Name of Supervisor:

……

Health Centre:

……

District:

……

Month & Year:

……

SUPERVISOR'S SUMMARY: Monthly CHW Patient Register

Zambia Ministry of Health Integrated Community Case Management Program

Table E: CHW PATIENT SUMMARIES

Please record summary information from all the CHW Patient Registers here. To be completed in duplicate.

CHW Name	CHW no.	Zone	PATIENTS SEEN			PROBLEM					ACTIVITIES				TREATMENTS GIVEN							TIMING OF TREATMENT				
			Age (2-59 months)	Male	Female	Fever	Cough	Difficulty breathing	Diarrhoea	Danger signs	Adminisitered RDT	RDT tests positive	Measured Respiratory Rate	Fast Breathing (High RR)	ORS	Zinc	Paracetamol	Coartem Yellow (2mos-<3 yrs)	Coartem Blue (3-5 years)	Amoxicillin Pink (2-11months)	Amoxicillin Green (1-5 years)	Malaria cases treated with ACT Within 24Hrs	Malaria cases treated with ACT Within 48Hrs	Fast breathing cases treated with Amox. within 24hrs	Fast breathing cases treated with Amox. within 48hrs	Referred
TOTAL																										