CHEW iCCM Monthly Summary Register

County: | Sub-County: | Link facility: | Name of CU: | Household No.: ……To …… | Name of CHEW:-

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB
	REPORTING MONTH		Child information							ASSESSMENT AND CLASSIFICATION																																																
										Treatment (TOTALS of YES or TICK)					Referral (TOTALS OF YES or TICK)														Treatment or Services (TOTALS)																								Outcome Totals							
Serial	Name of CHW	CHW Phone No.	Total Males	Total Females	Total Number of Children (male and Females)	Total number of children who slept under mosquito net last night	Total number of child aged below 6 months EBF	Total children above 6 months vitamin A status upto date		Diarrhoea < 14 days and NO Blood in Stool	Fever or Hotness of the body	Fever < 7 days RDT Done	Fever < 7 days RDT +ve	Fast breathing	Yellow on MUAC	Cough for 14 days or more	Diarrhoea for 14 days or more	Blood in stool	Fever for 7 days or more (RDT+or -or not done)	Convulsions	Not able to drink or feed at all	Vomits everything	Chest in-drawing	Unusually sleepy or unconscious	Red on MUAC	Swelling of both feet	Immunization required	Newborn danger signs present	ORS(20.5g/ltr0; Sachets	ZINC (20mg)' Tabs	AMOXYCILLIN (125mg/250mg/375mg) tabs/ Bottle	ACTs (6s)	ACTs (12s)	ACTs (18s)	ACTs (24s)	Albendazole (A82); Tabs	Paracetamol; Tabs	Tetracycline Eye Ointment (TEO); 1%; tube	Combine Oral Contraceptives (COC); pills	Chlorine/floculant	Chlorine tabs	DPD tabs	Male condoms	Female condoms	Dispensing envelops	Counselled	Treated within 24 hrs of illness onset	Referred	Referral compliance	Referral compliance more than 24hrs	Recovered	Died	Adverse Drug Reaction (ADR)	Defaulter	Remarks/Comments
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