₀	Yes ₁	If yes	No ₀	Yes ₁ If y	res Mild ₁	Moderate ₂	Severe ₃
Dry cough Productive/ wet cough	H	님		님		님	H	H
Barking/ croupy cough		H		H		H	H	H
Blocked or runny nose		H		H	H	H	H	H
Change in cry		一片		H		П	- H	H
Breathing faster than normal (sho	rtness of breath)	Ħ		Π		H	- F	П
Wheeze or whistling in the chest				\Box				
Fever								
Chills/ shivering								
Diarrhoea								
Vomiting (including after cough)								
Taking fewer fluids/ milk feeds								
Eating less								
Low energy/ fatigue/ lethargy								
Disturbed sleep								
Passing urine less often/ dryer na	ppies							
Please tick NA if the child is too ye	oung/ uncommunicati	ive for th	e parei	nt to kr	now abo	out the follo	wing > NA 🗌	1
Chest/ shoulder pain								
Headache		ᆜ		ᆜ		<u> </u>	<u> </u>	ᆜ
Muscle aches all over	닏	ᆜ		닏		닏		
Confusion/ disorientation		U	<u> </u>	<u>Ц</u>			<u>L</u>	Ш
Clinician examination and management Absent Present Temperature C Pulse bpm								
Pallor			$\overline{\Box}_{\mathbf{k}}$		0 0	—	1 ₀∠ □ Unable	to take O ₂
Grunting	Respirato	ry rate	Ш р	pm	O ₂ sa	at III		equipment
Nasal flaring	C	onscious	sness le	evel [norma	al _o irri	table₁ ☐ drov	WS y ₂
Stridor		Capillar	v rofill t	imo F	7 2 200	onde or loc	s₀ ☐ 3 second	le or moro
Inter/ subcostal recession			-		_			is of filole
Inflamed pharynx/ tonsils		How	unwell	do yo		der the chil 6 7 8		
Wheeze Absent ₀	Unilateral ₁ Bilateral ₂	Well	\Box		اً الله		☐ ☐ Very u	nwell
Crackles/ crepitations						Throat swa	ab taken? No	o Yes ₁
Bronchial breathing						If No, reas	_	,01 C31
Main working respiratory tract dia	gnosis					Child re		
My gut feeling is 'something is wr	ong' No ₀ Yes ₁						(specify) ₃	
Antibiotics prescribed? No ₀	Yes, immediate₁ ☐	Yes, del	ayed ₂ k	ру	days			
Referral for acute admission t	today? ☐ No₀ ☐ Y	es₁						

Ethnicity showcard

To which of these ethnic groups do you consider your child belongs? / What is your ethnic group?



- 1 British
- ² Irish
- Any Other White background (please describe to the doctor or nurse)

Mixed

- White and Black Caribbean
- 5 White and Black African
- 6 White and Asian
- ⁷ Any Other Mixed background (please describe to the doctor or nurse)

Asian or Asian British

- 8 Indian
- 9 Pakistani
- ¹⁰ Bangladeshi
- 11 Any Other Asian background (please describe to the doctor or nurse)

Black or Black British

- ¹² Caribbean
- ¹³ African
- ¹⁴ Any Other Black background (please describe to the doctor or nurse)

Chinese

¹⁵ Chinese

Other ethnic group

¹⁶ Any Other (please describe to the doctor or nurse)

To the clinician: please record the number corresponding to the patients response in the case report form ethnicity box along with any additional description about their ethnicity the patient may wish to provide

For TARGET study office use only
Date received at Bristol centre