ICCM SICK PATIENT REGISTER FOR CHILDREN 5 YEARS AND BELOW

Village:	Health Centre:	VHT Name:	Reporting Month and Year:

										0					TREATMENT (given by VHT)						
GENERAL INFO								PROBLEM				Diarrhoea			Fast Breathing		Fever		Fever +		
			Respiratory		ry _{RDT}							ZII	NC	AMOXICILLIN		ACT		RECTAL A			
Date	Patient Name		SEX	AGE	Rate (breaths/		or sults	Diarrhoea	Fast Breathing	Fever	Danger Sign	within	ORS	0 to 6 months	7 mths to 5 yrs	4 to 11 months	1 to 5 years	4 mths to 2 yrs	3 to 7 years	4 to 11 months 1 capsule	1
			1 F		minute)	+	-		Dicating		Jight	24 hrs	packets	1/2 tablet	1 tablet	Red	Green	Yellow	Blue	1 capsule	2 ca
	<u> </u>					Тс	otal					Total									

	NEWBORNS											
Date	Newborn Name	SE M		AGE (days)	Routine Newborn Care	Respiratory Rate (breaths/minute)	Hom Day 1	e Visit by Day 3	/ VHT Day 7	Danger Sign	Referr	

				OUT	COME	
Dange	r Sign					
ARTESU	INATE					
1 to 3 years	4 to 5 years	Referred	Recover- ed	Died	Bad Medicine Reaction	Un- known
capsules	4 capsules					

