ARTIC PC CRF v4 28.09.16

ID number <   >

Eligibility if all of

Inclusion Criteria age 6m -12y ☐

Presenting with infective acute LRTI ☐

Exclusion criteria if any of

Non-Infective cough ☐

Immune compromised ☐

Antibiotics in last 30 days ☐

Non infective asthma exacerbation ☐

Severe, clinician judged, tachypnoea ☐

Sibling enrolled in this project ☐

And for trial exclude if any of

Penicillin hypersensitivity ☐

Hypersensitivity to any other beta lactam ☐

Jaundice/hepatic impairment due to amoxicillin ☐

Concomitant medication that may interfere with amoxicillin ☐

Medication known to interact with amoxicillin ☐

Clinical diagnosis of pneumonia ☐

Previously enrolled in ARTIC PC ☐

Date of inclusion ☐☐/☐☐/☐☐☐☐

Informed consent for study obtained ☐

Background information:

Child's DOB ☐☐/☐☐/☐☐☐☐ Gender ☐ female ☐ male

Ethnicity ☐ (coded from list below) Post code of home ☐☐☐☐ ☐☐☐

Ethnic Group

White	'A' British	'B' Irish	'C' Any other white
Mixed	'D' White & Caribbean	'E' White & Asian	'F' White & Black African
	'G' Any other mixed		
Asian or Asian British	'H' Indian	'I' Bangladeshi	'J' Pakistani
	'K' any other asian		
Black or Black British	'L' African	'M' Caribbean	'N' Any other Black
Chinese or Other	'O' Chinese	'P' any other	
Prefer not to say	'Q'		

Please provide us with the parent's highest qualification

☐ Degree or equivalent ☐ Diploma (or equivalent)

☐ 'A' level ☐ GCSE /'O' level

☐ None ☐ Not given

Other

[ ]

Number of children in home (incl unwell child) ☐☐

Does anybody in the household where the child usually lives smoke?

☐ no ☐ yes ☐ don't know

Does the child have asthma? ☐ no ☐ yes

Carer reported symptoms

How unwell does the parent consider the child to be?

Well 0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 **Very unwell**

Duration of illness ☐☐ days

Has the illness got a lot worse recently ☐no ☐yes

If yes, how many days ago did it start to get worse ☐☐ days

Symptoms present: **During illness** **last 24 hrs?** **Severity in last 24 hrs (tick one)**

	During illness			**last 24 hrs?**			**Severity in last 24 hrs (tick one)**		
	No	**Yes**	***If yes***	**No**	**Yes**	***If yes***	**Mild**	**Moderate**	
Severe									
Dry cough	☐	☐	☛	☐	☐	☛	☐	☐	☐
Productive/wet cough/sputum	☐	☐	☛	☐	☐	☛	☐	☐	☐
Barking/croupy cough	☐	☐	☛	☐	☐	☛	☐	☐	☐
Wheezy cough	☐	☐	☛	☐	☐	☛	☐	☐	☐
Rattly chest	☐	☐	☛	☐	☐	☛	☐	☐	☐
Blocked or runny nose	☐	☐	☛	☐	☐	☛	☐	☐	☐
Breathing faster than normal (shortness of breath)	☐	☐	☛	☐	☐	☛	☐	☐	☐
Wheeze or whistling in the chest	☐	☐	☛	☐	☐	☛	☐	☐	☐
Fever	☐	☐	☛	☐	☐	☛	☐	☐	☐
Chills/shivering	☐	☐	☛	☐	☐	☛	☐	☐	☐
Diarrhoea	☐	☐	☛	☐	☐	☛	☐	☐	☐
Vomiting (including after cough)	☐	☐	☛	☐	☐	☛	☐	☐	☐
Taking few fluids/milk feeds	☐	☐	☛	☐	☐	☛	☐	☐	☐
Disturbed sleep	☐	☐	☛	☐	☐	☛	☐	☐	☐
Passing urine less often/dryer nappies	☐	☐	☛	☐	☐	☛	☐	☐	☐

Please tick NA if the child is too young/uncommunicative for the parent to know about the following > NA☐

Headache	☐	☐	☛	☐	☐	☛	☐	☐	☐

Muscle aches all over	☐	☐	☛	☐	☐	☛	☐	☐	☐
Confusion/disorientation	☐	☐	☛	☐	☐	☛	☐	☐	☐
Sore throat	☐	☐	☛	☐	☐	☛	☐	☐	☐

Clinical examination and management

	Absent	**Present**
Pallor	☐	☐
Grunting	☐	☐

	Absent	**Present**
Nasal flaring	☐	☐
Stridor	☐	☐
Inter/subcostal recession	☐	☐

	Absent	**Unilateral**	**Bilateral**
Wheeze	☐	☐	☐
Bronchial breathing	☐	☐	☐
Crackles/crepitations	☐	☐	☐

	Diffuse	**Focal**
If Crackles/crepitations	☐	☐

Temperature ☐☐☐☐ taken by (delete as necessary) infrared/ear/oral/other thermometer
Heart rate ☐☐☐ bpm
Respiratory rate ☐☐ bpm O2 sat ☐☐☐ % ☐ Unable to take O2 sat/no equipment
Consciousness level normal irritable drowsy
Capillary refill time 2 seconds or less 3 seconds or more

How unwell do you consider the child to be?

Well 0 1 2 3 4 5 6 7 8 9 10 **Very unwell**

Child has ill appearance ☐ No ☐ Yes

Main working respiratory tract diagnosis (delete as necessary) LRTI and bronchitis /pneumonia /URTI/ Other

DO NOT RANDOMISE IF DIAGNOSIS OF PNEUMONIA (can enter observational study)
What likelihood do you think this child has pneumonia? (low risk <2.5%, high risk >20%) from 0% to 100%

[%]

How certain are you of this diagnosis at this point?
☐ uncertain
☐ fairly certain
☐ certain

□ very certain

Advice about use of antipyretic/analgesics

☐ No advice ☐ Paracetamol ☐ Ibuprofen ☐ Both

Advice about other OTC: ☐ No ☐ Yes
If Yes what____________________________________

Trial medication given ☐ No (in observational study) ☐ Yes if Yes Medication ID (attach sticker here)

Has any other medication been given? If so, please give details :

Name of medication	Dose	Times per day	Duration

Antibiotics prescribed ☐ no☐ yes, immediate ☐ Yes, delayed by ☐☐ days

Referral for acute admission today? ☐ No ☐ Yes