

Medical Chart Record

Date ____/____/____

Special Note: TB HIV MAL DIAB

Medical Teams International /Somalia

Clinic Location: _____

Family Name: _____ Given Name: _____ Age: _____ Gender: M/F _____

Village Address: _____ Phone #: _____ Occupation: _____

Vitals: BP _____ HR _____ RR _____ Temp _____

Weight _____ MUAC _____ WFA _____ WFH _____

HPI**Physical Exam****PastMed/Soc/FamHx/Meds/Allergies****Diagnosis:****Treatment:**

<u>Medication</u>	<u>Dose</u>	<u>Route</u>	<u>Frequency</u>	<u>Duration</u>	<u>Quantity Dispense</u>	<u>MD/CO Signature</u>	<u>Pharm. Sign.</u>

Use caution before discharging home with more than 2 prescriptions.
☐ Give routine in-clinic administration of albendazole and vitamin A for children 1yr through school age if not received in last 6 months.
Checklist for IMCI (check everything on the list for all patients)

Children 2mo-5yr		Infants 1wk-2mo	
Cough/dyspnea	Yes <input type="checkbox"/> No <input type="checkbox"/>	Very severe disease / local bacterial infx	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diarrhea	Yes <input type="checkbox"/> No <input type="checkbox"/>	Jaundice	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fever	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diarrhea	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ear problem	Yes <input type="checkbox"/> No <input type="checkbox"/>	Feeding problem or low WFA	Yes <input type="checkbox"/> No <input type="checkbox"/>
Malnutrition	Yes <input type="checkbox"/> No <input type="checkbox"/>	Immunization status	Yes <input type="checkbox"/> No <input type="checkbox"/>
Anemia	Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Somalia Immunization Schedule:</u> Birth: BCG, OPV 6, 10, 14 wks: DTP, OPV 16, 20 wks: TT (<i>and pregnancy</i>) 9 months: measles, vit A	
Immunization status	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Counsel mother: breast health, nutrition, TT, FP, STI/HIV			
Yes <input type="checkbox"/> No <input type="checkbox"/>			

Checklist for Pregnant woman

- ☐ Check maternal health card, TT immunization status
- ☐ Check for pre-eclampsia, anemia, syphilis, HIV status, pneumonia, TB
- ☐ Check fetal movement (>4mo), PROM, dysuria, vaginal discharge
- ☐ Give MVI w/ Fe
- ☐ Give albendazole dose x1 (2nd or 3rd trimester)
- ☐ Give IPTp for malaria in 2nd and 3rd trimester
- ☐ Check for birth and emergency plan; counsel routine f/u visits

Disposition / Return To Clinic

- ☐ Referred to health educator or already received health counseling today
- ☐ Referred to another facility for _____
- ☐ RTC for follow up _____
- ☐ Pending lab tests _____

WHO Integrated Management of Childhood Illness Protocol

1. Check for danger signs: able to take PO, vomiting, seizures, lethargic or unconscious.
2. Ask and treat if the child has had any of the following problems (review all problems with every patient):

For children 2 months to 5 years old

Problem		Signs	Classification	Treatment
Cough/difficulty breathing		Any danger sign, chest indrawing, or stridor	Severe pneumonia	Give first dose of abx and transfer to hospital
		Fast breathing (RR 50 if <1yr, 40 if 1-5yr)	Pneumonia	Give oral abx per treatment protocol, treat wheezing, advise mother on return signs and schedule f/u in 2 days
		None of the above	Cough/cold	Treat wheezing, soothe throat, RTC 5 days if not better For any pt, if cough >3wks refer for possible TB.
Diarrhea	With dehydration	2 of: lethargic, sunken eyes, can't drink, skin tenting	Severe dehydration	Give IV fluids, start ORS asap, observe 6hrs; otherwise refer to hospital; Rx cholera prn
		2 of: restless, sunken eyes, thirsty, skin tenting	Some dehydration	Give ORS and zinc in clinic per Rx protocol for 4hrs, then start feeding; home care and f/u
		Does not meet above criteria	No dehydration	Refer to hospital if any other severe illness also Dx'd. Teach ORS, zinc, and extra food for home care per Rx protocol.
	>14 days	With dehydration	Severe persistent d.	Rx dehydration first, then refer to hospital.
		No dehydration	Persistent diarrhea	Give feeding rec's (see below), MVI, zinc; RTC in 5 days
	With blood	Blood in stool	Dysentery	See Rx protocol for abx; f/u in 2 days
Fever	High malaria risk	Any danger sign or stiff neck	V. severe febrile dz	1st dose of quinine, 1st dose broad abx, prevent low Glu, APAP, refer to hospital
		Fever, or no rhinorrhea/measles/other cause	Malaria	Give antimalarial per Rx protocol, APAP, RTC 2days if still febrile; other w/u if >7days
	Low malaria risk	Rhinorrhea/measles/other cause	F., unlikely malaria	APAP, RTC 2days if still febrile; other workup if febrile >7days
	Measles now or last 3mo	Measles + Any danger sign, cloudy cornea, mouth ulcers, pneumonia, diarrhea, ear infx, malnutrition	Sev. Cmpl. measles	Give vit A, give 1st dose abx (for co-infection), treat eye infx with TCN ointment, refer to hospital.
		Pus from eye or mouth ulcers	Measles w/ compl.	Give vit A, treat eye infx, treat mouth ulcers with gentian violet, f/u 2 days
		Measles (3 C's, rash from head down) now or last 3mo	Measles	Give vit A.
Ear problem		Tender swelling behind the ear	Mastoiditis	1st dose of abx (amox or ceftriax), APAP, refer to hospital
		Ear pain with draining pus, <14 days	Acute ear infx	Amox x 5 days, APAP, dry ear by wicking, RTC 5 days
		Ear pain with draining pus, >14 days	Chronic ear infx	Dry by wicking, topical ear abx drops x 2wks, RTC 5 days
3. Then check for malnutrition and anemia in every patient.		Visible severe wasting OR edema of both feet	Severe malnutrition	Give vit A, treat to prevent hypoglycemia, refer to hospital
		Very low weight for age (<2SD)	Very low weight	Assess and counsel on feeding, if feeding problem RTC 5 days o/w 30 days
		None of the above	Not very low weight	If <2yo, assess feeding, if feeding problem RTC 5 days
		Extreme palmar pallor	Severe anemia	Refer to hospital
		Some palmar pallor	Anemia	Give iron, deworming, and antimalarial, RTC 14 days
Feeding recommendations: up to age 6mo: breastfeed only, at least 8 times in 24 hours. 6mo-2yr: breastfeed on demand, and give food 3-4x/day + snacks. (If not BF, feed 5x + snacks).				

4. Then check the child's immunization status (look at immunization card).

Birth	BCG	OPV-0	
6 weeks	DPT + Hib-1	OPV-1	HBV-1
10 weeks	DPT + Hib-2	OPV-2	HBV-2
14 weeks	DPT + Hib-3	OPV-3	HBV-3
6 months	vit A (every 6 months)		*
9 months	Measles-1 (Measles-2 any time, at least one month later)		
1 year	deworming (every 6 months)		

*(Extra first dose of measles in high-risk setting such as disaster, outbreak, refugee camp)

The only contraindications to immunization are: BCG if child has HIV; DPT if child has h/o seizures.

Do not immunize if child is being referred to hospital

If the child has diarrhea, ok to give OPV but don't mark on card- RTC 4wks to repeat dose.

5. Then counsel mother about her own health: treat breast problem, advise nutrition, give tetanus toxoid, provide access to family planning and STD/HIV counseling.

For young infants 1 week to 2 months old.

	Signs	Classification	Treatment
1. Check for very severe disease and local bacterial infection.	Not feeding well, seizures, RR >60, severe chest indrawing, temp >37.5 or < 35.5, movement only with stimulation or no movement at all.	Very severe disease	Give first dose of IM abx, treat to prevent hypoglycemia, refer to hospital, advise mother how to keep infant warm in transfer
	Umbilicus red or draining pus	Local bacterial infx	Give oral abx, teach mother how to treat at home, RTC 2 days
2. Then check for jaundice.	Any jaundice <24hrs old, or yellow palms/soles at any age.	Severe jaundice	Treat to prevent hypoglycemia, refer to hospital, advise mother how to keep infant warm in transfer.
	Jaundice after 24hrs old, and palms/soles not yellow.	Jaundice	Advise home care, advise RTC if palms/soles turn yellow; if age > 3wks, refer to hospital. RTC 1 day.
3. Then ask if the young infant has diarrhea. (Diarrhea = change from usual, many and watery).	Follow the assessment and classification recommendations for the older child on page 1. Omit IVF and antibiotics in the treatment plan.		
4. Then check for feeding problem or low weight for age.	Not well attached to breast, not sucking effectively, less than 8 BF in last 24 hrs, feeding other foods, low weight-for-age, thrush	Feeding problem or low WFA.	Teach BF positioning and attachment. If unable, advise to express milk and feed from a cup. Counsel on feeding on demand for as long as infant wants. Counsel against other foods, refer for re-lactation. If unable to BF, advise on correct preparation of substitutes. Advise feeding and home care for low WFA infant. Rx thrush at home. RTC 2 days.
5. Then check immunization status. Follow the chart on page 1.			