Sick Child Recording Form
(for community-based treatment of child age 2 months up to 5 years in high HIV or TB setting)

Date: Date/ Month 20______

CHW: ____________

Child’s name: First ________ Family ____________________________ Age: _Years/ _Months Boy / Girl

Caregiver’s name: ____________________ Relationship: Mother / Father / Other: ____________

Address, Community: _________________________________

1. Identify problems

<table>
<thead>
<tr>
<th>ASK and LOOK</th>
<th>Any DANGER SIGN</th>
<th>SICK but NO Danger Sign?</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASK: What are the child’s problems? If not reported, then ask to be sure. YES, sign present → Tick (☑) NO sign → Circle (☒)</td>
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<tr>
<td>☐ Cough? If yes, for how long? ___ days</td>
<td>☐ Cough for 14 days or more</td>
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<tr>
<td>☐ Diarrhoea (3 or more loose stools in 24 hrs)? IF YES, for how long? ____days.</td>
<td>☐ Diarrhoea for 14 days or more</td>
<td>☐ Diarrhoea (less than 14 days AND no blood in stool)</td>
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<tr>
<td>☐ IF DIARRHOEA, blood in stool?</td>
<td>☐ Blood in stool</td>
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<tr>
<td>☐ Fever (reported or now)? IF YES, started ____ days ago.</td>
<td>☐ Fever for last 7 days or more</td>
<td>☐ Fever (less than 7 days) in a malaria area</td>
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<tr>
<td>☐ Convulsions?</td>
<td>☐ Convulsions</td>
<td></td>
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<tr>
<td>☐ Difficulty drinking or feeding? IF YES, ☐ not able to drink or feed anything?</td>
<td>☐ Not able to drink or feed anything</td>
<td></td>
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<tr>
<td>☐ Vomiting? If yes, ☐ vomits everything?</td>
<td>☐ Vomits everything</td>
<td></td>
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<tr>
<td>☐ Has HIV?</td>
<td>☐ Has HIV and any other illness</td>
<td>☐ One or both parents have HIV and child has not tested for HIV? or ☐ Parents’ current HIV status is unknown?</td>
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<tr>
<td>☐ At risk of HIV because</td>
<td></td>
<td></td>
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<tr>
<td>☐ One or both parents have HIV and child has not tested for HIV? or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Parents’ current HIV status is unknown?</td>
<td></td>
<td></td>
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<tr>
<td>☐ Lives in a household with someone who is on TB treatment?</td>
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LOOK:

| ☐ Chest indrawing? (FOR ALL CHILDREN) | ☐ Chest indrawing | |
| IF COUGH, count breaths in 1 minute: _______breaths per minute (bpm) | | ☐ Fast breathing |
| ☐ Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more | | |
| ☐ Unusually sleepy or unconscious? | ☐ Unusually sleepy or unconscious | |
| For child 6 months up to 5 years, MUAC strap colour: red__ yellow__ green__ | ☐ Red on MUAC strap ☐ Yellow on MUAC strap and has HIV | ☐ Yellow on MUAC strap (does not have HIV) |
| ☐ Swelling of both feet? | ☐ Swelling of both feet | |

2. Decide: Refer or treat child (tick decision)

☐ If ANY Danger Sign, REFER URGENTLY to health facility
☐ If NO Danger Sign, treat at home and advise caregiver

GO TO PAGE 2
Child's name: ___________________ Age: ______

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

### If any danger sign, REFER URGENTLY to health facility:

#### ASSIST REFERRAL to health facility:
- Explain why child needs to go to health facility. GIVE FIRST DOSE OF TREATMENT:
  - **If Diarrhoea**
    - **If child can drink**, begin giving ORS solution right away, as much as the child will take until departure. Give caregiver extra ORS solution to continue giving on the way.
    - **If child cannot drink**
      - Give rectal artesunate suppository (100 mg)
      - Age 2 months up to 3 years — 1 suppository
      - Age 3 years up to 5 years — 2 suppositories
      - Give first dose of oral antimalarial AL
      - Age 2 months up to 3 years — 1 tablet
      - Age 3 years up to 5 years — 2 tablets

  - **If Convulsions**
    - Give rectal diazepam (0.1 mg/kg)

  - **If Unusually sleepy or unconscious or Not able to drink or feed anything or Vomits everything**
    - Give first dose of oral antimalarial AL

  - **If Fever AND**
    - **If Fever AND danger sign other than the 4 above**
      - Give first dose of oral antibiotic (amoxicillin tablet—250 mg)
      - Age 2 months up to 12 months — 1 tablet
      - Age 12 months up to 5 years — 2 tablets

  - **If Chest indrawing, or Fast breathing**
    - If child can drink, give first dose of oral antibiotic (amoxicillin tablet—250 mg)
      - Age 2 months up to 12 months — 1 tablet
      - Age 12 months up to 5 years — 2 tablets

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

- Advise to keep child warm, if child is NOT hot with fever.
- Write a referral note.
- Arrange transportation, and help solve other difficulties in referral.

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

### If no danger sign, TREAT at home and ADVISE caregiver:

#### If Diarrhoea (less than 14 days AND no blood in stool)
- Give ORS. Help caregiver give child ORS solution in front of you until child is no longer thirsty.
- Give caregiver 2 ORS packets to take home. Advise to give as much as child wants, but at least 1/2 cup ORS solution after each loose stool.
- Give zinc supplement. Give 1 dose daily for 10 days:
  - Age 2 months up to 6 months—1/2 tablet (total 5 tabs)
  - Age 6 months up to 5 years—1 tablet (total 10 tabs)
- Help caregiver to give first dose now.

#### If Fever (less than 7 days) in a malaria area
- Do a rapid diagnostic test (RDT).
  - Positive __Negative
- If RDT is positive, give oral antimalarial AL (Artemether-Lumefantrine).
  - Give twice daily for 3 days:
    - Age 2 months up to 3 years—1 tablet (total 6 tabs)
    - Age 3 years up to 5 years—2 tablets (total 12 tabs)
  - Help caregiver give first dose now. Advise to give 2nd dose after 8 hours, and to give dose twice daily for 2 more days.

#### If Fast breathing
- Give oral antibiotic (amoxicillin tablet—250 mg).
  - Give twice daily for 5 days:
    - Age 2 months up to 12 months—1 tablet (total 10 tabs)
    - Age 12 months up to 5 years—2 tablets (total 20 tabs)
  - Help caregiver give first dose now.

#### If at risk of HIV
- Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also.

#### If living in household with someone on TB treatment
- Advise caregiver to take the child soon for TB screening and TB preventive medicine.

#### If Yellow on MUAC strap (no HIV)
- Counsel caregiver on feeding or refer the child to a supplementary feeding programme, if available.

#### For ALL children treated at home, advise on home care
- Advise caregiver to give more fluids and continue feeding.
- Advise on when to return. Go to nearest health facility immediately or if not possible return if child
  - Cannot drink or feed
  - Becomes sicker
  - Has blood in the stool
- Advise caregiver on use of a bednet (ITN).
- Follow up child in 3 days (schedule appointment in item 6 below)

4. CHECK VACCINES RECEIVED
(tick □ vaccines completed)
Advise caregiver, if needed:
- WHEN and WHERE is the next vaccine to be given?

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

6. When to return for FOLLOW UP (circle): Monday Tuesday Wednesday Thursday Friday Saturday Sunday

7. Note on follow up:
- Child is better—continue to treat at home. Day of next follow up: ____________.
- Child is not better—refer URGENTLY to health facility.
- Child has danger sign—refer URGENTLY to health facility.

<table>
<thead>
<tr>
<th>Age</th>
<th>Vaccine</th>
<th>Date given</th>
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<tbody>
<tr>
<td>Birth</td>
<td>■ BCG + HepB Birth ■ OPV0</td>
<td></td>
</tr>
<tr>
<td>6 weeks</td>
<td>■ DTP/Hib1/HepB1 ■ OPV1</td>
<td></td>
</tr>
<tr>
<td>10 weeks</td>
<td>■ DTP/Hib2/HepB2 ■ OPV2</td>
<td></td>
</tr>
<tr>
<td>14 weeks</td>
<td>■ DTP/Hib3/HepB3 ■ OPV3</td>
<td></td>
</tr>
<tr>
<td>9 months</td>
<td>■ MCV1</td>
<td></td>
</tr>
<tr>
<td>18 months</td>
<td>■ DTP + MCV2</td>
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