

Sick Child Recording Form PART B

(for community-based treatment of child age 2 months up to 5 years)

Date: ____/____/____
(Day / Month / Year)

HSA: _____

Child's First Name: _____ Surname _____ Age: ____Years/____Months Boy / Girl

Caregiver's name: _____ Relationship: Mother / Father / Other: _____

Physical Address: _____ Village /TA: _____

1. Identify problems

ASK and LOOK		Any DANGER SIGN?	SICK but NO Danger Sign?
LOOK YES, sign present → Tick <input checked="" type="checkbox"/> NO sign → Circle <input type="checkbox"/>			
<input type="checkbox"/>	For child 6 mo. up to 5 years, MUAC colour: _____ MUAC _____ cm For all children <input type="checkbox"/> Oedema? If yes, <input type="checkbox"/> Oedema + <input type="checkbox"/> Oedema ++ <input type="checkbox"/> Oedema +++	<input type="checkbox"/> Oedema +++ <input type="checkbox"/> Red MUAC with complication <input type="checkbox"/> Yellow MUAC <input type="checkbox"/> Oedema + or ++ with complications (age 6 mo. or more) <input type="checkbox"/> Oedema + or ++ with or without complications (age 2 up to 6 mo.)	<input type="checkbox"/> Red on MUAC tape <input type="checkbox"/> Oedema + <input type="checkbox"/> Oedema ++
		↓	↓
		<input type="checkbox"/> If ANY Danger Sign, refer to health facility	<input type="checkbox"/> If NO Danger Sign, treat at home and advise caregiver

NOTE: Medical complications are diarrhoea of any duration, fever of any duration, fast breathing, red eye of any duration, peeling of the skin or no appetite for RUTF

GO TO PAGE 2 →

Child's name: _____ Age: _____

(Treatment given
and other actions)

☐ If ANY Danger, refer
to health facility

☐ If NO Danger Sign, treat
at home and advise caregiver

If any danger sign, REFER URGENTLY to health facility:

ASSIST REFERRAL to health facility:

- ☐ Explain why child needs to go to health facility
- ☐ Advise to give 10% sugar water (Less than 6 months = 25 ml, 6 months or more = 50 ml)
- ☐ FOR SICK CHILD WHO CAN DRINK, BEGIN TREATMENT:

- If
- ☐ Oedema +++
 - ☐ Red on MUAC with complication / danger sign
 - ☐ Oedema + or ++ with danger sign / complication

- ☐ Give oral antibiotic (Amoxicillin—250 mg single dose).
 - ☐ Age 2 months up to 12 months—1 tablet
 - ☐ Age 12 months up to 5 years—2 tablets

If no danger sign,

TREAT at home and ADVISE on home care:

☐ If severe acute malnutrition (and eligible)

- ☐ Enroll
- ☐ Give RUTF

Food Item	Daily Quantity	For 7 Days	Ration to Give
<input type="checkbox"/> RUTF	2 sachets	14 sachets	14 sachets

☐ Give oral antibiotic (Amoxicillin—250 mg). Give twice daily for 7 days:

- ☐ Age 2 months up to 12 months—1 tablet (total 14 tabs)
- ☐ Age 12 months up to 5 years—2 tablets (total 28 tabs)

Help caregiver give first dose now.

☐ Do a rapid diagnostic test (RDT): {if not already done for fever in part A}
___Positive ___Negative

☐ If RDT is positive, give oral antimalarial LA (Artemether-Lumefantrine) {if not already given for fever above}

Give twice daily for 3 days:

- ☐ Age 5 months up to 3 years—1 tablet (total 6 tabs)
- ☐ Age 3 years up to 5 years—2 tablets (total 12 tabs)

Help caregiver give first dose now. Advise to give 2nd dose after 8 hours, and to give dose twice daily for 2 more days.

☐ Advise caregiver to give more fluids and continue feeding.

☐ Advise on when to return. Go to nearest health facility or, if not possible, return immediately if child

- ☐ Cannot drink or feed
- ☐ Becomes sicker
- ☐ Has blood in the stool

- ☐ Follow up child in 3 days (schedule appointment in item 6 below).
- ☐ For SAM follow up in 7 days
- ☐ Encourage HIV test if not tested.

Note on follow up: ☐ Child better—continue to treat at home. Day of next follow up: _____

Give Albendazole

- ☐ Less than 2 years - 200 mg
- ☐ 2 years or more - 400 mg single dose

- ☐ Child is not better: — refer **URGENTLY** to health facility.
- ☐ Child has danger sign — refer **URGENTLY** to health facility.