

# TOOL: CRITERION BASED AUDIT

## CBA TOOLS

### CBA 1: HYPERTENSION

COVER PAGE						
PLEASE RECORD AS PROVIDED IN THE MEDICAL HISTORY FORM						
C1.1	Facility name		C1.2	Facility number		
C1.3	Interviewer number		C1.4	Today's date (day/month/year)		
C1.5	Patient code  START PATIENT CODE AT 1 FOR EACH NEW FACILITY VISITED		C1.6	Patient's gender	Male	1
				Female	2	
				Not recorded	0	
C1.7	Is patient's age recorded in the Medical History form?		YES	NO	GO TO	
			1	0	NO → C1.9	
C1.7a	If yes, please record the date of birth		------(dd)------(mm)----- ------(yy)			
C1.8	Please identify the age of the patient as per categories given below:					
	<40 years		1	0		
	40- < 55 years		1	0		
	55 - <65 years		1	0		
	≥ 65 years		1	0		
C1.9	Are the following recorded in the patient's medical history form? CIRCLE ALL THAT APPLY					
1.	Patient's problems (symptoms)		1	0		
2.	Blood pressure		1	0		
3.	Nausea		1	0		
4.	Vomiting		1	0		
5.	Oliguria		1	0		
6.	Vision problems		1	0		
7.	Chest pain		1	0		
8.	Smoking status		1	0		
9.	Alcohol intake, quantity and frequency		1	0		
10.	Family history of premature coronary heart disease or stroke		1	0		
11.	Diabetes status (absence /presence)		1	0		
12.	Measures weight		1	0		
13.	Presence of kidney diseases		1	0		
14.	Lifestyle /physical activity		1	0		
15.	Food intake/diet		1	0		
16.	Weight gain/loss		1	0		
17.	Presence of kidney diseases		1	0		
18.	Taking antihypertensive therapy		1	0		
19.	Taking other medicines		1	0		
20.	When for the first time such symptoms were presented		1	0		
C1.10	Are the results of physical and laboratory examinations listed below recorded in the patient's medical history form? CIRCLE ALL THAT APPLY					
1.	Weight		1	0		

**BASELINE IMPACT EVALUATION: MANUAL- CRITERION BASED AUDIT**

2.	Blood pressure	1	0	
3.	Edema	1	0	
4.	Pulse	1	0	
5.	Urine test results on Albumin	1	0	
6.	Urine test results on creatinine	1	0	
7.	Urine test results on hematuria	1	0	
8.	Blood test results on plasma glucose	1	0	
9.	Blood test results on electrolytes	1	0	
10.	Blood test results on glomerular filtration rate	1	0	
11.	Blood test results on serum total cholesterol and HDL cholesterol	1	0	
12.	TOTAL BLOOD CHOLESTEROL	1	0	
13.	OTHER NOT LISTED ABOVE	1	0	
C1.11	Is the cardio vascular risk estimated and recorded?	1	0	<b>NO → C1.13 4</b>
<b>C1.12</b>	Please record the CVD risk level defined in patient's medical history form			
01)	<15%	1		
02)	15% - < 20%	2		
03)	20% - <30%	3		
04)	≥30%	4		
05)	Not recorded	5		
		<b>YES</b>	<b>NO</b>	<b>GO TO</b>
<b>C1.13</b>	Was the cardiovascular risk estimated correctly? USE RISK ASSESSMENT METHODOLOGY PROVEDED BELOW, ASSESS RISK AND RESPOND TO THIS QUESTION	1	0	
<p>USE WHO/ISH RISK PREDICTION CHART                  SELECT APPROPRATE CHART DEPENDING ON THE PRESENCE OR ABSENCE OF DIABETIS                  SELECT MALE OR FEMALE TABLES DEPENDING ON THE GENDER OF THE PATIENT                  SELECT SMOKER/NON-SMOKER BOXES DEPENDING ON THE SMOKING STATUS OF THE PATIENT                  SELECT AGE BOX                  WITHIN THE BOX FIND NEAREST CELL WHERE THE INDIVIDUALS SYSTOLIC BLOOD PRESSURE (MMHG) AND TOTAL BLOOD CHOLESTEROL LEVEL (MMOL/L) CROSS                  DEFINE THE RISK</p>				
<b>C1.14</b>	What treatment did the health worker prescribed to the patient? CIRCLE ALL THAT APPLY			
01)	ANTIHYPERTENSIVE DRUGS	1	0	
02)	LIPID LOWERING DRUGS (STATINS):	1	0	
03)	HYPOGLYCEMIC DRUGS:	1	0	
04)	ANTIPLATELETE DRUGS	1	0	
05)	HORMONE REPLACEMENT	1	0	
06)	VITAMIN B	1	0	
07)	VITAMIN C	1	0	
08)	VITAMIN E	1	0	
09)	FOLIC ACID SUPPLEMENTS	1	0	
<b>END</b>				

<b>Antihypertensive drugs:</b> All individuals with blood pressure at or above 160/100 mmHg, or less degree of raised blood pressure with target organ damage, should have drug treatment and lifestyle advice to lower their blood pressure and risk of cardiovascular diseases. All individuals with blood pressure below 160/100 mmHg, or with no target organ damage need to be managed according to cardiovascular risk assessment chart.	
<b>Lipid lowering drugs (statins):</b> All individuals with total cholesterol at or above 8mmol/l (320mg/dl) should be advised to follow lipid-lowering diet and give a statin to lower the risk of cardiovascular disease. All other individuals need to be managed according to cardiovascular risks.	
<10%	<b>Antihypertensive drugs:</b> Individuals with persistent blood pressure $\geq$ 140/90 mmHg should continue lifestyle strategies to lower blood pressure and have their blood pressure and total cardiovascular risk re-assessed every 2-5 years depending on clinical circumstances and resource availability. <b>Lipid lowering drugs (statins):</b> should be advised to follow lipid lowering diet <b>Antiagregant drugs:</b> Aspirin should not be given in this risk category
10% - < 20%	<b>Antihypertensive drugs:</b> individuals with persistent blood pressure $\geq$ 140/90 mmHg should continue lifestyle strategies to lower blood pressure and have their blood pressure and total cardiovascular risk re-assessed annually depending on clinical circumstances and resource availability <b>Antihypertensive Lipid lowering drugs (statins ):</b> should be advised to follow lipid lowering diet <b>Antiplatelet drugs:</b> Aspirin should not be given in this risk category
20% - <30%	<b>Antihypertensive drugs:</b> Individuals with persistent blood pressure $\geq$ 140/90 mmHg who are unable to lower their blood pressure through lifestyle strategies within 4-6 month, should be considered for one of the following drugs: Thiazide like diuretic, ACE inhibitor, Calcium channel blocker, beta-blocker. A low dose thiazide - like diuretic, ACE inhibitor and Calcium channel blocker is recommended as first line therapy. <b>Antihypertensive drugs Lipid lowering drugs (statins):</b> Adult >40 years with persistent high serum cholesterol (>5mmol/l) and/or LDL cholesterol > 3mmol/l, despite lipid lowering diet, should be given a statin. <b>Antiagregant drugs:</b> Aspirin should not probably be given in this risk category
$\geq$ 30%	<b>Antihypertensive drugs:</b> Individuals with persistent blood pressure $\geq$ 130/80 mmHg should be given one of the following drugs: Thiazide like diuretic, ACE inhibitor, Calcium channel blocker, beta-blocker. A low dose thiazide - like diuretic, ACE inhibitor and Calcium channel blocker is recommended as first line therapy. <b>Antihypertensive drugs-Lipid lowering drugs (statins):</b> Individuals in this risk category should be advised to follow lipid-lowering diet and give statin. Serum cholesterol should be lowered less than 5mmol/l, (LDL cholesterol less than 3mmol/l, or by 25% (30% LDL cholesterol) whichever is higher. <b>Antiagregant drugs:</b> Aspirin should be given in this risk category
<b>Hypoglycemic drugs:</b> Individuals with persistent fasting blood glucose >6mmol/l despite diet control should be given hypoglycemic drugs.	
<b>DRUGS THAT ARE NOT RECOMMENDED:</b> Hormone Replacement, Vitamin B, C & E, Folic Acid Supplements	

**CBA 2: CHILDREN FROM 2 MONTH UP TO YEARS OLD**

COVER PAGE					
PLEASE RECORD AS PROVIDED IN THE MEDICAL HISTORY FORM					
C2.1	Facility name		C2.2	Facility number	
C2.3	Interviewer number		C2.4	Today's date (day/month/year)	
C2.5	Patient code		C2.6	Patient's gender	Male 1
	START PATIENT CODE AT 1 FOR EACH NEW FACILITY VISITED				Female 2
					Not recorded 0
C2.7	Is patient's age recorded in the Medical History form?		YES	NO	GO TO
			1	0	NO → C1.9
C2.7a	If yes, please record the date of birth		------(dd)------(mm)------(yy)		

Pull 10% of Medical Records (but not less than 5) of sick children in the past 3 months.

SECTION 1: OBSERVATION				
CIRCLE ALL SIGNES RECORDED BY THE PROVIDER IN THE PATIENT'S MEDICAL CARD				
No.	Data item no.	YES	NO	GO TO
C2.8	Reasons for bringing child to health facility recorded	1	0	
A	Diarrhea	1	0	
B	Fever	1	0	
C	Cough	1	0	
D	Fast/difficult breathing/pneumonia	1	0	
E	Throat problems	1	0	
F	Ear Problem	1	0	
G	Unable of drink/breastfeed, vomiting everything, convulsions, lethargic/unconscious	1	0	
I	OTHER (SPEIFY)	1	0	
C2.9	Weight taken and recorded	1	0	
C2.10	Temperature measured and recorded	1	0	

SECTION 2: CLASSIFICATION/DIAGNOSIS				
In the Medical Card of the patient find IMCI form with all signs and classification listed. This form should indicate the classification. Please circle the classification circled in IMCI form.				
In case the IMCI form is missing, review the medical records carefully and based on the diagnoses/classification indicated by the provider in patient's Medical Card circle respective classification.				
No.	Data item no.	YES	NO	GO TO
C2.11	Is the patient's diagnosis recorded in the Medical Card?	1	0	
C2.12	What is the patient's diagnosis recorded in the Medical Card? CIRCLE ALL THAT APPLY			
C2.12.1	Pneumonia	1	0	YES ► Section 3
	A Severe pneumonia	1	0	YES ► Section 3
	B No Pneumonia (cough or cold)	1	0	YES ► Section 3
	C Wheezing	1	0	YES ► Section 3
C2.12.2	Dehydration & Diarrhea	1	2	YES ► Section 4
	A Diarrhea with severe dehydration	1	0	YES ► Section 4
	B Diarrhea with some dehydration	1	0	YES ► Section 4
	C No dehydration	1	0	YES ► Section 4
	D Severe persistent Diarrhea	1	0	YES ► Section 4
	E Persistent Diarrhea	1	0	YES ► Section 4
	F Dysentery	1	0	YES ► Section 4
C2.12.3	Ear problems	1	0	YES ► Section 5
	A Mastoiditis	1	0	YES ► Section 5
	A Acute ear infection	1	0	YES ► Section 5
	B Chronic ear infection	1	0	YES ► Section 5
	C No ear infection	1	0	YES ► Section 5

C2.12.4	Fever		1	0	YES ► Section 6
	A	Very severe febrile diseases	1	0	YES ► Section 6
	B	Fever	1	0	YES ► Section 6
	C	Measles with complications	1	0	YES ► Section 6
	D	Measles	1	0	YES ► Section 6
C2.12.5	Malnutrition and Anemia		1	0	YES ► Section 7
	A	Severe Malnutrition	1	0	YES ► Section 7
	B	Low weight	1	0	YES ► Section 7
	C	Not low weight	1	0	YES ► Section 7
	A	Anemia	1	0	YES ► Section 7
	B	Severe Anemia	1	0	YES ► Section 7
	C	No Anemia	1	0	YES ► Section 7
C2.12.6	OTHER (SPECIFY)		1	0	YES ► END

### SECTION 3: PNEUMONIA

Assess results of physical examination from IMCI medical form. In the absence of such form review the medical card of the patient

CIRCLE ALL THAT APPLY

#### STEP 1: Signs or other problems

No.	Data item no.	YES	NO	GO TO	
C2.13	Are the following signs assessed and recorded in the Patient's Medical Card? CIRCLE ALL THAT APPLY	1	2		
C2.13.1	Skin	1	2	NO ► C2.13.2	
	A	Normal	2		2
	B	Distal cyanosis	2		2
	C	Central cyanosis	2		2
C2.13.2	Cough	1	2		
C2.13.3	Nasal discharge	1	2	NO ► C2.13.4	
	A	A thin and clear discharge	1		2
	B	A thick and yellowish or greenish yellow discharge	1		2
	C	A watery discharge	1		2
	D	A blood-streaked nasal discharge	1		2
	E	A thick, green colored, one sided and foul smelling discharge	1	2	
C2.13.4	Drinks water/fluids	1	2		
C2.13.5	Vomiting	1	2		
C2.13.6	Child's general condition assessed and recorded	1	2	NO ► C2.13.7	
	A	Lethargic or unconscious	1		2
	B	Restless, irritable	1		2
	C	Convulsions	1	2	
C2.13.7	Breathing	1	2	NO ► C2.13.8	
C2.13.7.1	Normal	1	2		
C2.13.7.2	Fast				
	A	Age <2 months: =>60/minute	1	2	
	B	Age 2-12 months: =>50/minute	1	2	
	C	Age 12 months to 5 years: =>40/minute	1	2	

C2.13.7.3	Nasal flaring	1	2		
C2.13.7.4	Grunting	1	2		
C2.13.7.5	Lower chest wall indrawing	1	2		
C2.13.7.6	Stridor when the child is calm	1	2		
C2.13.7.8	Mouth breathing	1	2		
C2.13.8	Auscultation	1	2	NO ► C2.13.9	
C2.13.8.1	Normal	1	2		
C2.13.8.2	Abnormal	1	2		
	A	Decreased breath sounds	1	2	
	B	Bronchial breath sounds	1	2	
	C	Crackles	1	2	
	D	Plural rub	1	2	
C2.13.9	Temperature recorded	1	2		
	A	Temperature is =< 36.6°C	1	2	
	B	Temperature is = >36.6°C	1	2	
C2.13.10	X-ray taken and results recorded	1	2	► C2.15	
<del>C2.13.10.1</del>	<del>Very severe pneumonia</del>	1	2		
<del>C2.13.10.2</del>	<del>Severe pneumonia</del>	1	2		
<del>C2.13.10.3</del>	<del>Pneumonia (non-severe)</del>	1	2		
<del>C2.13.10.4</del>	<del>Pleural effusion and empyema</del>	1	2		
<del>C2.13.10.5</del>	<del>Cough or Cold</del>	1	2		
C2.13.11	Vaccination status recorded	1	2		
C2.14	Diagnosis	YES	NO		
C2.14.1	Very severe pneumonia	1	2	YES ► 4.1	
C2.14.2	Severe Pneumonia	1	2	YES ► 4.2	
C2.14.3	Pneumonia (non-severe)	1	2	YES ► 4.3	
C2.14.4	Pleural effusion and empyema	1	2	YES ► 4.4	
C2.14.5	Cough or Cold	1	2	YES ► 4.5	
<b>STEP 2: Classification/Diagnosis</b>					
<i>Please check the diagnosis recorded in the IMCI form or medical card and circle respective classification below</i>					
C2.15	Is the degree of dehydration defined and recorded in the medical card?	1	2	NO ► STEP 3	
C2.15.1	Very Severe Pneumonia	1	2	YES ► C2.15	
C2.15.2	Severe Pneumonia	1	2	YES ► C2.17	
C2.15.3	Pneumonia (non-severe)	1	2	YES ► C2.19	
C2.15.4	Pleural effusion and empyema	1	2	YES ► C2.22	
C2.15.5	Cough or cold	1	2	YES ► C2.24	
<b>STEP 3: Treatment</b>					
C2.15	<b>Treatment of Very Severe Pneumonia</b>	<b>1</b>	<b>2</b>		
	Was the patient:				
A	Urgently referred to the hospital	1	2	YES ► C2.26 NO ► C2.16	
B	Treated in outpatient settings	1	2	YES ► C2.16.1	
C	No intervention initiated	1	2	YES ► C2.24	
C2.16	Treatment prescribed	1	2		
C2.16.1	Antibiotic therapy	1	2	NO ► C2.16.2	
	A.1	Chloramphenicol 25 mg/kg IM or IV every 8 hours until the child has improved.	1	2	NO ► A2
	A2	Chloramphenicol 25 mg/kg orally 3 times a day during 10 days	1	2	NO ► B1
	B1	Benzylpenicillin 50 000 units/kg IM or IV	1	2	

		every 6 hours and gentamicin 7.5 mg/kg IM once a day for 10 days			
	B2	If the child has not improved within 48 hours, switched to gentamicin (7.5 mg/kg IM once a day) and Cloxacillin (50 mg/kg IM or IV every 6 hours)	1	2	
	B3	When the child improved, continued Cloxacillin (or Dicloxacillin) orally 4 times a day for a total course of 3 weeks	1	2	
C2.16.2	Supportive treatment		1	2	NO ► C2.26
	A	Paracetamol ( if fever recorded)	1	2	
	B	Bronchodilator	1	2	
	C	Fluids	1	2	
	D	Oxygen Therapy	1	2	
	E	Breastfeeding	1	2	
	F	Patient monitored every 3 hours and status recorded	1	2	
<b>C2.17</b>	<b>Treatment of severe pneumonia</b>		<b>1</b>	<b>2</b>	
C2.17.1	Has the Patient:				
	A	Being urgently referred to the Hospital	1	2	YES ► C2.26 NO ► C2.18.1
	B	Treated in outpatient settings	1	2	
	C	No intervention initiated	1	2	
C2.18	Treatment prescribed		1	2	
C2.18.1	Antibiotic therapy		1	2	NO ► C2.17.2
	A.1	Benzympenicillin 50 000 units/kg IM or IV every 6 hours for at least 3 days	1	2	NO ► A2
	A2	When the child improved, switched to oral amoxicillin (15 mg/kg 3 times a day). The total course of treatment is 5 days	1	2	NO ► A3
	A3	If the child did not improve within 48 hours, or deteriorated, switched to chloramphenicol (25 mg/kg every 8 hours IM or IV) until the child has improved. Then continued orally for a total course of 10 days.	1	2	
C2.18.2	Supportive treatment		1	2	NO ► C2.26
	A	Paracetamol	1	2	
	B	Bronchodilator	1	2	
	C	Fluids	1	2	
	D	Oxygen Therapy	1	2	
	E	Breastfeeding	1	2	
	F	Patient monitored every 6 hours and status recorded	1	2	
<b>C2.19</b>	<b>Treatment of Pneumonia (non-severe)</b>		<b>1</b>	<b>2</b>	
C2.19.1	Has the Patient:				
	A	Being urgently referred to the Hospital	1	2	YES ► C2.26 NO ► C2.19
	B	Treated in outpatient settings	1	2	
	C	No intervention initiated	1	2	
C2.20	Treatment prescribed		1	2	
C2.21.1	Antibiotic therapy		1	2	NO ► C2.21.2
	A.1	Cotrimoxazole (4 mg/kg trimethoprim/20	1	2	

		mg/kg Sulfamethoxazole twice a day) for 5 days or amoxicillin (15 mg/kg 3 times a day) for 5 days			
	A2	The first dose was given at the clinic and the mother was taught how to give the other doses at home	1	2	
C2.21.2	Follow-up visit set		1	2	NO ► C2.26
<b>C2.22</b>	<b>Treatment of pleural effusion and empyema</b>		<b>1</b>	<b>2</b>	
C2.22.1	Has the Patient:				
	A	Being urgently referred to the Hospital	1	2	YES ► C2.26 NO ► C2.23
	B	Treated in outpatient settings	1	2	
	C	No intervention initiated	1	2	
C2.23	Treatment prescribed		1	2	
C2.23.1	Drainage		1	2	
C2.23.2	Pleural fluid was sent for analyses for protein and glucose content, cell count and differential count, and examined after Gram and Ziehl-Neelsen staining, and bacterial and Mycobacterium tuberculosis culture.		1	2	NO ► C2.23.3
C2.23.3	Antibiotic therapy		1	2	NO ► C2.23.4
	A.1	Chloramphenicol (25 mg/kg IM or IV every 8 hours) until the child has improved. Then continued orally 3 times a day for a total of 4 weeks	1	2	
C2.23.4	Mother educated on danger signs, treatment, feeding and care		1	2	
C2.23.5	Follow-up visit set		1	2	NO ► C2.26
<b>C2.24</b>	<b>Treatment of cough or cold</b>		<b>1</b>	<b>2</b>	
C2.24.1	Has the Patient:				
	A	Being urgently referred to the Hospital	1	2	YES ► C2.26 NO ► C2.25
	B	Treated in outpatient settings	1	2	
	C	No intervention initiated	1	2	YES ► C2.26
C2.25	Treatment prescribed		1	2	
C2.25.1	The throat smoothed and the cough relieved with a safe remedy, such as a warm, sweet drink		1	2	
C2.25.2	Secretions from the child's nose cleared		1	2	
C2.25.3	Paracetamol		1	2	
C2.25.4	Not Advised:		1	2	
	A	Antibiotics	1	2	
	B	Medicated nose drops	1	2	
	C	Remedies containing atropine	1	2	
C2.25.5	Follow-up visit set		1	2	
C2.26	Patient Assessment complete		1	2	
END					

SECTION 4: DIARRHOEA				
<i>Assess results of physical examination from the medical card of the patient</i>				
<i>CIRCLE ALL THAT APPLY</i>				
STEP 1: Signs or other problems				
No.	Data item no.	YES	NO	GO TO
C2.27	Are the following signs assessed and recorded in the Patient's Medical Card? CIRCLE ALL THAT APPLY	1	2	
C2.27.1	Number of liquid stools recorded	1	2	
C2.27.2	Length of diarrhea recoded (for how long child has diarrhea)	1	2	
C2.27.3	Presence of blood recorded	1	2	
C2.27.4	Presence of vomiting recorded	1	2	
C2.27.5	Frequency of vomiting per 24 hours recorded	1	2	
C2.27.6	Volume of liquid received by a child per 24 hours recorded	1	2	
C2.27.7	Child's general condition assessed and recorded	1	2	
C2.27.7.1	Lethargic or unconscious	1	2	
C2.27.7.2	Restless, irritable	1	2	
C2.27.7.3	Sunken eyes	1	2	
C2.27.7.4	Not able to drink or drinking poorly	1	2	
C2.27.7.5	Drinks eagerly, thirsty	1	2	
C2.27.7.6	Skin pinch goes back very slowly	1	2	
C2.27.7.7	Skin pinch goes back slowly	1	2	
C2.27.8	Child's weight recorded	1	2	
C2.27.8.1	Weight is compared with the weight from the previous visit and result recorded	1	2	
C2.27.8.2	Less than 25 grams lost for each kilogram of the child's weight	1	2	
C2.27.8.3	25-100 grams lost for each kilogram of the child's weight	1	2	
C2.27.8.4	More than 100 grams for each kilogram of weight	1	2	
C2.27.9	Temperature recorded	1	2	
C2.27.9.1	Temperature is < 38.5°C	1	2	
C2.27.9.2	Temperature is >38.5°C	1	2	
C2.27.10	Radial Pulse	1	2	
C2.27.10.1	Radial pulse normal	1	2	
C2.27.10.2	Radial pulse weak	1	2	
C2.27.10.3	Radial pulse quick	1	2	
C2.27.10.4	Radial pulse not detectable	1	2	
STEP 2: Classification/Diagnosis				
<i>Please check the diagnosis recorded in the IMCI form or medical card and circle respective classification below</i>				
C2.28	Is the degree of dehydration defined and recorded in the medical card?	1	2	NO ► STEP 3
C2.28.1	Severe Dehydration	1	2	YES ► C2.29
C2.28.2	Some Dehydration	1	2	YES ► C2.29.4
STEP 3: Treatment				
<b>C2.29</b>	<b>Treatment of Severe Dehydration</b>	<b>1</b>	<b>2</b>	
C2.29.1	IV fluid administered immediately	1	2	NO ► C2.29.1.3
	A Infant – 30 ml/kg in first hour	1	2	
	B Child – 30 ml/kg in 30 minutes	1	2	
C2.29.1.1	Child is reassessed every 1-2 hours and recorded:	1	2	YES ► C2.29.1.4
	A Hydration status improved	1	2	

	B	Hydration status not improved	1	2	YES ► C2.29.1.2
C2.29.1.2		IV fluid administered immediately	1	2	
	A	Infant – 70 ml/kg in 5 hour	1	2	
	B	Child – 70 ml/kg in 2 ½ hours	1	2	
C2.29.1.3		ORS is given (about 5 ml/kg/hour):	1	2	
	A	Infant – after 3-4 hours	1	2	
	B	Child – after 1-2 hours	1	2	
C2.29.1.4		Child is reassessed and recorded:	1	2	
	A	Infant – after 6 hours	1	2	
	B	Child – after 3 hours	1	2	
C2.29.1.5		Dehydration classified and treatment plan defined to continue the treatment	1	2	
	A	(As per guideline)	1	2	
	B		1	2	
	C		1	2	
C2.29.2		The patient has been referred <b>URGENTLY</b> to hospital for IV treatment	1	2	NO ► C2.29.3
C2.29.3		Rehydration with ORS solution by tube (or mouth) was administered: (20ml/kg/hour for 6 hours. Total of 120 ml/kg)	1	2	
C2.29.3.1		Child is reassessed every 1-2 hours and status recorded	1	2	
	A	Hydration status improved	1	2	
	B	Hydration status not improved	1	2	YES ► C2.29.3.3
C2.29.3.2		Child is reassessed after 6 hours and status recorded	1	2	
	A	Hydration status improved	1	2	
	B	Hydration status not improved	1	2	
C2.29.3.3		Dehydration classified and treatment plan defined to continue the treatment	1	2	
		A: Treatment of Severe Dehydration	1	2	YES ► C2.29.3.4
		B: Treatment of Some Dehydration with ORS	1	2	YES ► C2.29.4
		C: Treatment of Diarrhea at Home	1	2	YES ► C2.29.5
C2.29.3.4		The patient has been referred <b>URGENTLY</b> to hospital for IV treatment	1	2	YES ► END
<b>C2.29.4</b>		<b>Treatment of Some Dehydration with ORS</b>	<b>1</b>	<b>2</b>	
C2.29.4.1		Amount of ORS determined and given to the patient during first 4 hours	1	2	
C2.29.4.2		Child is reassessed after 4 hours and status recorded	1	2	
	A	Hydration status improved	1	2	
	B	Hydration status not improved	1	2	YES ► C2.29.4.3
C2.29.4.3		The patient has been referred <b>URGENTLY</b> to hospital for IV treatment	1	2	YES ► END
C2.29.4.4		Dehydration classified and treatment plan defined to continue the treatment	1	2	
C2.29.5		Home based treatment prescribed	1	2	NO ► END
C2.29.5.1		Zinc supplements prescribed	1	2	
	A	Up to 6 months – ½ tablet per day for 14 days	1	2	
	B	6 month or more – 1 tablet per day for 14 days	1	2	
C2.29.5.5		ORS packets given to mother	1	2	
C2.29.5.6		Next (return) appointment defined	1	2	
END					

SECTION 5: EAR PROLEMS					
Assess results of physical examination from the medical card of the patient <i>CIRCLE ALL THAT APPLY</i>					
<b>STEP 1: Signs or other problems</b>					
No.	Data item no.	YES	NO	GO TO	
C2.30	Ear Pain	1	2	YES ► C2.30.A	
	A Child irritated	1	2	NO ► C2.30.B	
	B Child rubbing ear	1	2		
C2.31	Ear discharge recorded	1	2	YES ► C2.31.A	
	A Ear discharge recorded for less than 2 weeks	1	2	NO ► C2.31.B	
	B Ear discharge recorded for more than 2 weeks	1	2		
C2.32	Ear examined and Pus draining recorded	1	2		
C2.33	Tender swelling behind the ear	1	2		
<b>STEP 2: Classification/Diagnosis</b>					
<b>SIGNS</b>		<b>CLASSIFICATION</b>		<b>TREATMENT</b> Urgent pre-referral treatments are in bold print	
Tender swelling behind the ear		<b>MASTOIDITIS</b>		<b>Give the first dose appropriate antibiotics</b> <b>Give the first dose of Paracetamol for pain</b> <b>Refer urgently to hospital</b>	
Pus is seen draining from the year and discharge is reported for less than 14 days, or ear pain is present		<b>ACUTE EAR INFECTION</b>		<b>Give an oral Amoxicillin for 3 days</b> Give Paracetamol for pain Dry the ear by wicking Follow up in 2 days	
Pus is seen draining from the year and discharge is reported for 14 days more		<b>CHRONIC EAR INFECTION</b>		Dry the ear by wicking Ear drops ( Ciprofloxacin, Ciprofloxacin, Oploxain) Refer to specialist	
No ear pain and no pus seen draining from the ear		<b>NO EAR INFECTION</b>		No additional treatment	
<i>Please check the diagnosis recorded in the IMCI form or medical card and circle respective classification below</i>					
C2.34	Classification/Diagnosis:		<b>YES</b>	<b>NO</b>	<b>GO TO</b>
	A	Mastoiditis	1	2	YES ► STEP 3
	B	Acute Ear Infection	1	2	YES ► C2.37
	C	Chronic Ear Infection	1	2	YES ► C2.38
	D	No Ear Infection	1	2	YES ► C2.39
<b>STEP 3: Treatment</b>					
C2.36	<b>Mastoiditis</b>		1	2	
C2.36.1	Has the patient referred to hospital?		1	2	YES ► C2.36.3
C2.36.2	Has the patient referred to Specialist?				YES ► C2.36.3
C2.36.3	Has the pre-referral treatment initiated?		1	2	NO ► END
	A	First dose of antibiotic given	1	2	
	B	The first dose of Paracetamol given in case of present ear pain	1	2	► END
C2.37	<b>Acute Ear Infection</b>				
C2.37.1	Has the patient referred to hospital?				YES ► C2.37.3
C2.37.2	Has the patient been referred to specialist?		1	2	YES ► C2.37.3
C2.37.3	Has the pre-referral treatment initiated?		1	2	NO ► C2.38
	A	Oral Amoxicillin given and prescribed for 3 days	1	2	
	B	Paracetamol given in case of ear pain	1	2	
	C	Follow-up visit in 2 days recorded	1	2	

<b>C2.38</b>	<b>Chronic Ear Infection</b>			
C2.38.1	Has the patient referred to hospital?	1	2	YES ► C2.38.3
C2.38.2	Has the patient referred to Specialist?	1	2	YES ► C2.38.3
C2.38.3	Has the treatment initiated?	1	2	NO ► C2.39
	A	Ear was dried by wicking	1	2
	B	Ear drops (Ciprofloxacin, Ciprofloxacin, Oploxain) prescribed/given	1	2
	C	Referred to the specialist	1	2
<b>C2.39</b>	<b>No Ear Infection</b>			
C2.39.1	Has the patient referred to hospital for ear problems?	1	2	YES ► C2.39.3
C2.39.2	Has the patient referred to Specialist for ear problems?	1	2	YES ► C2.39.3
C2.39.3	Has the treatment initiated?	1	2	NO ► END
	A	Ear was dried by wicking	1	2
	B	Ear drops (Ciprofloxacin, Ciprofloxacin, Oploxain) prescribed/given	1	2
	C	Other?	1	2
END				

SECTION 6: FEVER					
Assess results of physical examination from the medical card of the patient CIRCLE ALL THAT APPLY					
STEP 1: Signs or other problems					
#	QUESTION		YES	NO	GO TO
C2.30	Temperature in anamnesis recorded		1	2	NO ► C2.31
	A	Number of days recorded	1	2	YES ► C2.30.B
	B	If more than 7 days has the fever been present every day?	1	2	
C2.31	A child been in Malaria zone during past year assessed and recorded		1	2	
C2.32	A child having measles in past 3 months assessed and recorded		1	2	
C2.33	The child examined on stiff neck and recorded		1	2	
C2.34	Child assessed on runny nose and recorded		1	2	
C2.35	Signs of measles recorded		1	2	
	A	Generalized rash	1	2	YES ► C2.36
	B	Runny nose	1	2	YES ► C2.36
	C	Red eyes	1	2	YES ► C2.36
	D	Mouth ulcers present	1	2	YES ► C2.36
	E	Pus draining from the eye	1	2	YES ► C2.36
	F	Clouded cornea	1	2	
C2.36	Signs of complicated measles assessed and recorded		1	2	
	A	Diarrhea	1	2	
	B	Pneumonia	1	2	
	C	Stridor	1	2	
	D	Mouth ulcers	1	2	
	E	Ear infection	1	2	
	F	Eye infection	1	2	
STEP 2: Classification/Diagnosis					
SIGNS		CLASSIFICATION	TREATMENT		
			Urgent pre-referral treatments are in bold print		
Any general danger sign or Clouding of cornea Deep or extensive mouth ulcers		<b>SEVERE COMPLICATED MEASLES*</b>	<b>Give Vitamin A</b> <b>Give the first dose of appropriate antibiotic</b> <b>If clouding of the cornea and pus draining from the eye, apply tetracycline eye ointment</b> <b>Refer URGENTLY to Hospital</b>		
Pus draining from the eye or Mouth ulcers		<b>MEASLES WITH EYE OR MOUTH COMPLICATIONS*</b>	<b>Give Vitamin A</b> <b>If pus draining from the eye, apply tetracycline eye ointment</b> If mouth ulcers treat with gentian violate Follow up in 2 days		
Measles now or within last 3 months		<b>MEASLES</b>	<b>Give Vitamin A</b>		
If general danger sign and Stiff neck		<b>SEVERE FEBRILE DISEASE</b>	<b>Give the first dose of appropriate antibiotic</b> <b>Treat the child to prevent low blood sugar</b> <b>Give one dose of Paracetamol for high fever (38,50 C or above)</b> <b>Refer URGENTLY to Hospital</b>		
No general danger sign and No stiff neck		<b>SIMPLE FEVER</b>	<b>Give one dose of Paracetamol for high fever (38,50 C or above)</b> Follow up in 2 days if fever persists If Fever present every day more than 5 days refer for assessment		

\* Other important complications of measles: pneumonia, stridor, diarrhea, ear infection and malnutrition

<i>Please check the diagnosis recorded in the IMCI form or medical card and circle respective classification below</i>					
#	QUESTION	YES	NO	GO TO	
C2.37	A	Severe complicated measles	1	2	YES ► C2.38
	B	Measles with eye or mouth complications	1	2	YES ► C2.39
	C	Measles	1	2	YES ► C2.40
	D	Severe Febrile disease	1	2	YES ► C2.41
	E	Simple fever	1	2	YES ► C2.42
	F	Malaria	1	2	YES ► C2.43
<b>STEP 3: Treatment</b>					
<i>Check treatment provided and/or prescribed as recorded in the medical card and circle all that apply</i>					
C2.38	<b>Severe complicated measles</b>				
C2.38.1	Has the patient referred to hospital?		1	2	YES ► C2.38.3
C2.38.2	Has the patient referred to Specialist?		1	2	YES ► C2.38.3
C2.38.3	Has the pre-referral treatment initiated?		1	2	NO ► END
	A	First dose of antibiotic given	1	2	
	B	Vitamin A	1	2	
	C	Tetracycline eye ointment applied	1	2	
	D	Mouth ulcers treated with gentian violet	1	2	
	E	Paracetamol given for high fever (38,50 C or above)	1	2	
	F	Child treated to prevent low blood sugar	1	2	
	G	Follow up in 2 days scheduled	1	2	
	H	Referred for further assessment	1	2	
C2.39	<b>Measles with eye or mouth complications</b>				
C2.39.1	Has the patient referred to hospital?		1	2	YES ► C2.39.3
C2.39.2	Has the patient referred to Specialist?		1	2	YES ► C2.39.3
C2.39.3	Has the pre-referral treatment initiated?		1	2	NO ► END
	A	First dose of antibiotic given	1	2	
	B	Vitamin A	1	2	
	C	Tetracycline eye ointment applied	1	2	
	D	Mouth ulcers treated with gentian violet	1	2	
	E	Paracetamol given for high fever (38,5 C or above)	1	2	
	F	Child treated to prevent low blood sugar	1	2	
	G	Follow up in 2 days scheduled	1	2	
	H	Referred for further assessment	1	2	
C2.40	<b>Measles</b>				
C2.40.1	Has the patient referred to hospital?		1	2	YES ► C2.40.3
C2.40.2	Has the patient referred to Specialist?		1	2	YES ► C2.40.3
C2.40.3	Has the pre-referral treatment initiated?		1	2	NO ► END
	A	First dose of antibiotic given	1	2	
	B	Vitamin A	1	2	
	C	Tetracycline eye ointment applied	1	2	
	D	Mouth ulcers treated with gentian violet	1	2	
	E	Paracetamol given for high fever (38,5 <sup>0</sup> C or above)	1	2	
	F	Child treated to prevent low blood sugar	1	2	
	G	Follow up in 2 days scheduled	1	2	
	H	Referred for further assessment	1	2	
C2.41	<b>Severe fever</b>				
C2.41.1	Has the patient referred to hospital?		1	2	YES ► C2.41.3
C2.41.2	Has the patient referred to Specialist?		1	2	YES ► C2.41.3
C2.41.3	Has the pre-referral treatment initiated?		1	2	NO ► END
	A	First dose of antibiotic given	1	2	
	B	Vitamin A	1	2	

	C	Tetracycline eye ointment applied	1	2	
	D	Mouth ulcers treated with gentian violet	1	2	
	E	Paracetamol given for high fever (38,5 <sup>0</sup> C or above)	1	2	
	F	Child treated to prevent low blood sugar	1	2	
	G	Follow up in 2 days scheduled	1	2	
	H	Referred for further assessment	1	2	
<b>C2.42</b>	<b>Fever</b>				
C2.42.1	Has the patient referred to hospital?		1	2	YES ► C2.42.3
C2.42.2	Has the patient referred to Specialist?		1	2	YES ► C2.42.3
C2.42.3	Has the pre-referral treatment initiated?		1	2	NO ► END
	A	First dose of antibiotic given	1	2	
	B	Vitamin A	1	2	
	C	Tetracycline eye ointment applied	1	2	
	D	Mouth ulcers treated with gentian violet	1	2	
	E	Paracetamol given for high fever (38,5 <sup>0</sup> C or above)	1	2	
	F	Child treated to prevent low blood sugar	1	2	
	G	Follow up in 2 days scheduled	1	2	
	H	Referred for further assessment	1	2	
END					

SECTION 7: MALNUTRITION AND ANEMIA					
Assess results of physical examination from the medical card of the patient <b>CIRCLE ALL THAT APPLY</b>					
<b>STEP 1: Signs or other problems</b>					
			<b>YES</b>	<b>NO</b>	<b>GO TO</b>
C2.43	Weight recorded		1	2	
	A	Severe wasting observed and recorded	1	2	
C2.44	Palmar Pallor observed and recorded		1	2	
	A	Severe palmar pallor	1	2	
	B	Some palmar pallor	1	2	
C2.45	Edema of both feet observed and recorded		1	2	
C2.46	Wight for age determined and recorded		1	2	
<b>STEP 2: Classification</b>					
<b>SIGNS</b>		<b>CLASSIFICATION</b>		<b>TREATMENT</b> Urgent pre-referral treatments are in bold print	
Veasible severe wasting or Severe palmar pallor or Oedema of both feet		<b>SEVERE MALNUTRITION OR SEVERE ANEMIA</b>		<b>Give Vitamin A</b> <b>Refer URGENTLY to Hospital</b>	
Some palmar pallor or Very low weight for age		<b>ANEMIA OR VERY LOW WEIGHT</b>		Consult mother on feeding Follow up if feeding problem persist in 5 days If pallor - Give iron Advise mother when to return immediately If pallor return back in 14 days If very low weight for age follow-up in 30 days	
Not very low weight for age and no other signs or malnutrition		<b>NO ANEMIA AND NOT VERY LOW WEIGHT</b>		If child is less than 2 years consult mother on feeding Follow up if feeding problem persist in 5 days Advise mother when to return immediately	
			<b>YES</b>	<b>NO</b>	<b>GO TO</b>
<i>Please check the diagnosis recorded in the IMCI form or medical card and circle respective classification below</i>					
C2.47	Classification:				
	A	Severe malnutrition or severe anemia	1	2	YES ► C2.48
	B	Anemia or very low weight	1	2	YES ► C2.49
	C	No anemia and not very low weight	1	2	YES ► C2.50
C2.48	Is the classification in accordance with guidelines?				
<b>STEP 3: Treatment</b>					
<b>C2.48</b>	<b>Severe malnutrition or severe anemia</b>				
C2.48.1	Has the patient referred to hospital?		1	2	YES ► C2.48.3
C2.48.2	Has the patient referred to Specialist?				YES ► C2.48.3
C2.48.3	Has the pre-referral treatment initiated?		1	2	
	A	Vitamin A	1	2	
	B	Iron	1	2	
	C	Follow up visit scheduled	1	2	
	D	Mother consulted on feeding	1	2	► STEP 4
<b>C2.49</b>	<b>Anemia or very low weight</b>				
C2.49.1	Has the patient referred to hospital?		1	2	YES ► C2.49.3
C2.49.2	Has the patient referred to Specialist?				YES ► C2.49.3
C2.49.3	Has the pre-referral treatment initiated?		1	2	
	A	Vitamin A	1	2	
	B	Iron	1	2	
	C	Follow up visit scheduled	1	2	
	D	Mother consulted on feeding	1	2	► STEP 4
<b>C2.50</b>	<b>No anemia and not very low weight</b>				

3.3.1	Has the patient referred to hospital?	1	2	YES ► C2.50.3
3.3.2	Has the patient referred to Specialist?	1	2	YES ► C2.50.3
3.3.3	Has the pre-referral treatment initiated?	1	2	
	A Vitamin A	1	2	
	B Iron	1	2	
	C Follow up visit scheduled	1	2	
	D Mother consulted on feeding	1	2	
END				

### CBA 3: IMMUNIZATION

**Instructions:**

COVER PAGE					
PLEASE RECORD AS PROVIDED IN THE MEDICAL HISTORY FORM					
C3.1	Facility name		C3.2	Facility number	
C3.3	Interviewer number		C3.4	Today's date (day/month/year)	
C3.5	Patient code  START PATIENT CODE AT 1 FOR EACH NEW FACILITY VISITED		C3.6	Patient's gender	Male 1
				Female	2
				Not recorded	0
C3.7	Is patient's age recorded in the Medical History form?		YES 1	NO 0	GO TO NO → C1.9
C3.7a	If yes, please record the date of birth		------(dd)------(mm)------(yy)		

Pull 5 patient records of one year old that have been vaccinated in the past 6 months.

SECTION 1: OBSERVATION					
Assess results of physical examination from the medical card of the child					
No.	Data item no.	YES	NO	GO TO	
<b>STEP 1: CONTRADICTIONS TO IMMUNIZATION</b>					
C3.8	Child is sick	1	2	NO ► C3.12	
C3.9	Contradictions to immunization observed and recorded CIRCLE ALL SIGNES RECORDED				
	A Diarrhea	1	2		
	B Fever	1	2		
	C Cough	1	2		
	D Fast/difficult breathing/pneumonia	1	2		
	E Throat problems	1	2		
	F Ear Problem	1	2		
	G Unable of drink/breastfeed, vomiting everything, convulsions, lethargic/unconscious	1	2		
	H AIDS	1	2		
	I OTHER (SPEIFY)	1	2		
C3.10	Weight taken and recorded	1	2		
C3.11	Temperature measured and recorded	1	2		
<b>STEP 2: DECISION FOR IMMUNIZATION OF A CHILD ON THE DAY OF THE VISIT</b>					

<b>CONTRADICTIONS TO IMMUNIZATION</b>	
<b>BCG</b>	<i>To a child with AIDS</i>
<b>PENTAVALENT</b>	<i>To a child with recurrent convulsions or shock within 3 days after last vaccination</i>
	<i>To a child with recurrent convulsions or another active neurological disease of the central nervous system</i>
<b>OPV</b>	<i>If the child has diarrhea give a dose of OPV but do not count. Ask mother to come back in 4 weeks for the missing dose of OPV</i>

ID	QUESTION	YES	NO	GO TO	
C3.12	Has the decision made to immunize a child on a given day?	1	2	YES ► STEP 3	
C3.13	What were the reasons for postponing the vaccination?				
	A	Diarrhea	1	2	
	B	Fever	1	2	
	C	Cough	1	2	
	D	Fast/difficult breathing/pneumonia	1	2	
	E	Throat problems	1	2	
	F	Ear Problem	1	2	
	G	Unable of drink/breastfeed, vomiting everything, convulsions, lethargic/unconscious	1	2	
	H	AIDS	1	2	
I	OTHER (SPEIFY)	1	2		
C3.14	Has the follow up visit scheduled for vaccination?	1	2		
C3.15	Has the treatment prescribed to a sick child?	1	2		

**STEP 3: CHECK IMMUNIZATION**

Vaccine	Age group	
		Booster
<b>Polio</b>	In Birth during 24 hours, 2, 3, 4 and 12 months	-
<b>Hepatitis «B»</b>	In Birth during 24 hours	-
<b>Pentavalent (DPT, Hib and Hepatitis B)</b>	2, 3 and 4 months	-
<b>BCG</b>	3-5 days after birth	6, 16 years
<b>MR</b>	12 months***	6 years
<b>DPT</b>		16 – 22 months
<b>DT*</b>		6 years*
<b>DTM*</b>		16, 26, 36, 46 и 56 years*

C3.16	Has the vaccine administered to a child as per the immunization calendar and status?	1	2	3	
END					