



**USAID**  
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 **BASICS**

# TOOLKIT FOR COMMUNITY CASE MANAGEMENT OF CHILDHOOD ILLNESSES

## PATIENT FORM



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BASICS (Basic Support for Institutionalizing Child Survival) is a global project to assist developing countries in reducing infant and child mortality through the implementation of proven health interventions. BASICS is funded by the U.S. Agency for International Development (contract no. GHA-I-00-04-00002-00) and implemented by the Partnership for Child Health Care, Inc., comprised of the Academy for Educational Development, John Snow, Inc., and Management Sciences for Health. Subcontractors include the Manoff Group, Inc., the Program for Appropriate Technology in Health, and Save the Children Federation, Inc.

The present document is one of nine elements in the USAID/BASICS Community Case Management of Childhood Illnesses Toolkit. The Toolkit includes:

Manuals and Guides

- Implementation Guide
- Trainer's Guide
- Training Exercise Manual
- Community Health Worker's Manual
- Communications Guide
- Supervisor's Guide

Facility-level tools

- Patient Form
- Patient Follow-up Form
- Data Collection Form

Adaptation of the toolkit for use in DR Congo was completed thanks to close collaboration between USAID/BASICS, the DR Congo Ministry of Health, UNICEF, WHO, GTZ, IRC, and Management Sciences for Health.

**CHILD PATIENT FORM**

Form N°.....

DATE: ...../...../.....

NAME OF THE SITE CHW (Relais).....

HEALTH ZONE: ..... HEALTH CENTER: ..... SITE: .....

**1. IDENTIFICATION**

Names: ..... Mother's Name: ..... Adress: .....

Gender  M  F Age ..... Weight .....Kg Child's Nutritional status  Green  Yellow  Red

**2. COMPLAINTS (Tick NO or YES)**

For how many days Treatment received at home

Fever .....	<input type="checkbox"/> NO <input type="checkbox"/> YES	.....days	.....
Diarrhea.....	<input type="checkbox"/> NO <input type="checkbox"/> YES	.....days	.....
Cough or cold.....	<input type="checkbox"/> NO <input type="checkbox"/> YES	.....days	.....

SPECIFY other complaints.....

**3. LOOK FOR DANGER OR WARNING SIGNS (REFER IF YES)**

ASK, SEARCH	Tick	NO	YES	ASK, SEARCH	Tick	NO	YES
Infant from 1week to 2 months brought to the SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Palmar pallor or anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nutritional status of the child , RED	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Difficulty breathing or wheezing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the child able to drink or breastfeed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any disease that lasts 15 days or more	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the child vomit all that he consumes?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The child is often sick	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did the child have convulsions or is convulsing now?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The child is very weak	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The child is unconscious or not responding to external stimuli	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The child becomes sicker despite adequate home care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>4 FEVER (= Hot to the touch or history of fever within the 2 days) (Tick) NO YES</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>REFER IF:</b>	- Fever which continues after 2 days of home treatment with Artesunate + Amodiaquine and Paracetamol, (or SP + paracetamol in the absence of Art + AQ)	<input type="checkbox"/> NO <input type="checkbox"/> YES
	- Fever with generalized rash	<input type="checkbox"/> NO <input type="checkbox"/> YES
<b>FEVER case to be treated at the site</b>	All the problems above are absent,	<input type="checkbox"/> NO <input type="checkbox"/> YES
		<input type="checkbox"/> NO <input type="checkbox"/> YES
		<b>FEVER case to be REFERRED</b>
		<b>MALARIA</b>

<b>5 DIARRHEA (= Loose stool 3 times per day or more) NO YES (Tick)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>REFER if:</b>	- Signs of dehydration (sunken eyes, thirst, skin pinch goes back slowly, agitated child), or	<input type="checkbox"/> NO <input type="checkbox"/> YES
	- Blood in the stool, or	<input type="checkbox"/> NO <input type="checkbox"/> YES
	- Liquid diarrhea (like water)	<input type="checkbox"/> NO <input type="checkbox"/> YES
<b>DIARRHEA case to be treated at the site</b>	All the problems above are absent	<input type="checkbox"/> NO <input type="checkbox"/> YES
		<input type="checkbox"/> NO <input type="checkbox"/> YES
		<b>DIARRHEA case to be REFERRED</b>
		<b>Simple DIARRHEA</b>

<b>6 COUGH or COLD NO YES (Tick)</b>	<input type="checkbox"/>	<input type="checkbox"/>
	Respiratory mvts= Nber ..... per Minute (Write)	
<b>BREATHING IS FAST</b>	- 50 respiratory movements (or more) in a child aged < 1 year	<input type="checkbox"/> NO <input type="checkbox"/> YES
	- 40 respiratory movements (or more) in a child aged > year	<input type="checkbox"/> NO <input type="checkbox"/> YES
<b>BREATHING IS NORMAL</b>	- less than 50 respiratory movements in a child aged < 1 year	<input type="checkbox"/> NO <input type="checkbox"/> YES
	- less than 40 respiratory movements in a child aged > 1 year	<input type="checkbox"/> NO <input type="checkbox"/> YES
		<input type="checkbox"/> NO <input type="checkbox"/> YES
		<b>PNEUMONIA</b>
		<b>COUGH or COLD</b>

<b>7 MALNUTRITION (we have to search for point 7, 8, and 9 in every child)</b>		
<b>SEVERE MALNUTRIT° to be referred</b>	- Visible and severe Thinning	<input type="checkbox"/> NO <input type="checkbox"/> YES
	- or swollen lower limbs	<input type="checkbox"/> NO <input type="checkbox"/> YES
<b>Slight MALNUTRITION or Children at risk</b>	Low weight for age:	<input type="checkbox"/> NO <input type="checkbox"/> YES
	- In the YELLOW stripe, or	<input type="checkbox"/> NO <input type="checkbox"/> YES
	- Stationary weight or decrease after 3 successive weightings	<input type="checkbox"/> NO <input type="checkbox"/> YES
<b>NO MALNUTRITION</b>	- Normal weight (GREEN Zone),	<input type="checkbox"/> NO <input type="checkbox"/> YES
	- No signs of malnutrition	<input type="checkbox"/> NO <input type="checkbox"/> YES
		<input type="checkbox"/> NO <input type="checkbox"/> YES
		<b>Severe MALNUTRIT°</b>
		<b>SLIGHT MALNUTRITION or Child at risk</b>
		<b>NO MALNUTRITION</b>

<b>8. VACCINATION STATUS, CPS and Vitamin A CPS CARD SEEN. NO YES (Tick)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	- Did the child attend to weighing sessions?	<input type="checkbox"/> NO <input type="checkbox"/> YES
	- Is the child immunized?	<input type="checkbox"/> NO <input type="checkbox"/> YES
	- Did he receive Vitamin A?	<input type="checkbox"/> NO <input type="checkbox"/> YES
<b>9 OTHER PROBLEM ANY OTHER PROBLEM (refer) NO YES OTHER: Refer</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/> NO <input type="checkbox"/> YES
		<input type="checkbox"/> NO <input type="checkbox"/> YES
		<input type="checkbox"/> NO <input type="checkbox"/> YES

<b>10. REFERRED CASES NO YES</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<b>ADVICE FOR CASES REFERRED TO THE INTEGRATED HC</b>
• If the child can breastfeed or drink; continue to breastfeed on the way (or give expressed milk in a cup) or give sugar water in case of a weaned child		• IF FEVER: Paracetamol (1/2 Tab for child < 3 years old, 3/4 Tab for child between 3-5 years old) + Bath in plain water or wrap the head wet in case of high fever.
• INFANT of 1 week to 2 months: keep the child warm		• IF DIARRHEA: give frequently sips of ORS with a cup, (even in case of exclusive breastfeeding)
		<b>NOTE: FILL OUT THE REFERENCE FORM AND REFER</b>

# 11. TREATMENT

<p><b>TREATMENT OF FEVER/MALARIA</b></p> <p>1) Drugs</p> <p>A) ANTI MALARIA drugs:</p> <ul style="list-style-type: none"> <li>Child 2-6 month: QUININE drops 20%(1 drop/kg of weight, 3 times per day, for 7 days)</li> <li>Child 7-11 months: Art ½ Tab + AQ ½ Tab, for 3 days (TOTAL 1½ Tab Art + 1½ Tab AQ)</li> <li>Child 12-59 months: Art 1 Tab + AQ 1 Tab, for 3 days</li> </ul> <p><b>Note:</b> In case of lack of ART+AQ, give the SP according to the following dosage:</p> <ul style="list-style-type: none"> <li>Child 2-11 months: SP ½ Tab single-dose, only for 1 day</li> <li>Child of 1-2 years: SP ¾ Tab single-dose, only for 1 day.</li> <li>Child of 3-5 years: SP 1 single-dose Tab, only for 1 day</li> </ul> <p>B) Paracetamol 500 Mg Tab: (4 times per day).</p> <ul style="list-style-type: none"> <li>Child less than 3 years old: ½ Tab, for 2 days (TOTAL 4 Tab)</li> <li>Child above 3 years old: ¾ Tab, for 2 days (TOTAL 6 tab)</li> </ul> <p>2) Advice: See CHART 1</p> <p>3) Appointment after 2 days</p>	<p><b>TREATMENT OF DIARHEA</b></p> <p>1) Drugs:</p> <p>a) ORS (at least 2 bags) or other recommended liquids:</p> <ul style="list-style-type: none"> <li>½ glass of ORS after each stool: Child &lt; 2 years</li> <li>1 glass of ORS after each stool: Child 2 years and above</li> </ul> <p>(If Vomiting: Wait 10 min. then give again)</p> <p>b) Mebendazole: 100 mg Tab 2 times per day for 3 days (TOTAL 6 Tabs) (or 1 Tab of 500 mg single-dose from one year of age)</p> <p>c) Zinc Tab for 10 days with the following dosage:</p> <ul style="list-style-type: none"> <li>½ 20 Mg tab, child of less than 6 months (TOTAL : 5 Tabs)</li> <li>20 mg tab, child 6 months and above (TOTAL: 10 Tabs)</li> </ul> <p>2) Advice: See CHART 2</p> <p>3) Appointment after 2 days</p>
<p><b>TREATMENT OF PNEUMONIA AND COUGH/COLD</b></p> <p>1) PNEUMONIA :</p> <p>a) COTRIMOXAZOLE</p> <ul style="list-style-type: none"> <li>Child 2 - 6 months: ¼ Tab 2 times per day for 5 days (TOTAL 2½)</li> <li>Child 6 months - 3 years: ½ Tab 2 times per day for 5 days (TOTAL 5 Tab)</li> <li>Child 3 years - 5 years: 1 Tab 2 times per day for 5 days (TOTAL 10 Tab)</li> </ul> <p>b) Remedy against cough: Lemon juice (diluted) or honey</p> <p>c) If fever: See Treatment for malaria.</p> <p>2) SIMPLE COUGH OR COLD:</p> <p>a) Remedy against cough (Lemon juice or diluted honey)</p> <p>b) If fever: See treatment for malaria.</p> <p>3) Advice: See CHART 3</p> <p>4) Appointment after 2 Days</p>	<p><b>MANAGEMENT OF SLIGHT MALNUTRITION</b></p> <p>1) Drugs</p> <p>a) Mebendazole : 100 mg Tab 2 times a day for 3 days (TOT 6 Tabs) (or 500 mg Tab single dose from one year of age)</p> <p>b) Ferrous sulfate 1 tablet per day for 1 month (TOT 30 Tabs)</p> <p>2) Advice : See CHART 4</p> <p>3) Appointment after 2 days to verify whether the advice given was followed,  Then appointment after 7 days</p>

## 12. CATCHING UP (See Vaccination status, CPS & Vit. A, and advice for catching up if necessary)

In all cases, encourage the mother to continue child weighing sessions, immunization and Vitamin A supplementation at the HC

**13 FOLLOW UP VISIT CARRIED OUT?**  NO  YES **INSTRUCTIONS FOR FOLLOW UP APPOINTMENT.**

<p><b>A POSSIBILITY n°1:</b></p> <p>The child's mother returned <input type="checkbox"/></p> <p>Tick if:</p> <p>a. Returned according to the given appointment <input type="checkbox"/></p> <p>b. Returned immediately due to child worsening health <input type="checkbox"/></p>	<p><b>POSSIBILITY n°2:</b></p> <p>The child's mother did not return <input type="checkbox"/></p> <p>Tick why she did not return:</p> <p>a. Consultation by a traditional practitioner or traditional treatment <input type="checkbox"/></p> <p>b. Lack of money <input type="checkbox"/></p> <p>c. Child got better <input type="checkbox"/></p> <p>d. Mother's activities: Seller, field, work, illness in the family... <input type="checkbox"/></p> <p>e. Death <input type="checkbox"/></p> <p>f. Other causes: <input type="checkbox"/></p>																																																
<p><b>B IS THE CHILD'S STATE AGGRAVATED? (Ask the mother)</b> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> (Tick) <b>IF YES, REFER</b></p>																																																	
<p><b>C DOES THE CHILD HAVE A NEW COMPLAINT?</b> NO <input type="checkbox"/> YES <input type="checkbox"/> <b>IF YES, TAKE A NEW FORM</b></p>																																																	
<p><b>D LOOK FOR WARNING AND DANGER SIGNS REFER IN CASE A SINGLE SIGN IS PRESENT</b></p> <table border="1"> <thead> <tr> <th></th> <th>NO</th> <th>YES</th> <th></th> <th>NO</th> <th>YES</th> </tr> </thead> <tbody> <tr> <td>• The child is unable to drink or breastfeed</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>• Fever that persists despite treatment</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>• The child vomits all that he consumes</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>• Appearance of rash and/or pruritus</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>• Had convulsions or convulsing now</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>• Dehydration signs</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>• Unconscious or very weakened</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>• Blood in the stool,</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>• Difficult breathing (pulling or wheezing)</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>• Very liquid diarrhea (like water)</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>• Palmar paleness (anemia)</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>• or another abnormal phenomenon</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>• The child becomes sicker</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NO	YES		NO	YES	• The child is unable to drink or breastfeed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• Fever that persists despite treatment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• The child vomits all that he consumes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• Appearance of rash and/or pruritus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• Had convulsions or convulsing now	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• Dehydration signs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• Unconscious or very weakened	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• Blood in the stool,	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• Difficult breathing (pulling or wheezing)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• Very liquid diarrhea (like water)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• Palmar paleness (anemia)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• or another abnormal phenomenon	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• The child becomes sicker	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
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<p><b>F VERIFY IF THE CHILD RECEIVED HIS DRUGS AS PRESCRIBED.</b> Did he receive his dose? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/></p> <p>• Verify the remaining quantity of drugs in the mother's bag.</p>																																																	
<p><b>G ADVISE TO CONTINUE CHILD TREATMENT</b></p> <ul style="list-style-type: none"> <li>Ask the mother to recall how she administered the drugs (review the «3 how many »)</li> <li>If the mother administered well the drugs, CONGRATULATE AND ENCOURAGE HER TO CONTINUE THIS WAY</li> <li>If the mother has administered the drugs inappropriately, make a demonstration on drug dispensation (review the « 3 how many ») then ask her to repeat and administer a dose in your presence. Verify her understanding.</li> </ul>																																																	