

THIBELA MAFU KA LIENTE

LEFU	NAKO	ENTE	E FANOE NENG?	TEKENO
Lefuba (TB)	Lekhetlo la pele ke ha	BCG		
Komello ea litho (Polio)	ngoana a hlaha	OPV-O		

Letsatsi la ho khutla.....

LEFU	NAKO	ENTE	E FANOE NENG?	TEKENO
'Metso o mosoeu (Diphtheria)	Lekhetlo la bobeli ke ha ngoana a le likhoeli le beke tse peli kapa a le beke tse tseletseng, e seng pele ho moo.	DTP-Hep B-Hib 1		
Mokhokhothane (Pertusis)		OPV-1		
Tsitsipano ea 'metso (Tetanus)		PCV 13 - 1		
Komello ea litho (Polio)		Rotavirus - 1		
Sebete (HepB)		Sheba letheba la BCG	Le teng	Ha le eo
Serame sa matsoafo (Hib)				
Letšollo (Rotavirus)				

Letsatsi la ho khutla.....

LEFU	NAKO	ENTE	E FANOE NENG?	TEKENO
'Metso o mosoeu (Diphtheria)	Lekhetlo la boraro ke ha ngoana a le likhoeli tse peli le libeke tse peli kapa libeke tse leshome. Ka mor'a matsatsi a mashome a moraro a tletseng ka mor'a lekhetlo la bobeli, eseng pele ho moo	DTP-HepB-Hib 2		
Mokhokhothane (Pertusis)				
Tsitsipano ea 'metso (Tetanus)		PCV 13 - 2		
Komello ea litho (Polio)		Rotavirus - 2		
Sebete (HepB)		Sheba letheba la BCG	Le teng	Ha le eo
Serame sa matsoafo (Hib)				
Letšollo (Rotavirus)				

Letsatsi la ho khutla.....

LEFU	NAKO	ENTE	E FANOE NENG?	TEKENO
'Metso o mosoeu (Diphtheria)	Lekhetlo la bone, ke ha ngoana a le likhoeli tse tharo le libeke tse peli kapa libeke tse leshome le metso e mene. ka mor'a matsatsi a mashome a mararo a tletseng ka mor'a lekhetlo la boraro, e seng pele ho moo.	DTP-HepB-Hib 3		
Mokhokhothane (Pertusis)			OPV-3	
Komello ea litho (Polio)			PCV 13 - 3	
Sebete (HepB)		IPV 1		
		Sheba letheba la BCG	Le teng	Ha leeo?

Letsatsi la ho khutla.....

LEFU	NAKO	ENTE	E FANOE NENG?	TEKENO
'Maselese (Measles)	Lekhetlo la bohano, ke ha ngoana a le likhoeli tse robong. Eseng pele ho moo	Measles		
		Sheba letheba la BCG	Le teng	Ha le eo?

Letsatsi la ho khutla.....

LEFU	NAKO	ENTE	E FANOE NENG?	TEKENO
'Metso o mosoeu (Diphtheria)	Lekhetlo la botselela ke ha ngoana a le likhoeli.	DT		
Tsitsipano ea 'mele (tetanus)	tse leshome le metso robeli e leng selemo le likhoeli tse tseletseng eseng pele ho moo.	Measles		

HLOKOMELA! Sheba letsoao la BCG

Vitamin A Dose:				Deworming	
Frequency	Age	Dosage (100,000 or 200,000 I.U.)	Date	Dosage 400mg	Date
1st	6 mths.	100,000			
2nd	12 mths.	200,000		1/2 Tablet	
3rd	18 mths.	200,000		1/2 Tablet	
4th	24 mths.	200,000		1 Tablet	
5th	30 mths.	200,000		1 Tablet	
6th	36 mths.	200,000		1 Tablet	
7th	42 mths.	200,000		1 Tablet	
8th	48 mths.	200,000		1 Tablet	
9th	54 mths.	200,000		1 Tablet	
10th	60 mths.	200,000		1 Tablet	

**SHEBA ENTE EA TSITSIPANO
 EA MELE BUKANENG EA 'M'E EA
 BOPHELO KAMEHLA HA A
 TLILE SETSING SA BOPHELO**

Demographic Information
 Registration Number: _____ Sex F M
 Father's name _____
 Guardian's name _____
 Physical address and contact number _____

Birth summary
 Date of birth: _____ Pre-term / term _____
 Place of birth: Home (TTBA: Y / N) Health facility _____
 Mode of delivery: Non Assisted vaginal delivery / Assisted vaginal delivery / Caesarean Section
 APGAR score: _____/10 _____/10 _____/10 Resuscitation: Y / N
 Birth weight _____
 Length _____ HC - Head Circumference _____
 Complications: Birth Asphyxia, Meconium Aspiration, Other _____
 Feeding method: EBF / EFF : _____
 Mother HTC: P / N / U Mother ARVs regimen: (1) AZT at pregnancy (2) Loading Doze
 Infant ARVs prophylaxis: Time received after birth : _____ Hrs
 Regimen _____
 Discharge weight _____
 Treatment at discharge _____
 PNC date: ____/____/____

Risk factors (tick if present, should be filled up when it occurs)

Birth weight below 2.5 kg	Death of a sibling (0 - 11 months)	cause
Multiple births	Orphan of father	age
5th child or more	Orphan of mother	age
Birth Interval less than 2 years	other OVC	reason

Early PNC Examination (1 Week)
 Date: ____/____/____
 Age: ____ weeks Method of feeding: EBF / EFF / MF
 Weight _____
 General examination: _____
 Remarks: _____
 Next PNC return date: ____/____/____

6 Week PNC Examination
 Date: ____/____/____
 Age: ____ Weeks Method of feeding: EBF / EFF/ MF
 Weight _____ Length _____ HC-Head Circumference _____
 General examination: _____ Wt gain / Loss since birth _____
 Remarks: _____
 Treatment: _____
 If baby exposed, do DNA PCR / Rapid Test and initiate cotrimoxazole.

Exposed Infant: Y / N	Test 1 needs to be repeated: Y / N	Test 2 needs to be repeated Y / N
Date of test 1:.....	Date of test 2:.....	Date of test 3:.....
Type of test 1 PCR / Rapid test	Type of test 2 PCR / Rapid test	Type of test 3 PCR / Rapid Test
Result of test 1: P / N / U	Result of test 2: P / N / U	Result of test 3 P / N / U
		Date of last breastfeeding:.....
Referral to ART clinic		
Date:.....		
Reason for referral: test P / sick or growth or development delay / both		

Follow-up visits	1	2	3	4	5	6	7	8	9
Date									
Age months									
Infant feeding									
Cotrimox (dose)									
Clinical Status									
Growth									
Development									
Return date									
Follow-up visits	10	11	12	13	14	15	16	17	18
Date									
Age months									
Infant feeding									
Cotrimox (dose)									
Clinical Status									
Growth									
Development									
Return date									

Infant feeding code:	Cotrimoxazole dose	Clinical status	Growth	Development
1. Exclusive Breast Feeding	6 weeks to 6 months or less than 5kg: 2.5 ml (100/20)	H: Healthy	N: Normal	N: Normal
3. Exclusive Formula Feeding	6 months of life until to cessation of risk of getting HIV transmission and exclusion of HIV infection (or 5 to 15kg): 5ml (200/40)	S: Sick (refer)	A: alarm Flat since one month, investigate, refer if acute illness, if no acute illness, nutrition counseling and check after 2 weeks	D: Delayed
5. Mixed Feeding				
6. Other Specify			R: referral: Flat since more than one month or loss of weight: referral for deep investigations and treatment	

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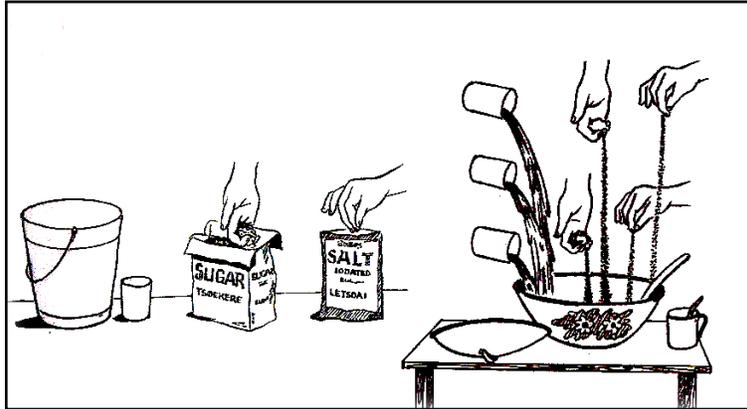
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Date first seen in ART clinic: ___/___/___	
Clinical staging: I / II / III / IV	CD4 count (%): _____ Hospitalized: <input type="checkbox"/>
OI: _____	TB: _____
Pre - HAART follow-up plan: _____	
Date eligibility for treatment: ___/___/___	
Clinical staging: I / II / III / IV	CD4 count (%) _____
Pre-HAART counselling sessions: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
Caregiver ready for treatment: Y / N	Date: ___/___/___
Treatment start date: ___/___/___	Regimen: _____
HAART follow-up plan: _____	

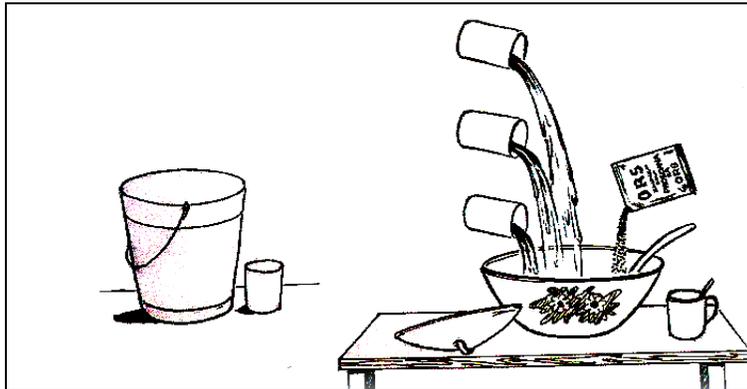
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Ngoana ea tšoeroeng ke letšollo feela



Thitelo ea motsoako oa metsi, letsoai le tsoekere (OSS) ha phofshoana (ORS) e le sieo:

1. metsi
2. motintolo oa senomapholi
3. tsoekere
4. letsoai



Thitelo ea motsoako oa phofshoana (ORS) :

1. metsi
2. motintolo oa senomapholi
3. phofshoana (ORS)

Bophelo ba ngoana ha a qala sekolo sa mathomo

Letsatsi la ho qala sekolo

Gen. app. / CHEBAHALO _____

Eyes / MAHLO R _____ L _____

Nose / NKO _____

Teeth / MENO _____

Throat / METSO _____

Neck glands / LITŠOELESA TSA MOLALA _____

Ears / LITSEBE R _____ L _____

CVS / PELO _____

Resp / MATŠOAFO _____

Abd / MPA _____

Genitals / LITHO TSA BOTHO _____

Skin / LETLALO _____

Pallor / PHOKOLO EA MALI _____

CNS / METHAPO _____

Deformities / KHOLOFALO _____

BCG / Scar _____

Measles Vaccine Date:- _____

DT Date:- _____

Weight / BOIMA _____ kg

Height / BOLELELE _____ cm

Recommendation / KHOTHALETSO _____

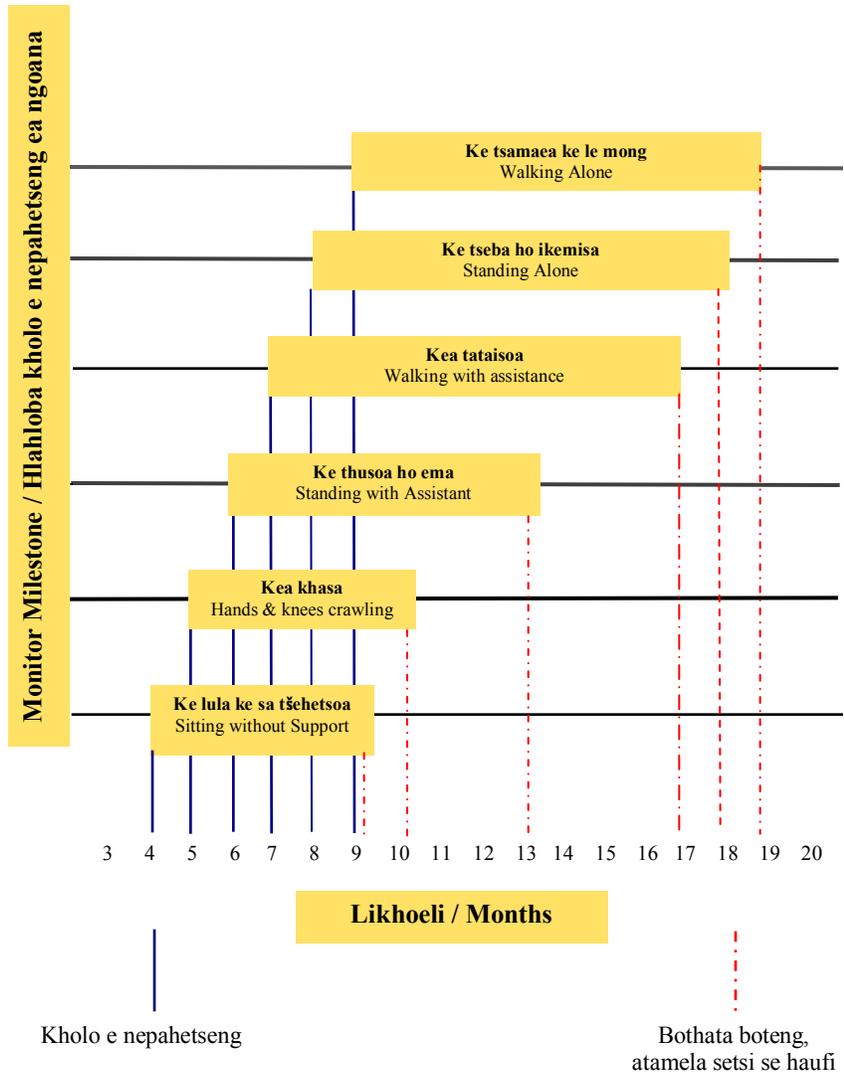
Date of examination / TSATSI LA TLHAHLOBO _____

By / KE _____

(Lebitso le fane ka botlalo)

Designation / Institution

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1. Khoeling tsa pele tse Tseletseng (6) tsa tlhaho, ngoana a fuoe letsoele feela



4. Leka ho fepa ngoana lijo tse bonolo le ha a kula



2. Ha a le khoeli li 6. mo fepa lijo tse ling 'moho le letsoele. Qala ho mo noesa metsi a sa Nokoang.



5. Hlahloba hore na kholo ea ngoana oa hao e ntse e hlaha hantle



3. Ngoana o na le mpa e nyenyane, ka hoo mo fepa lijo le letsoele khafetsa

6. Kanyeso ea ngoana e hloka tšebetso ea lelapa



BUKANA EA NGOANA EA BOPHELO LESOTHO

Lebitso:.....

Motse:.....

Letsatsi la tsoalo:.....

Lebitso la 'M'e:.....