

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	<table border="1"> <tr> <td>Male</td> <td>1</td> </tr> <tr> <td>Female</td> <td>2</td> </tr> <tr> <td>Not recorded</td> <td>0</td> </tr> </table>	Male	1	Female	2	Not recorded	0
Male	1										
Female	2										
Not recorded	0										
C1.7	Is patient's age recorded in the Medical History form?		YES 1	NO 0	GO TO 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							

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	NO → C1.13 4
C1.12	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		
		YES	NO	GO TO
C1.13	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>				
C1.14	What treatment did the health worker prescribed to the patient? CIRCLE ALL THAT APPLY			
01)	ANTIHERPENSIVE 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	
END				

Antihypertensive drugs: 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.	
Lipid lowering drugs (statins): 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%	Antihypertensive drugs: 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. Lipid lowering drugs (statins): should be advised to follow lipid lowering diet Antiagregant drugs: Aspirin should not be given in this risk category
10% - < 20%	Antihypertensive drugs: 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 Antihypertensive Lipid lowering drugs (statins): should be advised to follow lipid lowering diet Antiplatelet drugs: Aspirin should not be given in this risk category
20% - <30%	Antihypertensive drugs: Individuals with persistent blood pressure $\geq 140/90$ mmHg who are unable to lower their blood pressure through lifestyle strategies within 4-6 months, 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. Antihypertensive drugs Lipid lowering drugs (statins): 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. Antiagregant drugs: Aspirin should not probably be given in this risk category
$\geq 30\%$	Antihypertensive drugs: 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. Antihypertensive drugs Lipid lowering drugs (statins): 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. Antiagregant drugs: Aspirin should be given in this risk category
Hypoglycemic drugs: Individuals with persistent fasting blood glucose >6mmol/l despite diet control should be given hypoglycemic drugs.	
DRUGS THAT ARE NOT RECOMMENDED: 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 1	NO 0	GO TO 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	
	E Breath sounds are reduced or absent	1	2	
C2.13.9	Temperature recorded	1	2	
	A Temperature is $\leq 36.6^{\circ}\text{C}$	1	2	
	B Temperature is $> 36.6^{\circ}\text{C}$	1	2	
C2.13.10	X-ray taken and results recorded	1	2	► C2.15
C2.13.10.1	Very severe pneumonia	1	2	
C2.13.10.2	Severe pneumonia	1	2	
C2.13.10.3	Pneumonia (non-severe)	1	2	
C2.13.10.4	Pleural effusion and empyema	1	2	
C2.13.10.5	Cough or Cold	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
STEP 2: Classification/Diagnosis				
<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
STEP 3: Treatment				
C2.15	Treatment of Very Severe Pneumonia	1	2	
	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	
C2.17	Treatment of severe pneumonia		1	2	
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	
C2.19	Treatment of Pneumonia (non-severe)		1	2	
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
C2.22	Treatment of pleural effusion and empyema		1	2	
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
C2.24	Treatment of cough or cold		1	2	
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 smoothened 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				
Assess results of physical examination from the medical card of the patient CIRCLE ALL THAT APPLY				
STEP 1: Signs or other problems				
No.	Data item no.	YES	NO	GO TO
C2.27	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				
Please check the diagnosis recorded in the IMCI form or medical card and circle respective classification below				
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				
C2.29	Treatment of Severe Dehydration	1	2	
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	
	A Hydration status improved	1	2	YES ► C2.29.1.4

	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 URGENTLY 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 URGENTLY to hospital for IV treatment		1	2	YES ► END	
C2.29.4	Treatment of Some Dehydration with ORS		1	2		
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 URGENTLY 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 PROBLEMS					
Assess results of physical examination from the medical card of the patient CIRCLE ALL THAT APPLY					
STEP 1: Signs or other problems					
No.	Data item no.		YES	NO	GO TO
C2.30	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	
STEP 2: Classification/Diagnosis					
SIGNS		CLASSIFICATION	TREATMENT Urgent pre-referral treatments are in bold print		
Tender swelling behind the ear		MASTOIDITIS	Give the first dose appropriate antibiotics Give the first dose of Paracetamol for pain Refer urgently to hospital		
Pus is seen draining from the ear and discharge is reported for less than 14 days, or ear pain is present		ACUTE EAR INFECTION	Give an oral Amoxicillin for 3 days Give Paracetamol for pain Dry the ear by wicking Follow up in 2 days		
Pus is seen draining from the ear and discharge is reported for 14 days more		CHRONIC EAR INFECTION	Dry the ear by wicking Ear drops (Ciprofloxacin, Ciprofloxacin, Oploxain) Refer to specialist		
No ear pain and no pus seen draining from the ear		NO EAR INFECTION	No additional treatment		
Please check the diagnosis recorded in the IMCI form or medical card and circle respective classification below					
C2.34	Classification/Diagnosis:		YES	NO	GO TO
	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
STEP 3: Treatment					
C2.36	Mastoiditis		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	Acute Ear Infection				
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	

C2.38	Chronic Ear Infection			
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	
C2.39	No Ear Infection			
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		SEVERE COMPLICATED MEASLES*	Give Vitamin A Give the first dose of appropriate antibiotic If clouding of the cornea and pus draining from the eye, apply tetracycline eye ointment Refer URGENTLY to Hospital		
Pus draining from the eye or Mouth ulcers		MEASLES WITH EYE OR MOUTH COMPLICATIONS*	Give Vitamin A If pus draining from the eye, apply tetracycline eye ointment If mouth ulcers treat with gentian violet Follow up in 2 days		
Measles now or within last 3 months		MEASLES	Give Vitamin A		
If general danger sign and Stiff neck		SEVERE FEBRILE DISEASE	Give the first dose of appropriate antibiotic Treat the child to prevent low blood sugar Give one dose of Paracetamol for high fever (38,50 C or above) Refer URGENTLY to Hospital		
No general danger sign and No stiff neck		SIMPLE FEVER	Give one dose of Paracetamol for high fever (38,50 C or above) 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

Please check the diagnosis recorded in the IMCI form or medical card and circle respective classification below						
#	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	
STEP 3: Treatment						
Check treatment provided and/or prescribed as recorded in the medical card and circle all that apply						
C2.38	Severe complicated measles					
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		
C2.39	Measles with eye or mouth complications					
	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		
C2.40	Measles					
	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° C or above)	1	2		
F		Child treated to prevent low blood sugar	1	2		
C2.41	Severe fever					
	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 ⁰ 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	
C2.42	Fever				
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 ⁰ 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					
CIRCLE ALL THAT APPLY					
STEP 1: Signs or other problems					
			YES	NO	GO TO
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	
STEP 2: Classification					
SIGNS		CLASSIFICATION	TREATMENT Urgent pre-referral treatments are in bold print		
Veasible severe wasting or Severe palmar pallor or Oedema of both feet		SEVERE MALNUTRITION OR SEVERE ANEMIA	Give Vitamin A Refer URGENTLY to Hospital		
Some palmar pallor or Very low weight for age		ANEMIA OR VERY LOW WEIGHT	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		NO ANEMIA AND NOT VERY LOW WEIGHT	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		
			YES	NO	GO TO
Please check the diagnosis recorded in the IMCI form or medical card and circle respective classification below					
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?				
STEP 3: Treatment					
C2.48	Severe malnutrition or severe anemia				
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
C2.49	Anemia or very low weight				
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
C2.50	No anemia and not very low weight				

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		C3.6	Patient's gender	
	START PATIENT CODE AT 1 FOR EACH NEW FACILITY VISITED			Male	1
				Female	2
				Not recorded	0
C3.7	Is patient's age recorded in the Medical History form?		YES	NO	GO TO
			1	0	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	
STEP 1: CONTRADICTIONS TO IMMUNIZATION					
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		
STEP 2: DECISION FOR IMMUNIZATION OF A CHILD ON THE DAY OF THE VISIT					

CONTRADICTIONS TO IMMUNIZATION	
BCG	<i>To a child with AIDS</i>
PENTAVALENT	<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>
OPV	<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
Polio		In Birth during 24 hours, 2, 3, 4 and 12 months		-
Hepatitis «B»		In Birth during 24 hours		-
Pentavalent (DPT, Hib and Hepatitis B)		2, 3 and 4 months		-
BCG		3-5 days after birth		6, 16 years
MR		12 months***		6 years
DPT				16 – 22 months
DT*				6 years*
DTM*				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				