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## PiC CRF 1 (Presentation & Emergency Care)

Please complete the survey below.

Thank you!

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Time/date stamp \_\_\_\_\_

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Unique Study ID \_\_\_\_\_

(This study ID should not include patient identifiers.)

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### Inclusion/Exclusion Criteria

**Inclusion Criteria**  
Fever 38c or higher recorded at any time during this illness by anyone including parent/GP/pre-hospital or in hospital and new petechiae/purpura or non-blanching rash  
Does the participant meet inclusion criteria?  
 Yes  No

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**Exclusion Criteria**  
Children with pre-existing haematological conditions such as haematological malignancy, idiopathic thrombocytopenic purpura (ITP) and coagulopathy will be excluded.  
Existing Henoch-Schönlein purpura (HSP) under follow up  
Does the participant meet any of the exclusion criteria?  
 Yes  No

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WARNING: Participant is not eligible. Please check inclusion/exclusion criteria

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### Demographic Data

Age \_\_\_\_\_  
(Please enter the age)

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Age  Neonate  
 1 month  
 2 months  
 3 months  
 4 months  
 5 months  
 6 months  
 7 months  
 8 months  
 9 months  
 10 months  
 11 months  
 1 year  
 2 years  
 3 years  
 4 years  
 5 years  
 6 years  
 7 years  
 8 years  
 9 years  
 10 years  
 11 years  
 12 years  
 13 years  
 14 years  
 15 years  
 16 years  
 17 years  
(Please enter the age)

---

Sex  
 Male  Female


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### Immunisations

**Immunisation Status**  
(The UK vaccinations schedule includes the following vaccinations: 6-in-one vaccine at 8,12 and 16 weeks  
Pneumococcal vaccine at 8 and 16 weeks Rotavirus vaccine at 8 and 12 weeks Men B vaccine at 8 and 16 weeks  
Hib/Men C vaccine at one year of age (Prior to July 2016 the Men C vaccine was also given at 12 weeks) MMR  
vaccine at one year of age 4-in-1 preschool booster at 3-4 years of age HPV vaccine (girls only) at 12-13 years of age  
3-in-1 teenage booster at 14 years of age MenACWY given at 14 years of age)

Immunisations up to date for age  Immunisations not up to date for age  Immunisation status not known

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Known Immunisations Received  
(Please select all immunisations received)

6-In-one vaccine dose 1  6-In-one vaccine dose 2  6-In-one vaccine dose 3  Pneumococcal vaccine dose 1  Pneumococcal vaccine dose 2  Rotavirus vaccine dose 1  Rotavirus vaccine dose 2  Men B vaccine dose 1  Men B vaccine dose 2  Hib/Men C vaccine  Men C vaccine (Discontinued July 2016)  MMR vaccine at one year of age  4-In-1 preschool booster  HPV vaccine (girls only)  3-In-1 teenage booster  MenACWY

**Rash**

Rash at Presentation  
(This relates to the initial appearance of the rash. There are additional questions later on for rashes that evolve during the assessment period. Tick all that apply for example a child may have both petechiae and purpura at presentation.)

Petechiae  Purpura  No Rash (Included as a patient with suspected meningococcal infection without rash)

Distribution of Rash

SVC Distribution (Above Nipple Line) Only  Other Distribution  Not Recorded

Has the rash spread since the initial assessment (this includes triage)?  
(This relates to a change in the spread and/or distribution of the rash after initial assessment including triage if the rash was noted there)

Yes  No

Did the Child Subsequently Develop Purpura

Yes  No

Observation Period

Under 1 hour  1-2 hours  2-3 hours  3-4 hours  4-6 hours  More than 6 hours  Unknown

Highest Fever


(Highest fever recorded or reported. Includes fever measured at home by parents and any fever recorded by any medical staff including GP and Paramedics. Please record to one decimal place.)

**First Recorded Observations**

	Recorded	Not Recorded
Heart Rate (BPM)	<input type="radio"/>	<input type="radio"/>
Respiratory Rate (BPM)	<input type="radio"/>	<input type="radio"/>
Blood Pressure (mmHg)	<input type="radio"/>	<input type="radio"/>
Capillary Refill Time (Seconds)	<input type="radio"/>	<input type="radio"/>

Heart Rate

(First Recorded Heart Rate)

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Respiratory Rate

(First Recorded Respiratory Rate)

Systolic Blood Pressure

(First Recorded Blood Pressure (mmHg))

Diastolic Blood Pressure

(First Recorded Blood Pressure (mmHg))

Capillary Refill Time

(The First Recorded Capillary Refill Time (Seconds))

**Duration of Illness & Rash**

How Many Hours Prior to Presentation Did the Illness Start?  
(Please estimate the duration of illness prior to presentation as closely as possible using the medical record. Estimations here are acceptable.)

Under 6 hours  6 to 11 hours  12 to 23 hours  24 to 47 hours  48 to 71 hours  72 hours and over  Unknown


How Many Hours Prior to Presentation Did the Rash First Appear?  
(Please estimate the duration as closely as possible using the medical record. Estimations here are acceptable.)

First noticed on arrival  Under 1 hour  1 to 3 hours  4 to 7 hours  8 to 11 hours  12 to 23 hours  Over 24 hours  Unknown

**Appearance at Presentation**

Appearance

Well  Unwell  Unknown  
(Did the child appear well or unwell to the medical staff assessing the child?)

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## Clinical Features

- Abdominal Pain
- Nausea/Vomiting
- Diarrhoea
- Abdominal Pain/Distension
- Refusing Food/Drink
- Chills/shivering
- Pallor
- Unusual Skin Colour
- Cold Hands/Feet
- Shock
- Respiratory Symptoms
- Sore Throat/Coryza
- Lethargy
- Toxic/Moribund State
- Myalgia/Muscle Aches/Joint Pains
- Leg Pain
- Seizure
- Reduced GCS/Altered Mental State
- Bulging Fontanelle
- Photophobia
- Irritable/Unsettled
- Stiff Neck/Back rigidity
- Headache
- Focal Neurological Deficit
- Brudzinski's Sign
- Kernig's Sign
- Paresis
- None of the Above Features

## Pre-Hospital Treatment

Antibiotic Treatment (Pre-Hospital):

- None
- IM Benzylpenicillin
- Other

Other Antibiotic:

(Enter details of other antibiotic here)

Please record any additional information or comments here please.

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**PIC CRF 2 (Laboratory Testing & Outcomes)**

Please complete the survey below.

Thank you!

Unique Study ID

(This study ID should not include patient identifiers.)

**Emergency Treatment**

Emergency Hospital Treatment

- Intravenous Antibiotics  
 Intravenous Bolus Fluids  
 Inotropes  
 None of the Above  
 (Intravenous Bolus Fluids Refers to Intravenous Fluid Given During the Initial Stabilisation Period. Typically Not Beyond the First 4 Hours of Care.)

Intravenous Antibiotics

- Ceftriaxone  
 Cefotaxime  
 Co-Amoxiclav  
 Amoxicillin  
 Benzylpenicillin  
 Flucloxacillin  
 Other  
 (Tick all that apply)

Other Antibiotic

(Please use free text to enter name of antibiotic given)

Bolus Fluids ml/kg

(Total fluid given during the stabilisation period)

Inotropes

- Adrenaline  
 Dopamine  
 NorAdrenaline  
 Dobutamine  
 Other  
 (Tick all that apply)

Other inotrope

(Free text other Inotropes if used)

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**Test Results**

Lab Results

- Haemoglobin  
 White Cell Count  
 Neutrophil Count  
 Platelet Count  
 CRP  
 Lactate  
 PT  
 APTT  
 PCT  
 LAMP  
 No Laboratory Investigations Performed  
 (Tick all that apply - only include lab tests with results)

Haemoglobin g/l

Total White Cell Count 10x9/l

Total Neutrophil Cell Count 10x9/l

Platelet Count 10x9/l

CRP mg/l

(For CRP values below 5 record 5)

Lactate mol/l

PT (Seconds)

APTT (Seconds)

Procalcitonin ng/ml

LAMP

- Positive  
 Negative  
 Invalid

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**Reference Standard Testing**

Reference Standard Testing

Blood PCR  
 Blood Culture  
 CSF PCR  
 CSF Culture  
 Respiratory Virus Testing  
 Stool Pathogens  
 Urine Culture  
 Imaging  
 Other  
 None  
 (Tick all tests performed with valid results)

---

Blood PCR  Positive  Negative

---

Positive Blood PCR

(Free text identified bacteria/viruses from blood PCR)

---

Blood Culture  Positive  Negative

---

Blood Culture Pathogen

(Free text bacteria grown at culture)

---

CSF PCR  Positive  Negative

---

CSF Pathogen Identified Using PCR

(Free text CSF PCR result)

---

CSF Culture  Positive  Negative

---

CSF Culture

(Free text CSF culture result)

---

Respiratory Virus  Positive  Negative

---

Respiratory Virus

(Free text bacteria viruses identified)

---


Stool Pathogen Testing  Positive  Negative

---

Stool Pathogen

(Free text pathogens identified)

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Urine Culture Testing  Positive  Negative

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Pathogen Identified in Urine

(Free text pathogens identified)

---

Urine Result Confirmed Via

1 x Sterile Urine (Clean Catch, Suprapubic Aspiration or Catheter Sample) with >10,000 CFU/ml  
 2 x Non-sterile Urine With the Same Pathogen with >10,000 CFU/ml in Both  
 Not Confirmed - Results Do Not Meet Either Standard (The reference standard for confirmed UTI is either at least 10,000 CFU/ml from a single sterile urine or two non-sterile urine samples with more than 10,000 CFU/ml of the same pathogen )

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Select Imaging Performed

Chest Radiograph  
 Abdominal Radiograph  
 Other Radiograph  
 Abdominal Ultrasound  
 Other Ultrasound  
 CT Scan  
 MRI Scan  
 (Tick all that apply )

---

Chest Radiograph  Focal Consolidation (Radiologist Confirmed)  Other Finding

---

Abdominal Radiograph Report (Radiologist Confirmed)

(Free text report)

---

Other Chest Radiograph Finding (Radiologist Confirmed)

(Free text report)

---

Details of Other Radiograph

(Enter details of other radiographs)

---

Other Radiograph Report (Radiologist Confirmed)

---

Abdominal Ultrasound Report (Radiologist Confirmed)

(Free text report)

---

Other Ultrasound Report (Radiologist Confirmed)


(Free text report)

---

Details of CT

(Enter details of CT performed)

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CT Report (Radiologist Confirmed)

(Free text report)

Details of MRI

(Enter details of CT performed)

MRI Report (Radiologist Confirmed)

(Free text report)

Other

**Outcome**

Final Diagnosis

(Final diagnosis as listed in the medical record by the discharging clinician)

Outcome Following Emergency Department or Assessment Unit Attendance

- Discharge Home  
 Ambulate Same Day  
 Admit to Ward  
 Admit to Ward & Subsequently Ambulated  
 Direct Admission to PICU  
 Deceased  
 (Transfer to an observation unit or assessment unit for less than 12 hours isn't considered admission)

Length of Stay (Nights)

(If admitted and discharged the same day enter 0)

Number of Days Receiving Ambulatory Care

Survival to Discharge

- Yes  
 No

Did The Child Have an Unplanned Re-attendance Within 7 Days of Discharge?

- Yes  
 No  
 (Returning for ambulatory care or planned follow up isn't considered an unplanned re-attendance )

Reason for Re-attendance

(Please complete with as much detail as possible including any final diagnosis from that repeat attendance )

Was the Child Admitted to PICU

- Yes  
 No

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Number of Nights in PICU

**PICU Care**

Intubated and ventilated

Non-invasive ventilation e.g. CPAP/BIPAP

Inotropic support

CVWH

PICU Care Select All That Apply

Number of Ventilated Days

Number of Non-invasive Ventilation Days

Number of Days Requiring Inotropic Support

Number of Days Requiring CVWH

**Surgical Interventions**

Did the Child Require any Surgical Interventions?

- Yes  
 No

List Surgical Procedures Performed Here

Please record any additional information here please

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