Name of CHW: ……

CHW No. ……

Zone: ……

Health Centre: ……

District: ……

Month & Year: ……

CHW Register: Patients

Zambia Ministry of Health Community Case Management Programme

Republic of Zambia MINISTRY OF HEALTH

malaria consortium disease control, better health

Table A-PATIENTS

Please record all patients you see (EXCEPT patients you see at the health facility)

		PATIENT INFORMATION						PATIENT'S SYMPTOMS (IF YES, tick in the appropriate column)						ACTIVITIES CARRIED OUT (IF YES, tick in the appropriate column)							TREATMENT												
			Age		Sex										RDT result			Respiratory rate															
	Date of visit	Patient's name	Mo	Year	M	F	Days since child fell sick (0,1,2,X)	Fever	Cough	Diarrhoea	Fast breathing	*Other (Specify)*	Danger sign	RDT done?	+	-	Breaths per minute	Normal	High	Diagnosis	Treatment given?	ORS	Zinc	Paracetamol (2-11 mos)	Paracetamol (1-5 yrs)	Coartem (2mos-<3 yrs)	Coartem (3-5 years)	Amoxycillin (2-11mos)	Amoxycillin (1-5 years)	**Other**	Treatment within 24 hrs	Treatment within 48 hrs	Referred patient to health facility
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TOTALS