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MINISTRY OF HEALTH-ETHIOPIA

Health Centre /Clinic/Hospital Integrated Management of New born and Childhood Illness Register (2 to 59 Months) Register

Region

Zone/Subcity/Woreda

Health Facility Name

Begin Date

End Date

INSTRUCTION ON HOW TO COMPLETE THE UNDER-FIVE REGISTER

1. A row separated by a hard line is for one patient. The very top row indicates which variable to fill, like *name of patient, age, sex, weight, etc....*
2. Some boxes are separated by dotted line. In these boxes two variables should be written. Example: in the first column, the first box is divided into two by dotted line. According to the very top row, in the upper box the *date of the visit* should be filled and in the lower box the *serial number* should be filled. The same applies for the third, fourth and fifth columns. In the third column *name* above and *address* below, in the fourth column *age* above and *sex* below, in the fifth column *weight* above and *temperature* below.
3. In the *presenting complaint* box the most important reason/s for the visit should be written clearly.
4. In the *patient's signs and symptom* boxes all signs or symptoms the child has should be circled or written.
5. Write clearly in the columns for *other problem, classification/s, medicine/s, referral, follow-up and other remarks*.
6. Use all the information you noted to classify the child and provide medicine/s, referral or follow-up.
7. Do follow up to all sick young infants and children and document the outcome of your efforts
8. Write the diagnosis (**name and code**) based on Ethiopia Simplified Version International Classification of Disease (ESV_ICD11) as it appears on the hand book Table on computer
(do not abbreviation)

Integrated Management of New born and Childhood Illness Register (2 to 59 Months)

Date	Medical record (card) No.	Name Address (Woreda/ Kebele)	Age	Weight	Presenting Complaint	Patient's Signs and Symptoms															
						If sign present, circle the variables and write figures when needed															
Serial No			Sex	Height	Temp	Check General Danger Signs		Cough or Difficult Breathing		Diarrhoea		Fever		Ear Problem		Check Malnutrition and Anemia			Feeding Assessment		
						Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	*WFH: <-3Z, -3 to <-2Z, ≥ -2Z				Yes	No
			_____ months	_____ kg				* _____ days	* _____ days ;	* Malaria Risk - High / Low / No						* MUAC: <11.5, 11.5 - <12.5, ≥12.5cm					
						* Unable to drink or Breastfeed		* Respiratory rate _____ /minute	* Blood in stool	* Fever duration _____ days						* Oedema: +, ++, +++				* Feeding Problem: Yes No	
						* Vomits everything		Fast Breathing	* Lethargic/ unconscious	* If > 7 days, Fever every day						* Medical complications: Yes/No					
						* Convulsion history		* Chest Indrawing	* Restless/ Irritable	* History of measles within 3 month										* If Yes,	
						* Convulsing now		* Stridor	* Sunken eyes	* Stiff neck *Bulged fontanell (<1yr)						* Pus Draining					
			M	_____ cm		* Lethargic/ Unconscious		* Wheeze	* Unable / drinks poorly	* Generalized rash- Cough / Runny nose / Red eyes						* Appetite test: Passed Failed					
								* Oxygen Saturation _____ %	* Drinks eagerly/thirsty	* Mouth ulcers / Deep or Extensive											
			F	_____ °C					* Skin Pinch- Very Slowly	* Eye: Pus draining / Corneal clouding						Palmar pallor: Severe, Some, No					
									Slowly	* BF : _____						Hgb: _____ gm/dL HCT: _____ %					
			_____ months	_____ kg				* _____ days	* _____ days ;	* Malaria Risk - High / Low / No						* MUAC: <11.5, 11.5 - <12.5, ≥12.5cm					
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Integrated Management of New born and Childhood Illness Register (2 to 59 Months)

Patient's Signs and Symptoms If sign present, circle the variables and write figures when needed				Other Problems	Classification	Treatment, Counsel and Follow Up			[ESV_ICD11] Diagnosis		Remarks
HIV/AIDS	Tuberculosis	Development	Immunization, Vit A and Deworming			Medicine (Name, Dose, Schedule, Duration)	Counsel and Referral	Follow up	Name	Code	
* Mother: Positive Negative Unknown * Child Anti-body: Positive Negative Unknown * Child DNA PCR: Positive Negative Unknown * Br F in last 6 wks: Yes No	* Cough > 14 days ** Fever/night sweats > 14days ** Weight loss or failure to gain ** Contact with PTB patient ** Swelling or discharging wound ** MAM or SAM ** HIV: Pos Neg Unknown * Gene Xpert/AFB Pos Neg Not Done * Chest XR: Suggestive NOT Suggestive Not Done	*Is there any risk factors and/or parental concerns related to the child development? Yes No If Yes, _____ ** Current age milestone/s: Absent: Yes No ** Earlier age milestone/s: Absent: Yes No ** Lost previously acquired abilities: Yes No	* Immunization (<24 mth): Completed, Upto date, Not Upto date, Defaulted, Not Started, ** Vitamin A (≥6 mth): Upto date Not Upto date ** Albendazole or Mebendazole (≥24 mth): Upto date Not Upto date	Yes No			* Counsel mother: Food Fluid When to return Immediately: Early Child Development (ECD) * If referred, Name of HC/ Hospital or service if referred to the service in the same institution:: _____ _____ _____	* Follow up date: _____ * Follow up Outcome Improved Same Worsened * Follow up Action:			
* Mother: Positive Negative Unknown * Child Anti-body: Positive Negative Unknown * Child DNA PCR: Positive Negative Unknown * Br F in last 6 wks: Yes No	* Cough > 14 days ** Fever/night sweats > 14days ** Weight loss or failure to gain ** Contact with PTB patient ** Swelling or discharging wound ** MAM or SAM ** HIV: Pos Neg Unknown * Gene Xpert/AFB Pos Neg Not Done * Chest XR: Suggestive NOT Suggestive Not Done	*Is there any risk factors and/or parental concerns related to the child development? Yes No If Yes, _____ ** Current age milestone/s: Absent: Yes No ** Earlier age milestone/s: Absent: Yes No ** Lost previously acquired abilities: Yes No	* Immunization (<24 mth): Completed, Upto date, Not Upto date, Defaulted, Not Started, ** Vitamin A (≥6 mth): Upto date Not Upto date ** Albendazole or Mebendazole (≥24 mth): Upto date Not Upto date	Yes No			* Counsel mother: Food Fluid When to return Immediately: Early Child Development (ECD) * If referred, Name of HC/ Hospital or service if referred to the service in the same institution:: _____ _____ _____	* Follow up date: _____ * Follow up Outcome Improved Same Worsened * Follow up Action:			
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Disease type	Count
Pneumonia Rxed with antibiotic	
Diarrhea treated with ORS and zinc	
Diarrhea Rxed with ORS only	

Status	Count by Age	
	0-24 months	25-59 months
DD		
SDD		
NDD		