# 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

<table>
<thead>
<tr>
<th>ASK and LOOK</th>
<th>Any DANGER SIGN</th>
<th>SICK but NO Danger Sign?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASK:</strong>  What are the child’s problems? If not reported, then ask to be sure. YES, sign present → Tick ☑ NO sign → Circle ✗</td>
<td></td>
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<tr>
<td>□ Cough? If yes, for how long? ___ days</td>
<td>□ Cough for 14 days or more</td>
<td></td>
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<tr>
<td>□ Diarrhoea (3 or more loose stools in 24 hrs)? IF YES, for how long? ____ days.</td>
<td>□ Diarrhoea for 14 days or more</td>
<td>□ Diarrhoea (less than 14 days AND no blood in stool)</td>
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<tr>
<td>□ IF DIARRHOEA, blood in stool?</td>
<td>□ Blood in stool</td>
<td></td>
</tr>
<tr>
<td>□ Fever (reported or now)? If yes, started ____ days ago.</td>
<td>□ Fever for last 7 days or more</td>
<td>□ Fever (less than 7 days) in a malaria area</td>
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<tr>
<td>□ Convulsions?</td>
<td>□ Convulsions</td>
<td></td>
</tr>
<tr>
<td>□ Difficulty drinking or feeding? IF YES, □ not able to drink or feed anything?</td>
<td>□ Not able to drink or feed anything</td>
<td></td>
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<tr>
<td>□ Vomiting? If yes, □ vomits everything?</td>
<td>□ Vomits everything</td>
<td></td>
</tr>
</tbody>
</table>

### 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 | Fast breathing |
| Age 12 months up to 5 years: 40 bpm or more | |

□ 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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If Pneumo 1  Pneumo 2  Pneumo 2

DPT—Hib + HepB 1  Yellow
OPV-0  BCG
DPT—Hib + HepB 3  OPV-2  Measles 1
OPV-3  ROTA 1  OPV-1

4. CHECK VACCINES, DEWORMING & VITAMIN A STATUS
(Tick deworming drug 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

3. Refer or treat child
(tick treatments given and other actions)

If any danger sign, REFER URGENTLY to health facility:

ASSIST REFERRAL to health facility:
☐ If Diarrhoea
☐ If Fever AND Convulsions or Unusually sleepy or unconscious or Not able to drink or feed anything
☐ If Fever AND danger sign other than the 3 above
☐ If Chest indrawing, or Fast breathing
☐ 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)

If Fever AND Vomits everything

If Fast breathing

If Yellow on MUAC strap

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 2 years and above.

Age  Drug  Dosage
12 months (1Year)  BCG
18 months (1 1/2Years)  DPT—Hib + HepB 1 1/2 tablet
24 months (2Years)  DPT—Hib + HepB 2 1 tablet
30 months (2 1/2Years)  DPT—Hib + HepB 3 1/2 tablet
36 months (3Years)  MMR 1 tablet
42 months (3 1/2Years)  Measles 1 1/2 tablet
48 months (4Years)  Measles 2 1 tablet
54 months (4 1/2Years)  OPV-0 (upfa 2wks)
60 months (5Years)  OPV-2

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