



DATE

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Site ID

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Patient ID

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SECTION 4: CASE REPORT FORM

(GP/responsible clinician to complete)

Clinician's Details

Clinician Name

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Clinician Profession

Doctor

Nurse

Clinical Examination

Please give your global impression of the child in a scale of 0-10

0	1	2	3	4	5	6	7	8	9	10
Completely Well										Extremely Unwell

In order to for all clinicians, irrespective of profession (nurse vs. doctor) or their location (GP practice vs. Walk in Centre vs. Emergency Department) to complete the global impression scale in a similar fashion, the following guidance has been derived:

A zero score is appropriate for a child who is displaying no 'constitutional' upset. Child is fully conscious and alert, aware/interacting with their surroundings (e.g. smiling at parent/guardian), feeding/eating normally with normal tone, normal peripheral circulation. No fever, pain/discomfort, tachypnoea or respiratory distress at the time of assessment.

A score of 5 is appropriate for a child who is displaying 'constitutional' symptoms / signs warranting secondary care assessment but may not require admission. The primary care clinician would feel a secondary care assessment / period of observation was necessary. Emergency Department clinician would not feel happy to discharge without laboratory / radiographic tests or a period of observation.

A score of 10 is appropriate for a child who is displaying life-threatening signs requiring immediate resuscitation such as unconsciousness and / or circulatory collapse.

DUTY: **D**agnosis of **U**rinary **T**ract Infections in **Y**oung Children Study



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Please examine all of the following in all children.

For each question, please indicate: 'normal' or 'abnormal'. If abnormal, tick all that apply.

Examination **Observations**

Hydration Normal Some dehydration Severe dehydration Not examined

Conscious Level Normal Drowsy Irritable Not examined

General Normal Abnormal Not examined

If abnormal please tick all that apply:

Pallor Flushed Jaundice Distressed Lymphadenopathy

Other (please specify):

Throat Normal Abnormal Not examined

If abnormal please tick all that apply:

Red or Inflamed Swollen Quinsy Discharge or Pus

Other (please specify):

Ears Normal Abnormal Not examined

If abnormal please tick all that apply:

Pink Red or Bulging Fluid Level

Acute Perforation Chronic Perforation

Other (please specify):

Chest Normal Abnormal Not examined

If abnormal please tick all that apply:

Bronchial Breathing Unilateral Bilateral

Wheeze Unilateral Bilateral

Crackles Unilateral Bilateral

Recession Grunting Nasal Flaring

(any intercostal/subcostal/ supra-clavicular)

Other - please specify:

Abdomen Normal Abnormal Not examined

If abnormal please tick all that apply:

Mass or Organomegaly present **If Yes, please state:**

Loin Tenderness Suprapubic Tenderness

Other - please specify:

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Diagnosis and Planned Management Prior to Urine Dipstick Results

We would prefer if you answer these questions prior to seeing the urine dipstick results:

Are you currently aware of the urine dipstick results? Yes No

What is your working diagnosis?

- URTI chest infection bronchitis bronchiolitis pneumonia
 exacerbation of asthma (infective or non-infective) tonsillitis otitis media pharyngitis
 UTI gastroenteritis viral illness
 other *please state*:

How certain are you of this diagnosis at this point?

- uncertain fairly certain certain very certain

Before seeing dipstick results, are you planning on treating this child with antibiotics?

- No Yes [for suspected UTI] Yes [for other reason]
If Yes: immediate script delayed script

Before seeing dipstick results, would you have referred this child to a paediatrician or admitted this child to hospital?

- No Yes [for suspected UTI] Yes [for other reason]
 N/A [recruited in ED]

If this child was **NOT** in the DUTY study would you have requested a urine sample?

- Yes No

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Actual Management

PLEASE COMPLETE THE NEXT QUESTIONS AFTER REVIEWING DIPSTICK RESULTS

Clinician Name

Clinician Profession

Doctor

Nurse

Has your working diagnosis changed?

Yes

No

If Yes, please indicate:

URTI

chest infection

bronchitis

bronchiolitis

pneumonia

exacerbation of asthma
(infective or non-infective)

tonsillitis

otitis media

pharyngitis

UTI

gastroenteritis

viral illness

other, please state:

How certain are you of your diagnosis?

uncertain

fairly certain

certain

very certain

Did you treat the child with antibiotics?

No

Yes [for suspected UTI]

Yes [for other reason]

If Yes: immediate script

delayed script

Please provide details of script:

[GP surgery only]

Was the child referred for same day urgent assessment in hospital?

No

Yes [for suspected UTI]

Yes [for other reason]

NA

[ED only]

Was the child admitted to hospital for this illness?

No

Yes [for suspected UTI]

Yes [for other reason]

NA