

South African Paediatric Surgical Outcomes Study 2

Outpatient Clinic Case Record Form V1.0

SAPSOS-2 unique patient ID: _____ - _____ Hemacue _____ g.dl⁻¹

Date of outpatient clinic _____ / _____ / _____ (DD/MM/YYYY)

Inclusion criteria (Should be <i>yes</i> to all)	Yes	No
Age > 6 months to <16 years	<input type="checkbox"/>	<input type="checkbox"/>
Noncardiac surgery	<input type="checkbox"/>	<input type="checkbox"/>
Elective	<input type="checkbox"/>	<input type="checkbox"/>

Exclusion criteria (Should be <i>no</i> to all)	No	Yes
Patient, parent or legal guardian refusal	<input type="checkbox"/>	<input type="checkbox"/>
Surgery planned within 6 weeks from surgical outpatient visit	<input type="checkbox"/>	<input type="checkbox"/>
Known history of acquired iron overload, family history of haemochromatosis or thalassemia	<input type="checkbox"/>	<input type="checkbox"/>
Known reason for anaemia (e.g., untreated vit B ₁₂ or folate deficiency or haemoglobinopathy)	<input type="checkbox"/>	<input type="checkbox"/>
Treatment with oral iron, EPO, IV iron therapy or blood transfusion in the previous 12 weeks	<input type="checkbox"/>	<input type="checkbox"/>
Known hypersensitivity to oral iron or other contraindication to oral iron	<input type="checkbox"/>	<input type="checkbox"/>
Temperature > 38.0 °C or receiving non-prophylactic antibiotics	<input type="checkbox"/>	<input type="checkbox"/>
Acute liver failure	<input type="checkbox"/>	<input type="checkbox"/>

Patient Information

Age: _____ (days) _____ (months) _____ (years) ASA-PS I II III IV

Sex: Female Male Height (cm) _____ Weight (kg): _____

Comorbid disease (tick *all* that apply): Cardiac disease Cancer HIV/AIDS

Neurological disorder Chronic respiratory disease

Dewormed in the last 6 months (including if treated at outpatient clinic): Yes No

Surgery Information

Planned date of surgery: _____ / _____ / _____ (DD/MM/YYYY)

Planned surgical procedure: _____

Severity of surgery: Minor Intermediate Major

Type of surgery: Cardiac Thoracic ENT Burns

Neurosurgery Orthopaedic Hepatobiliary Gastrointestinal Gynae

Kidney/Urology Ophthalmology Plastics/cutaneous Burns Other

Patient name: _____ Telephonic contact details

Patient hospital number : _____ SAPSOS-2 unique patient ID:

South African Paediatric Surgical Outcomes Study 2

Telephonic Survey Case Record Form V1.0

Good day. My name is X and I am calling you because you have agreed for your child to be part of the SAPSOS-2 study. This means your child was diagnosed with anaemia at the hospital clinic and that your child was given iron medicine to take every day at home. I would like to ask you a few questions about how well your child is managing with the iron medication.

1) In the past week how many days did your child take their iron medication?

1 2 3 4 5 6 7

2) Questions about specific side-effects

a) Did he/she vomit after the medication? Y / N

Advise to check if it was given on empty stomach, in which case rather advise giving after meal or mixed with food

b) Is he/she complaining of nausea? Y / N

Advise to give with food or after meal rather; if it persists then decrease dose e.g. to alternate days or halve dose per day

c) Any stomach cramps or bloating? Y / N

Advise to take with food, and increase water and fibre intake e.g. fruit and vegetables and unrefined carbohydrates like brown rice and brown bread instead of white

d) Any heartburn (older children)? Y / N

Avoid taking too close to bedtime; take with food

e) Is he/she struggling to pass poo, and if so, is this a new problem? Y / N

(Advise to increase fluids, fruits and vegetables; add 5 to 10ml sorbitol once to twice a day (2.5 to 5ml <1year) if needed; if it persists despite above measures, decrease dose to alternate days or halve dose per day) Y/N

f) Any diarrhoea? Y / N

Advise increasing fluid and fibre as above; if it persists, decrease dose to alternate days or halve dose per day)

g) Is there any red blood or severe pain with stooling? Y / N

To speak to clinic or study doctor

3) Do you have any other questions or concerns about your child taking the iron medication?

Patient name: _____

DOB

d	d	m	m	y	y	y	y
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Patient hospital number : _____

SAPSOS-2 unique patient ID:

**South African Paediatric Surgical Outcomes Study 2 (SAPSOS-2)
Case Record Form (CRF): Admission for Surgery**

SAPSOS-2 unique patient ID: _____ - _____ Hemacue _____ g.dl⁻¹ N/A
Date of surgical admission _____ / _____ / _____ (DD/MM/YYYY)

Pre-Intervention Laboratory Results

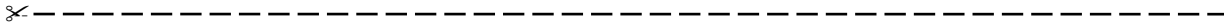
Hb _____ g.dl⁻¹
MCV _____ fl
Ferritin _____ mcg.L⁻¹
TSAT _____ %
Reticulocyte Hb content _____ pg

Duration of Oral Iron

Treatment commenced on _____ / _____ / _____ (DD/MM/YYYY)
Treatment finished on _____ / _____ / _____ (DD/MM/YYYY)
Treatment still ongoing Yes No
Number of tablets left _____
Amount of syrup left _____

Post-Intervention Laboratory Results

Hb _____ g.dl⁻¹
MCV _____ fl
Ferritin _____ mcg.L⁻¹
TSAT _____ %
Reticulocyte Hb content _____ pg



Patient name: _____ DOB

d	d	m	m	y	y	y	y
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Patient hospital number : _____ SAPSOS-2 unique patient ID: _____