BIDS

Bronchiolitis of Infancy Discharge Study

DISCHARGE FORM

CONFIDENTIAL

Study number	
Infant initials	

Name of nurse completing this questionnaire	*Please print name*
Signed	
Date	D D M M Y Y

Notes for completing this form

Explanatory text and instructions for completion of the questions are in italics in a separate box before each set of questions. All questions in the grey boxes should be completed. Unless stated otherwise, please complete all questions on the form. In certain circumstances some questions may not be applicable and where this is this case there are instructions on exactly what information may be missed.

Please complete the information in the required format (as specified in the form). For questions with a Yes/No answer, please mark the relevant Yes/No box with a 'X' (i.e. if the answer to a question is 'yes', the yes box should be crossed and the no box should be left blank)

1. Admission information

Please complete the following table with the information from child's arrival in ED/AAA/ARU. Date and time of arrival in hospital must be completed in full. When recording medications, please record full start date for medications (DD/MM/YY) where possible. If a date is not known, please mark as NK (for example, if medication started on an unknown day in June 2011, please record as NK/06/11).

Date of arrival in hospital D D M M Y Y

Time of arrival in hospital hh:mm

Measurements taken on arrival in hospital

Heart rate ____ beats/min

Respiratory rate ____ per min

SpO2 in air ____ %

If infant was given oxygen supplementation after arrival in hospital, please complete the details below *(i.e. if oxygen supplementation was given by nasal cannula please record the details in the nasal cannula row)*

Nasal cannula Y N Flow ____ l/min

Face mask Y N Flow ____ l/min

Medication

Please complete details for all medications that infant was receiving at the time of arrival in hospital

Antibiotics Y N

Co-Amoxiclav Y N Date started D D M M Y Y

Amoxicillin Y N Date started D D M M Y Y

Clarithromycin Y N Date started D D M M Y Y

Erythomycin Y N Date started D D M M Y Y

Bronchodilator Y N

Salbutamol Y N Date started D D M M Y Y

Ipratropium bromide Y N Date started D D M M Y Y

Inhaled corticosteroids Y N

continued on next page

Montelukast Y N

Other Y N *Please list all other medication(s) below*

2. Admission to ward for supportive care

Please complete the following table with the details for the admission to the ward for supportive care.

Date D D M M Y Y Time hh:mm

3. Investigations

Please record if the child has had any of the following investigations while in hospital. Please record the total number of investigations during the entire hospital stay in each category. For example, if 3 separate laboratory virology tests were please mark the laboratory virology testing box with a '3'. If investigations were not done, please mark the box as '0'.

Please identify results of testing below

Laboratory virology testing RSV positive Y N RSV negative Y N

Other virus positive Y N

Please identify results of testing below

NPT virology testing RSV positive Y N RSV negative Y N

Blood culture

Urine culture

Chest x-ray

4. Treatment

Please identify which of the following treatments the child has had during hospital stay from the following list. If treatments have been stopped then restarted during admission, please record the start date of the first treatment and the end date of the last treatment. Please do not leave start/end time of treatment blank or mark as NK. If the exact time is not known please record best estimate based on information from the medical notes.

			Start date	Start time	End date	End time
Supplemental oxygen	Y	N	D D M M Y Y	hh:mm	D D M M Y Y	hh:mm
Vapotherm	Y	N	D D M M Y Y	hh:mm	D D M M Y Y	hh:mm
Nebulised hypertonic saline	Y	N	D D M M Y Y	hh:mm	D D M M Y Y	hh:mm
IV fluids	Y	N	D D M M Y Y	hh:mm	D D M M Y Y	hh:mm
NG feeding	Y	N	D D M M Y Y	hh:mm	D D M M Y Y	hh:mm

5. Continuing medication

Please refer to the prescription chart and record if the child has been prescribed any of the following medications during hospital stay. If child was receiving antibiotics or salbutamol inhaler as they came into hospital please record start/end dates as normal but identify this by crossing the last box in the row.

			Start date	Start time	End date	End time	Continued from admission?	
Antibiotics	Y	N	D D M M Y Y	hh:mm	D D M M Y Y *(expected end date if scheduled to finish after discharge)*	hh:mm	Y	N
Salbutamol inhaler	Y	N	D D M M Y Y	hh:mm	D D M M Y Y *(expected end date if scheduled to finish after discharge)*	hh:mm	Y	N

6. Eight hourly observations

Please complete the following table with the heart and respiratory rates measured during hospital stay. The first entry in the table should be the first heart and respiratory rate measured on the ward and the subsequent rows should be completed for measurements at 8 hour intervals from that initial measurement. For example, if the child was admitted to the ward at 9am, the measurements at 9am should be recorded in row 1 ***the next available measurement*** *after 5pm (i.e. an 8 hour interval) should be recorded in row 2 and so on. If the child is admitted to HDU during hospital stay please continue to record heart and respiratory rate during HDU stay.*

Date	Time	Heart rate	Respiratory rate
D D M M Y Y	hh:mm	beats/min	/min
D D M M Y Y	hh:mm	beats/min	/min
D D M M Y Y	hh:mm	beats/min	/min
D D M M Y Y	hh:mm	beats/min	/min
D D M M Y Y	hh:mm	beats/min	/min
D D M M Y Y	hh:mm	beats/min	/min
D D M M Y Y	hh:mm	beats/min	/min
D D M M Y Y	hh:mm	beats/min	/min
D D M M Y Y	hh:mm	beats/min	/min
D D M M Y Y	hh:mm	beats/min	/min
D D M M Y Y	hh:mm	beats/min	/min
D D M M Y Y	hh:mm	beats/min	/min
D D M M Y Y	hh:mm	beats/min	/min
D D M M Y Y	hh:mm	beats/min	/min
D D M M Y Y	hh:mm	beats/min	/min

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Date	Time	Heart rate	Respiratory rate
D D M M Y Y	hh:mm	beats/min	/min
D D M M Y Y	hh:mm	beats/min	/min
D D M M Y Y	hh:mm	beats/min	/min
D D M M Y Y	hh:mm	beats/min	/min
D D M M Y Y	hh:mm	beats/min	/min

If additional measurements to be recorded, please complete an additional observations data collection form and return with the discharge form

7. Transfer to HDU

The following section should only be completed if the child was transferred to the HDU during hospital admission. Please answer the first questions and provide further details only if the child was transferred to HDU.

Was the child admitted to HDU? Y N ***If yes, please complete a BIDS SAE form and fax to ECTU on 0131 537 3851***

Date study oximeter removed for admission to HDU	Time study oximeter removed for admission to HDU	Date study oximeter reapplied after discharge from HDU	Time study oximeter reapplied after discharge from HDU
D D M M Y Y	hh:mm	D D M M Y Y	hh:mm

Please record the study oximeter reapplied to the child after discharge from HDU:

8. Discharge

Please complete the following table with discharge details. Please do not leave time blank or mark as NK. If the exact time is not known, please record best estimate based on available information in the medical notes.

Discharge criteria			**Date**	**Time**
Feeding returned to normal (≥75% normal)	Y	N	D D M M Y Y	hh:mm
Stable continuously monitored oxygen saturation in air ≥94% (for 4 hours including a period of sleep)	Y	N	D D M M Y Y	hh:mm

Was infant admitted with apnoea? ☐

(if yes, please complete the following details for infants admitted with apnoea ONLY)*

*Period of observation for at least 12 hours following last witnessed apnoea	Y	N	D D M M Y Y	hh:mm

Please complete following details for discharge criteria for ALL infants

Date and time discharge criteria met	D D M M Y Y	hh:mm
Date and time of actual discharge	D D M M Y Y	hh:mm

Please photocopy the completed form and send the copy back to:

Fiona Sloan
BIDS Trial Manager
Edinburgh Clinical Trials Unit (ECTU)
OPD 2, 2nd Floor
Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

Tel: 0131 537 2516

The original questionnaire should be retained in the BIDS participant file

To be completed by ECTU only

Data entered by (initials) ☐☐☐ Date D D M M Y Y