

WEEK 3
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CBA ID no. CO1202-01

Community Based Newborn and Maternal, Child Health Initiative
(CBNB & MCHI)

Form 2: Infection Treatment Form for Baby

Date of Visit: 23-04-09 Village: IERU

Full Name of Mother: CHRISTINE MANBONDI Sex of Baby: Male Female

Age of Baby: 1 day Weight of Baby 3 Kg

Temperature of Baby: 36.3°C Breathing rate of Baby 30

How many times have you visited this Baby? TWICE

Part 1: Local Infection Information

1) Where is the infection? (Circle one)



Eyes



Umbilical Cord



Skin

Other

Specify _____

2) Does baby have any other danger signs, if yes what are they (refer to chart booklet)?

3) When did illness start? Date _____

4) When did you start treatment? Date _____

5) When did you stop treatment? Date _____

*Manama
P.I. Community
Based NB Care*