

CHILDREN'S CLINIC CARD

CHILD'S PARTICULARS

Name of Health Facility		
Child's No.		
Child's Name	Boy/Girl	
Mother's or Guardian's Name	NRC no.	
Father's or Guardian's Name	NRC no.	
Date first seen	Date of Birth	Birth weight
Place of Birth:		
Where the family lives: address		

Tick if the child has/is:

Birth weight less than 2.5kg	
Birth defect/handicap	
Born within 2 years of last delivery	
Fully protected against Tetanus at birth	
Mother dead	
Father dead	
Number of brothers and sisters	Alive
	Dead
Twin child	Alive
	Dead
Any other reason for special attention:	

DEWORMING

For children aged 12 months and above, 500 mg Mebendazole every six months

Date	Medication	Date	Medication

IMMUNISATION RECORD

IMMUNISATION against Tuberculosis (TB) BCG (at birth) Date If no scar after 12 weeks, repeat dose. Unless symptomatic HIV Date	
IMMUNISATION against Polio (OPV & IPV), Diphtheria, Whooping Cough, Tetanus, Hib, Hepatitis B, Meningitis, Pneumonia (DPT-HepB-Hib), Measles, Diarrhoea (ROTA), Streptococcal Pneumonia (PCV) & Rubella.	
OPV 0 (at birth to 13 days) Date	
OPV 1 (at 6 weeks) Date	DPT-HepB-Hib 1 (at 6 weeks) Date
OPV 2 (at least 4 weeks after OPV 1) Date	DPT-HepB-Hib 2 (at least 4 weeks after DPT-HepB-Hib1) Date
OPV 3 and IPV (at least 4 weeks after OPV 2) Date	DPT-HepB-Hib 3 (at least 4 weeks after DPT-HepB-Hib 2) Date
OPV 4 (at 9 months, only if OPV 0 was not given) Date	Measles Rubella (at 9 months, or soon after. Unless symptomatic HIV) Date
PCV 1 (at 6 weeks) Date	Measles Rubella (at 18 months) Unless symptomatic HIV Date
PCV 2 (at least 4 weeks after PCV 1) Date	ROTA VACCINE 1 (at 6 weeks) Date
PCV 3 (at least 4 weeks after PCV 2) Date	ROTA VACCINE 2 (at 4 weeks after ROTA 1) Date

OTHER IMMUNISATIONS

_____ Date _____

_____ Date _____

VITAMIN A SUPPLEMENTATION			
Dosage: 0-5 months, 50,000 IU only if not breastfed; 6-11 months, 100,000 IU; 12-59 months, 200,000 IU every six months			
Date	Dosage	Date	Dosage

VITAMIN A SUPPLEMENTATION FOR MOTHER

Date Vit. A given to the mother _____

Vitamin A (1 dose of 200,000 IU) to be given soon after birth or within two months of delivery.

PMTCT

CE	MSU	CNE
Test by:		
DATE	TYPE OF TEST	R NR I
	PCR at birth	
	PCR $\frac{6}{52}$	
	PCR $\frac{6}{12}$	
	Rapid Test $\frac{12}{12}$	
	Rapid Test $\frac{18}{12}$	
MGA <input type="checkbox"/> IGA <input type="checkbox"/>		
Follow up time	6 Weeks 2 Months 3M 4M 5M 6M 7M	
Cotrimoxazole		
Follow up time	8M 9M 10M 12M 15M 18M 24M	
Cotrimoxazole		

Date baby referred for ART...../...../.....

Date initiated on ART...../...../.....

Age at initiation of ART.....

MONITORING OF INFANT AND YOUNG CHILD FEEDING

Follow up time	Birth	6 Days	1M	6W	2M	3M	4M	5M	6M
Infant feeding code									
Follow up time	7M	8M	9M	10M	11M	12M	15M	18M	24M
Infant feeding code									

Feeding Code:

- 1) Exclusive breast feeding (in the first 6 months, breast-feeding only, no water, no other fluids except medicines indicated by medical personnel)
 - 2) Exclusive Alternative Infant Formula
 - 3) Animal Milk
 - 4) Mixed feeding (breast milk and other foods)
 - 5) Continued breast feeding after six months in addition to other foods
 - 6) Milk based feed after six months in addition to other foods
 - 7) Other, specify
-
-

NOT FOR SALE

IMPORTANT:

- ☞ All infants and young children should be breastfed exclusively for the first six months of life and continue to breastfeed up to two years and beyond with adequate complementary feeding from six months of age unless medically indicated.
- ☞ Babies born to HIV positive mothers have special feeding needs. Discuss with a health worker.

IF THE CHILD HAS DIARRHOEA

- ☞ If the child is still on breast milk, continue breast feeding.

After each loose stool, do the following:

- ☞ Give ORS
- ☞ Give extra fluids
- ☞ Continue to feed the child.

Note: (dilute 1 sachet of ORS in 1 litre of boiled cooled water)

Go immediately to the nearest Health Centre.

PNEUMONIA

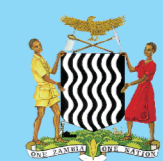
If a child has a cough with:

- Fast Breathing
- Difficulties in breathing
- Difficulties in breast-feeding

The child may have Pneumonia, **Go immediately to the nearest Health Centre.**

DISCUSS

☞ Breastfeeding	☞ Feeding during and after illness
☞ Complementary feeding	☞ Safe food and drinking water
☞ Immunisation	☞ Treatment of diarrhoea
☞ Vitamin A supplementation	☞ HIV/AIDS
☞ Family planning	☞ Malaria



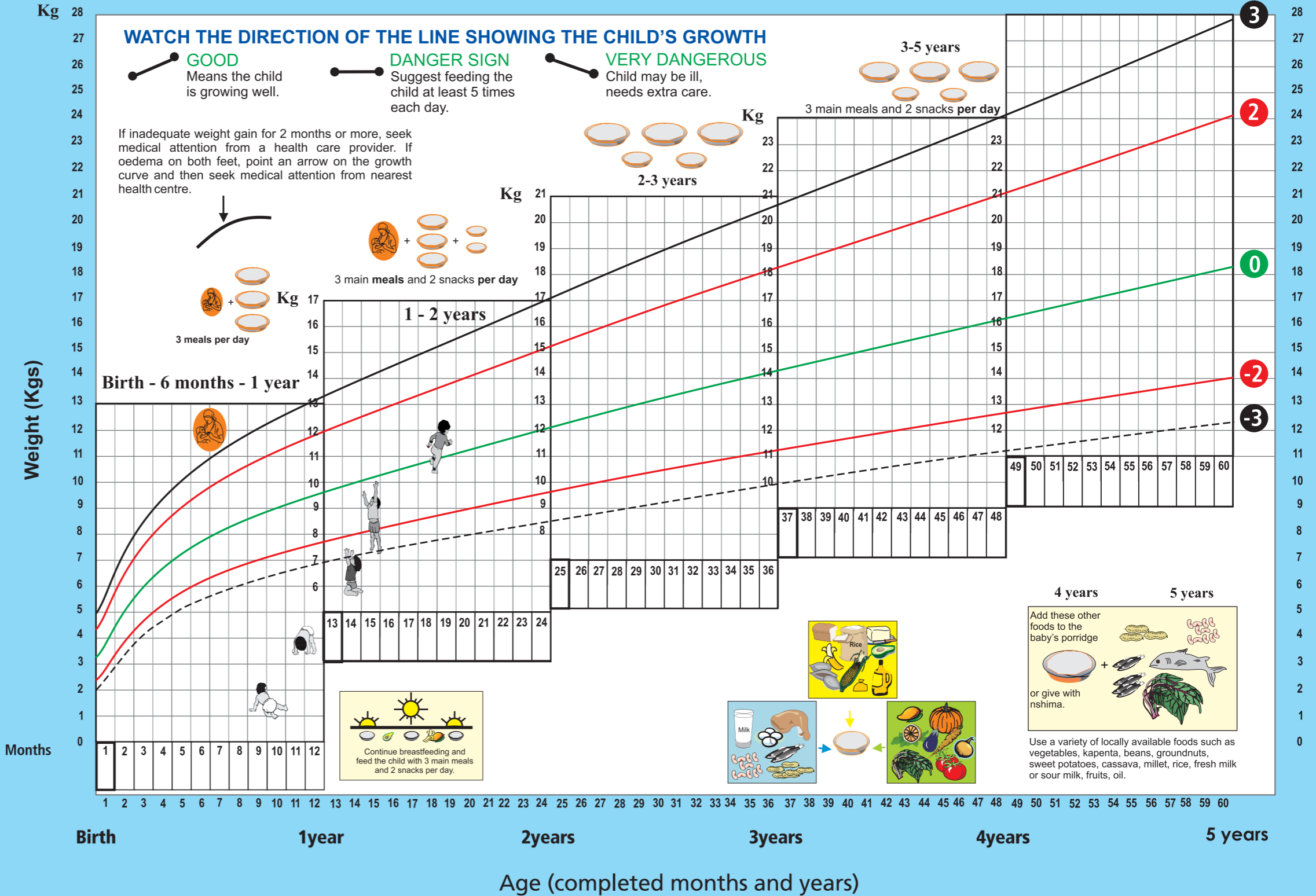
Weight-for-age BOYS

Birth to 5 years (z-scores)

NUTRITION RECORD

Record of visits and nutrition counselling follow up

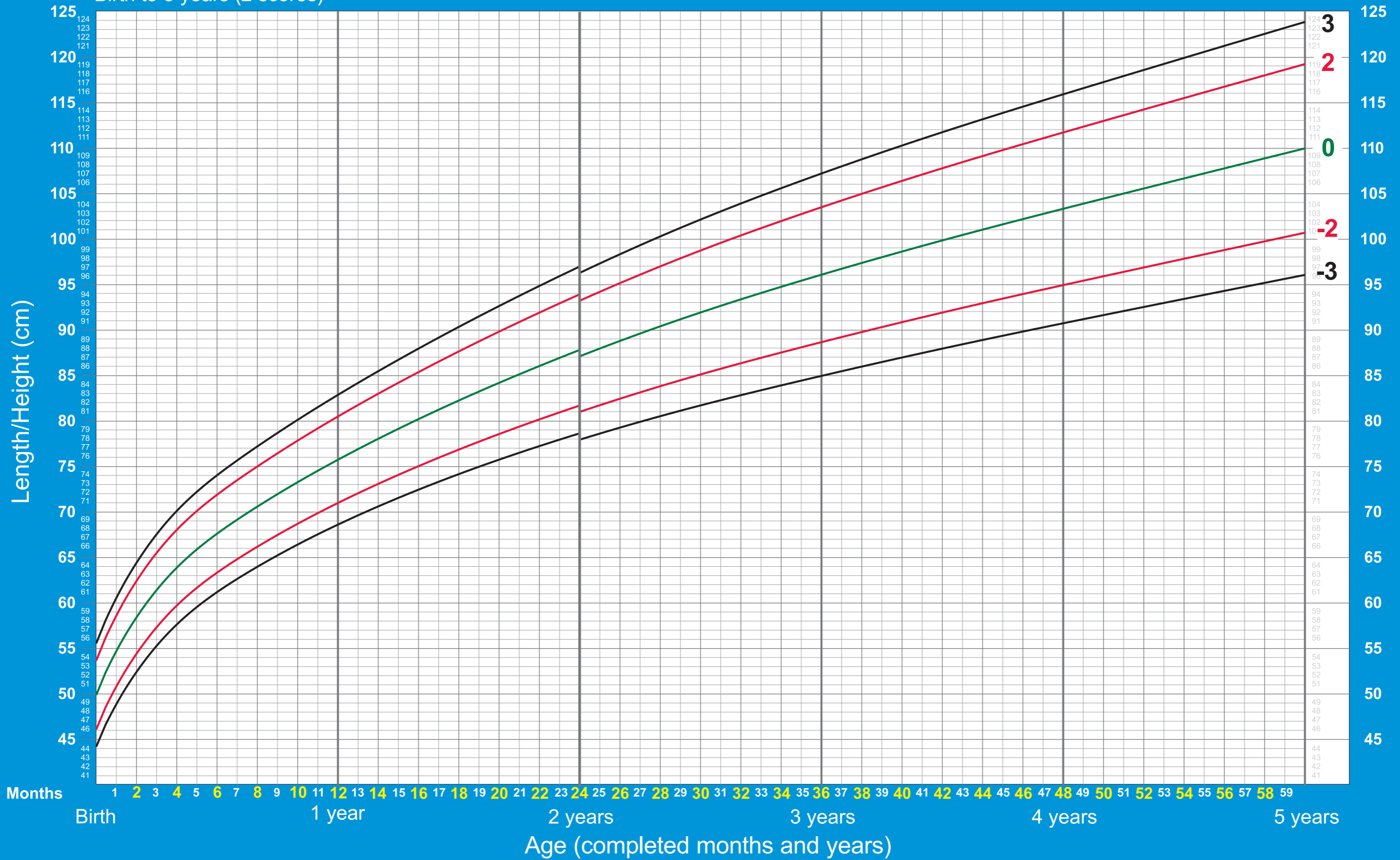
Date	Nutritional status	Advice given	Follow up date



Combined Length/height-for-age BOYS



Birth to 5 years (z-scores)



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	Rapid Test 12/12	
	Rapid Test 18/12	

MGA IGA

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Cotrimoxazole							
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- ☞ HIV/AIDS
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Combined Length/height-for-age GIRLS



Birth to 5 years (z-scores)

