USAID/BASICS/POPPHI --GENERAL CLINIC AND SICK CHILD REGISTER

Facility Name:_____ **Facility Code:**_____ **District:**_____

																	Serial No.
																	Name
																	Age of patient: 1.) For baby under 1 mth note age in days(**D**);2.) For babies < 2yr write in mths **(M)**; 3.) For rest write in yrs.(**Y**)
																	Address
																	Aire de Sante
																	Whether coming from another health zone
																	Chief Complaints
																	Chief Findings-(for babies under 1 month note danger signs if any 1 = Not sucking/poor sucking, 2 = inactive, 3 =fever; 4= hypothermia, 5 = difficult breathing, 6 = convulsions, 7 = vomiting, 8= abdominal distension, 9 =
																	For babies under 1 yr.: Place of delivery: 1. = facility(name)_____; 2= domiciliary
																	For babies under 1 yr: Date of delivery
																	For babies under 1 yr: Birth weight o
																	For babies under 1 yr. of age Problems at birth:
																	For babies under 1 yr: Feeding:1.= exclusive breastfeeding; 2 =. BF + water 3 =.BF + other milks; 4 = Formula/other
																	Chief Findings/Diagnosis
																	Laboratory Tests
																	Actions: 1.) patient sent home; 2.) patient referred to higher facility for _____(note problem)
																	Treatment given : 1 = 1st dose of antibiotics+referral 2 =sent home on oral antibiotics___which?; 3 = eye drops/ointment; 4 = antimalarials; 5 = ORS; 6 = others (specify)___
																	REMARKS