MOH-UMSP INPATIENT PAEDIATRIC SURVEILLANCE CASE RECORD FORM

Date of admission: |___|___| **day** |___|___| **month** |___|___| **year**		**IN PATIENT NUMBER:** _____	
Time	**of arrival in hospital:** |___|___| **hours** |___|___| **min** □ **am** □ **pm**	**Ward:**	**Bed number:**
	of admission to ward: |___|___| **hours** |___|___| **min** □ **am** □ **pm**		
Patient's name: Last_____**First**_____			**Gender:** ☐ Male ☐ Female
Age: |___|___| **years** |___|___| **months** |___|___| **days** **(If less than 5 years) (If less than 1 month)**		**Re-admission (Admission of patient within 30 days of discharge from same hospital):** □ Yes □ No If yes, how many days: _____days	

ADDRESS AND NEXT OF KIN

Village LCI:	**Parish:**	**Sub-county:**
District:	**Name of LC1 chairman:**	
Name of NOK:	**Relationship with NOK:**	
Name of father (if not NOK)	**Telephone contact:**	
Religion:	**Tribe:**	

Referring institution:	□ Self referral	□ Health centre IV	□ Government hospital	□ Private hospital
	□ Private clinic	□ Other (specify)_____		

HISTORY/SYMPTOM CHECK LIST

SYMPTOM (all must be answered)	PRESENT	SYMPTOM (all must be answered)	PRESENT	SYMPTOM (all must be answered)	PRESENT
Fever	□ Yes □ No	**Convulsions**	□ Yes □ No	**Diarrhoea**	□ Yes □ No
Cough	□ Yes □ No	**Altered consciousness**	□ Yes □ No	**Diarrhoea > 2 weeks**	□ Yes □ No
Cough more than 2 weeks	□ Yes □ No	**Vomiting**	□ Yes □ No	**Bloody diarrhoea**	□ Yes □ No
Difficulty in breathing	□ Yes □ No	**Unable to drink/breastfeed**	□ Yes □ No	**Passing tea coloured urine**	□ Yes □ No
Other history:		**Past medical history:**		**Feeding history:**	

Immunization details	□ None	□ Complete	□ Incomplete	□ On schedule	□ Not known

VITAL SIGNS

Temp: _____ °C	Weight: _____kg	Pulse: _____ / min	BP:_____/____ mmHg	Respirations: _____/min	Oxygen saturation: _____%

GENERAL EXAMINATION

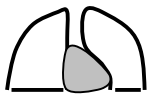
Pallor: □ None □ Mild □ Mod □ Severe	**Severe wasting:** □ Yes □ No	**Sunken eyes** □ Yes □ No	**MUAC** _____cm
Skin pinch return (sec): □ 0 □ 1 □ 2	**Edema:** □ Yes □ No	**Jaundice** □ Yes □ No	**Height** _____cm

RESPIRATORY SYSTEM

Deep breathing: □ Yes □ No	**Airway:** □ Clear □ Strider
Flaring of nostrils: □ Yes □ No	**Wheezing:** □ Yes □ No
Intercostal recession: □ Yes □ No	**Pleural rub:** □ Yes □ No
Subcostal recession: □ Yes □ No	**Crackles:** □ Yes □ No

CARDIOVASCULAR SYSTEM

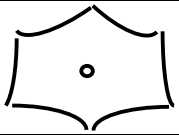
Pulse: □ Normal □ Weak **Cap refill:** □ < 2s □ 2-3s □ > 3s



CENTRAL NERVOUS SYSTEM

Unconscious: □ Yes □ No	**Bulging fontanelle:** □ Yes □ No
Lethargic: □ Yes □ No	**Stiff neck:** □ Yes □ No
Unable to sit/stand: □ Yes □ No	**Kerning's sign:** □ Yes □ No

ABDOMINAL EXAMINATION



BCS: _____ **Eye Opening:** Spontaneous (1); Does not follow light (0) **Motor response**: Localizes pain (2); Unable to localize pain (1); No movement (0) **Verbal response:** Normal cry (2); Weak cry (1); No sound (0)

INITIAL LABORATORY RESULTS

BS FOR MALARIA PARASITES □ Positive □ Negative **TEST #**	**HIV TEST RESULTS** □ CTRR □ CTR **TEST #**	
Malaria RDT: □ Positive □ Negative	**Sickle Cell Test** □ Positive □ Negative	**Random Blood Sugar level:** _____g/dl
Haemoglobin testing desired: □ Yes □ No If Hb testing desired, was test done □ Yes □ No If yes, result :_____g/dl	**Others tests done:**	
If no, reasons: □ lab unable to do test (no reagents) □ lab unable to do test (no equipment) □ lab unable to do test (staff unavailable) □ patient declined □ Other, specify _____		
Blood Group □ A □ B □ AB □ O	□ **Rh Positive** □ **Rh Negative**	

ADMISSION DIAGNOSIS (Tick all that apply)

Notifiable Diseases	□ Leprosy	□ Tuberculosis – new case	□ Malignancy
□ Acute flaccid paralysis	□ Malaria – uncomplicated	**Diseases of the Newborn**	□ Sickle Cell Disease
□ Cholera	□ Malaria – severe/complicated	□ Birth asphyxia	**Malnutrition**
□ Dysentery	□ Meningitis (other)	□ Congenital malformation	□ Mild acute malnutrition
□ Guinea worm	□ Onchocerciasis	□ Hemorrhagic disease	□ Moderate acute malnutrition
□ Meningitis (meningococcal)	□ Peritonitis	□ Prematurity	□ Severe acute malnutrition + edema
□ Measles	□ Pyrexia of unknown origin	□ Respiratory distress syndrome	□ Severe acute malnutrition – edema
□ Tetanus (neonatal)	□ Schistosomiasis	**Non-Infectious Diseases**	**Medical Emergencies**
□ Plague	□ Septicaemia	□ Anaemia	□ Cerebro-vascular events
□ Rabies	□ Sleeping sickness	□ Animal/snake bite	□ Cardiac arrest
□ Yellow fever	□ Tetanus (over 28 days)	□ Asthma	□ Gastrointestinal bleeding
□ Viral haemorrhagic fever	□ Typhoid fever	□ Burns	□ Respiratory distress
Other Infectious Diseases	□ Urinary tract infection (UTI)	□ Childhood mental disorders	□ Renal failure – acute
□ AIDS	□ Otitis Media	□ Diabetes mellitus	□ Poisoning
□ Diarrhoea – acute	**Respiratory Diseases**	□ Epilepsy	**Other Diagnosis**
□ Diarrhoea – persistent	□ Pneumonia	□ Injuries – Road traffic accident	
□ Genital infections	□ Respiratory infections (other)	□ Injuries – Trauma, other cause	
□ Hepatitis	□ Tuberculosis – known case	□ Liver disease	

SUPPORTIVE CARE PLAN (Tick all that apply)

BLOOD TRANSFUSION				**OTHER FORMS OF SUPPORTIVE CARE**	
Is blood transfusion desired □ Yes □ No				□ IV Fluids: _____ mL	
If yes, state reasons	□ Hb ≥ 5 but clinical indication	□ No Hb but clinical indication		□ Tepid sponging	□ Oxygen
	□ Hb < 5	□ Other, _____		□ Left lateral position	□ Keep patient warm
If desired, was blood given: □ Yes □ No If yes , volume_____ml				□ Nutritional rehabilitation	□ Nasogastric tube
Transfusion date: |__|__| **day** |__|__| **mo** |__|__| **yr**		Blood unit #:_____		□ Other (specify): _____	
If desired, but not given, state reasons	□ Blood not available	□ No blood grouping service		□ Other (specify): _____	
	□ Patient declined	□ Patient died	□ Blood type not available	□ Other (specify): _____	

REASONS FOR DIAGNOSIS OF SEVERE/COMPLICATED MALARIA

□ Prostration	□ Haemoglobinuria	□ Hypoglycemia	□ Vomiting everything
□ Coma (deeply unconscious)	□ Convulsions (≥ 3 in 24 hours)	□ Acidosis	□ Convulsions (≤ 2 in 24 hours))
□ Respiratory distress	□ Circulatory collapse (shock)	□ Renal impairment	□ Inability to drink or breastfeed
□ Abnormal bleeding	□ Pulmonary oedema	□ Hyperlactataemia	□ Lethargic or unconscious
□ Jaundice	□ Severe anaemia	□ Hyperparasitemia	□ Other, specify

REASONS FOR ADMISSION WITH POSITIVE MALARIA TEST IF NOT FULFILLING CRITERIA FOR SEVERE/COMPLICATED

□ Co-morbidity	□ ACTs out of stock	□ Moderately sick child	□ Parental request
□ Can't access ACTs (Pharmacy closed)	□ Unable to return home due to time/distance		□ Other (specify)

MEDICINES	PRESCRIPTION		DRUG ADMINISTRATION RECORD (completed by nurses or clinician)														
	Date	Dosing instructions	Date	Time	Initial	Date	Time	Initial	Date	Time	Initial	Date	Time	Initial	Date	Time	Initial
□ Quinine – IV																	
□ Artemether – IM																	
□ Artesunate – IV																	
□ Artesunate – rectal																	
□ Quinine – oral																	
□ SP – oral																	
□ Artesunate – oral																	
□ Chloroquine – oral																	
□ Coartem – oral																	
□ Amodiaquine – oral																	
□ Chloramphenicol – IV																	
□ Gentamicin – IV																	
□ Penicillin – IV																	
□ Ceftriaxone – IV																	
□ Ampicillin IV																	
□ Cotrimoxazole – oral																	
□ Nalidixic acid – oral																	
□ Amoxil – oral																	
□ Albendazole – oral																	
□ Ketaconazole – oral																	
□ Mebendazole – oral																	
□ TB drugs																	
□ Diazepam – rectal																	
□ ORS																	
□ Vitamin A																	
□ Zinc																	
□ Ferrous sulphate																	
□ Folic acid																	
□ Hydrocortisone IV/IM																	
□ Paracetamol																	
□ Other																	
□ Other																	
□ Other																	
□ Other																	

Name of admitting clinician: _____

DIAGNOSTIC TESTING OBTAINED AFTER ADMISSION

|__|__|/|__|__|/|__|__| *day month year*	**BS:** □ Positive □ Negative	**RDT:** □ Positive □ Negative	**Hb level:** _____g/dl	**Other:**
|__|__|/|__|__|/|__|__| *day month year*	**BS:** □ Positive □ Negative	**RDT:** □ Positive □ Negative	**Hb level:** _____g/dl	**Other:**
|__|__|/|__|__|/|__|__| *day month year*	**BS:** □ Positive □ Negative	**RDT:** □ Positive □ Negative	**Hb level:** _____g/dl	**Other:**
|__|__|/|__|__|/|__|__| *day month year*	**BS:** □ Positive □ Negative	**RDT:** □ Positive □ Negative	**Hb level:** _____g/dl	**Other:**
|__|__|/|__|__|/|__|__| *day month year*	**BS:** □ Positive □ Negative	**RDT:** □ Positive □ Negative	**Hb level:** _____g/dl	**Other:**
|__|__|/|__|__|/|__|__| *day month year*	**BS:** □ Positive □ Negative	**RDT:** □ Positive □ Negative	**Hb level:** _____g/dl	**Other:**
|__|__|/|__|__|/|__|__| *day month year*	**BS:** □ Positive □ Negative	**RDT:** □ Positive □ Negative	**Hb level:** _____g/dl	**Other:**

FINAL DIAGNOSIS AT DISCHARGE (CHECK ALL THAT APPLY) – to be completed by the clinician at discharge

Notifiable Diseases	□ Leprosy	□ Tuberculosis – new case	□ Malignancy
□ Acute flaccid paralysis	□ Malaria – uncomplicated	**Diseases of the Newborn**	□ Sickle Cell Disease
□ Cholera	□ Malaria – severe/complicated	□ Birth asphyxia	**Malnutrition**
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Other Infectious Diseases	□ Urinary tract infection (UTI)	□ Childhood mental disorders	□ Renal failure – acute
□ AIDS	□ Otitis Media	□ Diabetes mellitus	□ Poisoning
□ Diarrhoea – acute	**Respiratory Diseases**	□ Epilepsy	**Other Diagnosis**
□ Diarrhoea – persistent	□ Pneumonia	□ Injuries – Road traffic accident	
□ Genital infections	□ Respiratory infections (other)	□ Injuries – Trauma, other cause	
□ Hepatitis	□ Tuberculosis – known case	□ Liver disease	

FINAL OUTCOME AT DISCHARGE

Date of discharge/death/referral/absconded |___|___| **day** |___|___| **month** |___|___| **year**	Name of person completing discharge form:
Time of discharge/death/referral/absconded |___|___| **hours** |___|___| **min** □ **am** □ **pm**	

Disposition: (tick one)

□ Death – if yes, list cause(s) of death : ____

□ Improved with disability – if disability, list:____

□ Improved no disability

□ Absconded (Run away from hospital prior to official discharge)

□ Referred to____