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CBA ID no. 101214-04

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

Form 4: Under 5 Treatments form for Pneumonia

Date of Visit: 16/04/09
Full Name of Mother: Margaret Banda Village Name: Tom Nyambi
Full Name of Child: Aliso Banda Age of Child: 1 1/2 Mths
Sex of Child: Male

Weight of child (if available):
Temperature of Child: 37.8°C
Breathing Rate of Child: 40

- 1) Has this child had pneumonia before? No
- 2) Does this child have any other breathing problem (e.g. asthma, bronchitis)? No
- 3) What signs of pneumonia does the child have now? (circle signs child has)

Cough	Fever	Difficulty Breathing	Indrawing Chest	*Rapid Respiration	Drowsy/unconscious	Fits
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(* Rapid Breathing = more than 40 breaths per minuet)

Other, specify:

- 4) When did illness and these signs start? Date 15
- 5) When did you start treatment? Date 16/04/09
- 6) What was child treated with? amox
- 7) When did you stop treatment? Date
- 8) Was child completely cured by CBA? Yes No

Margaret
PI

9) Was child referred to Health Center after treatment from CBA? And why?
The child was referred to the health centre cos the illness was not cured by CBA.

10) If yes when was child referred? Date: 26/04/09

11) What was outcome of referral to Health Center? Child Cured Child Died