

Date	Child's Full name:	Age	Sex	Caregiver Name	Relationship	Physical Address	Village	T/A	Follow up:	Date:
		Years Months	Boy Girl		Mother Father Other				<input type="checkbox"/> Better <input type="checkbox"/> Not better refer <input type="checkbox"/> Danger sign refer	
Identify Problem: Ask?	<input type="checkbox"/> Cough _____Days?	<input type="checkbox"/> Diarrhoea _____Days? <input type="checkbox"/> Blood in Stool?	<input type="checkbox"/> Fever _____Days?	<input type="checkbox"/> Convulsions?	<input type="checkbox"/> Difficulty drinking or feeding? <input type="checkbox"/> Unable to drink or feed anything?	<input type="checkbox"/> Vomiting? <input type="checkbox"/> Vomiting everything?	<input type="checkbox"/> Red eyes _____Days?	<input type="checkbox"/> Difficulty Seeing _____days?	<input type="checkbox"/> Other problem cannot treat?	
Identify Problem: Look?	<input type="checkbox"/> Chest indrawing?	If cough breaths in 1 minute _____? < 12 months: 50bpm or more > 12 months: 40bpm or more	<input type="checkbox"/> Very sleepy or unconscious?	<input type="checkbox"/> Palmar pallor?	<input type="checkbox"/> For child 6 months to 5 years, MUAC colour: Red or Yellow?	<input type="checkbox"/> Swelling of both feet?	Vaccination: <input type="checkbox"/> up to date? <input type="checkbox"/> Fully Immunized <input type="checkbox"/> Missed Vaccine			
Danger sign (Ask?)	Danger sign (Ask?)	Danger sign (Look)	Sick but no danger sign	Decide: refer or treat child (tick decision)	Prepare for referral (child who can drink)	Treat at home	Treat at home	Advise - home care		
<input type="checkbox"/> Cough-14 days or more <input type="checkbox"/> Diarrhoea-14 days or more <input type="checkbox"/> Blood in stool <input type="checkbox"/> Fever - last 7 days <input type="checkbox"/> If fever negative RDT <input type="checkbox"/> Convulsions	<input type="checkbox"/> Unable to eat or drink anything <input type="checkbox"/> Vomits everything <input type="checkbox"/> Eye with visual problem <input type="checkbox"/> Red eye for 4 days or more	<input type="checkbox"/> Chest indrawing <input type="checkbox"/> Very sleepy or unconscious <input type="checkbox"/> Palmar Pallor <input type="checkbox"/> Red / yellow on MUAC tape <input type="checkbox"/> Swelling of both feet <input type="checkbox"/> Other problem to refer	<input type="checkbox"/> Diarrhoea (less than 14 days and no blood in stool) <input type="checkbox"/> Fever (less than 7 days) <input type="checkbox"/> Red eye (less than 4 days) <input type="checkbox"/> Fast breathing	<input type="checkbox"/> If ANY danger Sign refer <input type="checkbox"/> Condition you can not treat or <input type="checkbox"/> If NO danger sign treat at home and advise caregiver <input type="checkbox"/> Stock out refer	Diarrhoea <input type="checkbox"/> ORS given <input type="checkbox"/> Give rectal artesunate(100mg) very sleep or unconscious, not able to drink or feed anything, vomits everything <input type="checkbox"/> Age 2months up to 3yrs (1 suppository) <input type="checkbox"/> Age 3yrs up to 5yrs (2 suppositories) <input type="checkbox"/> Age 3yrs up to 5yrs (1 suppository) <input type="checkbox"/> Age up to 5months, not recommended <input type="checkbox"/> Age 5months up to 3 yrs (1 tablet) <input type="checkbox"/> Age 3 yrs up to 5 yrs (2 tabs) Chest indrawing or any danger sign + Fast breathing <input type="checkbox"/> Cotrimoxazole 2 months up to 12 months (1/2 tab) <input type="checkbox"/> Cotrimoxazole 12 months up to 5 yrs (1 tab) Red Eye <input type="checkbox"/> Antibiotic eye ointment	Diarrhoea <input type="checkbox"/> ORS 3 pkts <input type="checkbox"/> Zinc 2 months up to 6 months (5 tabs) <input type="checkbox"/> Zinc 6 months up to 5 yrs (10 tabs) Fever Do mRDT If mRDT is positive <input type="checkbox"/> LA 5 months up to 3 yrs (6 tabs) <input type="checkbox"/> LA 3 yrs up to 5 yrs (12 tabs) <input type="checkbox"/> Paracetamol 2 months to 3 yrs (3 tabs) <input type="checkbox"/> Paracetamol 3 yrs to 5 yrs (6 tabs)	Fast breathing <input type="checkbox"/> Cotrimoxazole 2 months up to 12 months (5 tabs) <input type="checkbox"/> Cotrimoxazole 12 months up to 5 yrs (10 tabs) Red eye <input type="checkbox"/> Antibiotic eye ointment 3 times per day (1 tube)	<input type="checkbox"/> Increase fluids and continue feeding Advise when to return <input type="checkbox"/> Follow up in 3 days		

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Age (Mo.s)	Malaria / Fever						
	Fever Cases	RDT+	RDT-	LA	RDT-	Refer No Drug/No RDT	Danger sign
2-4							
5-35							
36-59							
Total							

Age (Mo.s)	New Cases	Diarrhoea		Fast breathing		Red eye		Malnutrition	Palmar pallor	Other conditions
		ORS	Zinc	Refer No drug	Danger sign	New Cases	Amox			
2-11										
12-59										
Total										

New Cases by Gender	
Male	
Female	
Total	

	LA 6x1	LA 6x2	Parace-tamol	ORS	ZINC	Cotrim-oxazole	Eye Ointment
SOH							
Total Used							
Total Loses							

Invalid RDT
Total RDT Used