

Child's name: _____

Age: _____

3. Refer or treat child (tick treatments given and other actions)

<p>If any danger sign, REFER URGENTLY to health facility:</p> <p>ASSIST REFERRAL to health facility:</p> <p><input type="checkbox"/> Explain why child needs to go to health facility. GIVE FIRST DOSE OF TREATMENT:</p>	
<p><input type="checkbox"/> If Diarrhoea</p>	<p><input type="checkbox"/> If child can drink, begin giving ORS solution right away, as much as the child will take until departure. Give caregiver extra ORS solution to continue giving on the way.</p>
<p><input type="checkbox"/> If Fever AND</p> <p><input type="checkbox"/> Convulsions or</p> <p><input type="checkbox"/> Unusually sleepy or unconscious or</p> <p><input type="checkbox"/> Not able to drink or feed anything or</p> <p><input type="checkbox"/> Vomits everything</p> <p>-----</p> <p><input type="checkbox"/> If Fever AND danger sign other than the 4 above</p>	<p><input type="checkbox"/> Give rectal artesunate suppository (100 mg)</p> <p><input type="checkbox"/> Age 2 months up to 3 years – 1 suppository</p> <p><input type="checkbox"/> Age 3 years up to 5 years – 2 suppositories</p> <p>-----</p> <p><input type="checkbox"/> Give first dose of oral antimalarial AL.</p> <p><input type="checkbox"/> Age 2 months up to 3 years—1 tablet</p> <p><input type="checkbox"/> Age 3 years up to 5 years—2 tablets</p>
<p><input type="checkbox"/> If Chest indrawing, or</p> <p><input type="checkbox"/> Fast breathing</p>	<p><input type="checkbox"/> If child can drink, give first dose of oral antibiotic (amoxicillin tablet—250 mg)</p> <p><input type="checkbox"/> Age 2 months up to 12 months—1 tablet</p> <p><input type="checkbox"/> Age 12 months up to 5 years —2 tablets</p>
<p><input type="checkbox"/> For any sick child who can drink, advise to give fluids and continue feeding.</p> <p><input type="checkbox"/> Advise to keep child warm, if child is NOT hot with fever.</p> <p><input type="checkbox"/> Write a referral note.</p> <p><input type="checkbox"/> Arrange transportation, and help solve other difficulties in referral.</p> <p><input type="checkbox"/> FOLLOW UP child on return at least once a week until child is well.</p>	

<p>If no danger sign, TREAT at home and ADVISE caregiver:</p>	
<p><input type="checkbox"/> If Diarrhoea (less than 14 days AND no blood in stool)</p>	<p><input type="checkbox"/> Give ORS. Help caregiver give child ORS solution in front of you until child is no longer thirsty.</p> <p><input type="checkbox"/> Give caregiver 2 ORS packets to take home. Advise to give as much as child wants, but at least 1/2 cup ORS solution after each loose stool.</p> <p><input type="checkbox"/> Give zinc supplement. Give 1 dose daily for 10 days:</p> <p><input type="checkbox"/> Age 2 months up to 6 months—1/2 tablet (total 5 tabs)</p> <p><input type="checkbox"/> Age 6 months up to 5 years—1 tablet (total 10 tabs)</p> <p>Help caregiver to give first dose now.</p>
<p><input type="checkbox"/> If Fever (less than 7 days) in a malaria area</p>	<p><input type="checkbox"/> Do a rapid diagnostic test (RDT).</p> <p>___Positive ___Negative</p> <p><input type="checkbox"/> If RDT is positive, give oral antimalarial AL (Artemether-Lumefantrine).</p> <p>Give twice daily for 3 days:</p> <p><input type="checkbox"/> Age 2 months up to 3 years—1 tablet (total 6 tabs)</p> <p><input type="checkbox"/> Age 3 years up to 5 years—2 tablets (total 12 tabs)</p> <p>Help caregiver give first dose now. Advise to give 2nd dose after 8 hours, and to give dose twice daily for 2 more days.</p>
<p><input type="checkbox"/> If Fast breathing</p>	<p><input type="checkbox"/> Give oral antibiotic (amoxicillin tablet—250 mg). Give twice daily for 5 days:</p> <p><input type="checkbox"/> Age 2 months up to 12 months—1 tablet (total 10 tabs)</p> <p><input type="checkbox"/> Age 12 months up to 5 years—2 tablets (total 20 tabs)</p> <p>Help caregiver give first dose now.</p>
<p><input type="checkbox"/> If at risk of HIV</p>	<p><input type="checkbox"/> 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.</p>
<p><input type="checkbox"/> If living in household with someone on TB treatment</p>	<p><input type="checkbox"/> Advise caregiver to take the child soon for TB screening and TB preventive medicine.</p>
<p><input type="checkbox"/> If Yellow on MUAC strap (no HIV)</p>	<p><input type="checkbox"/> Counsel caregiver on feeding or refer the child to a supplementary feeding programme, if available.</p>
<p><input type="checkbox"/> For ALL children treated at home, advise on home care</p>	<p><input type="checkbox"/> Advise caregiver to give more fluids and continue feeding.</p> <p><input type="checkbox"/> Advise on when to return. Go to nearest health facility immediately or if not possible return if child</p> <p><input type="checkbox"/> Cannot drink or feed</p> <p><input type="checkbox"/> Becomes sicker</p> <p><input type="checkbox"/> Has blood in the stool</p> <p><input type="checkbox"/> Advise caregiver on use of a bednet (ITN).</p> <p><input type="checkbox"/> Follow up child in 3 days (schedule appointment in item 6 below)</p>

4. CHECK VACCINES RECEIVED

(tick vaccines completed)

Advise caregiver, if needed:

WHEN and WHERE is the next vaccine to be given?

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem: _____

Age	Vaccine	Date given
Birth	<input type="checkbox"/> ■ BCG + HepB Birth <input type="checkbox"/> ■ OPV0	
6 weeks	<input type="checkbox"/> ■ DTP/Hib1/HepB1 <input type="checkbox"/> ■ OPV1 <input type="checkbox"/> ■ Rota1 <input type="checkbox"/> ■ PCV1	
10 weeks	<input type="checkbox"/> ■ DTP/Hib2/HepB2 <input type="checkbox"/> ■ OPV2 <input type="checkbox"/> ■ Rota2 <input type="checkbox"/> ■ PCV2	
14 weeks	<input type="checkbox"/> ■ DTP/Hib3/HepB3 <input type="checkbox"/> ■ OPV3 <input type="checkbox"/> ■ Rota3 <input type="checkbox"/> ■ PCV3	
9 months	<input type="checkbox"/> ■ MCV1	
18 months	<input type="checkbox"/> ■ DTP + MCV2	

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

7. Note on follow up:

- Child is 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.