Sick Child Recording Form

(for community-based treatment of child age 2 months up to 5 years in high HIV or TB setting)

Date: Date/Month/20	CHW:				
Child's name: First Family	Age:Years/Months Boy/Gir				
Caregiver's name:		-ather / Other:			
Address, Community:					
Identify problems ASK and LOOK	Any DANGER SIGN	SICK but NO Danger Sign?			
ASK: What are the child's problems? If not		j			
reported, then ask to be suré.					
YES, sign present → Tick ✓ NO sign → Circle ■					
□ Cough? If yes, for how long? days	□ Cough for 14 days or more				
□ Diarrhoea (3 or more loose stools in 24 hrs)?	□ Diarrhoea for 14 days	☐ Diarrhoea (less than			
IF YES, for how long?days.	or more	14 days AND no blood			
■ IF DIARRHOEA, blood in stool?	□ Blood in stool	in stool)			
☐ Fever (reported or now)?	☐ Fever for last 7 days	☐ Fever (less than 7			
If yes, started days ago.	or more	days) in a malaria area			
□ Convulsions?	□ Convulsions				
□ ■ Difficulty drinking or feeding?	□ Not able to drink or				
IF YES, □ not able to drink or feed anything?	feed anything				
□ Vomiting? If yes, □ vomits everything?	□ Vomits everything				
□ ■ Has HIV?	☐ Has HIV and any other illness				
 ■ At risk of HIV because □ One or both parents have HIV and child 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 is unknown 			
■ Lives in a household with someone who is on TB treatment?		☐ Lives with someone on TB treatment			
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	ū	□ Fast breathing			
■ Unusually sleepy or unconscious?	Unusually sleepy or unconscious				
For child 6 months up to 5 years, MUAC strap colour: red yellow green	□ Red on MUAC strap □ Yellow on MUAC strap and has HIV	□ Yellow on MUAC strap (does not have HIV)			
□ ■ Swelling of both feet?	☐ Swelling of both feet				
2. Decide: Refer or treat child	<u></u>				
(tick decision)	□ If ANY Danger Sign, REFER URGENTLY to health facility	☐ If NO Danger Sign, treat at home and advise caregiver			

Child's name:			i	Age:				
	treat child (tick t	reatments g	iven a	na other action	<u>-</u>			
If any danger sign,					If no danger sign, TREAT at home and ADVISE car			•
	NTLY to health fac	•		□If	☐ Give ORS. }			
	child needs to go			Diarrhoea	front of you un	til child is no lon	ger thirsty.	
facility. GIVE FIRST DOSE OF		(less than 14		Give caregiver 2 ORS packets to take home. Advis to give as much as child wants, but at least 1/2 cup ORS				
TREATMENT:			days AND no blood in stool)	solution after e		Dui ai least l	1/2 cup OR3	
□ If				51000 III 31001)	☐ Give zinc sup			
Diarrhoea	ORS solution right at the child will take un	•	Ie.		□ Age 2 m tabs)	onths up to 6 m	onths—1/2 ta	blet (total b
	caregiver extra ORS	· · · · · · · · · · · · · · · · · · ·			,	onths up to 5 ye	ars—1 tablet	(total 10 tabs
☐ If Fever AND	continue giving on the			□If		iver to give firs		
☐ Convulsions o		nate suppository	'	Fever	☐ Do a rapid diagnostic test (RDT). PositiveNegative			
□ Unusually	☐ Age 2 months up	to 3 years		(less than 7	☐ If RDT is positive, give oral antimal		al antimalaria	d AL
sleepy or unconscious or	— 1 suppository□ Age 3 years up to	5 vears		days) in a malaria area	(Artemether-Lumefantrine). Give twice daily for 3 days:			
□ Not able to	— 2 suppositorie			maiaria area	☐ Age 2 months up to 3 years—1 tablet			
drink or feed anything or	☐ Give first dose of	oral			☐ Age 3 years up to 5 years—2 tablets (total 12 tabs) Help caregiver give first dose now. Advise to give 2 nd			
□ Vomits	antimalarial AL.				dose after 8 ho			
everything	☐ Age 2 months up years—1 tablet	to 3			more days.			
☐ If Fever AND	☐ Age 3 years up t	o 5						
danger sign other than the 4 above	/ Jour 5 E 1 4 5 10 10 10							
	☐ If Chest ☐ If child can drink, gindrawing, or of oral antibiotic (c			□If	☐ Give oral an	tibiotic (amoxic	illin tablet—2	.50 mg).
•				Fast	Give twice daily for 5 days: ☐ Age 2 months up to 12 months—1 tablet (total 10 tab			
□ Fast breathing	tablet—250 mg) □ Age 2 months up	to 12 months—	,	breathing	☐ Age 12 months up to 5 years—2 table:			
	tablet		-		Help caregiv	er give first do	se now.	
□ Age 12 months up to 5 years —2 tablets		p to 5 years		□ 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.			
				☐ If living in	☐ Advise caregiver to take the child soon for TB			for TB
		household with		screening and TB preventive medicine.				
			TB treatment					
☐ For any sick child who can drink, advise to give		2	□If	□ Counsel caregiver on feeding or refer the child to a				
fluids and continue feeding.			Yellow on Supplementary feeding programme, if availa				ole.	
☐ Advise to keep child warm, if child is NOT hot with fever.			(no HIV)					
Write a referral note.			☐ For ALL	☐ Advise caregiver to give more fluids and continue			l continue	
☐ Arrange transportation, and help solve other			children feeding. treated at Advise on when to return. Go to nea			Go to neares	t health	
difficulties in referral.			home, advise	ome, advise facility immediately or if not possible retur			n if child	
☐ FOLLOW UP child on return at least once a			on home care	☐ Canno	t drink or feed nes sicker			
week until child is well.						lood in the stool		
					☐ Advise caregiver on use of a bednet (ITN).☐ Follow up child in 3 days (schedule appointment in iter			
					6 below)	•		
	CINES RECEIVED	Age	Vacci	ine				Date given
(tick □ vaccines completed) Advise caregiver, if needed: WHEN and WHERE is the next		Birth	□ ■ BCG + HepB Birth □ ■ OPVO					
		6 weeks	·		□ ■ PCV1			
vaccine to be given?	10 weeks	□■□	DTP/Hib2/HepB2	□ ■ OPV2	□ ■ Rota2	□ ■ PCV2		
 If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note. 		14 weeks	14 weeks □ ■ DTP/Hib3/HepB3 □ ■ OPV3 □ ■ Rota3 □ ■ PCV3					
		9 months □ ■ MCV1						
		18 months	onths □ ■ DTP + MCV2					
Describe prol	·							
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.								