

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



DATE

/ /

Site ID

Patient ID

-

3 MONTHS PRIMARY CARE NOTES REVIEW

(DUTY Research Nurse/Clinical Studies Officer (RN/CSO) to complete)

Practice Details

Practice Name:

Practice Site ID:

Reviewers Name:

Child's Details

Patient ID:

-

Date of Birth:

/ /

D D / M M / Y Y Y Y

Gender :

Female Male

NHS Number:

Study entry date: (i.e. date of consultation):

/ /

D D / M M / Y Y Y Y

Note review end date: (i.e. 3 month from recruitment):

/ /

D D / M M / Y Y Y Y

Patient has left this surgery (tick if yes):

Date (if known):

/ /

D D / M M / Y Y Y Y

Patient has died (tick if yes):

Date (if known):

/ /

D D / M M / Y Y Y Y

Please Note:

Data collected here refers to primary care contacts in the **3 MONTHS AFTER** the initial recruitment visit (for example, if recruited on 10/Sept/2010, 3month review end date is 10/Dec/2010).

Please do not include data recorded at the initial recruitment visit; any subsequent contacts on the day of recruitment can be included.

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Primary Care Visits

Please record how many consultations (not including routine immunisations and screening checks) have taken place.

Please also include DNAs (e.g. appointments that were missed) in the total number of contacts.

1. PRACTICE- BASED CONTACTS IN- HOURS

Number of
contacts

General Practitioner at the surgery

Practice Nurse/Nurse Practitioner at the surgery

Telephone consultation with doctor at the surgery

Telephone consultation with nurse at the surgery

Home visit by the doctor

Walk in centres visits

2. OUT- OF- HOURS CONTACTS FROM OOH CENTRE

Out-of Hours telephone contact – nurse

Out-of Hours telephone contact – doctor

Out-of Hours face-to-face contact – nurse

Out-of Hours face-to-face contact – doctor

Out-of-Hours home visit by doctor from OOH centre

Please record the number of urine samples sent to the laboratory:

Please provide full results below, and attach a copy)

	Date of test	Laboratory Result (<i>provide microscopy and culture information</i>) (<i>please tick if copy of results attached</i>)
Urine test 1		<input type="checkbox"/>
Urine test 2		<input type="checkbox"/>
Urine test 3		<input type="checkbox"/>

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Urine test 4

Hospital Visits

3. Has the child attended any hospital visits during the last 3 months?

No

Yes

Please include any DNAs (e.g. appointments that were missed).

If 'Yes' please record information relating to any contacts the child has had below:

Please note: Do not include data from the initial recruitment visit if the child was recruited at an A&E Dept.

4. Accident and Emergency department visits during the last 3 months?

No
Yes

→ Total number of visits:

Please record the following for each visit:

	Date of visit	Reason for visit: please state
VISIT 1		
VISIT 2		
VISIT 3		

5. Hospital clinic visits during the last 3 months?

No
Yes

→ Total number of visits:

Please record the following for each visit:

	Date of visit	Type of Clinic (e.g. Paediatrics)	Reason for visit: please state
VISIT 1			
VISIT 2			
VISIT 3			

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6. Hospital stays during the last 3 months?

No
Yes

→ Total number of visits:

Please record the following for each visit:

	Admission Date	Length of stay (# of nights, enter '0' if day case)	Reason for stay: please state
VISIT 1			
VISIT 2			
VISIT 3			

Hospital Tests

7. Has the child had any hospital tests during the last 3 months?

No
Yes

→ Total number of tests:

Please record the following for each test:

	Date of test	Type of test*	Results: please state
TEST 1			
TEST 2			
TEST 3			

* e.g. Ultrasound scan (USS), DMSA scan, Micturating Cysto-urethrogram (MCUG), Indirect MAG3 Cystogram, or any other test

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Prescribed Medication

8. Please record details of any **prescribed medication** the child received at the index visit and any subsequent visits in the last 3 months.

Please also record any repeat prescriptions.

	Name	Date prescribed	Strength / Dose	Formulation e.g. suspension/ suppository	Quantity and frequency of dose	Length of Dose	Tick if prescribed at recruitment visit
<i>Example</i>	<i>Trimethoprim</i>	<i>01/01/10</i>	<i>50mg/5ml</i>	<i>Oral suspension</i>	<i>5ml twice daily</i>	<i>5 days</i>	
Medicine 1							
Medicine 2							
Medicine 3							
Medicine 4							