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MINISTRY OF HEALTH-ETHIOPIA

Health Centre /Clinic/Hospital

Integrated Management of New born and Childhood Illness Register (from 0-2 months)

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 (from 0-2 months)

Date	Medical re- cord (card) No.	Name	Age	Wt.				Gestational Age	Signs and Symptoms (Circle/write as needed in respective spaces)				
Serial No		Address (Woreda/ Kebele)	Sex	Lt Temp	Presenting Complaint	Presenting Complaint	Birth Asphyxia	Weight: (First 7 Days)	Very Severe Disease and Local Bacterial Infection	Jaundice	Diarrhoea	HIV/AIDS	
							Not breathing	Gestational age: <32 wks 32 - <37 wks ≥ 37 wks	* unable to feed * Not feeding well * Convulsions * RR ____/min Fast breathing * Severe chest indrawing	* Yellow: - Palms &/or soles - Face or eyes - No yellowness	Yes No * ____ days * Blood in the stool * Moves only when stimulated * No Movement when stimulated	HIV test: * Mother: Positive Negative unknown	
			M				Gasping	Weight: <1,500 gms	* Umbilicus: Red / Pus draining * Temp ≥37.5°C (feels hot)	* Age	* Restless/Irritable * Sunken eyes	* Child: ANTIBODY Positive Negative	
			F				Breathing		<35.5°C (feels cold)	- < 24hr or	* Skin Pinch	Unknown	
							poorly (<30 /min)	1,500 - <2,500gms ≥ 2500 gms	* Skin pustules * Moves only when stimulated * No Movement when stimulated	- 24hr - < 14 days - ≥ 14 days	Slowly Very Slowly	* Child: DNA PCR Positive Negative Unknown	
							Not breathing	Gestational age: <32 wks 32 - <37 wks ≥ 37 wks	* unable to feed * Not feeding well * Convulsions * RR ____/min Fast breathing * Severe chest indrawing	* Yellow: - Palms &/or soles - Face or eyes - No yellowness	Yes No * ____ days * Blood in the stool * Moves only when stimulated * No Movement when stimulated	HIV test: * Mother: Positive Negative unknown	
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Signs and Symptoms (Circle/write ...)		Immuniza- tion Status of Infant	Other Problems	Classification	Treatment			Follow up Date	[ESV_ICD11] Diagnosis		Remarks
Feeding Problem (For Breast- feeding)	Development problem		Maternal Danger Signs (< 6wks)		Medicine (Name, Dose, Schedule, Duration)	Counsel the Mother	Referred (Name of HC/ Hosp)	Outcome	[ESV_ICD11] Diagnosis		
			Name						Code		
* Any Breastfeeding difficulty * <8 breastfeeds in 24hrs * Switching breast frequently * Not increasing BF during illness * Receives other foods/drinks * Underweight (Wt /Age) * Mouth ulcers/thrush * Mother not breastfeeding * Positioning Good/ Poor * Attachment Good/ Poor/ No * Suckling Good/ Poor/ No * No Feeding Problem / Not UWt	*Is there any risk factor and/ or parental concern related to the child development? Yes No If Yes, _____ Current age milestone/s: Ab- sent: Yes No	Up to date Not up to date Not Started	Yes No			* Breast feeding * Keep warm * Early ChildDevel- opment (ECD) * When to return		* Improved * Same * Worsened			
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Sx Type	Count	Sx type	Count
Critical cases		Pneumonia Rxed with antibiotic	
VSD cases		Diarrhea treated with ORS and zinc	
LBI cases		Diarrhea Rxed with ORS only	