MINISTRY OF HEALTH
AND MEDICAL SERVICE

Pikinini Boe Helth Rekod Buka

Hospital/Clinic Name

Hospital/Clinic Register Number

Name of Child:

Date of Birth: / /

KIPIM DISFALA BUKA LO SEIF PELES GO, GO KASIM TAEM PIKININI HEM FAEF (5) IAS O OVA, AN TEKEM WEITEM IU EVERI TAEM IU TEKEM PIKININI LO KILINIKI O HOSPITOL.

Any allergies:

Drug(s) name:

Ministry of Health and Medical Services

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Pikinini Boe Helth Rekod Buka

Tally	✓
Initiation of Breastfeeding	
Exclusive Breastfeeding	
Complimentary Feeds	

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Hospital/Clinic Register Number

PERSONAL DATA

Child's name: _____

Mother's name: _____ Father's name: _____

Home Address: _____

Present Address: _____

Birth information:

Date of birth: ___/____/_____ Gestational age at birth: _____

Single ☐ Twins ☐ Triplets ☐

Measurements at birth: Weight _____ kg Length _____ cm Head circumference _____ cm

Child's position in family: _____

Type of birth: NVD ☐ Caesarean Section ☐ Vacuum ☐ Forceps ☐

Condition at birth: Normal ☐ Resuscitation ☐

Apgar score: At birth: _____ 10 minutes after: _____

Breast feeding initiated: Yes ☐ No ☐

Within 90 minutes after birth: ☐ More than 90minutes: ☐

Feeding: Age at introduction of any foods or fluids _____

Age at termination of breastfeeding _____ *may be recorded in Visit Notes*

Date of Discharge: _____/_____/_____

Breastfeeding check dates:

Day 7		Day 14		Day 28	

Note: Mothers are encouraged to visit within the 1st week of postnatal, for both mother's and baby's health and breastfeeding.

Baby's first child welfare visit at 6 weeks after birth: Date: _____/_____/_____

WEIGHING AND LENGTH/HEIGHT MEASUREMENT SCHEDULE

Age	Weight	Length / Height
0 - 12 months	Monthly	3 Monthly
1 - 2 years	2 Monthly	4 Monthly
2 - 5 years	3 Monthly	6 Monthly

IMMUNIZATION, VITAMIN A AND ALBENDAZOLE SCHEDULE

Age	BCG	HepB1	Pentavalent (DPT,HepB,Hib)	OPV	IPV	PCV	Rotavirus (RV)	MR	TT	Vitamin A (100,000 µ)	Vitamin A (200,000 µ)	Albendazole (200 mg)	Albendazole (400mg)
At birth	Batch #: / /	Batch #: / /											
6 wks			Batch #: / /	Batch #: / /		Batch #: / /	Batch #: / /						
10 wks			Batch #: / /	Batch #: / /		Batch #: / /	Batch #: / /						
14 wks			Batch #: / /	Batch #: / /	Batch #: / /	Batch #: / /							
6 mths										Batch #: / /			
1 yr								Batch #: / /			Batch #: / /	Batch #: / /	
1 yr 6 mths								Batch #: / /			Batch #: / /	Batch #: / /	
2 yrs											Batch #: / /		Batch #: / /
2yrs 6 mths											Batch #: / /		Batch #: / /
3yrs											Batch #: / /		Batch #: / /
3yrs 6mths											Batch #: / /		Batch #: / /
4yrs											Batch #: / /		Batch #: / /
4yrs 6mths											Batch #: / /		Batch #: / /
5yrs											Batch #: / /		Batch #: / /
School entry (5yrs or more)				Batch #: / /					Batch #: / /				

- Write batch # and date after immunization, Vitamin A and Albendazole are given.
- If an immunization is late, you only need to wait for 4 weeks before giving the next dose.
- If a child has diarrhoea or a fever of less than 38 degrees C, you should still give the scheduled immunization
- Measles and Rubella

IMMUNIZATION, VITAMIN A AND ALBENDAZOLE INFORMATION

Abbreviation	Name	Dosage	Function
BCG	Bacille Calmette Guarin	0.05ml	Protects against childhood TB, Miliary and Extrapulmonary TB.
HepB1	Hepatitis B (birth dose)	0.5ml	Protects against Hepatitis B Virus Infection.
Pentavalent (DPT, HepB, Hib)	Diptheria, hepatitis B, Haemophilus Influenza type B	0.5ml	Protects against Diphtheria, whooping cough, tetanus, Hepatitis B, Pneumonia and Meningitis due to Haemophilus Influenza type B.
OPV	Oral polio vaccine	2 oral drops	Protects against Poliomyelitis (polio).
IPV	Injectable Polio Vaccine	0.5ml	Protects against Poliomyelitis (polio).
PCV13	Pneumococcal containing vaccine	0.5ml	Protects against Pneumococcal Pneumonia and Meningitis.
RV	Rotavirus	6-7 oral drops (entire 1.5 ml vial)	Protects against Rota virus diarrhoea.
M and Rubella	Measles and rubella containing vaccines	0.5ml	Protects against Measles and Rubella.
TT	Tetanus toxoid	0.5ml	Protects against Tetanus
Vita A	Vitamin A	<6 m = 50,000IU 6m–11m = 100,000IU >12m = 200,000IU	Protects against night blindness, xeropthalmia and total blindness.
Albendazole	Albendazole	12m-23m = 200mg >24m = 400mg	Protects against hookworms, whip worms and round worms.

Note

- Hepatitis B (birth dose) must be given within 24 hours after birth or within four (4) weeks after birth.
- Give BCG at first contact.
- Pentavalent, OPV and rotavirus must be given at 6 week, 10 weeks and 14 weeks of life with a minimum of 4 weeks intervals. Injectable Polio Vaccine must be given at 14 weeks
- Measles vaccine must be given as soon as the child turns 12months (1 year) old.

CARING FOR SICK CHILDREN - GIVING GOOD HOME CARE.

For ANY sick child:

- If child is breasted, breastfeed more frequently and for longer at each feed.
- If the child is taking breast milk substantiates, increase the amount of milk given.
- Increase other fluids. You may give soup, rice, water, yogurt drinks or clean water. Give these fluids as much as the child will take. Give frequent small sips from a cup.
- If the child vomits, wait 10 minutes then continue – but more slowly.

Exclusively breastfeed the young infant:

- Give only breastfeeds to the young infant.
- Breastfeed frequently, as often, and for as long as the infant wants.

Make sure that the young infant is kept warm at all times

- In cool weather cover the infant's head and feet and dress the infant with extra clothing.

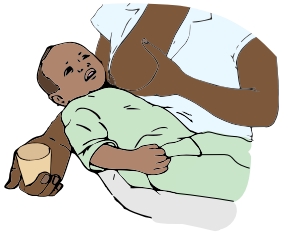
For child with diarrhoea:

- Breastfeed frequently and for longer at each feed.
- Give fluids:
  - ☐ Oral Rehydration Salts (ORS)
  - ☐ Food based fluids, such as soup, rice water, yogurt drinks.
  - ☐ Clean water
- Give zinc supplement, if the child is aged more than 2 months and if zinc is given.
- Continue giving extra fluid until the diarrhoea stops.

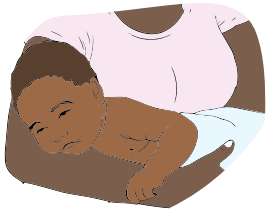
- **Wash your hands** before preparing food and feeding the child and after defecation
- Dispose child's stool hygienically.

When to return to clinic immediately.

BRING ANY SICK CHILD IF...



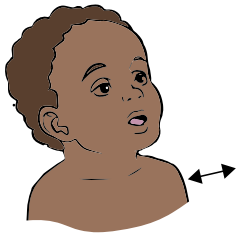
Not able to drink or breastfeed.



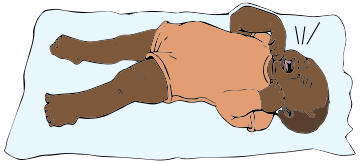
Becomes sicker.

Develops fever (over 38°C).

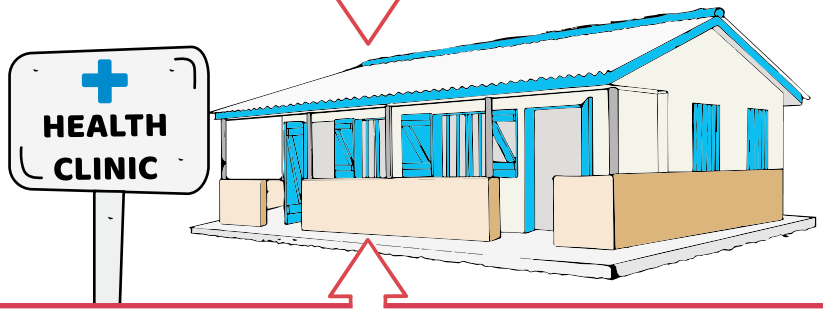
BRING CHILD WITH COUGH IF...



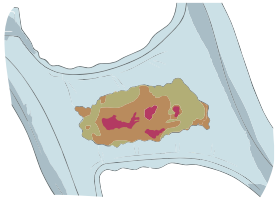
Fast breathing.



Difficult breathing.



BRING CHILD WITH DIARRHOEA IF...

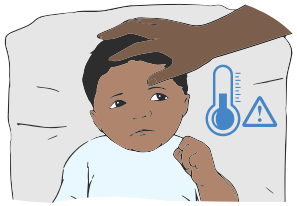


Blood in stool.

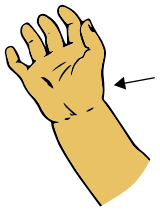
Drinking poorly.

BRING YOUNG INFANT IF ANY OF ABOVE SIGNS OR...

Breastfeeding poorly.



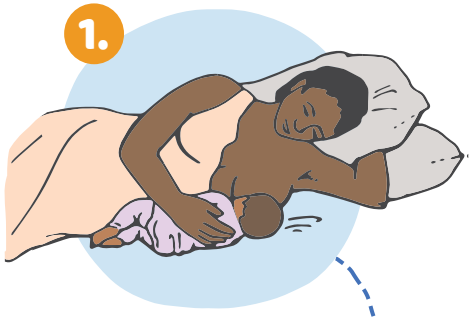
Feels unusually cold.



Palms and soles appear yellow.

BREASTFEEDING INFORMATION - POSITION

Lying down on side position
Helps a mother to rest. Comfortable after a Caesarean section. Take care that the baby's nose is on a level with mother's nipple, and that baby does not need to bend their neck to reach the breast.



Cradle position
The baby's lower arm is tucked around the mother's side, not between the baby's chest and the mother. Take care that the baby's head is not too far into the crook of the mother's arm that the breast is pulled to one side making it difficult to stay attached.

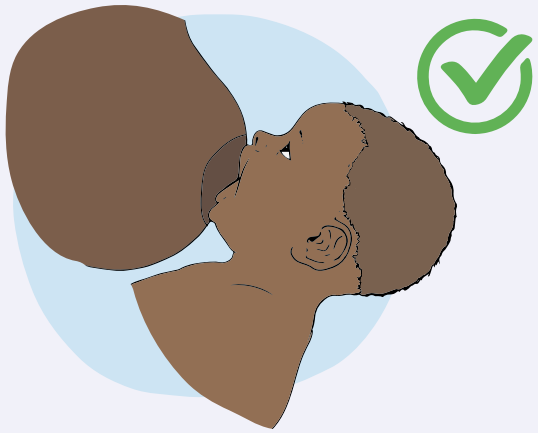
Hold the baby close and in line with your body.

Cross arm position
Useful for small or ill baby. Mother has good control of baby's head and body, so may be useful when learning to breastfeed. Take care that the baby's head is not held too tightly preventing movement.

Underarm position
Useful for twins or to help to drain all areas of the breast. Gives the mother a good view of the attachment. Take care that the baby is not bending their neck forcing the chin down to the chest.

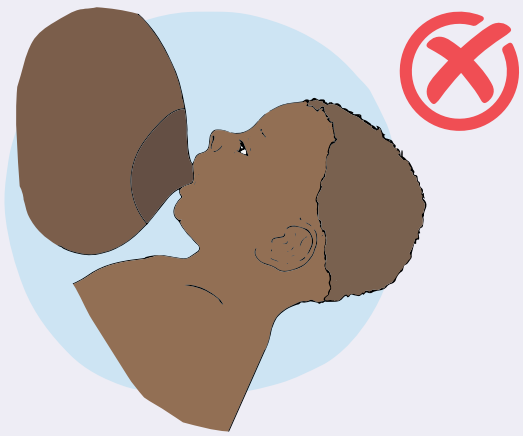
BREASTFEEDING ATTACHMENT

Signs of GOOD attachment and feeding.



- Chin touching breast.
- Mouth open wide.
- Lower lip turned outwards.
- More areola visible above than below the mouth.
- Slow, deep sucks and swallowing sounds.
- Cheeks full and not drawn in.
- Baby feeds calmly.
- Baby finishes feed by him/herself and seems satisfied.
- Mother feels no pain.

Signs of POOR attachment and feeding.



- Chin away from breast.
- Mouth not wide open.
- Lower lip pointing forward or turned in.
- More areola visible below than above the mouth, or equal amounts.
- Rapid, shallow sucks and smacking or clicking sounds.
- Cheeks drawn in.
- Baby fusses at breast or comes on and off.
- Baby feeds very frequently, for a very long time, but does not release breast and seems unsatisfied.

RECOMMENDED FEEDINGS

Baby. Age: birth up to 6 months

- Feed your baby only breast milk until they are 6 months of age.
- Breastfeed as often as the baby wants, day and night, at least 8 times in 24 hours.
- Breastfeed when your baby shows signs of hunger: beginning to cry, sucking fingers, or moving their lips.
- At each feeding, encourage your baby to empty the breast and then offer the other breast.
- Do not give your baby other foods or fluids. Breast milk has everything your baby needs and satisfies their hunger and thirst.

RECOMMENDED FEEDINGS

Infant. Age: 6 months to 1 year

Age	Food	Frequency	Amount	Additional information
6–8 months	Well mashed food like kumara or banana with finely chopped egg, seafood or meat, plus green vegetables and fruit.	2- 3 times per day plus frequent breastfeeding. Give 1-2 snacks between meals depending on their appetite.	2 to 3 tablespoons and gradually increase to ½ cup.	By 8 months give small chewable items to eat with fingers. Let the child feed themselves, but provide help.
9-11 months	Finely chopped or mashed foods from all food groups each day. Try foods that baby can pick up.	3-4 meals per day plus frequent breastfeeding. Give 1- 2 snacks between meals depending on their appetite.	About ½ cup.	Ensure the child is getting plenty of meat, chicken, egg and seafood.

Remember to wash your hands with soap and water before preparing your baby's food and before feeding them.

RECOMMENDED FEEDINGS

Child. Age: 1 to 2 years

Age	Food	Frequency	Amount
12–24 months	At each meal local staple food like pana, taro or banana along with: ▶ Some protein like fish, egg, chicken, meat, nuts or shells ▶ A variety of different coloured vegetables Give plenty of fruit for snacks All food should come from the list on page 10.	3-4 meals per day. Also give 1-2 snacks per day between meals depending on their appetite.	¾ - 1 cup

- Breastfeed often as your child wants up to 2 years or beyond.
- Feed them from their own plate or bowl. Continue to actively help them to eat.
- **Give many different colored foods for the best health.** Children need to eat plenty of colored fruits and vegetables to prevent them getting sick.

Remember to wash your hands with soap and water before preparing your baby's food and before feeding them.

RECOMMENDED FEEDINGS

Child. Age: 2 to 5 years

Give the same foods your family eats at 3 meals each day. Also, twice daily between meals, give nutritious snacks such as:

- Bananas
- Breadfruit
- Pawpaw
- Bread or bun with banana, avocado or nut paste inside
- Cassava pudding
- Ngali Nuts or peanuts
- Popped corn

Offer a variety of foods. If they refuses a new food, offer them "tastes" of it several times. Show them that you like the food.

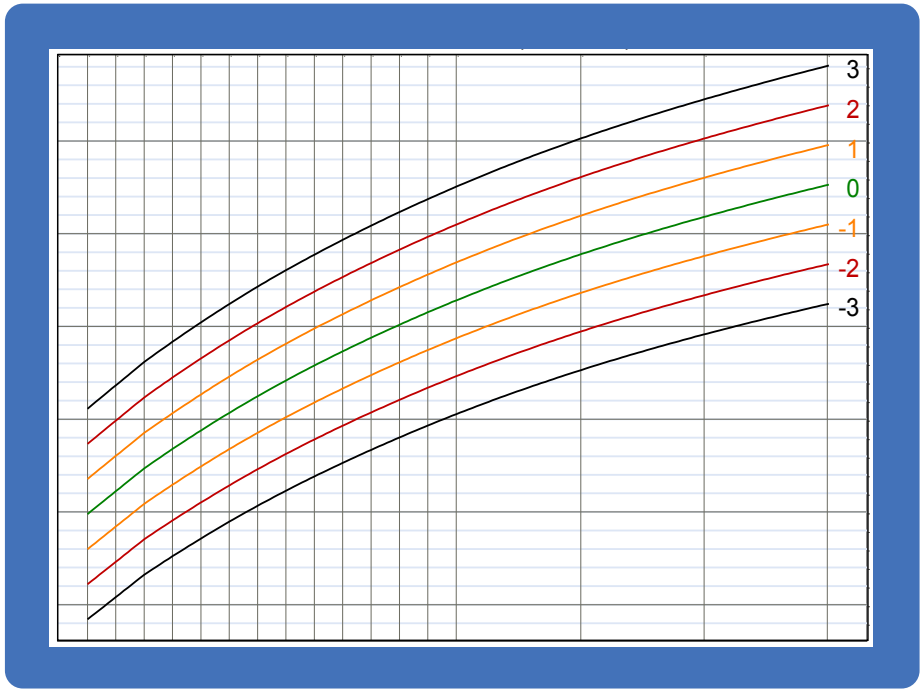
Do not force your child to eat. Give realistic portions depending on their age,size and activity level. Increase the quantity of food as they grow older.

UNDERSTANDING GROWTH CHART

Normal growth in individual children can vary a great deal. Plotting a child's measurements over time on growth charts can show whether a child is growing normally or not.

A health care provider weighs and measures your child and records these measurements. Then the child's measurements are plotted as dots on the charts. Measurements taken at later visits are also plotted, and the dots are joined by a line. This line is your child's growth curve or trend.

- The line labeled 0 on the growth chart is the median which is, generally speaking, the average. The other lines, called z-score lines, indicate distance from the average. A point or trend which is far from the median, such as 3 or –3, indicates a growth problem.
- The growth curve of a normally growing child will usually follow a track that is roughly parallel to the median. The track may be above or below the median.
- Any quick change in trend (the child's curve veers upward or downward from its normal track) should be investigated to determine its cause and remedy any problem.
- A flat line indicates that the child is not growing. This is called stagnation and may also need to be investigated.
- A growth curve that crosses a z-score line may indicate risk.



GROWTH PROBLEMS SUMMARY

Z-score	Growth indicators			
	Length/height-for-age	Weight-for-age	Weight-for-length/height	BMI-for-age
Above 3	See note 1	See note 2	Obese	Obese
Above 2			Overweight	Overweight
Above 1			Possible risk of overweight (see note 3)	Possible risk of overweight (see note 3)
0 (median)				
Below - 1				
Below - 2	Stunted (see note 4)	Underweight	Wasted	Wasted
Below - 3	Severely stunted (see note 4)	Severely underweight (see note 5)	Severely wasted	Severely wasted

Notes:

1. A child in this range is very tall. Tallness is rarely a problem, unless it is so excessive that it may indicate an endocrine disorder such as a growth-hormone producing tumor. Refer a child in this range for assessment if you suspect an endocrine disorder (e.g. if parents of normal height have a child who is excessively tall for their age).

2. A child whose weight-for-age falls in this range may have a growth problem, but this is better assessed from weight-for-length/height or BMI-for-age.

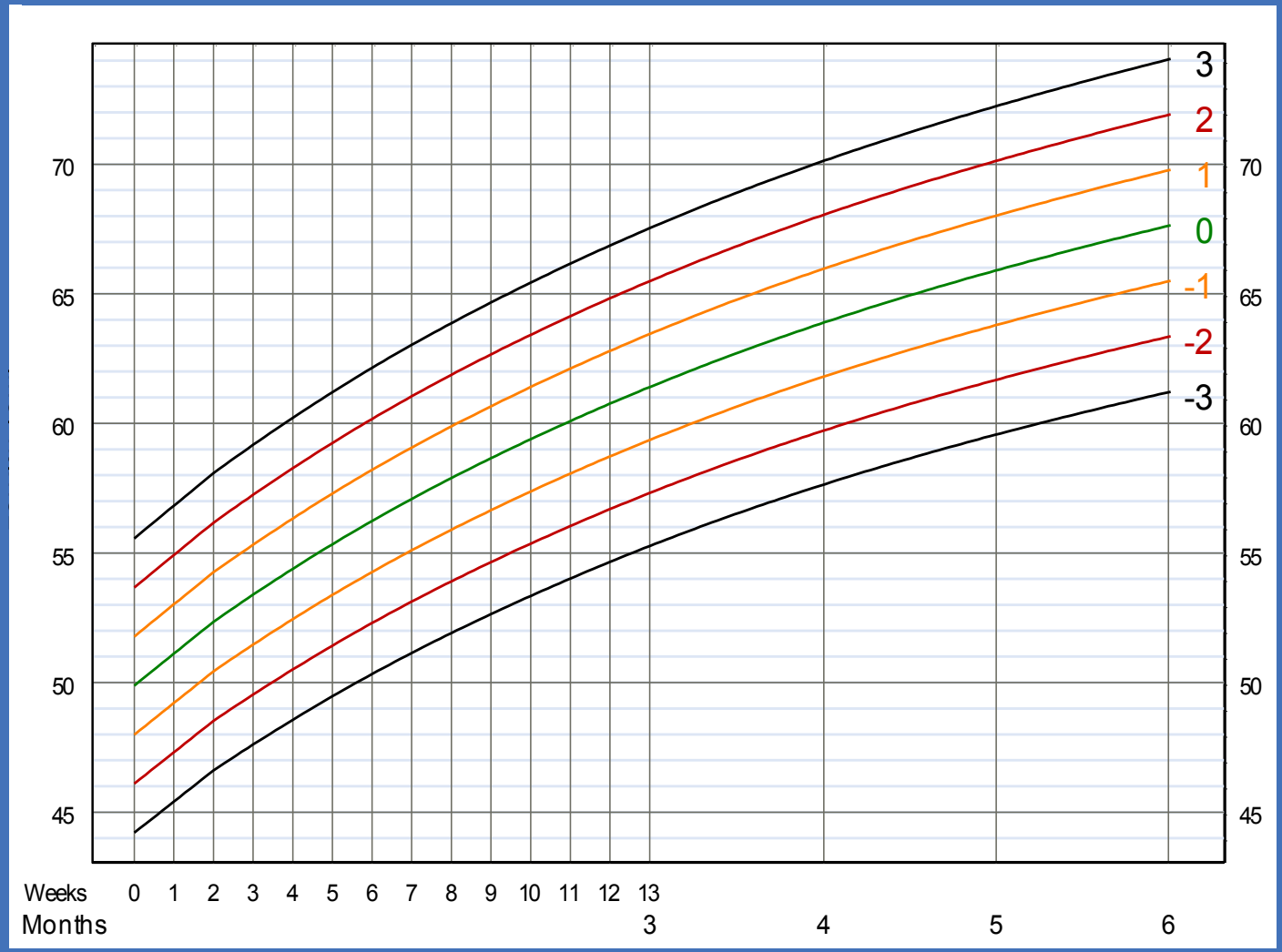
3. A plotted point above 1 shows possible risk. A trend towards the 2 z-score line shows definite risk.

4. It is possible for a stunted or severely stunted child to become overweight.

5. This is referred to as very low weight in IMCI training module.

LENGTH-FOR-AGE: BOYS

Birth to 6 months (z-scores)



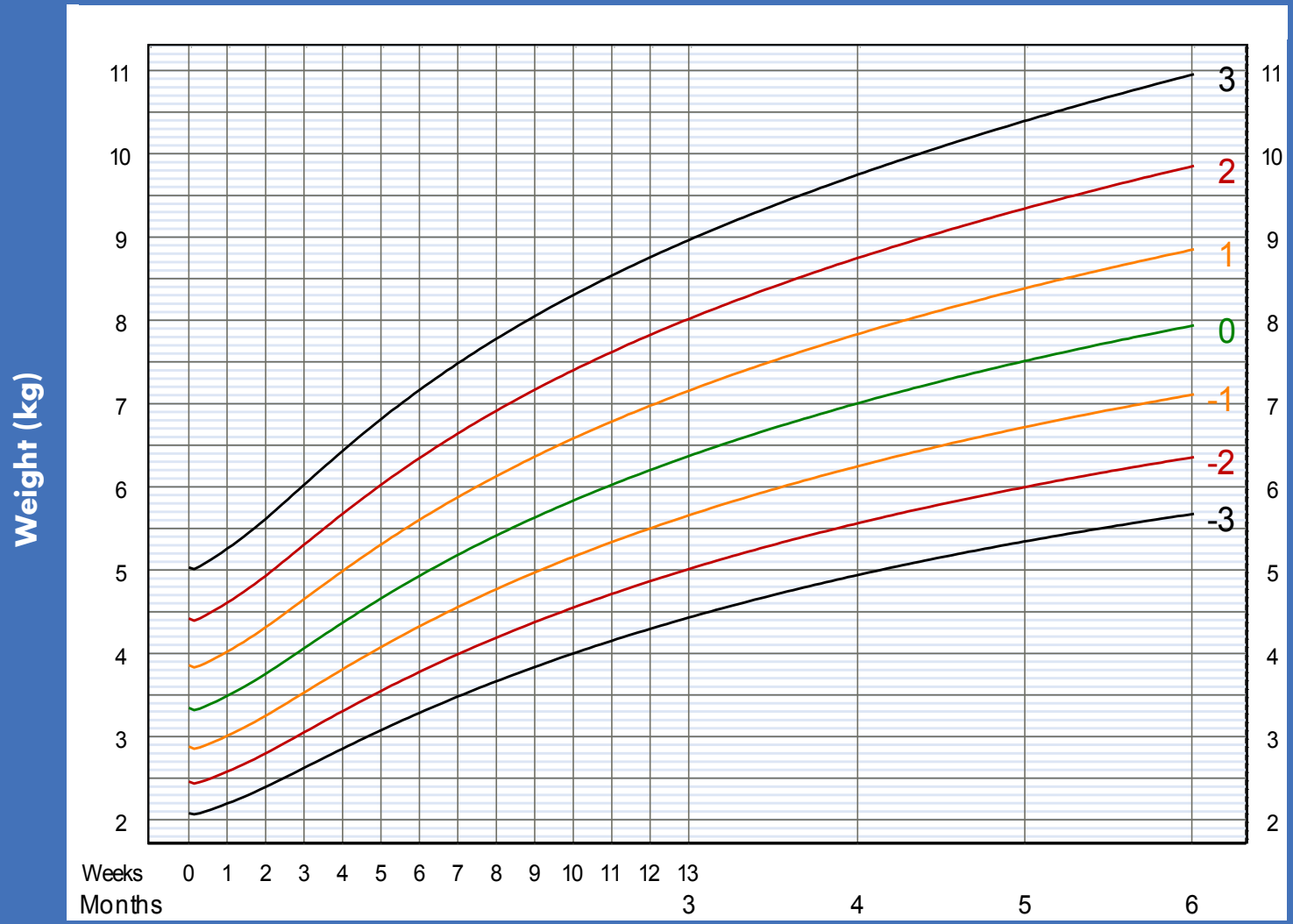
Age (Completed weeks or months)

This **Length-for-age** chart shows attained length relative to age in comparison to the median (0 line).

- A child whose length-for-age is below the line –2 is **stunted**.
- Below –3 is **severely stunted.**

WEIGHT-FOR-AGE: BOYS

Birth to 6 months (z-scores)



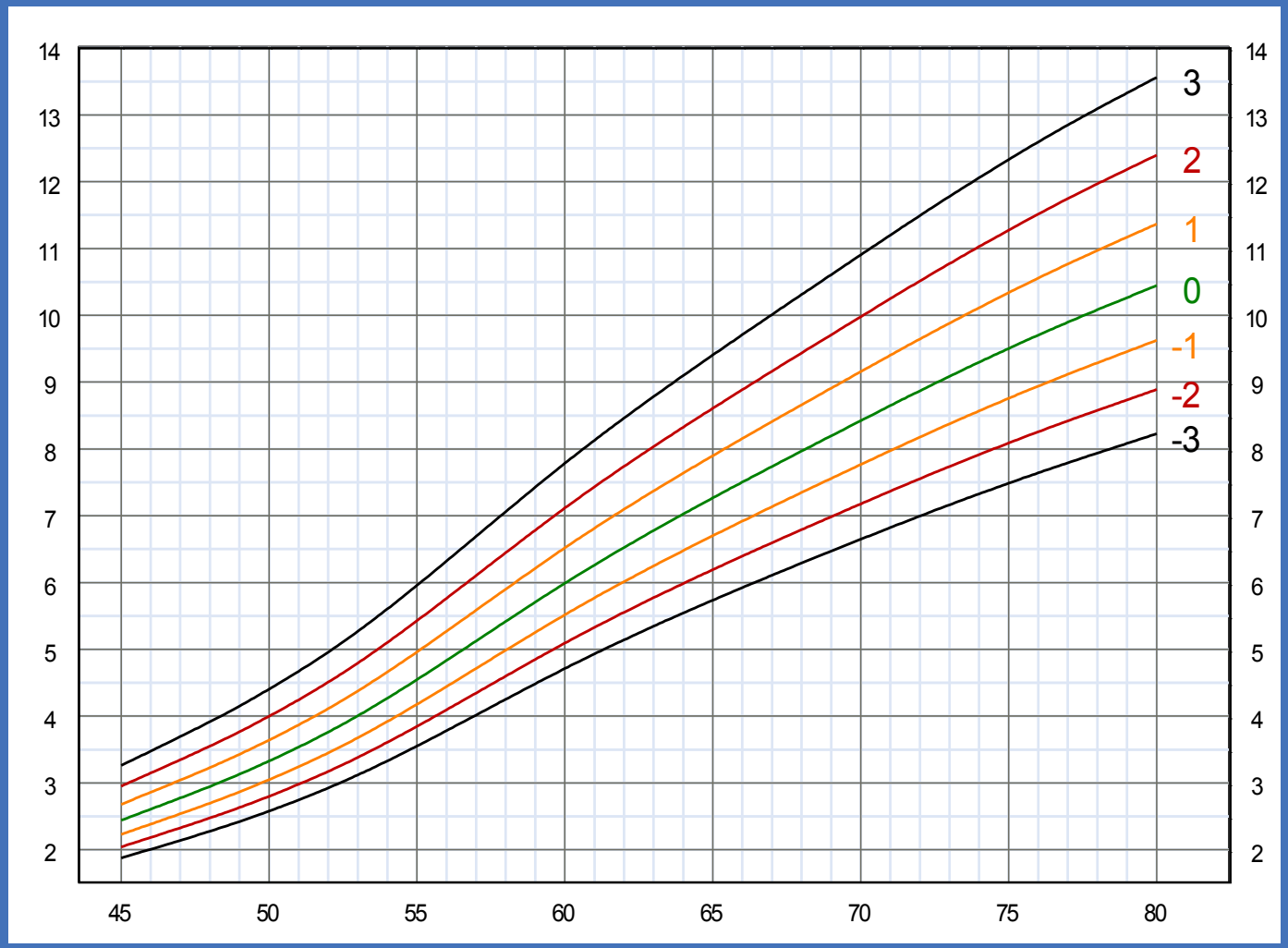
Age (Completed weeks or months)

This **Weight-for-age chart** shows body weight relative to age in comparison to the median (0 line).

- A child whose weight-for-age is below the line –2 is **underweight.**
- Below –3 is **severely underweight. Clinical signs of marasmus or kwashiorkor may be observed.**

WEIGHT-FOR-LENGTH: BOYS

Birth to 6 months (z-scores)

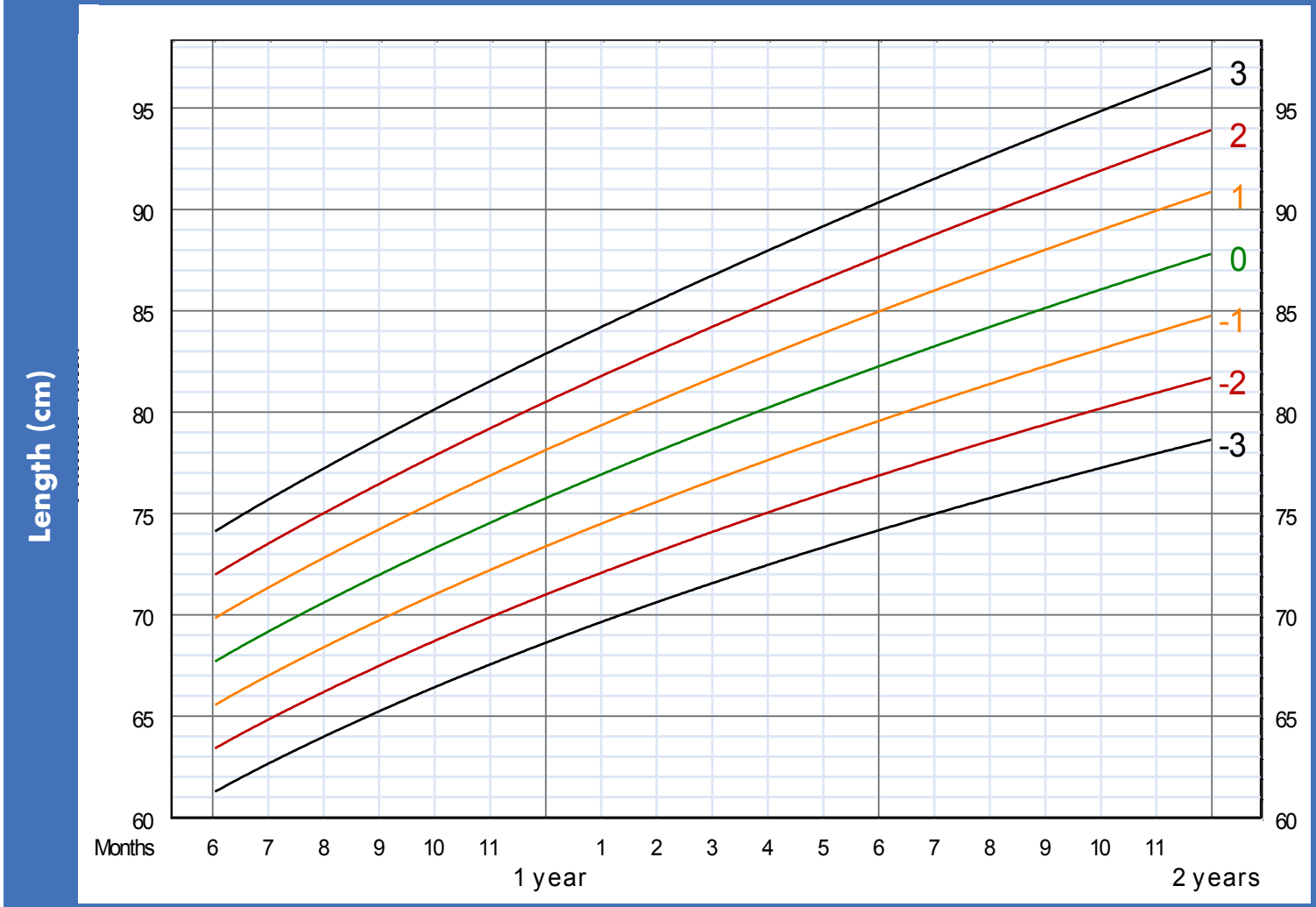


This **Weight-for-length** chart shows body weight relative to length in comparison to the median (0 line).

- A child whose weight-for-length is above the line 3 is **obese**.
- Above 2 is **overweight**.
- Below the line –2 is **wasted**.
- Below –3 is **severely wasted. Refer for urgent specialized care.**

LENGTH-FOR-AGE: BOYS

6 months to 2 years (z-scores)



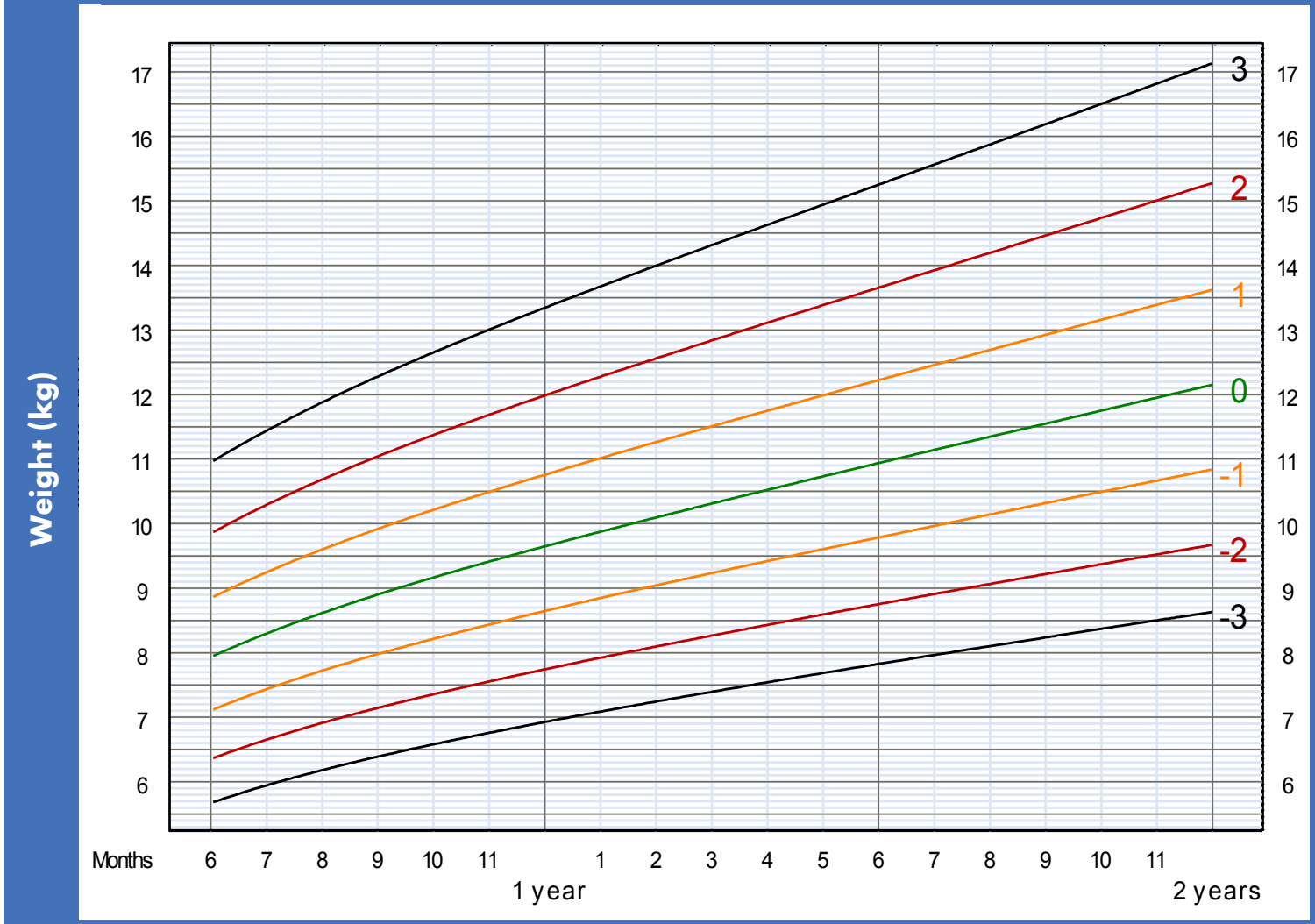
Age (Completed months and years)

This **Length-for-age** chart shows attained length relative to age in comparison to the median (0 line).

- A child whose length-for-age is below the line –2 is **stunted**.
- Below –3 is **severely stunted.**

WEIGHT-FOR-AGE: BOYS

6 months to 2 years (z-scores)



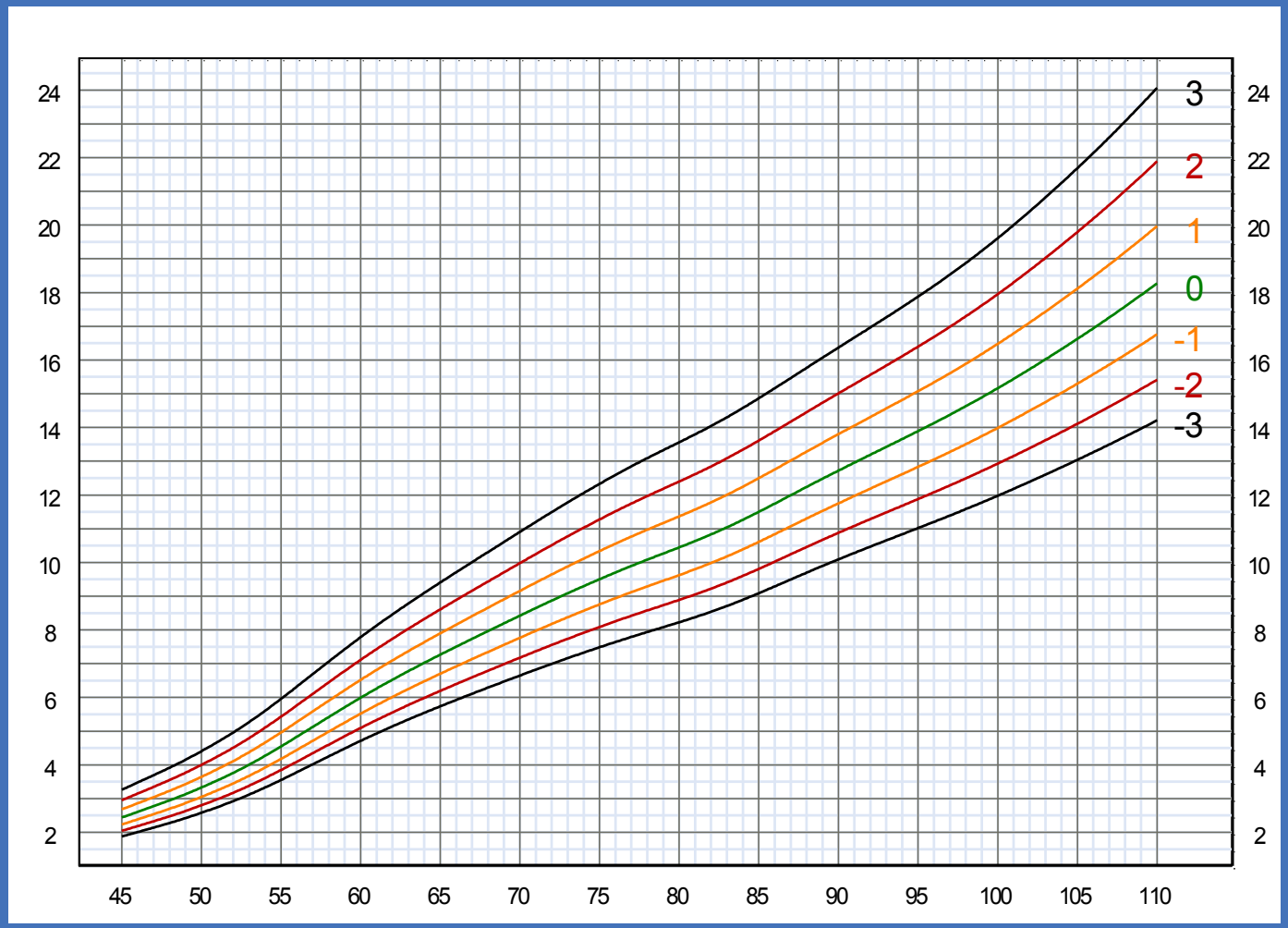
Age (Completed months and years)

This **Weight-for-age** chart shows body weight relative to age in comparison to the median (0 line).

- A child whose weight-for-age is below the line –2 is **underweight.**
- Below –3 is **severely underweight.**
- **Clinical signs of marasmus or kwashiorkor may be observed.**

WEIGHT-FOR-LENGTH: BOYS

Birth to 2 years (z-scores)

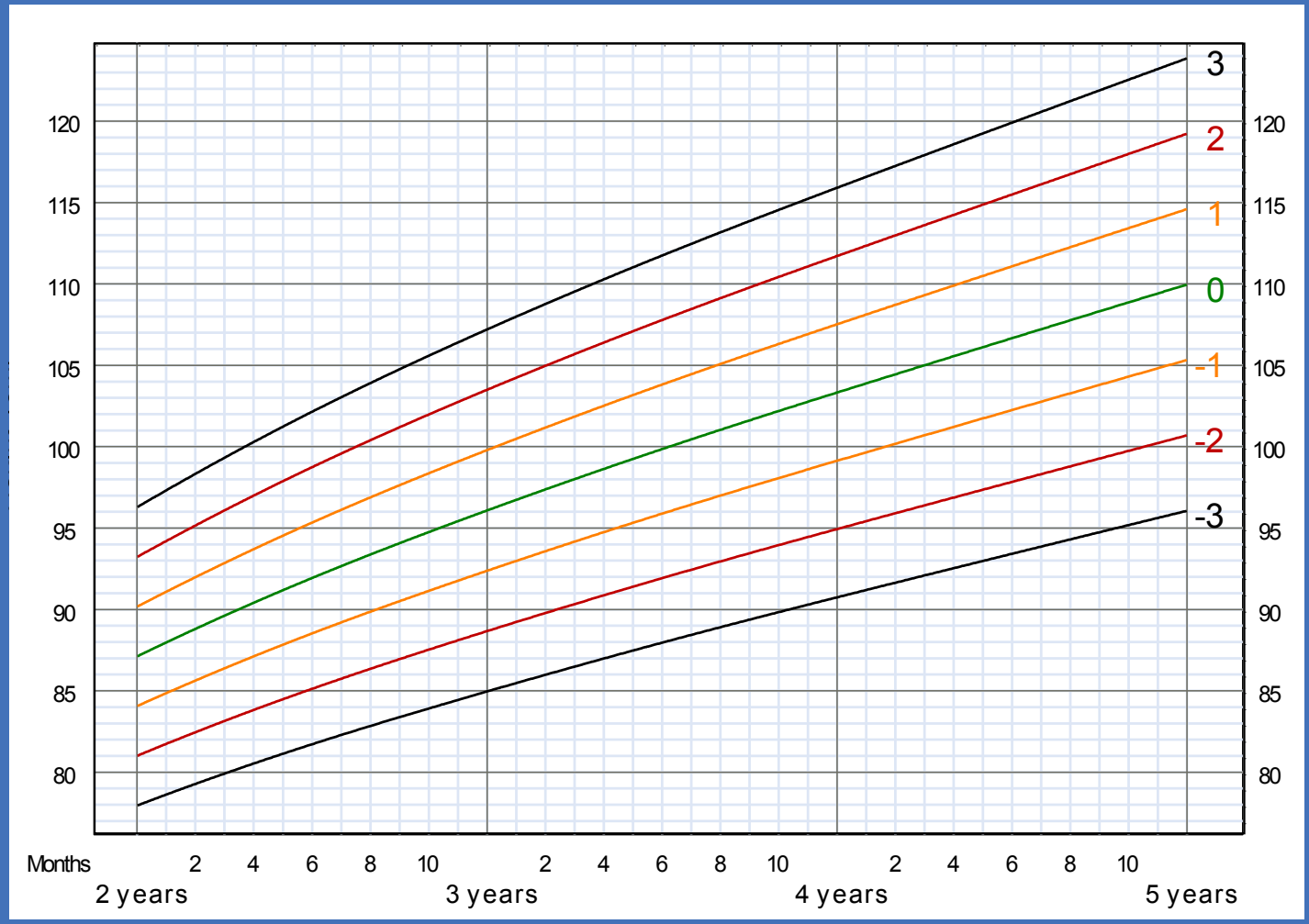


This **Weight-for-length** chart shows body weight relative to length in comparison to the median (0 line).

- A child whose weight-for-length is above the line 3 is **obese**.
- Above 2 is **overweight.**
- Below the line –2 is **wasted.**
- Below –3 is **severely wasted. Refer for urgent specialized care.**

HEIGHT-FOR-AGE: BOYS

2 to 5 years (z-scores)



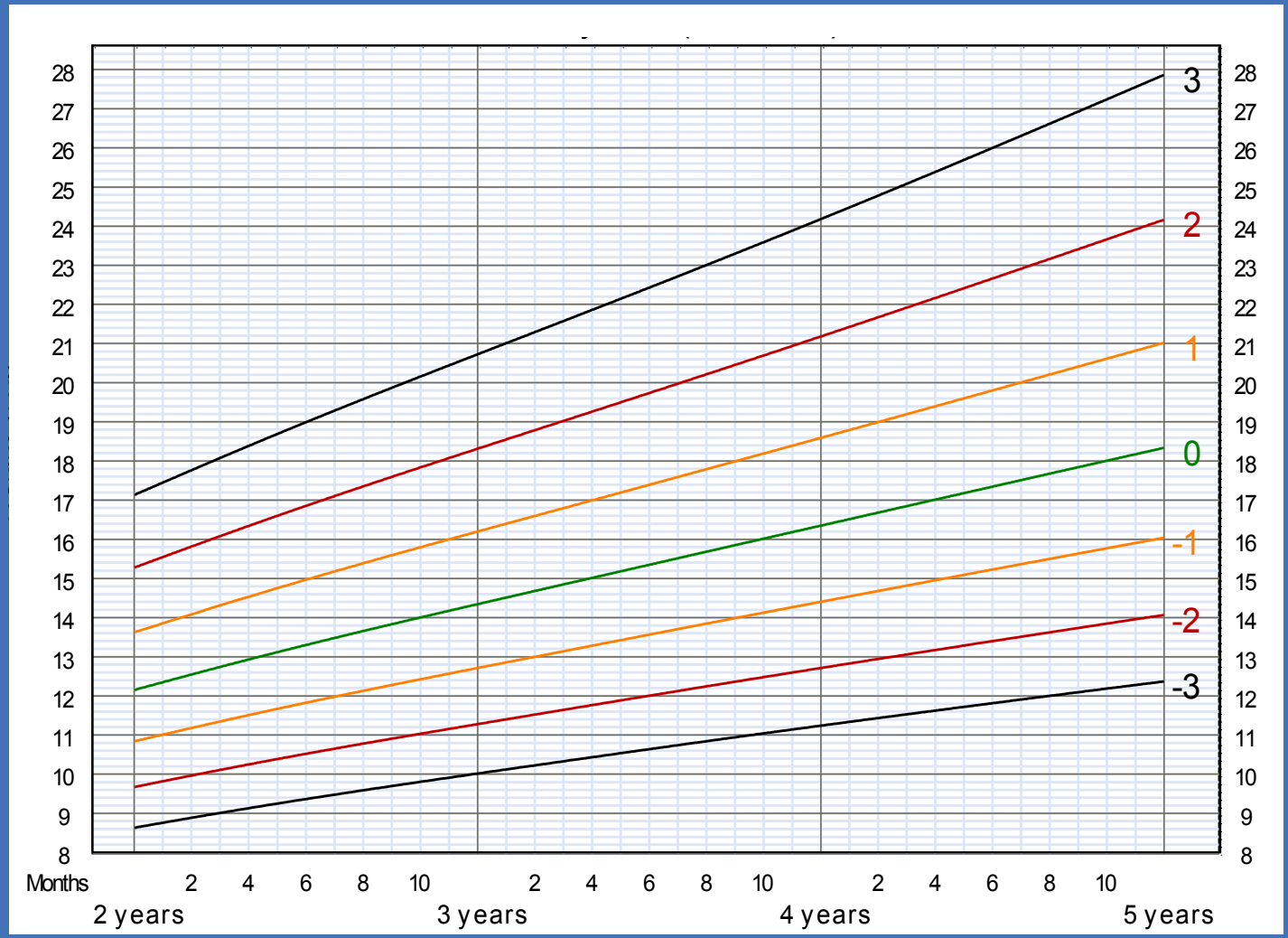
Age (Completed months and years)

This **Height-for-age** chart shows growth in height relative to age in comparison to the median (0 line).

- A child whose height-for-age is below the line –2 is **stunted**.
- Below –3 is **severely stunted.**

WEIGHT-FOR-AGE: BOYS

2 to 5 years (z-scores)



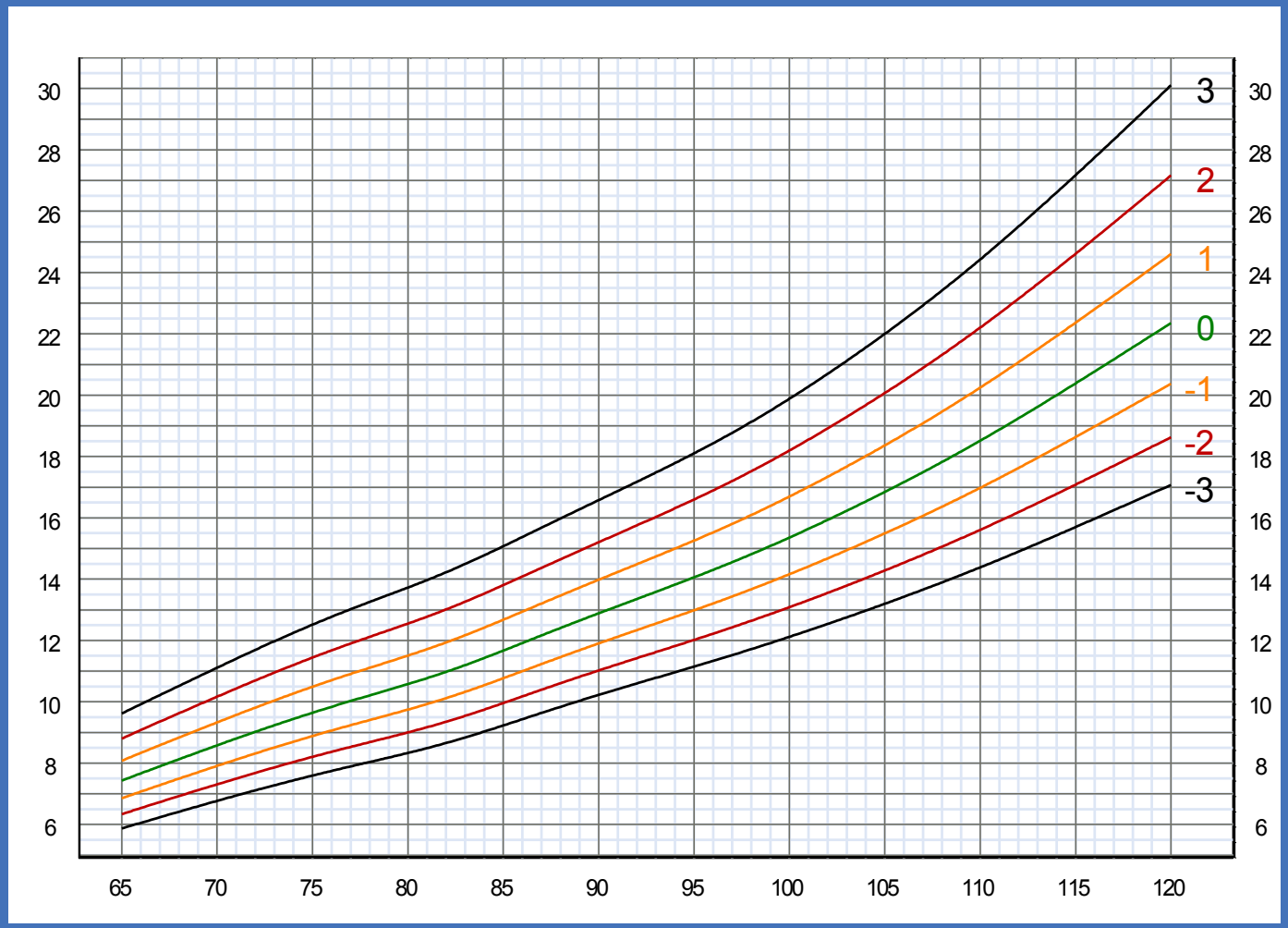
Age (Completed months and years)

This **Weight-for-age** chart shows body weight relative to age in comparison to the median (0 lines).

- A child whose weight-for-age is below the line –2 is **underweight.**
- Below –3 is **severely underweight. Clinical signs of marasmus or kwashiorkor may be observed.**

WEIGHT-FOR-HEIGHT: BOYS

2 to 5 years (z-scores)



This **Weight-for-height** chart shows body weight relative to height in comparison to the median (0 lines).

- A child whose weight-for-height is above the line 3 is **obese**.
- Above 2 is **overweight.**
- Below the line –2 is **wasted**.
- Below –3 is **severely wasted.** **Refer for urgent specialized care.**

GROSS MOTOR MILESTONES CHECKLIST

AGE: 1 Month

Shows variety of arm and leg movement	☐
Shows startle reaction to loud noise e.g. clap hand close to baby's head	☐
Rooting and sucking reflex – Baby turns head when fingers stroked down on one side of mouth	☐
Placed on belly, baby will turn head to either side	☐

AGE: 3 Months

On back, little or no head lag when pulled to sitting position	☐
Closes hand around adult finger placed in hand	☐
Makes some sounds, other than cry	☐
Smiles at familiar people	☐

AGE: 6 Months

Rolls from back to tummy	☐
Transfers object from one hand to another	☐
Makes a range of sounds and laughs out loud	☐
Follows movements of objects and people with eyes	☐

AGE: 9 Months

Sits with no help	☐
Uses hand to pick up small objects	☐
Response to own name by turning or looking	☐
Reacts to strangers differently from people baby knows	☐

AGE: 12 Months (1 Year)

Pulls self to standing position	☐
Plays with objects, puts in and out of container	☐
Understands 'NO'	☐
Tries to help with putting own clothes on	☐

AGE: 1 Year 6 Months

Walks without falling: beginning to run	☐
Knows 3 -5 body parts: can point to them	☐
Says some simple words	☐
Imitate simple actions eg waves bye-bye, clap hands	☐

AGE: 2 Years

Can jump, put feet together	☐
Can match simple objects, e.g cups, spoons	☐
Asks for food and drink	☐
Uses 2 words together e.g me hungry	☐

AGE: 2 Years 6 Months

Stands on tip toe: can kick a ball	☐
Uses one hand more than the other in activities	☐
Recognises boy or girl when asked	☐
Can take simple clothes off eg pants, vest	☐

AGE: 3 Years

Throws and catches a ball	☐
Can copy a circle	☐
Uses three words together in sentences	☐
Joins in play with other children	☐

AGE: 4 Years

Climbs trees and ladders	☐
Can draw a stick person	☐
Asks "how" and "why" question	☐
Understands directions and can take turns	☐

AGE: 5 Years

Can climb stairs; skips on alternate feet	☐
Draws simple house with door and windows	☐
Can tell their own name	☐
Uses toilet without help	☐

Child Health Screening

	Screening	Age (3-5 years)	Date	Recommendation
Hearing			/ /	
			/ /	
			/ /	
			/ /	
Speech			/ /	
			/ /	
			/ /	
			/ /	
Vision			/ /	
			/ /	
			/ /	
			/ /	
Dental			/ /	
			/ /	
			/ /	
			/ /	

Child's Medical Record Notes

Date of Birth
_____/_____/_____

Date of visit	**Age today** (Completed years/months or weeks)	**Measurements** (Record below; then plot on charts)		**Notes**
		Weight (kg)	**Length/ Height** (cm)	

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MINISTRY OF HEALTH
AND MEDICAL SERVICE