



Ministry of Health
Hashemite Kingdom
of Jordan

Standards of Care for Health Centers



Volume VI

Performance Checklists

September 2002



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Volume I
Health Center Management



Volume II
Clinical Case Management



Volume III
Reproductive Health



Volume IV
Preventive Services



Volume V
Nursing Care Services



Volume VI
Performance Checklists





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PHCI
PRIMARY HEALTH CARE INITIATIVES



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Members of the Clinical Standards and Protocols Committee

Dr. Sa'ad Kharabsheh, PHC, General Director, Chairperson
Dr. Safa'a Al Qsous, Internal Audit and PHCI/QA Counterpart
Dr. Najeh Al Odat, Manager of Al Nasser Health Center/Capital
Dr. Maysoon Al Kilani, Abu Nseir Health Center, Capital
Dr. Mai Hadidi, Manager of Al Basheer Hospital Postpartum Center
Dr. Raja' Haddadin, MCH Supervisor, Capital
Dr. Ziad Anasweh, Al Baqee' Health Center, Balqa'
Dr. Lobov Al Zghoul, Ein Al-Basha Health Center, Balqa'
RN Rajwa Samara, Madaba
RN Salma Masannat, Madaba
Mr. Mahmoud Arslan, Clerk/ Internal Audit Directorate

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Dr. Azmi Hadidi, Chairperson, Director of Internal Audit
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Dr. Mohammad Al Borini, Capital Health Directorate
Dr. Mustafa Abu Drei', Assistant Director/Capital Health Directorate
Pharmacist Najat Abu Seir, Capital Health Directorate
RN Mai Rahahleh, Internal Audit and PHCI/QA Counterpart
Mr. Ali Al Abdullat, Directorate of Internal Audit
Ms. Fayzeh Haroun, Directorate of Internal Audit
Ms. Imtithal Idkeek, Directorate of Internal Audit
Mrs. Majeda Karadsheh, Directorate of Internal Audit

Technical Reviewers for Management Standards

Dr. Ismail Sa'adi, Supply System

Pharmacist Abeer Muwaswas, Family Planning Logistics System Procedures

Dr. Salah Thiab, Mission Statement, Job Descriptions, Rights and Ethics

Pharmacist Najwa Al Hweidi, Pharmaceutical System Management Procedures

Mr. Bassam Monier, Accounting Procedures

Technical Reviewers for Clinical, Reproductive Health, and Preventive Services Standards

Dr. Ahmed Khair, Diabetes and Hypertension

Dr. Mohammed Bataina, Antenatal Care, Postnatal Care, Family Planning

Dr. Adel Bilbasi, Diarrheal Disease and Immunization

Dr. Khalid Abu Roman, ARI and Asthma

Dr. Sereen Mismar, Reproductive Health

Mrs. Fatima Zoabi, Nursing Care and Infection Prevention

Dr. In'aam Khalaf, Reproductive Health

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Introduction

Health for all is an achievable goal for the citizens of the Hashemite Kingdom of Jordan where primary care focuses on providing high quality preventive, promotive, and curative care in a cost-effective manner. The Jordanian Ministry of Health and USAID-funded Primary Health Care Initiatives Project (PHCI) have formed a partnership to reach this goal.

The Standards of Care for Health Centers described here represent a milestone in the road towards better health. They are tangible evidence of the considerable thought and effort that has been devoted to promoting quality of care by the Ministry of Health.

The purpose of the “Standards” is to ensure that health center staff members have the basic and essential guidance required for safe, effective, and humane service delivery. The Standards are contained in five volumes, each addressing a distinct aspect of health center services. A sixth volume of performance checklists is included with the Standards to facilitate self-assessment and performance review. As a set, the Standards are intended to serve as a convenient reference, a guide for service delivery, and a tool to support performance improvement. When following the guidelines set forth in the Standards, members of health center staff are assured that services meet the accepted standard of care required by their communities. The volumes and contents are described below.

Volume 1: Health Center Management

The Management Standards are organized in four sections. The first section contains job descriptions for staff providing direct and supportive care at health centers. The descriptions are meant to serve as a job aid for those who hold the positions and their supervisors rather than a model for staffing. The second section conveys the expected values and norms for health center services through a description of patient and provider rights and responsibilities. The third section contains the MOH guidance for managing health center accounting procedures and records. The fourth section contains instructions for procurement of drugs, contraceptives, vaccines, and supplies for laboratory and dental services.

Volume 2: Case Management

The five clinical problems addressed in the Case Management guidelines are: diabetes mellitus type II, hypertension, acute respiratory infection, asthma, and diarrhea. These conditions represent a significant percentage of the common medical problems encountered at health centers. Detailed guidance for diagnosis and management of each clinical problem is given, including recommendations for drug management, health education, referral, and follow-up care. Algorithms accompanying each clinical problem inform critical diagnostic or management decision-making. Together, these tools provide reference options for both quick and comprehensive review. Performance checklists complete the package for facilitating self-assessment and peer review.

Volume 3: Reproductive Health

This volume contains guidance for the reproductive health care services typically performed by doctors, nurses, and midwives at primary health centers. Antenatal care focuses on initial assessment and continuing support for pregnant women. The postnatal care section guides follow-up care for new mothers and their infants. Family planning includes guidance for counseling and information on the full range of contraceptive methods available in Jordan. A brief section on HIV/AIDS provides general information, basic education, and prevention messages for the community. All procedures described in the volume are accompanied by performance checklists, which reinforce and highlight the essential skills required for high quality reproductive health services.

Volume 4: Preventive Services

This volume addresses two different but complementary aspects of prevention, which are of great importance to the communities served by health centers. The first section covers prevention of childhood diseases through immunization; the second addresses the prevention of infection transmission within the health facility and among clients, staff, and the communities they serve. Immunization practices describe management of the cold chain and vaccines, immunization procedures and schedules, roles of staff, recordkeeping, and supervision. Infection prevention includes guidelines for maintaining protective barriers through handwashing, use of gloves and antiseptics, and procedures for decontamination, cleaning, sterilization, and waste disposal. Performance checklists are provided for all important procedures as a guide for self-assessment and performance review.

Volume 5: Nursing Care

Nursing procedures influence the care of most patients who visit the clinic by supplying the medical information that forms the basis for higher-level medical decisions about care and follow-up. This volume gives special attention to the procedures that are commonly called nursing care, but which are frequently performed by other members of the health center team. Guidance for home visits, child growth and development, immunizations, general care, and first aid is presented. As in the other volumes, performance checklists are included.

Volume 6: Performance Checklists

The performance checklists presented in each of the five volumes have been compiled in this final volume. These compiled checklists are a convenient tool and job aid for refreshing knowledge, guiding self-assessment, and standardizing performance assessment at the health centers.

Volume I *Health Center Management Performance Checklists*

Accounting Procedures

Performance Checklist 1: Auditing Health Center Accounting Procedures

Medical Procurement Systems

Performance Checklist 2: Auditing Medical Procurement System and Supply Procedures

Performance Checklist 3: Contraceptive Logistics Monitoring Tool
Contraceptive Supplies Provided at the Service Delivery Point

Performance Checklist 1: Auditing Health Center Accounting Procedures

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
<i>Records, Vouchers, and Forms</i>			
1. All records, vouchers, and forms are available and stored in a suitable manner.			
2. The information required on Receipt Vouchers is filled in completely, including: <ul style="list-style-type: none"> • Patient’s full name • Treatment card number • Medical insurance card number • Value in numbers • Date • Name and signature of the accountant preparing the receipt 			
3. Before receiving payment, the accountant ensures that the patient has a medical insurance card or a white treatment card issued by the same health center.			
4. Receipt Vouchers are kept in a safe place in correct serial order after use, and are well arranged.			
5. The accountant copies information from the Receipt Vouchers to the daily dispatch book.			
6. The accountant balances the amounts in the dispatch book and matches them with the totals of actual money received on a daily basis.			
7. A Receipt Voucher is used and filled out according to instructions.			

Task	Achieved?		Comments
	Yes	No	
8. An External/Dispatch Voucher is used and filled out according to instructions.			
9. The Inventory Ledger is used, with a separate page being used for different materials. Fixed materials are separated from consumables.			
10. The Petty Cash Ledger is filled in and maintained according to instructions.			
11. All records are returned and categorized for military personal and capable patients, and a monthly statement is prepared.			
Accounting Procedures			
1. Patients are asked about the type of service required and the insurance category before money is received from them.			
2. A safe is available for keeping receipts and moneys received.			
3. All amounts in the Dispatch Booklet are totaled and a grand total is computed.			
4. A copy of the Dispatch Booklet is sent monthly with bank deposit slips to the Health Directorate.			
5. All amounts are deposited daily and deposits slips are kept.			
6. A special record of vouchers received is prepared and kept in a file.			
7. All financial forms are kept for the period specified for each type.			

Performance Checklist 2:
Auditing Medical Procurement System and Supply Procedures

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
General Procedures			
1. Materials used are dispatched through an External Voucher for Supplies and deducted from the Inventory Ledger.			
2. Materials received are entered into the Inventory Ledger, including the number and date of the Internal Voucher for Supplies.			
3. All information is filled out accurately on the Internal Voucher for Supplies.			
4. All information is filled out accurately on the External Voucher for Supplies.			
Medication Supply			
1. Medical specifications are observed, including the recording of information needed about the patient and the medicine.			
2. The pharmacist checks the medicine’s name, concentration, dosage, and presentation before issuing it.			
3. The pharmacist writes out instructions for using the medication.			
4. The pharmacist records the expiration date on the medicine if it is taken out of its original container.			
5. The pharmacist records all the information about the medications in the Medicines List Ledger.			

Task	Achieved?		Comments
	Yes	No	
6. The pharmacist maintains and arranges the medications in an organized, clean, and accessible manner.			
7. Written instructions regarding issuing medications for the insured on the medical insurance account are followed.			
8. There is an operational refrigerator available at all times for the purpose of storing medicines.			
9. There is warehouse for storing pharmaceutical supplies. The pharmacist arranges stored materials in an organized, clean manner according to written instructions.			
10. Essential vaccines are cyclically supplied to the health center.			
11. The lab is supplied with all required essential materials.			
12. The dental clinic is provided with all its requirements cyclically and systematically.			

Performance Checklist 3: Contraceptive Logistics Monitoring Tool Contraceptive Supplies Provided at the Service Delivery Point

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular activity was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
<i>Contraceptive Supplies</i>			
1. The midwife receives supplies during the first week of the month.			
2. The following methods are available: <ul style="list-style-type: none"> • Microgynon • Lo-femulen • Femulen • Condoms • CUT 380A • Conceptrol (VFT) • Depo-Provera • Norplant 			
<i>Logistics Management Information System (LMIS) Forms</i>			
1. The LMIS manual is available.			
2. The inventory book is available and current.			
3. The daily activity register is available and current.			
4. The reporting/ordering book is available and is being used.			
<i>Storage of Contraceptives at the Health Center</i>			
1. The storage area is clean.			
2. The storage area is safe from water damage.			
3. The storage area is well lit.			
4. The storage area is well ventilated.			
5. Contraceptives are stored separately from insecticides, chemicals, medical supplies, and office supplies.			
6. Contraceptives are stored away from oils and fluorescent lights.			

Task	Achieved?		Comments
	Yes	No	
7. Cartons/boxes are stored off the floor on shelves.			
8. Cartons/boxes are marked with expiration dates.			
9. Contraceptives are stored in a manner to facilitate FIFO distribution.			
10. The health center has 0.5-2 months of stock for each brand of contraceptive.			

Volume II *Clinical Case Management Performance Checklists*

Performance Checklist 1: Diabetes Mellitus Type II

Performance Checklist 2: Systemic Hypertension

Performance Checklist 3: Bronchial Asthma

Performance Checklist 4: Diarrheal Diseases in Children

Performance Checklist 5: ARI in Children Under 5

Performance Checklist 1: Diabetes Mellitus Type II

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
History			
Patient is asked about:			
1. Personal, family, and past history			
2. Symptoms related to diabetes			
3. Symptoms of coexisting illness (hypertension, liver disease, heart disease)			
4. Frequency of acute complications (DKA, hypoglycemia)			
5. Full dietary history (habits, types, amount, times of main meals and snacks, weight changes)			
6. Current medications used for coexisting diseases (steroids, thiazides, etc.)			
7. Methods of glucose monitoring			
Physical Examination			
1. Height and weight			
2. Heart rate, blood pressure			
3. Palpates peripheral pulses			
4. Examines feet (deformities, cracking, brittle nails, infections, calluses, dryness, ulcers, oedema)			

Task	Achieved?		Comments
	Yes	No	
5. Examines mouth, teeth, gum			
6. Examines thyroid gland			
7. Examines skin (dermopathy, infections, sites of insulin injections)			
Local Examination			
1. Chest and heart			
2. Abdomen (liver, spleen, loin)			
Neurological Examination			
1. Vibration sense, glove and stocking hypothesia, ankle jerks			
Patient Education			
1. Uses simple, clear language			
2. Periodically checks if patient understands instructions			
3. Asks patient if s/he has any questions			
Educational Messages			
1. Basic pathophysiology of diabetes			
2. Nutrition (Caloric requirements, exchange system, main meals and snacks, constitution of food)			
3. Drugs (oral hypoglycemics or insulin)			
4. Exercise (proper methods and timing precautions)			

Task	Achieved?		Comments
	Yes	No	
5. Glucose monitoring			
6. Hypoglycemia (symptoms, treatment and prevention)			
7. DKA (symptoms, prevention, importance of hospitalization)			
8. Management of other illnesses			
9. Long-term complications and how they can be prevented (or at least delayed) with good glycemic control			
10. Personal hygiene			
11. Foot care			
12. Referral of patients to educational sessions (nutritionist, diabetes nurse, if available)			
Diagnostic Tests/Procedures – Monthly			
Orders and records the following tests/procedures on a monthly basis:			
1. Fasting Plasma Glucose (FPG) and/ or 2H PPPG and/or OGTT			
2. Urine glucose			
3. Blood urea and serum creatinine			
Diagnostic Tests/Procedures – Quarterly			
Orders and records the following tests/procedures every 3 months:			
1. Quantitative albumin/ Creatinine ratio			
2. Hb A1c			
Diagnostic Tests/Procedures – Yearly			
Orders and records the following on a yearly basis:			
1. HDL – LDL – TG – T cholesterol			

Task	Achieved?		Comments
	Yes	No	
Diagnostic Tests/Procedures – Yearly After 5 Years			
Orders and records the following yearly after 5 years of diabetes:			
Fundus examination			
Appropriate drug prescription according to guidelines			
Referral			
Appropriate referral for consultation according to guidelines.			

Performance Checklist 2: Systemic Hypertension

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
History			
Patient is asked about:			
1. Duration of hypertension			
2. Home blood pressure readings in past 3 months (if applicable)			
3. Factors that increase potential risk or influence control of hypertension			
4. Family history of hypertension, premature coronary artery disease (CAD), strokes, diabetes or renal disease			
5. Weight gain			
6. Intake of sodium, alcohol, saturated fats and/or caffeine			
7. Any medication use that may raise BP or interfere with effectiveness of antihypertension drugs (<i>e.g.</i> , non steroidal antiinflammatory, amphetamin, steroids, oral contraceptives, appetite suppressants)			
8. Any stress from work/family environment			
9. Symptoms suggesting secondary causes of hypertension			
10. Results and adverse effects of previous hypertensive therapy (if applicable)			

Task	Achieved?		Comments
	Yes	No	
11. Symptoms suggestive of target organ damages (<i>e.g.</i> , coronary artery disease, heart failure, stroke, renal disease, diabetes, peripheral vascular diseases, gout, sexual dysfunction)			
Physical Examination			
1. Takes and records vital signs in chart: pulse, temperature, and respiratory rate			
2. Verifies BP in contra-lateral arm			
3. Measures height and weight			
4. Examines optic fundi or refers to fundus examination			
5. Cardiovascular review			
a. Evidence of heart disease			
b. Pulmonary: bronchospasm, respiration rate			
c. Abdomen: bruits, enlarged kidneys, abnormal aortic pulsations.			
d. Optic fundi			
e. Calculate Body Mass Index (BMI)			
Patient Education Explains the following:			
1. Uses simple, clear language			
2. Periodically checks if patient understands instructions			
3. Asks patient if s/he has any questions			

Task	Achieved?		Comments
	Yes	No	
4. Informs patient about diagnosis and severity of condition			
5. Explains use and possible adverse side effects of prescribed medications			
6. Explains chronic nature of hypertension and the necessity of patient involvement in management			
7. Explains that the following lifestyle modifications are integral to management of hypertension:			
a. Weight reduction, cessation of smoking			
b. Aerobic physical activity (30-45 minutes, 3-4 times per week)			
c. Sodium intake should not exceed 6 grams of sodium chloride a day			
d. Maintain adequate intake of dietary potassium			
e. Reduce intake of dietary saturated fat and cholesterol			
8. Encourages home BP measurement and bringing in BP values to encourage positive attitudes about achieving therapeutic goals			
9. Explains to patient under what conditions referral to hospital or consultant is needed			

Task	Achieved?		Comments
	Yes	No	
Diagnostic Tests/Procedures			
Orders and records the following tests/procedures during first visit:			
1. Blood chemistry: potassium, creatinine, fasting glucose, total cholesterol			
2. Urinalysis for blood, protein & glucose			
3. Electrocardiogram			
4. Other optional tests with justifications			
Diagnosis Checks that hypertension stage and risk group are recorded (see CGS)			
Treatment Plan			
Appropriate drug prescription according to guidelines			
Referral			
Appropriate referral for consultation according to guidelines			

Performance Checklist 3: Bronchial Asthma

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved		Comments
	Yes	No	
History			
Patient is asked about:			
1. Duration of asthma			
2. Family history			
3. Symptoms related to asthma (wheezing, chest tightness, shortness of breath)			
4. Frequency of acute episodes			
5. Sleeping patterns			
6. Current medication			
Physical Examination			
1. Respiratory rate			
2. Pulse/minute			
3. Ability to talk			
4. Alertness			
5. Accessory muscles used			
6. Wheeze			
7. Other danger signs according to guidelines			

Task	Achieved?		Comments
	Yes	No	
1. Uses simple, clear language			
2. Periodically checks if patient understands			
3. Asks patient if s/he has any questions			
Educational Messages			
1. Basic pathophysiology of asthma			
2. Nature of the disease			
3. Role of patient in management			
4. Medication use and its side effects			
5. Home care			
6. When to return			
Diagnostic Tests/Procedures			
1. Peak Flow Analysis			
2. Spirometry			
Treatment Plan			
Treatment plan corresponds with level of severity			
Referral			
Appropriate referral for consultation according to guidelines			

Performance Checklist 4: Diarrheal Diseases in Children

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
History			
Mother or caretaker is asked about:			
1. Duration of diarrhea			
2. Frequency and consistency of stool			
3. Presence of mucus and/or blood in stool			
4. Urine output			
5. Feeding practices			
6. Drugs or other remedies taken			
7. Immunization history			
Physical Examination			
1. Height and weight			
2. Patient’s general condition:			
a. Well, all right, irritable?			
b. Eyes: normal, sunken or dry?			
c. Tears: present or absent?			
d. Mouth and tongue: moist or dry?			
e. Patient drinks eagerly, poorly, or unable to drink?			
f. Pinched skin returns to normal quickly or slowly?			
3. Degree of dehydration corresponds with the history and physical examination findings			

Task	Achieved?		Comments
	Yes	No	
1. Uses simple, clear language			
2. Periodically checks if patient understands instructions			
3. Asks patient if s/he has any questions			
Educational Messages			
1. Breastfeeding			
2. Use of safe water			
3. Handwashing (personal hygiene)			
4. Use of medication			
5. Use of oral rehydration solutions			
6. Homemade food			
7. Importance of immunizations			
8. When to return			
9. If the child is referred, explains the reason for referral to parents			
Treatment Plan			
1. Appropriate drug prescription according to guidelines			
2. Health provider selects the treatment plan that corresponds with the child's degree of dehydration			
Referral			
Appropriate referral for consultation according to guidelines			

Performance Checklist 5: ARI in Children Under 5

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
History			
Mother or caretaker is asked about:			
1. Child’s age			
2. Cough and its duration			
3. Difficulty breathing			
4. Sore throat			
5. Ability to eat or drink			
6. Wheezing			
7. Sleeping patterns			
8. Convulsions			
9. Fever			
10. Immunization history			
11. Other illnesses, diarrhea, malnutrition			
Physical Examination			
1. Body weight			
2. Temperature			
3. Count breathing rate			
4. Look for chest indrawing			
5. Listen to wheezing or stridor			

Task	Achieved?		Comments
	Yes	No	
1. Uses simple, clear language			
2. Periodically checks if patient understands			
3. Asks patient if s/he has any questions			
Educational Messages			
1. Basic pathophysiology of ARI			
2. Nature of the disease			
3. Role of patient in management			
4. Medication use and its side effects			
5. Home care			
6. When to return			
Treatment Plan			
1. Child illness classification corresponds with the assessment findings			
2. Treatment plan corresponds with child illness classification			
3. First dose of antibiotic is given before referring the child			
Referral			
Appropriate referral for consultation according to guidelines			

Volume III *Reproductive Health Performance Checklists*

Antenatal Care

- Performance Checklist 1: Pelvic Examination
- Performance Checklist 2: First Antenatal Visit
- Performance Checklist 3: Antenatal Return Visit

Postnatal Care

- Performance Checklist 4: Early Care for Mothers (within 2 weeks of delivery)
- Performance Checklist 5: Follow-up Care for the Mother (6 weeks after delivery)
- Performance Checklist 6: Infant Physical Assessment (5-30 days after delivery)

Family Planning

- Performance Checklist 7: General Counseling
- Performance Checklist 8. Counseling Following Pregnancy Loss
- Performance Checklist 9. Combined Oral Contraceptives (COCs)
- Performance Checklist 10. Progestin-Only Pills (POPs)
- Performance Checklist 11. Intrauterine Devices (IUDs)
- Performance Checklist 12. DMPA Injectable Hormone (Depo-Provera)
- Performance Checklist 13. Lactational Amenorrhea Method (LAM)
- Performance Checklist 14. Condoms (Male)
- Performance Checklist 15. Vaginal Spermicides
- Performance Checklist 16. Norplant Implants
- Performance Checklist 17. Fertility Awareness Method-Cervical Mucus Method (CMM)
- Performance Checklist 18. Emergency Contraceptive Pills (ECPs)
- Performance Checklist 19. Voluntary Surgical Sterilization: Tubal Occlusion

Performance Checklist 1: Pelvic Examination Checklist

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
All Clients			
1. Confirms that client has recently emptied her bladder.			
2. Explains pelvic examination procedure and answers questions.			
3. Positions woman appropriately on examination table with feet in stirrups.			
4. Drapes woman appropriately.			
5. Positions light for good illumination of cervix.			
6. Opens instruments or examination tools as necessary.			
7. Puts gloves on both hands.			
8. Inspects external genitalia for: <ul style="list-style-type: none"> • Inflammation. • Discharge. • Growths or lesions. 			
9. Inserts vaginal speculum carefully and slowly, with pressure on lower vaginal opening.			
10. Inspects vagina and cervix for: <ul style="list-style-type: none"> • Inflammation and/or discharge. • Growths or lesions. 			
11. Obtains Pap smear or vaginal swabs as necessary.			
12. Gently removes speculum and places in decontamination solution.			

Task	Achieved?		Comments
	Yes	No	
13. Performs bimanual examination for: <ul style="list-style-type: none"> • Tenderness on movement of cervix. • Position, size, and shape of uterus. • Evidence of pregnancy (enlargement of uterus, softening of lower uterus). • Mass or tenderness of adnexae (ovaries and tubes). • Perform rectal exam if necessary. 			
14. Removes and disposes of gloves.			
15. Discusses findings of pelvic examination with woman.			
Recordkeeping			
1. Documents findings in the client record.			

Performance Checklist 2: First Antenatal Visit

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
All Clients			
1. Greets client respectfully and introduces self.			
2. Explains the benefits and purpose of antenatal care.			
History — Midwife			
1. Takes and records the client’s health history including the following: <ul style="list-style-type: none"> • Client profile: name, address, emergency contact • Risk factors: age, number of children, spacing between children • LMP (calculates EDD), • Mode, place, and date of previous deliveries • Medications being taken • Outcomes of previous pregnancies • Time of initial quickening during current pregnancy • Fetal movement • Surgical history. 			
History — Physician			
2. Takes and records the client’s health history including the following: <ul style="list-style-type: none"> • Outcomes of previous pregnancies • Time of initial quickening during current pregnancy • Fetal movement • Medications being taken 			

Task	Achieved?		Comments
	Yes	No	
Physical Examination			
1. Provides a private area for examination.			
2. Performs complete physical examination in a private area of the health center: <ul style="list-style-type: none"> • Takes BP, weight, height, and calculates BMI. • Examines HEENT for color of mucosa, palpates thyroid. • Inspects and palpates breasts; teaches client self breast examination. • Listens to heart and lungs. • Inspects extremities for color, swelling, and reflexes. • Palpates back for signs of kidney infection. • Inspects and palpates abdomen. • Counts fetal heart rate. • Measures fundal height. • Palpates the fetus to determine lie and presentation after 28 weeks. 			
3..Performs pelvic examination following the 5-step procedure: <ul style="list-style-type: none"> • Inspection of external genitalia • Speculum inspection. • Palpation of external genitalia • Bimanual palpation • Recto-vaginal palpation 			
4. Identifies findings that require medical assessment and/or management and refers.			
5. Arranges for ultrasound, as indicated.			

Task	Achieved?		Comments
	Yes	No	
Laboratory Tests			
1. Performs or orders laboratory tests for: <ul style="list-style-type: none"> • Urine (glucose, albumin, acetone); urinalysis at the first visit and the second and third trimesters. • Blood (type, RH; antibody titres, if indicated; Hb/PCV; VDRL; Rubella antibody titre, Hepatitis screen, random blood sugar no later than 18 weeks and Gestational Diabetes Mellitus screening. 			
2. Conducts initial health education for what to expect during pregnancy, how to manage common complaints of pregnancy, self-care, and diet. Teaches danger signs of pregnancy.			
All Clients			
1. Shares findings with client and encourages questions.			
2. Gives prenatal medication: iron, folic acid, vitamins.			
3. Administers tetanus toxoid aseptically.			
4. Sets date for follow-up visit.			
Recordkeeping			
1. Records findings in client record.			

Performance Checklist 3: Antenatal Return Visits

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
All Follow-up Clients			
1. Greets client and introduces self.			
2. Reviews client record findings from previous visit, checks laboratory results.			
3. Asks client how she is feeling (physically and emotionally) and if she has had any problems since last visit.			
4. Asks specifically about: <ul style="list-style-type: none"> • Bleeding • Headache • Eye problems • Swelling of face & hands • Abdominal pain • Movement of the fetus 			
5. Asks about common complaints such as pain with urination, tiredness, nausea/vomiting, unusual vaginal discharge with or without itching.			
6. Asks if client has been taking her supplements (iron, folic acid).			
7. Encourages client to discuss her concerns or questions.			
8. Checks urine for albumin, glucose, and acetone.			
9. Performs limited examination, including: <ul style="list-style-type: none"> • Blood pressure • Weight • Abdomen – palpates fetus for lie and presentation, fetal heart rate; measures fundal height • Hand, legs for swelling, pitting edema; reflexes if indicated • Back for kidney tenderness 			

Task	Achieved?		Comments
	Yes	No	
10. Shares findings with client, answers her questions.			
11. Orders scheduled blood tests at 2 nd and 3 rd trimesters.			
12. Gives second tetanus toxoid dose at least 4 weeks after first dose.			
Client Education			
1. Covers health education topics appropriate for gestation of pregnancy, according to reproductive health standards. Covers, at the minimum: <ul style="list-style-type: none"> • Birth planning • Family planning • Infant feeding • Preparation for labor and birth 			
2. Reviews danger signs of pregnancy and instructs client to come to clinic immediately should any sign occur.			
3. Resupplies vitamin supplements, if needed.			
4. Sets date for next follow-up visit.			
Recordkeeping			
1. Records findings in the client record.			

Performance Checklist 4:
Early Care for Mothers (within 2 weeks of delivery)

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular activity was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
All Clients			
1. Greets the client (and family, if present) and introduces self.			
2. Explains the purpose and frequency of postnatal visits.			
3. Reviews client record for antenatal and intrapartum history.			
4. Asks client to describe her labor and birth; condition and sex of infant; did she have stitches.			
5. Asks client how she feels (physically, emotionally) and if she has any questions or problems.			
Physical Examination			
1. Washes hands and performs physical examination: <ul style="list-style-type: none"> • Temperature, pulse, respirations, blood pressure. • Breasts, for presence of colostrums. • Abdomen for level and consistency of uterus, presence of bladder distention. • Pads for amount of bleeding, presence of clots. • Vulva for condition of perineum, stitches intact. • Calves for tenderness. 			
2. Washes hands.			

Task	Achieved?		Comments
	Yes	No	
All Clients			
1. Discusses family planning needs and methods in anticipation of discharge.			
2. Teaches mother to: <ul style="list-style-type: none"> • Check her uterus to ensure that it is hard. • Change pads frequently, rinse vulva and wash from front to back each time she uses eliminates. • Drink plenty fluids and urinate frequently. • Practice exercises (<i>e.g.</i> Kegel/ vaginal, abdominal) 			
3. Encourages mother to eat plenty of body building food (protein) and energy food (fats, grains).			
4. Observes the mother and infant breastfeeding; correct practices, as needed.			
5. Teaches mother how to handle common breastfeeding difficulties.			
6. Encourages mother to breastfeed frequently/on infant's demand.			
7. Reinforces LAM, if it is the mother's chosen method.			
8. Teaches mother postnatal danger signs : <ul style="list-style-type: none"> • Heavy bleeding, • Fever, • Abdominal pain or foul-smelling vaginal discharge, • Pain or tenderness, heat in legs. 			
9. Gives appointment for next follow-up visit.			
Recordkeeping			
1. Records findings in the client record.			

Performance Checklist 5:
Follow-up Care for the Mother (6 weeks after delivery)

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
All Clients			
1. Greets the client (and family, if present) and introduces self.			
2. Reviews client’s record for antenatal, intrapartum, previous postnatal history.			
3. Asks client how she feels (physically, emotionally) and if she has any questions or problems.			
4. Asks mother how she is managing breastfeeding and/or LAM.			
5. Asks mother about appetite, rest, sleeping, level of activity.			
6. Asks mother about presence of postnatal danger signs .			
7. Asks mother if she has given any more thought to the FP method she would like to use, if not already using LAM or another method.			
8. If using LAM, asks mother if the 3 criteria are still present.			
Physical Examination			
1. Washes hands and performs a physical examination: <ul style="list-style-type: none"> • Temperature, pulse, blood pressure • Breast – condition of nipples • Abdomen – uterus, firm and barely or not felt abdominally • Vulva – amount of lochia, clots; condition of perineum • Legs – pain, tenderness, heat in calves 			
2. At six-week visit, performs complete pelvic examination.			
3. Teaches mother exercises to strengthen the tone of abdominal and vaginal muscles.			

Task	Achieved?		Comments
	Yes	No	
4. Performs or orders laboratory tests: <ul style="list-style-type: none"> • Hb/Hct • CBC, if indicated • Urinalysis 			
5. Washes hands.			
All Clients			
1. Provides client’s chosen FP method consistent with breastfeeding status and absence of precautions.			
2. Gives FP method and/or back-up method with user instructions.			
3. Encourages mother to have husband use condoms if she might be at risk for STIs.			
4. Shares findings with mother.			
5. Gives appointment for next visit.			
Recordkeeping			
1. Records findings in the client record.			

Performance Checklist 6:
Infant Physical Assessment (5-30 days after delivery)

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
All Clients			
1. Greets the client (and family, if present) and introduces self.			
2. Opens MCH health record for new baby.			
3. Washes hands.			
4. Asks mother how the infant is behaving.			
Physical Examination			
1. While keeping the infant warm and dry, look at the infant’s general appearance.			
2. Listens to infant cry (high, piercing cry can be a sign of illness).			
3. Checks infant’s: <ul style="list-style-type: none"> • Heart rate (120-160) • Breathing (30-60/minute) • Temperature (36.5-37.2°C) 			
4. Weighs the infant (2.5-4.0 kg), shares findings with mother, records in record.			
5. Measures and records height and head circumferences.			
6. Inspects the infant’s body: <ul style="list-style-type: none"> • Head – size and condition of soft spots • Mouth – formation of lips and palate; check suck reflex • Spine – for swellings or depressions • Cord – off by 2 weeks after birth, no redness, no discharge or odor • Limbs – ability to move and number of fingers and toes • Reflex – presence of “startle” reflex 			
7. Observes infant breastfeeding, correct practices with mother as indicated.			

Task	Achieved?		Comments
	Yes	No	
All Clients			
1. Teaches mother infant danger signs: bring infant to clinic immediately if any sign occurs: <ul style="list-style-type: none"> • Poor feeding or sucking • Sleeping all the time • Fever/hypothermia (cold) • No stool by third day • Blueness of lips or skin • Severe jaundice (yellow skin) • Persistent vomiting; vomiting with a swollen abdomen • Difficulty establishing regular breathing • Eye discharge • Watery or dark green stools with mucus or blood 			
2. Gives BCG immunization (infant) between 5-30 days at designated health center.			
3. Gives appointment for next follow-up visit.			
Recordkeeping			
1. Records findings in infant's record.			

Performance Checklist 7: General Counseling

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
All Clients			
1. Greets client with respect: <ul style="list-style-type: none"> • Introduces self. • Shows respect for client. • Gives full attention without distractions. • Assures client of privacy and confidentiality. 			
2. Provides a private space for client.			
3. Makes clients from special needs groups feel welcome, <i>e.g.</i> , adolescents, men, following pregnancy loss.			
4. Informs client of family planning services available at the facility.			
All New Clients			
1. Confirms with patient purpose of visit: to explain various methods of birth spacing and help her determine which might be best for her.			
2. Asks patient about her objectives and desires in birth spacing.			
3. Asks patient about her past history and experiences with birth control and her fears and concerns.			
4. Asks client about medical and surgical problems/history.			
5. Interviews client to determine pregnancy status.			
6. Asks client if she is currently breastfeeding.			
7. Explores with client her/his risk of exposure to STIs.			
8. Explains the benefits of family planning for client, children, family, community, and society at large.			

Task	Achieved?		Comments
	Yes	No	
9. Explains the basic elements of each family planning method: <ul style="list-style-type: none"> • Uses language appropriate to the understanding of the patient. • Uses demonstration chart or samples of pills, IUD, condoms, etc. • Periodically confirms that the patient understands information – does not overwhelm client with too much information; watches for non-verbal communication and asks client to clarify her feelings. 			
10. Briefly explains the various methods (description, how it works, effectiveness, advantages, disadvantages, side effects, and risks.			
11. Briefly demonstrates how to use each method or where it is located in/on the body.			
12. Encourages client to handle each method and ask questions.			
13. Clarifies rumors or misinformation about family planning or specific methods.			
14. Asks patient if she is interested in a specific method.			
15. If specific method selected, gives complete explanation of this method: <ul style="list-style-type: none"> • How it works. • Contraindications for use of this method. • Other beneficial effects of this method. • Specific use of this method. 			
16. Asks for and answers questions, and clarifies misconceptions.			
17. Schedule follow-up visit appropriate to method selected (or, if patient uncertain, for further counseling and discussion).			

Task	Achieved?		Comments
	Yes	No	
All Follow-up Visit Clients			
1. Asks client about satisfaction with method.			
2. Asks client about problems or questions with method.			
3. Reviews user instructions for method.			
4. Offers condoms for STI protection.			
5. Gives re-supply of family planning method.			
6. Schedules follow-up visit appropriate to method selected (or, if patient uncertain, for further counseling and discussion).			
Physical Assessment			
1. Conducts physical assessment or refers for further care if appropriate.			
Recordkeeping			
1. Records visit information in the client record.			

Performance Checklist 8: Counseling Following Pregnancy Loss

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter N/A (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
All Clients			
1. Provides appropriate emotional support to client experiencing pregnancy loss.			
2. Before discharge, counsels client regarding (a) return of fertility within 2 weeks of first trimester loss, (b) benefits of delaying subsequent pregnancy.			
3. Explores client’s knowledge and/or experience with family planning methods.			
4. Explains characteristics of each available method to client.			
5. Accepts a woman’s right or decision to refuse FP or to postpone using FP until a later time.			
6. Assists client in selecting a method.			
7. Provides client’s selected method, including instructions.			
8. Reviews side effects for client’s selected method.			
9. Assesses client for risk of STIs and offers condoms.			
10. Asks client to repeat instructions and encourages client’s questions.			
11. Gives follow-up appointment according to the standard for client’s selected method.			
Recordkeeping			
1. Records visit information in the client record.			

Performance Checklist 9: Combined Oral Contraceptives (COCs)

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter N/A (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
All Clients			
1. Interviews client to determine pregnancy status			
2. Interviews client to determine medical eligibility for method			
3. Hands the client a packet of the same pills she will use.			
4. Tells client the possible side effects of COCs.			
5. Shows and tells client how and when to start the pills: <ul style="list-style-type: none"> • During first 7 days of menstrual cycle. • 6 months postpartum, if using LAM. • 3 weeks postpartum, if not breastfeeding. • Immediately following pregnancy loss or during first week following pregnancy loss. • Anytime she is not pregnant. 			
6. Instructs client to take one pill every day until the packet is finished.			
7. If using a 21-day packet, tells client to wait 7 days after taking the last pill before starting the new packet.			
8. If using a 28-day packet, tells client to take the pills daily without stopping or skipping any days. Start the new packet the next day after taking the last pill from the old packet.			
9. Forgotten pills (1 pill) – Tells client to take the forgotten pill as soon as she remembers.			
10. Forgotten pills (2 pills) - Tells client to take 2 pills as soon as she remembers and 2 pills the next day, continuing the rest of the packet as usual.			

Task.	Achieved?		Comments
	Yes	No	
11. Tells client to use a back-up method (condom, spermicides) for 7 days if more than one pill is forgotten.			
12. Forgotten pills (3 pills in a row) – Tells client to throw away the packet, begin new packet of pills, as when first starting the pills, and use a back-up method for at least 7 days; she may have bleeding.			
13. Counsels client to consider another method if forgetting pills becomes recurrent.			
14. Vomiting: Tells client if she has vomiting or diarrhea within 1 hour of taking pills, to take 1 pill from another packet.			
15. Severe diarrhea or severe vomiting: Tells client to continue taking pills and to use a backup method until she has taken a pill for 7 days in a row AFTER diarrhea or vomiting has stopped.			
16. Counsels client that COCs do not protect against STI and encourages use of condoms while taking COCs, if she might be at risk of STIs.			
17. Counsels client to always tell other health care providers that she is taking COCs to avoid possible drug interaction with prescriptions.			
18. Gives client a 3-month supply of COCs.			
19. Tells client about problems that require care and to return if any problems arise.			
20. Asks client repeat instructions and encourages client's questions.			
21. Gives client a follow-up visit appointment within 3 months.			
Recordkeeping			
1. Records visit information in the client record.			

Performance Checklist 10: Progestin-Only Pills (POPs)

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter N/A (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
All Clients			
1. Interviews client to determine pregnancy status.			
2. Interviews client to determine medical eligibility for method.			
3. Hands the client a packet of the same pills that she will use.			
4. Tells client the possible side effects of POPs.			
5. Shows and tells client how and when to start the pills: <ul style="list-style-type: none"> • During first 7 days of menstrual cycle. • 6 months postpartum, if using LAM. • 6 weeks postpartum if breastfeeding but not using LAM. • Immediately or within 6 weeks postpartum, if not breastfeeding. • Immediately following pregnancy loss. 			
6. Tells the client to take one pill every day at the same time until the packet is finished.			
7. Tells client to start a new packet the day after taking the last pill in the old packet. There is never a break.			
8. Forgotten pills (1 pill) – Tells client take pill as soon as remembered and continue taking one pill each day, using a back-up method for the next 2 days; she may have spotting.			
9. Informs client that taking the pill more than 3 hours later than the regular time can put her at risk of pregnancy; use a back-up method for the next 2 days.			

Task	Achieved?		Comments
	Yes	No	
10. Forgotten pills (2 or more pills in a row): Tells client to start using a back-up method immediately ; restart taking pills right away (take 2 pills for 2 days). If menses does not come in 4-6 weeks, come to the clinic for exam and pregnancy test.			
11. Tells client to keep track of menses when taking POPs; if more than 45 days late, come to clinic for examination and pregnancy test.			
12. Diarrhea/vomiting : Tells client to use a back-up method with the POPs until 2 days after the diarrhea or vomiting are over.			
13. Counsels client that POPs do not protect against STI and encourages use of condoms while taking POPs, if she might be at risk of STIs.			
14. Counsels client to always tell other health care providers that she is taking POPs to avoid possible drug interaction with prescriptions.			
15. Give client a 3-month supply of POPs.			
16. Tells client to return if any problems arise.			
17. Has client repeat instructions and encourages client's questions.			
18. Gives client a follow-up visit appointment within 3 months.			
Recordkeeping			
1. Records visit information in client record.			

Performance Checklist 11: Intrauterine Devices (IUDs)

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter N/A (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
All Clients			
1. Confirms that patient has received adequate counseling about family planning methods, and that she has selected the IUD as best for her situation.			
2. Confirms that patient does not have contraindications: <ul style="list-style-type: none"> • Pregnancy (using pregnancy questionnaire or pregnancy test). • Recent or high risk for STI or PID. • Cancer of cervix, uterus or ovaries, or hydatid mole. • Pregnancy-related infection (infected abortion or delivery). • Endometriosis (persistently painful menstrual periods). • Unexplained vaginal bleeding. • Anemia • Postnatal anemia (48 hours and up to 4 weeks). 			
2. Interviews client to determine medical eligibility for method.			
3. Shows the client the IUD that will be inserted.			
4. Tells the client possible side effects of IUD use.			
5. Reconfirms that client is not at risk for STIs.			
6. Tells the client the device can be inserted: <ul style="list-style-type: none"> • During the menstrual cycle. • 4 weeks after childbirth (copper T IUD), 6 weeks (other IUD). • Immediately following pregnancy loss. • Immediately after stopping another FP method. • Anytime she is not pregnant. 			
7. Explains to client the insertion procedure and answers questions.			

Task	Achieved?		Comments
	Yes	No	
Insertion Technique			
1. Inserts the IUD using aseptic technique and following recommended insertion steps.			
2. Asks patient to empty her bladder.			
3. Positions woman appropriately on examination table with feet in stirrups.			
4. Drapes woman appropriately.			
5. Positions light for good illumination of cervix.			
6. Opens IUD insertion instrument package.			
7. Puts gloves on both hands.			
8. Performs pelvic examination, Pap and specimen collection as appropriate, and bimanual examination for uterine size and position according to protocol.			
9. Removes and disposes of gloves.			
10. Wears sterile gloves.			
11. Using sterile, no-touch technique, bends IUD arms into inserter tube through package, and opens package.			
12. Inserts sterile vaginal speculum.			
13. Swabs vagina and cervix with appropriate antiseptic solution twice.			
14. Grasps anterior os of cervix with tenaculum.			
15. Sounds uterus with appropriate instrument.			
16. Sets depth gauge of IUD inserter according to measured uterine depth and confirms that gauge is in same plane as the IUD arms.			
17. Inserts IUD slowly and gently into uterus without touching speculum or vaginal walls. Stops if any significant resistance is felt.			

Task	Achieved?		Comments
	Yes	No	
18. Holds white rod in one position and release IUD arms by pulling inserter tube toward you, NOT by pushing on white rod.			
19. Once IUD arms are released, gently pushes inserter tube into uterus until slight resistance is felt – to seat IUD at top of uterus.			
20. Remove inserter tube and white rod, and cut strings to 3-4 cm. with scissors.			
21. Removes tenaculum and apply pressure with cotton ball on ring forceps if any significant bleeding.			
22. Removes speculum – places all instruments in disinfectant solution.			
23. Observes the client for at least 15 minutes.			
24. Teaches client how to check for IUD strings.			
25. Assures client she can have the IUD removed whenever she wants it to be removed.			
26. Gives client a card with date for IUD removal.			
27. Instructs client to return to the clinic if she has the following: <ul style="list-style-type: none"> • Delayed menstrual period bleeding between periods, or symptoms of pregnancy. • Abnormal, foul-smelling vaginal discharge. • Severe abdominal pain, pain with intercourse. • Strings missing, shorter or longer; cannot palpate IUD strings in vagina. 			
28. Has client repeat instructions and encourages client's questions.			
29. Gives client a follow-up visit within 6 weeks of insertion.			
Recordkeeping			
1. Records visit information in the client record.			

**Performance Checklist 12:
DMPA Injectable Hormone (Depo-Provera)**

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter N/A (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
All Clients			
1. Interviews client to determine pregnancy status.			
2. Interviews client to determine medical eligibility for method.			
3. Shows client the vial of injectable hormone she will use.			
4. Tells client possible side effects of DMPA.			
5. Explores how irregular or increased bleeding or absence of menses will affect client’s daily life.			
6. Tells the client she can receive DMPA: <ul style="list-style-type: none"> • During the first 7 days of menses. • Immediately or within 6 weeks postpartum if not breastfeeding. • 6 months postpartum, if using LAM. • 6 weeks postpartum if breastfeeding but not using LAM. • Immediately following pregnancy loss. • Anytime she is not pregnant. 			
7. Tells the client she will not need a back-up method when receiving the first injection during the first 7 days of her menstrual cycle.			
8. Tells the client she will need to use a back-up method for 2 weeks when receiving the first injection after the 7th day of her menstrual cycle.			
9. Tells client to return to clinic every 3 months for reinjection (may be up to 2 weeks late and return for reinjection), and to use a back-up method for one week.			

Task	Achieved?		Comments
	Yes	No	
10. Give the client the injection of DMPA into the deltoid or the gluteus maximus muscle using aseptic technique and not massaging the injection site.			
11. Counsels client that DMPA does not protect against STI and encourages use of condoms while taking DMPA, if she might be at risk of STIs.			
12. Tells client to return if she has any of the following: <ul style="list-style-type: none"> • Heavy vaginal bleeding. • Severe headache with blurred vision. • Severe abdominal pain. 			
13. Has client repeat instructions and encourages client's questions.			
14. Gives client an appointment for Follow-up visit within 3 months			
Recordkeeping			
1. Records visit information in the client record.			

Performance Checklist 13: Lactational Amenorrhea Method (LAM)

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter N/A (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
All Clients			
1. Supports the client in starting LAM as soon as possible after birth of infant.			
2. Explains the criteria for LAM use: <ul style="list-style-type: none"> • Menses have not returned. • Infant is breastfeeding fully day and night, taking not other food or drink. • Infant is less than 6 months old. 			
3. Encourages woman to breastfeed often and on demand day and night.			
4. Tells the woman not to introduce any other food or drink before 6 months postpartum.			
5. Instructs client to use a back-up method or come to the clinic immediately if any one of the criteria changes.			
6. Instructs client how to handle difficulties that might interfere with breastfeeding; encourages client to return for help.			
7. Gives client back-up method.			
8. Has client repeat instructions and encourages client’s questions.			
All Follow-up Visit Clients			
1. At follow-up visit, asks client: <ul style="list-style-type: none"> • Have menses returned? • Is the infant still breastfeeding fully day and night, not taking other food or drink? • Is infant 6 months old yet? 			
2. If criteria for use is still present, support client to continue LAM.			

Task	Achieved?		Comments
	Yes	No	
3. If criteria for use are not present, or client wants to change the method, counsels client to use a complementary method of FP that does not interfere with breastfeeding.			
4. Give client follow-up visit appointment or encourage her to return whenever she feels the need.			
Recordkeeping			
1. Records visit information in the client record.			

Performance Checklist 14: Condoms (Male)

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter N/A (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
All Clients			
1. Shows client the condom he will use.			
2. Praises client for choosing a method that protects against pregnancy and STIs.			
3. Demonstrates while telling client how to put on and remove the condom.			
4. Instructs client to: <ul style="list-style-type: none"> • Use water-based lubricant to prevent breakage. • Roll condom onto the penis all the way to the base. • Hold the rim of the condom at the base of the penis so it will not slip off when removing the penis from the vagina after ejaculation, before completely losing his erection. • Throw the condom away in the garbage, burn or bury it. Do not leave where children will find and play with it. 			
5. Tells client to encourage his partner/ wife to use a spermicide while he uses condoms.			
6. Instructs client that if condom breaks, to immediately insert a spermicide into the vagina and bring his partner/wife to clinic for ECPs within 72 hours—the sooner the better.			
7. Advises client never to re-use condoms.			
8. Encourages client to return to clinic for resupply of condoms.			

Task	Achieved?		Comments
	Yes	No	
9. Offers client a spermicide or ECPs as back-up, with necessary instructions for use.			
10. Gives client 3-month supply (~ 40 or more) of condoms.			
Recordkeeping			
1. Records visit information in the client record.			

Performance Checklist 15: Vaginal Spermicides

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter N/A (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
All Clients			
1. Interviews client to determine medical eligibility for the method			
2. Shows client the spermicide she will use.			
3. Demonstrates insertion using a pelvic model.			
4. Instructs client to: <ul style="list-style-type: none"> Wash hands with soap and water before and after insertion spermicide. If using suppositories, allow time for it to melt before having sexual contact. 			
5. Foam: Tells client to shake foam at least 20 times; fill the applicator from the container; insert the applicator deeply into the vagina close to the cervix, then push the plunger to release the foam.			
6. Cream or Jelly: Tells client to fill the applicator from the tube, insert the applicator deeply into the vagina until it is near the cervix; push plunger to release the cream or jelly.			
7. Suppository: Tells client to remove the wrapping and slide the suppository into the vagina, pushing it along the back wall of the vagina until it rest near the cervix.			
8. Instructs client to use the spermicide every time she has sex and with each act of sexual intercourse.			

Task	Achieved?		Comments
	Yes	No	
9. Advises client not to douche or rinse vagina after sex; if she must, wait at least 6 hours.			
10. Tells client to wash applicator with warm soap and water and allow to air-dry.			
11. Gives client adequate supply of spermicide for time until the next visit; encourages client to return when she needs more.			
12. Has client repeat instructions and encourages client's questions.			
13. Schedules a follow-up visit at the client's convenience.			
Recordkeeping			
1. Records visit information in the client record.			

Performance Checklist 16: Norplant Implants

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter N/A (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
All Clients			
1. Interviews client to determine pregnancy status			
2. Interviews client to determine medical eligibility for method			
3. Shows client the Norplant implants and where in her arm it will be placed.			
4. Tells client possible side effects of Norplant use.			
5. Explains the procedure for insertion to client.			
6. Assures client that the implants can be removed whenever she wants.			
7. Tells client the implants can be inserted: <ul style="list-style-type: none"> • During the first 7 days of the menstrual cycle. • 6 weeks postpartum, if not breastfeeding. • 6 months postpartum, if breastfeeding and using LAM. • Immediately or within 7 days following pregnancy loss. • Anytime she is not pregnant (must use back-up). 			
Insertion Technique			
1. Inserts Norplant implants using sterile technique.			
2. Tells client there may be bruising and slight bleeding at the insertion site during the first few days; this is normal.			

Task	Achieved?		Comments
	Yes	No	
3. Instructs client to keep the area dry for 4 days (remove gauze after 2 days, adhesive after 5 day). <ul style="list-style-type: none"> • May have soreness and/or swelling after anesthesia wears off. 			
4. Tells client to return to clinic immediately if she experiences any of the following: <ul style="list-style-type: none"> • Symptoms of pregnancy. • Abdominal pain (severe). • very heavy menstrual bleeding. • Severe headache. • Yellow skin and/or eyes (jaundice). 			
5. Counsels client that Norplant does not protect against STI and encourages use of condoms while taking Norplant, if she might be at risk of STIs.			
6. Counsels client to always tell other health care providers that she is taking Norplant to avoid drug interaction with possible prescriptions.			
7. Has client repeat instructions and encourages client's questions.			
8. Give client a card with date for Norplant removal.			
9. Give client a follow-up visit within 4 weeks of insertion.			
Recordkeeping			
1. Records visit information in the client record.			

Performance Checklist 17:**Fertility Awareness Method-Cervical Mucus Method (CMM)**

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter N/A (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
All Clients			
1. Displays graphic of woman’s reproductive system including anatomy, menstrual cycle, and process of conception; shows fertile days.			
2. Explores the presence or absence of partner support for this method with client.			
3. Using a graphic, explains reproductive physiology covering woman’s reproductive system, anatomy, menstrual cycle, process of conception.			
4. Explains to the client the pattern of fertile and infertile days.			
5. Explains rules of CMM: <ul style="list-style-type: none"> • Avoid sex during menstrual days. • Avoid sex during early infertile days before ovulation. • Have sex every other day when there is no cervical mucus or vaginal wetness. • Avoid sex from the first day of cervical mucus or vaginal wetness (beginning of the fertile phase) until the end of the fertile phase. • The last day of cervical mucus or vaginal wetness is the “peak” day. Continue abstaining from sex for 3 days after the “peak” day. • Resume sex on the 3rd day of no cervical mucus or vaginal wetness until the next menstrual bleeding begins. 			
6. Encourages client/couple to ask questions.			

Task	Achieved?		Comments
	Yes	No	
7. Asks client/couple to repeat instructions.			
8. Gives client a chart to record CMM changes over 2 cycles and advises client to abstain during the learning period.			
9. Reminds client/couple that CMM does not protect against STI; a condom must be used if they might be at risk of infection.			
10. Gives client/couple follow-up visit in 6 weeks.			
Recordkeeping			
1. Records visit information.			

Performance Checklist 18: Emergency Contraceptive Pills (ECPs)

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter N/A (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
All Clients			
1. Explains to client how ECPs are used, how it works, and how to adopt regular contraception.			
2. Gives client 2 pills of Ovral* for 2 doses within 12 of each other. * Use chart to give the correct number of pills for the combined contraceptive pills available for EC use.			
3. Offers client anti-nausea medication to take before taking the hormones.			
4. Gives client instructions for follow-up visit as follows: <ul style="list-style-type: none"> • Return to clinic in 4 weeks, • Avoid unprotected sexual intercourse after ECP use; use condoms or spermicides. 			
5. Counsels client for selection of an ongoing family planning method.			
6. Gives client new or resupplies client’s regular family planning method.			
7. Gives condoms and/or spermicides immediately ; or within first 7 days of cycle COC, POP, DMPA, IUD, or Norplant implant.			
8. Asks client to repeat instructions and encourages client’s questions.			
9. Instructs client to return to clinic immediately when symptoms such as delayed menstrual period, suspected pregnancy occur.			

Task	Achieved?		Comments
	Yes	No	
10. Reminds client that condoms are the only protection against STIs; she should use them if she may be at risk of infection.			
11. Gives client follow-up appointment within 4 weeks of ECP treatment.			
Recordkeeping			
1. Records visit information in the client record.			

Checklist 19: Voluntary Surgical Sterilization: Tubal Occlusion

Instructions: For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter N/A (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
All Clients			
1. Interviews client to determine pregnancy status			
2. Interviews client to determine medical eligibility for method			
3. Gives client instructions for preparing herself for procedure.			
4. Refer client to the specialist and ask her to come for follow-up visit one week after the procedure.			
5. After procedure, instructs the client on the following: <ul style="list-style-type: none"> • Rest 2-3 days, avoid heavy lifting for 1 week. • Keep incision clean and dry for 1 week. • Take paracetamol for pain relief (not aspirin or ibuprofen). • Avoid sex for at least 1 week or use a back-up method for family planning. 			
6. Advises client to return to the clinic if any of the following symptoms occur: <ul style="list-style-type: none"> • High fever in the first 4 weeks. • Bleeding or pus from the wound. • Pain, heat, swelling, or redness at the incision that becomes worse or does not stop. • Abdominal pain, cramps, or tenderness that becomes worse or does not stop. • Diarrhea, or fainting or extreme dizziness. 			
7. Instructs client to return to clinic immediately if she thinks she might be pregnant (missed period, nausea, breast tenderness).			

Task	Achieved?		Comments
	Yes	No	
8. Reminds client that tubal sterilization does not prevent STIs; encourage client to use condoms if she may be at risk.			
9. Asks client to repeat instructions and encourages client's questions.			
10. Gives client condoms, if she wants them.			
11. Gives client follow-up visit appointment for 7-14 days after the procedure.			
Recordkeeping			
1. Records visit information in the client record.			

Volume IV *Preventive Services Performance Checklists*

Immunization Practices

Performance Checklist 1: Immunization Program Management

Performance Checklist 2: Conducting Immunization Sessions

Performance Checklist 3: Cold Chain Procedures

Infection Prevention Practices

Performance Checklist 4: Decontamination, Cleaning, and Sterilization or High-Level Disinfection (HLD)

Performance Checklist 1: Immunization Program Management

Instructions: Observe and question the nurse or the midwife who is responsible for the immunization program at the health center. For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
1. Is aware of the immunization program objectives.			
2. Has calculated the immunization target for the population served by the health center			
3. Knows contra-indications for administering each vaccine			
4. Knows the dosage, method of administration and schedule for each vaccine.			
5. Knows the concept and importance of the cold chain.			
6. Prepares records and reports of the immunization program activities: <ul style="list-style-type: none"> • Children vaccinated monthly • Year old children fully immunized • Child drop out rate per vaccine • Females receiving TT • Immunization coverage curve 			
7. Knows/Estimates the required amount of vaccines.			

Performance Checklist 2: Conducting Immunization Sessions

Instructions: Observe and question the nurse or the midwife who is responsible for the immunization program at the health center. Place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
1. Vaccine vials are taken out of refrigerator only upon arrival of the first child for that immunization session.			
2. Vaccine vials are kept in the refrigerator throughout the session (during large-scale vaccinations, vials may be kept in a container with ice).			
3. Used vaccine vials are discarded in a special box for review by MOH.			
4. Used syringes and needles are properly discarded into a “sharps” container.			
5. Records are made on the child’s card, family record, and other related registers during the session.			
6. Children who have not completed their schedule of immunizations (drop-outs) are identified weekly.			
7. Vaccines are accurately given: note dose, site, and method of administration.			

Performance Checklist 3: Cold Chain Procedures

Instructions: Observe and question the nurse or midwife who is responsible for the immunization program at the health center. For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
1. Checks temperature chart for refrigerator containing vaccines			
2. Stores measles, MMR, BCG and polio vaccines in the freezer until ready for use			
3. Stores ready to use DPT, DPT and Hepatitis B, and BCG vaccines on the upper shelf of the refrigerator.			
4. Stores tetanus and DT on the middle shelf.			
5. Stores vaccine solvents in the refrigerator			
6. Maintains adequate supply of all vaccines			
7. Stores only vaccines with valid expiration dates			
8. Has cold boxes for transporting vaccines			
9. Knows/Follows the procedure for disposing of expired vaccines.			

Performance Checklist 4: Decontamination, Cleaning, and Sterilization or High-Level Disinfection (HLD)

Instructions: Observe the provider's practice. For each of the tasks listed below, place a check in the "Yes" or "No" box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA ("not applicable") in the "Comments" column. Use the "Comments" column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
<i>Decontamination</i>			
1. Decontaminates instruments in 0.5% chlorine solution immediately after use.			
2. Removes surgical gloves immediately after use.			
3. Correctly disposes of contaminated objects, such as cotton or gauze, and puts them in leak-proof containers.			
4. Wipes contaminated surfaces, such as examination tables, with cloth with 0.5% chlorine solution.			
<i>Cleaning of Instruments</i>			
1. Puts instruments in detergent and water.			
2. Cleans instruments with a brush under running water to remove all organic material.			
3. Cleans teeth, joints and screws of instruments.			
4. Rinses all parts of instruments with clean water.			
5. Dries instruments by air or with clean towel or paper towel.			
<i>Preparing Instruments for Sterilization</i>			
1. Places instruments on a clean, sterilized tray.			
2. Wraps instruments.			

Task	Achieved?		Comments
	Yes	No	
3. Puts instruments in a metal container.			
4. Correctly arranges instruments in the sterilizer.			
Sterilization by Autoclave			
1. Arranges instruments correctly to facilitate steam penetration to all surfaces.			
2. Sterilizes wrapped items for 30 minutes (unwrapped items for 20 minutes) at a temperature of 121 °C.			
3. Before opening the autoclave, waits 20-30 minutes for sterilizer to cool down until pressure gauge reads zero.			
4. Waits for about 30 minutes for instruments to cool down completely before removal from the sterilizer.			
5. Registers temperature, time of sterilization and pressure in the autoclave record book.			
6. Labels all packs with expiry date.			
Sterilization by Dry Heat			
1. Puts instruments in a metal covered container or on tray.			
2. Starts timing after desired temperature is reached.			
3. After sterilizer cools, removes unwrapped instruments with sterile forceps and stores in covered sterile container.			
HLD by Chemicals			
1. Prepares a new chemical solution and ensures its validity.			
2. Submerges instruments in a 20% glutaraldehyde solution or 8% formaldehyde solution.			

Standards of Care for Health Centers

Task	Achieved?		Comments
	Yes	No	
3. Soaks instruments for at least 8-10 hours in a glutaraldehyde solution or for 24 hours in a formaldehyde solution.			
4. Removes instruments with large sterile forceps.			
5. Rinses in sterile water to remove toxic chemical residue.			
6. Uses instruments immediately or stores in a sterile, covered container.			

Volume V Nursing Care Performance Checklists

Community Family Health

Performance Checklist 1: Home Visits

Childhood Growth and Development

Performance Checklist 2: Monitoring Growth and Nutritional Status

Performance Checklist 3: Developmental Screening

Performance Checklist 4: Measuring Height of Children Under 2 Years

Performance Checklist 5: Measuring Head Circumference of Children Under 2 Years

Immunizations

Performance Checklist 6: Administering Childhood Vaccines

Performance Checklist 7: Administering Tetanus to Women

General Care and First Aid

Performance Checklist 8: Sterile Dressing

Performance Checklist 9: Administering IV Fluids and Medications

Performance Checklist 10: Administering Intramuscular and Subcutaneous Injections

Performance Checklist 11: Measuring Blood Pressure

Performance Checklist 12: Measuring Temperature in Infants and Children

Performance Checklist 13: Measuring Adult Body Temperature

Performance Checklist 14: Measuring Radial Pulse

Performance Checklist 15: Measuring Respirations

Performance Checklist 16: Preventing Dehydration with ORS

Performance Checklist 1: Home Visits

Instructions: Observe practices followed at the health center. For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
All Clients			
1. Greets client and introduces self in a friendly manner.			
2. Explains purpose of the visit.			
3. For children under age 5, asks about: <ul style="list-style-type: none"> • Immunizations • Breast feeding/weaning • Growth and development 			
4. Asks women about: <ul style="list-style-type: none"> • Pregnancy • Postpartum • Family planning 			
5. Asks about sick family member(s).			
Health Education and Promotion			
1. Provides appropriate health education/teaching for: <ul style="list-style-type: none"> • Pregnancy • Postpartum • Children under 5 years of age • Breastfeeding • Weaning • Family Planning • Sick family members 			
2. Tells client(s) about health center services			

Home Environment			
1. Observes home environment for health risks			
2. Discusses observations with mother/ family members.			
3. Proposes steps to correct situation/ problem			
4. Records: <ul style="list-style-type: none"> • Observations • Actions taken • Unusual findings 			

***Performance Checklist 2:
Monitoring Growth and Nutritional Status***

Instructions: Observe practices followed at the health center. For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
1. Greets client and introduces self in a friendly manner.			
2. Asks mother what the purpose of her visit is and inquires about the infant/child’s health and nutrition.			
3. Reviews infant’s card to verify name, age, previous immunizations, weight and height measurements.			
4. Explains to mother the importance of measuring weight.			
5. Places a clean piece of paper/cloth on the scale for the infant to lie on.			
6. Checks to make sure that the weight scale is calibrated (the scale should register 0 before weighing) and rebalances scale if not calibrated.			
7. Asks mother to assist in removing the infant’s clothes.			
8. Talks soothingly to and smiles at the infant and handles the infant gently when placing them on the scale.			
9. Watches the baby constantly and holds one hand closely over the baby (not touching) while weighing him/her.			
10. Measures and records weight accurately.			
11. Shows mother the weight on the growth card, explains the importance of weight to his/her age and development.			
12. Asks mother if she has any questions.			

Task	Achieved?		Comments
	Yes	No	
13. Provides appropriate health education messages on child's nutrition, care, hygiene, and vaccinations.			
14. Informs mother about the next appointment and notes date on infant card/record.			
15. Counsels mother on healthy diet and family planning options.			
16. Reports any unusual finding to the physician.			
17. Washes hands thoroughly.			

Performance Checklist 3: Developmental Screening

Instructions: Observe practices followed at the health center. For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
All Clients			
1. Greets the client and introduces self in a friendly manner.			
2. Asks mother what the purpose of her visit is and inquires about infant/child’s health and nutrition.			
3. Reviews infant’s card to verify name, age, immunizations, weight and height measurements.			
4. Explains to mother the importance of screening to assess child’s development.			
5. Washes hands.			
6. Talks soothingly to and smiles at the infant.			
Development Assessment <i>All Infants/Children</i>			
1. Asks mother if she has any questions about child’s development.			
2. Provides appropriate health education messages on child’s growth and development, nutrition, care, hygiene and vaccinations.			
3. Informs mother about the next appointment, notes date on infant card/record.			
4. Records findings from developmental screening			
5. Notifies physician of any unusual findings			

Task	Achieved?		Comments
	Yes	No	
Months 0-3 Checks for all of the following developmental milestones: <ul style="list-style-type: none"> • Raises head when lying on stomach • Observes hands and feet • Reacts to sounds • Smiles at mother • Attempts to grab objects 			
Months 3-6 Checks for all of the following developmental milestones: <ul style="list-style-type: none"> • Rolls over from back to stomach • Follows objects in any direction • Can grab object in each hand • Can imitate sounds 			
Months 6-9 Checks for all of the following developmental milestones: <ul style="list-style-type: none"> • Maintains sitting position without assistance • Claps hands • Waves • Says simple words • Passes objects with hands 			
Months 9-12 Checks for all of the following developmental milestones: <ul style="list-style-type: none"> • Stands with assistance • Starts to crawl • Puts and takes objects from a box • Grasps with two fingers • Pronounces single words 			
1-2 Years Checks for all of the following developmental milestones: <ul style="list-style-type: none"> • Walking and running • Opening and closing doors • Ability to assist in dressing • Understands simple words like “yes” and “no” 			
2-3 Years Checks for all of the following developmental milestones: <ul style="list-style-type: none"> • Jumps with both feet • Says 2-3 word sentences • Draws line and circle • Builds a 3-4 block tower • Responds to his/her name. 			

***Performance Checklist 4:
Measuring Height of Children Under 2 Years***

Instructions: Observe practices followed at the health center. For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
1. Greets the client and introduces self in a friendly manner and inquires about the purpose of the visit.			
2. Reviews the child’s record			
3. Washes hands			
4. Gently places the child on the clean measuring surface.			
5. Gently but firmly presses the soles of the child’s feet against the upright structure that is at point zero on the measuring ruler.			
6. Makes sure that the child’s knees are extended.			
7. Correctly measures and records child’s height/length on growth card.			
8. Asks mother if she has any questions and gives appropriate health messages.			
9. Informs mother about the next appointment, notes date on infant card/record.			
10. Washes hands.			

***Performance Checklist 5:
Measuring Head Circumference of Children***

Instructions: Observe practices followed at the health center. For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
1. Greets the client and introduces self in a friendly manner and inquires about the purpose of the visit.			
2. Reviews the child’s record.			
3. Washes hands.			
4. Gently places the child on a clean exam table.			
5. Measures the head by placing a measuring tape over the largest axis from the occiput to the frontal prominence			
6. Records the reading on the infant’s record and reports any unusual finding to physician.			
7. Informs and explains the reading and asks the mother if she has questions.			
8. Provides appropriate health education messages child nutrition and care.			
9. Inquires about mother’s general and reproductive health, answers any questions, and refers for follow-up if necessary.			
10. Washes hands.			

Performance Checklist 6: Administering Childhood Vaccines

Instructions: Observe practices followed at the health center. For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
1. Greets the client and inquires about the child’s health.			
2. Asks mother if infant has received the specific vaccine before and compares information with immunization card.			
3. Explains to mother the importance of the vaccine schedule and purpose of the vaccination(s) to be given.			
4. Asks mother if she agrees to give her infant the vaccine and if she has any questions.			
5. Washes hands.			
6. Takes the child’s temperature and informs the physician if the temperature exceeds 38°C.			
7. Asks mother if child has had reactions to previous immunizations and refers to physician if answer is yes.			
8. Prepares the vaccine and checks the expiration date.			
9. Asks mother to hold her child.			
10. Smiles and talks soothingly to the child while uncovering the injection site.			
11. Cleans the injection site.			
12. Administers and records the immunization.			
13. Disposes the used syringe correctly.			

Task	Achieved?		Comments
	Yes	No	
14. Informs mother about signs of side effects and what actions to take if they occur.			
15. Informs mother about the next appointment, notes date on infant chart/record.			
16. Provides appropriate health messages/education on child's nutrition, care, hygiene, and vaccinations.			
17. Asks mother about her own general and reproductive health, and refers her for follow-up if necessary.			
18. Washes hands.			

Performance Checklist 7: Administering Tetanus to Women

Instructions: Observe practices followed at the health center. For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
1. Greets the woman and confirms the purpose of the visit.			
2. Reviews client’s record.			
3. Explains the purpose of the vaccination and the dose schedule.			
4. Asks the woman if she has any questions.			
5. Washes hands.			
6. Checks the vaccine expiration date and prepares the injection.			
7. Cleans the injection site (the external upper part of the arm).			
8. Administers and records the vaccination.			
9. Informs the client when she should return for her next dose or follow-up visit.			
10. Asks the client if she has any questions.			
11. Asks the client about her own general and reproductive health and refers her for follow-up if necessary.			

Performance Checklist 8: Sterile Dressing

Instructions: Observe practices followed at the health center. For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
1. Greets the client, explains the procedure and answers questions.			
2. Washes hands.			
3. Places the patient in a comfortable position and exposes the area around the wound.			
4. Wearing disposable gloves, gently removes and disposes of old dressing.			
5. Notes the condition of the wound (size, smell, secretions, and healing).			
6. Removes gloves, disposes of them in the proper receptacle and washes hands.			
7. Prepares the sterile dressing package, disinfectant and dressing material.			
8. Correctly places on sterile gloves.			
9. Gently cleans the wound with disinfectant from the less contaminated to the more contaminated area.			
10. Dries the wound and covers it with a piece of clean gauze, fixing it with adhesive tape, proportional with the size of the wound.			
11. Removes and disposes of gloves correctly.			
12. Washes hands.			
13. Gives the client instructions for wound care.			
14. Cleans and sterilizes instruments and puts them back in their correct place.			

***Performance Checklist 9:
Administering IV Fluids and Medications***

Instructions: Observe practices followed at the health center. For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
1. Greets the client, explains the procedure and answers questions.			
2. Makes the patient comfortable for the procedure.			
3. Checks the IV solution or dose of the medication for defects, expiration date.			
4. Prepares supplies and places them on tray near patient.			
5. Washes hands.			
6. Chooses the appropriate size needle.			
7. Connects the bag and fills the tubing with fluid.			
8. Wraps the rubber tourniquet approximately 10-15 cm above the injection site.			
9. Asks the patient to open and close hand and checks arm for a suitable vein.			
10. Chooses the appropriate site for the IV and cleans the site.			
11. Follows procedure for inserting the needle			
12. Releases the tourniquet, connects the tubing and opens the valve to begin the drip.			
13. Fixes the needle in place by using adhesive tape.			
14. Cover's the needle site with sterile gauze			

Task	Achieved?		Comments
	Yes	No	
15. Calculates the rate of dripping correctly and adjusts the flow.			
16. Labels the solution, showing drug, dose, starting time, duration, date, and patient's name.			
17. Makes sure that the patient is comfortable, reassures him/her and asks if they have any questions.			
18. Disposes of the used materials and needle correctly.			
19. Enters a detailed note on the procedure in the clients record.			
20. Observes for pain, redness, or swelling.			
21. Checks vital signs.			
22. Monitors the flow rate of IV solution.			

Performance Checklist 10:
Administering Intramuscular and Subcutaneous Injections

Instructions: Observe practices followed at the health center. For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
1. Greets the client, explains the procedure, and answers questions.			
2. Checks the label on the medication against the prescription.			
3. Draws up medication using sterile technique.			
4. Places patient in a comfortable and correct position for the injection, and exposes site.			
5. Chooses the correct site for the injection (buttocks, arm).			
6. Cleans the injection site.			
7. Inserts the needle quickly and aspirates the plunger slightly to check for blood.			
8. Presses the plunger steadily until the medicine is injected.			
9. Takes the syringe out quickly, informs the patient the procedure is over.			
10. Answers questions and informs patient about possible drug reactions.			
11. Washes hands.			

Performance Checklist 11: Measuring Blood Pressure

Instructions: Observe practices followed at the health center. For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
1. Greets the client, explains the procedure and answers questions.			
2. Washes hands.			
3. Assists the patient to get into a comfortable position with his/her arm supported and extended at the level of the heart and the palm of the hand upward.			
4. Rolls up the patient’s sleeve.			
5. Wraps the cuff around the arm 2.5 cm above the elbow joint, with the tubes of the cuff at the nearest side to the elbow.			
6. Presses the cuff to empty the air.			
7. Places the index, middle and ring fingers over the brachial artery.			
8. Shuts the valve and pumps the cuff with air until the brachial pulse cannot be palpated.			
9. Pumps the cuff 30 mm Hg higher than the level of the absent pulse.			
10. Holds the stethoscope over the brachial artery.			
11. Lets the air out of the cuff at the rate of 2-3 Hg per second until the first beat (systolic pressure reading) and continues letting the air out until the beats stop (diastolic reading).			
12. Lets the air out completed and removes the cuff.			

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Task	Achieved?		Comments
	Yes	No	
13. Informs the patient of the BP reading and answers questions			
14. Records the systolic and diastolic pressures and compares current level to prior measurements.			
15. Washes hands.			
16. Informs physician of any abnormal results.			

Performance Checklist 12:
Measuring Temperature in Infants and Children

Instructions: Observe practices followed at the health center. For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
1. Greets the client and inquires about the purpose of the visit.			
2. Reviews child’s record.			
3. Washes hands.			
4. Gently places the child on a clean exam table.			
5. Cleans and rinses the thermometer.			
6. Shakes mercury down until mercury level is below 35°C.			
7. Applies lubricant on a swab and lubricates bulb end of thermometer 2.5 cm.			
8. Lays infant on his/her back, holds both ankles with one hand and raises legs to expose anus.			
9. Lays child on his/her left side with his/her leg flexed in a rectangle.			
10. Wipes the anus clean with a dry cotton swab.			
11. Gently and slowly inserts the thermometer into the anus and holds in place for 2 minutes.			
12. Removes thermometer gently and wipes thermometer to remove lubricant.			
13. Wipes anus with clean dry cotton swab to remove excess lubricant.			
14. Helps the infant/child assume a comfortable position and asks mother to redress the child.			

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Task	Achieved?		Comments
	Yes	No	
15. Reads and records the temperature on child record.			
16. Informs mother of her child's temperature and asks if she has any questions.			
17. Provides appropriate health education messages on child health, nutrition, hygiene, and vaccinations.			
18. Cleans the thermometer with cotton swab with soap and water, then rinses with water from tip to bulb end.			
19. Shakes the thermometer safely until the mercury goes below 35°C and places it in the disinfectant solution.			
20. Washes hands.			

Performance Checklist 13: Measuring Adult Body Temperature

Instructions: Observe practices followed at the health center. For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
1. Greets the client, explains the procedure and answers questions.			
2. Washes hands.			
3. Cleans the thermometer.			
4. Shakes the thermometer quickly and firmly to reduce the mercury level below 35°C.			
<i>Taking Temperature</i>			
1a. Orally <ul style="list-style-type: none"> • Waits 15 minutes if the patient has taken a hot drink or smoked. • Places the thermometer under the patient’s tongue. • Tells the patient not to place their teeth on the thermometer. • Removes the thermometer after 3-4 minutes. 			
1b. Under the Arm <ul style="list-style-type: none"> • Places the bulb of the thermometer under the armpit. • Asks the patient to keep their arm close to their chest. • Removes the thermometer after 5-7 minutes. 			
1c. Rectally <ul style="list-style-type: none"> • Asks the patient to lie on their side with the upper leg flexed. • Lubricates the thermometer. • Gently inserts the thermometer into the anus approx. 3.5 cm. • Removes the thermometer after 3 minutes. 			
2. Reads the temperature while holding the thermometer horizontally at the sight level.			
3. Informs the patient and answers questions.			

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Task	Achieved?		Comments
	Yes	No	
4. Provides appropriate health messages/education.			
5. Washes the thermometer with soap and cold water and puts it back in its place.			
6. Records the temperature in the patient's chart, along with the time and site of measurement.			
7. Washes hands.			
8. Informs physician if patient's temperature exceeds 38°C.			

Performance Checklist 14: Measuring Radial Pulse

Instructions: Observe practices followed at the health center. For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
1. Greets the client, explains the procedure and answers questions.			
2. Washes hands.			
3. Uses the index, middle and ring fingers to gently press over an artery (usually radial).			
4. Counts the pulse for 60 seconds.			
5. Notes the rate and regularity of the pulse.			
6. Informs the patient the finding and asks if he/she has any questions.			
7. Records the pulse rate, rhythm and type in the patient’s record.			
8. Provides appropriate health messages/education.			
9. Washes hands.			

Performance Checklist 15: Measuring Respirations

Instructions: Observe practices followed at the health center. For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
1. Greets the client.			
2. Measures respirations after measuring the patient’s pulse while the fingers are still on the patient’s hand.			
3. Counts every inspiration/ expiration cycle for one complete minute.			
4. Observes the respiration rate, depth and regularity and records the result.			
5. Informs the patient of the findings and answers any questions.			
6. Provides appropriate health teaching/messages.			
7. Washes hands.			

Performance Checklist 16:
Preventing Dehydration with Oral Rehydration Solution (ORS)

Instructions: Observe practices followed at the health center. For each of the tasks listed below, place a check in the “Yes” or “No” box, as appropriate, to indicate whether or not the task was achieved. If a particular task is not applicable, enter NA (“not applicable”) in the “Comments” column. Use the “Comments” column to note details about why a particular task was not achieved or other information that may be useful in identifying or resolving inappropriate practices.

Task	Achieved?		Comments
	Yes	No	
1. Greets the client and discusses the purpose of the visit.			
2. Reviews the client record.			
3. Obtains the following historical information on the diarrhea episode: duration, frequency, consistency of stools, child’s fluid intake.			
4. Washes hands.			
5. Gently examines the child for signs of dehydration: <ul style="list-style-type: none"> • Dry mouth • Dark yellow urine (if child has a diaper, if not asks mother about color of child’s urine) • Sunken, dry eyes • Sunken anterior fontanel (if infant) • Loss of skin elasticity • Rapid pulse rate • Rapid respiration rate 			
6. Weighs infant and compares current to previous weight.			
7. Explains to mother how to make and give ORS.			
8. Educates mother on the signs of dehydration.			
9. Encourages breastfeeding mother to continue breastfeeding as frequently as possible			
10. Asks mother if she has any questions.			
11. Informs mother about the need for follow up visit			
12. Asks mother about her own health, and refers her for follow-up if necessary.			
13. Washes hands.			



PHCI Project
P.O. Box 851275 (Sweifieh), Amman 11185 Jordan
E-mail: info@phci.com.jo

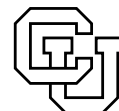


Abt Associates Inc.

Abt Associates Inc.
4800 Montgomery Lane, Suite 600
Bethesda, MD 20814, U.S.A.
Tel. (301) 347-5378
Fax (301) 652-3618
E-mail: info@abtassoc.com
www.abtassoc.com



Initiatives Inc.
276 Newbury Street
Boston, MA 02116, U.S.A.
Tel. (617) 262-0293
Fax (617) 262-2514
E-mail: initiatives@att.net
www.initiativesinc.com



University of Colorado
Health Sciences Center
4200 E. Ninth Ave.
Denver, CO 80262, U.S.A.
Tel. (303) 372-0000