Sick Child Recording Form

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

Date:_____/_____/____ **HSA:**_____

(Day / Month / Year)

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?
	ASK: What are the child's problems? If not reported, then ask to be sure: ..... **YES,** sign present ➔Tick ☑ **NO** sign ➔ Circle ■		
☐	■ Cough? If yes, for how long? _____ days	☐ Cough for 14 days or more	
☐	■ Diarrhoea (loose stools)? IF YES, for how long? _____days. If diarrhoea, Blood in stool? ☐ ■	☐ Diarrhoea for 14 days or more ☐ Blood in stool	☐ Diarrhoea (less than 14 days AND no blood in stool)
☐	■ Fever (reported or now)? If yes, started _____ days ago.	☐ Fever for last 7 days	☐ Fever (less than 7 days)
☐	■ Convulsions?	☐ Convulsions	
☐	■ Difficulty drinking or feeding? IF YES, not able to drink or feed anything? ☐ ■	☐ Not able to drink or feed anything	
☐	■ Vomiting? If yes, vomits everything? ☐ ■	☐ Vomits everything	
☐ ☐	■ Red eyes? If yes, for how long _____days. ■ Difficulty in seeing? If Yes for how long _____days	☐ Red eye for 4 days or more ☐ Visual problem	☐ Red eye (less than 4 days)
☐	■ Has HIV	☐ Has HIV and any other illness or malnutrition	
☐	■At risk of HIV ☐One or both parents have HIV and child and has not tested for HIV .Or ☐Parents' current HIV status is unknown		☐ One or both parents have HIV and child has not tested for HIV ☐ Parents' current HIV status unknown
☐	■ Lives in a household with someone on TB treatment		☐ Lives with someone on TB treatment
☐	■ At risk of acute malnutrition ☐ Frequently sick, Or ☐ Less than 4 types of food groups ☐ Less than 6 months and stopped breast feeding		☐ At risk of acute malnutrition
☐	■ Any other problem I cannot treat (E.g. problem in breast feeding, injury)? See 5 **If any OTHER PROBLEMS, refer.**	☐ Other problem to refer:	
	LOOK:		
☐	■ Chest indrawing? (FOR ALL CHILDREN)	☐ Chest indrawing	
☐	**IF COUGH, count breaths in 1 minute:** _____breaths per minute (bpm) ■ Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more		☐ Fast breathing
☐	■ Very sleepy or unconscious?	☐ Very sleepy or unconscious	
☐	■ Palmar pallor	☐ Palmar pallor	
☐	**For child 6 mo. up to 5 years, MUAC colour:** _____ **MUAC** _____ cm **For all children** ■ Oedema? If yes, ☐ Oedema + ☐ Oedema ++ ☐ Oedema +++	☐ Oedema +++ ☐ Red MUAC with complication ☐ Yellow on MUAC ☐ Oedema + or ++ with complications (age 6 mo. or more) ☐ Oedema + or ++ with or without complications (age 2 up to 6 mo.)	☐ Red on MUAC tape ☐ Oedema + ☐ Oedema ++

☐ **If ANY Danger Sign, refer to health facility**

☐ **If NO Danger Sign, treat at home and advise careaiver**

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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.** **☐FOR SICK CHILD WHO CAN DRINK, BEGIN TREATMENT:**	
☐ If **Diarrhoea**	☐ **Begin giving ORS solution** immediately.
☐ If **Fever AND** ☐ **Convulsions or** ☐ Very sleepy or unconscious or ☐ Not able to drink or feed anything ☐ Vomits everything ☐ Palmar pallor --- ☐ If Fever AND danger signs other than the 5 above	☐ **Give Rectal Artesunate suppository (100mg)** ☐ Age 2months up to 3 years—1 suppository ☐ Age 3 years up to 5 years—- 2 suppositories --- ☐ Give first dose of oral antimalarial LA ☐ Age up to 5 months – not recommended ☐ Age 5 months up to 3 years—1 tablet ☐ Age 3 years up to 5 years – 2 tablets
☐ If **Chest indrawing**, or ☐ **Fast breathing and danger sign**	☐ **Give first dose of oral antibiotic** (Amoxicillin adult tablet—250 mg) ☐Age 2 months up to 12 months— 1 tablet ☐Age 12 months up to 5 years— 2 tablet
If red eye	☐ **Apply antibiotic eye ointment**
☐For any sick child who can drink, advise to give fluids and continue feeding. **☐Advise to keep child warm, if child is NOT hot with fever.** **☐Write a referral note.** **☐Arrange transportation, and help solve other difficulties in referral. FOLLOW UP child on return at least once a week until child is well.**	

If no danger sign, TREAT at home and ADVISE on home care:	
☐ If **Diarrhoea**	☐ **Give ORS.** Help caregiver give child ORS solution in front of you until child is no longer thirsty. ☐ **Give caregiver 2 ORS packets to take home.** Advise to give as much as child wants, but at least ½-cup ORS solution after each loose stool. ☐ **Give zinc supplement.** Give 1 dose daily for 10 days: ☐ Age 2 months up to 6 months – ½ tablet (total 5 tabs) ☐ Age 6 months up to 5 years—1 tablet (total 10 tabs) Help caregiver to give first dose now.
☐ If **Fever**	☐ **Do rapid diagnostic test (RDT).** ☐ **Positive** ☐ **Negative** ☐ If RDT is positive, give oral antimalarial LA Give twice daily for 3 days ☐ Age up to 5 months —not recommended ☐ Age 5 months up to 3 years—1 tablet (6 tablets) ☐ Age 3 years up to 5 years—2 tablets (total 12 tabs) Help caregiver give first dose now and 2nd dose after 8 hours. Then give dose twice daily for 2 more days. ☐ **Advise caregiver on use of an ITN** ☐ **Give Paracetamol.** Give 4 times a day ☐ Age 5 months up to 3 years - ¼ tablet (total 3 tabs) ☐ Age 3 years up to 5 years – ½ tablet (total 6 tabs)
☐ If **Fast breathing**	☐ **Give oral antibiotic** (Amoxicillin adult tablet—250 mg). Give twice daily for 5 days: ☐Age 2 months up to 12 months— 1 tablet (total 10 tabs) ☐Age 12 months up to 5 years— 2 tablets (total 20 tabs) Help caregiver give first dose now.
☐ **If red eye**	☐ **Apply antibiotic eye ointment.** Squeeze the size of a grain of rice on each of the inner lower eyelids, 3 times a day for 3 days.
☐ **If at risk of HIV**	☐ **Advise caregiver to take the child for HIV test soon and, if parents' HIV status is not known ,advise the mother and father to test for HIV also**
☐ **living in HH with one on TB treatment**	☐**Advise caregiver to** take child soon for TB screening and TB preventive medicine
☐ **If at risk of acute malnutrition**	☐ **Advise caregiver on good feeding practices**
☐ **For ALL children treated at home, advise on home care**	☐**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).

4. CHECK VACCINES RECEIVED(tick ☐ vaccine scompleted, circle ■ vaccines missed)

Age	Vaccine		➔ **Advise caregiver, if needed:**
Birth	☐ ■ BCG	☐ ■ OPV-0	**WHEN is the next vaccine to be given?** **WHERE?**
6 weeks*	☐ ■ DPT—Hib + HepB1 ☐ ■PCV1 ☐ ■ Rota1	☐ ■ OPV-1	
10 weeks*	☐ ■ DPT—Hib + HepB2 ☐ ■ PCV2 ☐ ■ Rota2	☐ ■ OPV-2	
14 weeks*	☐ ■ DPT—Hib + HepB3 ☐ ■ PCV3	☐ ■ OPV-3	
9 months	☐ ■ Measles 1		
15 months	☐ ■ Measles 2		

*Keep an interval of 4 weeks between DPT-Hib + HepB and OPV doses. Do not give OPV 0 if the child is 14 days old or more

5. If any OTHER PROBLEM or condition I cannot treat, refer child to health facility, write referral note. (If diarrhoea, give ORS. Do not give antibiotic or antimalarial.)

Describe problem:_____

6. When to return for FOLLOW UP (circle): Monday Tuesday Wednesday Thursday Friday Weekend

7. Note on follow up:

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

☐ Child is not better—refer **URGENTLY** to health facility.

☐ Child has danger sign—refer **URGENTLY** to health facility.

☐ IF ACUTE MALNUTRITION, PROCEED TO PART B OF SICK CHILD RECORDING FORM