

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"/> 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-21days 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"/> Convulsions	<input type="checkbox"/> Unable to eat or drink anything <input type="checkbox"/> Vomits everything <input type="checkbox"/> Red 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 <input type="checkbox"/> If NO danger sign treat at home and advise caregiver <input type="checkbox"/> Stock out refer	<input type="checkbox"/> Diarrhoea <input type="checkbox"/> Give rectal artesunate (100mg) <input type="checkbox"/> Age 2months up to 3yrs (1 suppository) <input type="checkbox"/> Age 3yrs up to 5yrs (2 suppository) <input type="checkbox"/> If fever and no danger sign other than the 5 above <input type="checkbox"/> Age up to 5 months, not recommended <input type="checkbox"/> Age 5 months up to 3 yrs (1 table) <input type="checkbox"/> Age 3 yrs up to 5 yrs (2 tabs)	<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 <input type="checkbox"/> mRDT post <input type="checkbox"/> mRDT neg If mRDT is positive <input type="checkbox"/> Paracetamol 2 months to 3 yrs (3 tabs) <input type="checkbox"/> Paracetamol 3 yrs to 5 yrs (6 tabs) <input type="checkbox"/> LA 5 months up to 3 yrs (6 tabs) <input type="checkbox"/> LA 3 yrs up to 5 yrs (12 tabs)	Fast breathing <input type="checkbox"/> Amoxicillin 2 months up to 12 months (10 tabs) <input type="checkbox"/> Amoxicillin 12 months up to 3 yrs (20 tabs) <input type="checkbox"/> Amoxicillin 3yrs up to 5yrs (30 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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Malaria / Fever						Diarrhoea					Fast Breathing			Red eye			Malnutrition		Palmar pallor	Other Conditions	New Cases by Gender		LA 6x1	LA 6x2	Parace-tamol	ORS	ZINC	Cotrim-oxazole	Eye Ointment	Rectal Artesunate														
Age (Mo.s)	Fever Cases	RDT+	RDT-	LA	Refer	Age (Mo.s)	New Cases	ORS only	Zinc only	ORS & Zinc	Refer	New Cases	Cotrim	No Drug	Danger Sign	New Cases	Refer	No Drug	Danger Sign	New Cases	Refer			Male	Female	Total Used	Total Loses	New SOH																
2-4					No Drug Danger Sign	2-11																																						
5-35						12-59																																						
36-59						Total																																						
TOTAL						*Malnutrition (Red, Yellow muac and swollen feet)																																						

NB: All 2-4 months babies with fever should be referred immediately

Invalid RDT
Total RDT used