Sick Child Recording Form

(for community-based treatment of child age 2 months up to 5 years)

Date:____/____/20____ **CHW's Name:** _____ **Tel:** _____

Child's name: First _____ Family _____ **Age:** ____Years/____Months. **Boy / Girl**

Caregiver's Name: _____ **Relationship:** Mother / Father / Other: _____

Name of Community Unit: _____ **Name of Link Facility:** _____

House Hold Number: _____ **Caregiver's Phone Number:** _____

1. Identify problems

	ASK and LOOK	Any DANGER SIGN	SICK but NO Danger Sign?
	ASK: What are the child's problems? If not reported, then ask to be sure. **YES,** sign present → Tick ☑ **NO** sign → Circle ⊡		
☐	Cough? If yes, for how long? __ days	☐ Cough for 14 days or more	
☐	Diarrhoea (3 or more loose stools in 24 hrs)? IF YES, for how long? ____days.	☐ Diarrhoea for 14 days or more	☐ Diarrhoea (less than 14 days AND no blood in stool)
☐	IF DIARRHOEA, blood in stool?	☐ Blood in stool	
☐	Fever (reported or now)? If yes, started ____ days ago.	☐ Fever for last 7 days or more	☐ Fever (less than 7 days) in a malaria area
☐	Convulsions?	☐ Convulsions	
☐	Difficulty drinking or feeding? IF YES, ☐ not able to drink or feed anything?	☐ Not able to drink or feed anything	
☐	Vomiting? If yes, ☐ vomits everything?	☐ Vomits everything	
	LOOK:		
☐	Chest indrawing? (FOR ALL CHILDREN)	☐ Chest indrawing	
☐	**IF COUGH, count breaths in 1 minute:** _____breaths per minute (bpm) Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more		☐ Fast breathing
☐	Unusually sleepy or unconscious?	☐ Unusually sleepy or unconscious	
☐	**For child 6 months up to 5 years, MUAC strap colour: red__ yellow__ green__**	☐ Red on MUAC strap	☐ Yellow on MUAC strap
☐	Swelling of both feet?	☐ Swelling of both feet	

2. Decide: Refer or treat child

(tick decision)

☐ **If ANY Danger Sign, REFER URGENTLY to health facility**

☐ **If NO Danger Sign, treat at home and advise caregiver**

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Child's name: _____ Age:_____

3. Refer or treat child

(tick treatments given and other actions)

☐ **If ANY Danger Sign, REFER URGENTLY to health facility**

☐ **If NO Danger Sign, treat at home and advise caregiver**

If any danger sign, REFER URGENTLY to health facility:

ASSIST REFERRAL to health facility:

☐ **Explain why child needs to go to health facility. GIVE FIRST DOSE OF TREATMENT:**

☐ If **Diarrhoea**	☐ If child can drink, **begin giving ORS solution** right away.
☐ If **Fever AND** ☐ **Convulsions** or ☐ **Unusually sleepy or unconscious** or ☐ **Not able to drink or feed anything** ☐ **Vomits everything** --- ☐ If **Fever AND** danger sign other than the 3 above	☐ **Give rectal artesunate suppository** (100 mg) ☐ Age 2 months up to 3 years—1 suppository ☐ Age 3 years up to 5 years—2 suppositories --- ☐ **Give first dose of oral antimalarial AL.** ☐ Age 2 months up to 3 years—1 tablet ☐ Age 3 years up to 5 years—2 tablets
☐ If **Chest indrawing**, or ☐ **Fast breathing**	☐ If child can drink, **give first dose of oral antibiotic** (amoxicillin tablet—250 mg) ☐ Age 2 months up to 12 months—1 tablet ☐ Age 12 months up to 5 years—2 tablets

☐ **For any sick child who can drink, advise to give fluids and continue feeding.**

☐ **Advise to keep child warm, if child is NOT hot with fever.**

☐ **Write a referral note.**

☐ **Arrange transportation, and help solve other difficulties in referral.**

➔**FOLLOW UP child on return at least once a week until child is well.**

If no danger sign, TREAT at home and ADVISE on home care:

☐ If **Diarrhoea** (less than 14 days AND no blood in stool)	☐ **Give ORS.** Help caregiver give child ORS solution in front of you until child is no longer thirsty. ☐ **Give caregiver 4 ORS packets to take home.** Advise to give as much as child wants, but **at least** 1/2 cup ORS solution after each loose stool. ☐ **Give zinc supplement.** Give 1 dose daily for 10 days: ☐ Age 2 months up to 6 months—1/2 tablet (total 5 tabs) ☐ Age 6 months up to 5 years—1 tablet (total 10 tabs) Help caregiver to give first dose now.
☐ If **Fever** (less than 7 days) in a malaria area	☐ **Do a rapid diagnostic test (RDT).** __Positive __Negative ☐ **If RDT is positive, give oral antimalarial AL** (Artemether-Lumefantrine)**.** **Give twice daily for 3 days:** ☐ Age 2 months up to 5 months up to 1/2 tablet (total 3 tabs) ☐ Age 5 months up to 3 years up to 1 tablet (total 6 tabs) ☐ Age 3 years up to 5 years up to 2 tablets (total 12 tabs) Help caregiver give first dose now. Advise to give 2nd dose after 8 hours, and to give dose twice daily for 2 more days. Fever, give paracetamol every six hours for 3 days
☐ If **Fast breathing**	Refer.
☐ If **Yellow on MUAC strap**	☐ **Counsel caregiver on feeding** or refer the child to a supplementary feeding programme, if available
☐ For **ALL children treated at home, advise on home care**	☐ **Advise caregiver to give more fluids and continue feeding.** ☐ **Advise on when to return. Go to nearest health facility immediately** or if not possible return if child ☐ Cannot drink or feed ☐ Becomes sicker ☐ Has blood in the stool ☐ **Advise caregiver on use of a bednet (ITN).** ☐ **Follow up child in 3 days** (schedule appointment in item 6 below).

AGE or WEIGHT	TABLET (100mg)	TABLET (500mg)	SYRUP (200mg/5ml)
2 months up to 3 years (4-<14kg)	1	¼	2.5mls-5mls
3 years up to 5years (14-<19kg)	1 ½	½	7.5mls

4. CHECK VACCINES, DEWORMING & VITAMIN A STATUS

(Tick ☐ deworming drug or or vitamin A doses completed; Circle ☐ those missed):

Advise caregiver, if needed: WHEN and WHERE to get the next dose.

✻ not given beyond 32 weeks

✻✻ only in selected districts

Age	Vaccine			
Birth	☐ BCG			☐ OPV-0 (up to 2wks)
6 weeks	☐ DPT—Hib + HepB 1	☐ ROTA 1	☐ Pneumo 1	☐ OPV-1
10 weeks	☐ DPT—Hib + HepB 2	☐ ROTA 2*	☐ Pneumo 2	☐ OPV-2
14 weeks	☐ DPT—Hib + HepB 3		☐ Pneumo 2	☐ OPV-3
9 Months	☐ Measles 1		☐ Yellow fever**	
18 Months	☐ Measles 2			

Vitamin A for age given?
☐ 6 months
☐ 12 months (1 year)
☐ 18 months (1½ years)
☐ 24 months (2 years)
☐ 30 months (2 ½ years)
☐ 36 months (3 years)
☐ 42 months (3 ½ years)
☐ 48 months (4 years)
☐ 54 months (4 ½ years)
☐ 60 months (5 years)

DEWORMING FROM 1 YEAR

Give once every six months to all children one year and above:
If Mebendazole 500mg or Albendazole 200mg for children 1 to 2 years and 400mg for children 2years and above.

Age	Drug	Dosage	Date of next visit
12 months (1Year)			
18 months (11/2Years)			
24 months (2Years)			
30 months (21/2Years)			
36 months (3Years)			
42 months (31/2Years)			
48 months (4years)			
54 months (41/2Years)			
60 months (5Years)			

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem: _____

6. When to return for FOLLOW UP (circle):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

7. Note on follow up:

☐ Child is better—continue to treat at home. Day of next follow up:_____.

☐ Child is not better—refer URGENTLY to health facility.

☐ Child has danger sign—refer URGENTLY to health facility.