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 Bi	irth	Birth weight		
Place of Birth:					
Where the family lives: address					

IMMUNISATION RECORD

IMMUNISATION against BCG (at birth) If no scar after 12 weeks, repeat dose. Unless symptomatic	Date				
IMMUNISATION against Polio (OPV), Diphtheria, Whoopin Cough, Tetanus, Hib, Hepatitis B, Meningitis, Pneumonia (DPT-HepB-Hib) & Measles					
OPV 0 (at birth to 13 days)	Date				
OPV 1 (at 6 weeks)	DPT-HepB-Hib 1 (<i>at 6 weeks)</i>				
Date	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 (at least 4 weeks after OPV 2)	DPT-HepB-Hib 3 (at least 4 weeks after DPT-HepB-Hib 2)				
Date	Date				
OPV 4 (at 9 months, only if OPV 0 was not given)	Measles (at 9 months, or soon after. Unless symptomatic HIV)				
Date	Date				

OTHER IMMUNISATIONS

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			
Alive			
Number of brothers and sisters Dead			
Twin child			
Dead			
Any other reason for special attention:			

DEWORMING

For chil	For children aged 12 months and above, 500 mg Mebendazole every six months								
Dat	e	Medication	Date	Medication					

Date **VITAMIN A SUPPLEMENTATION**

Date

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					
			1					

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			Ν	ISL	J				CN	IE
	Test by:										
	DATE				R		N	۲		I	
		PCR	6 52								
		Rapid	12 Test 12	2							
		Rapid	Test 12	3							
MGA IGA											
	Follow up time		6 Weel	ks 2 Mo	nths	3M	4M	5M	61	Л	7M
	Cotrimoxazole										
	Follow up time		8M	91	М	10M	12M	15M	[18]	M 2	4M
	Cotrimoxazole										
Da	Date baby referred for ART///										
M	ONITORIN	g of	INF	ANT	AND	YO	UNG	CHI	LD F	EEC	DING
F	ollow up time		Birth	6 Days	1M	6W	2M	3M	4M	5M	6M
Iı	nfant feeding co	ode									
F	ollow up time		7M	8M	9M	10M	11M	12M	15M	18M	24M

Feeding Code:

Infant 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
- Animal Milk 3)
- 4) Mixed feeding (breast milk and other foods)
- Continued breast feeding after six months in addition to other foods 5)
- Milk based feed after six months in addition to other foods 6)
- 7) Other, specify

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:

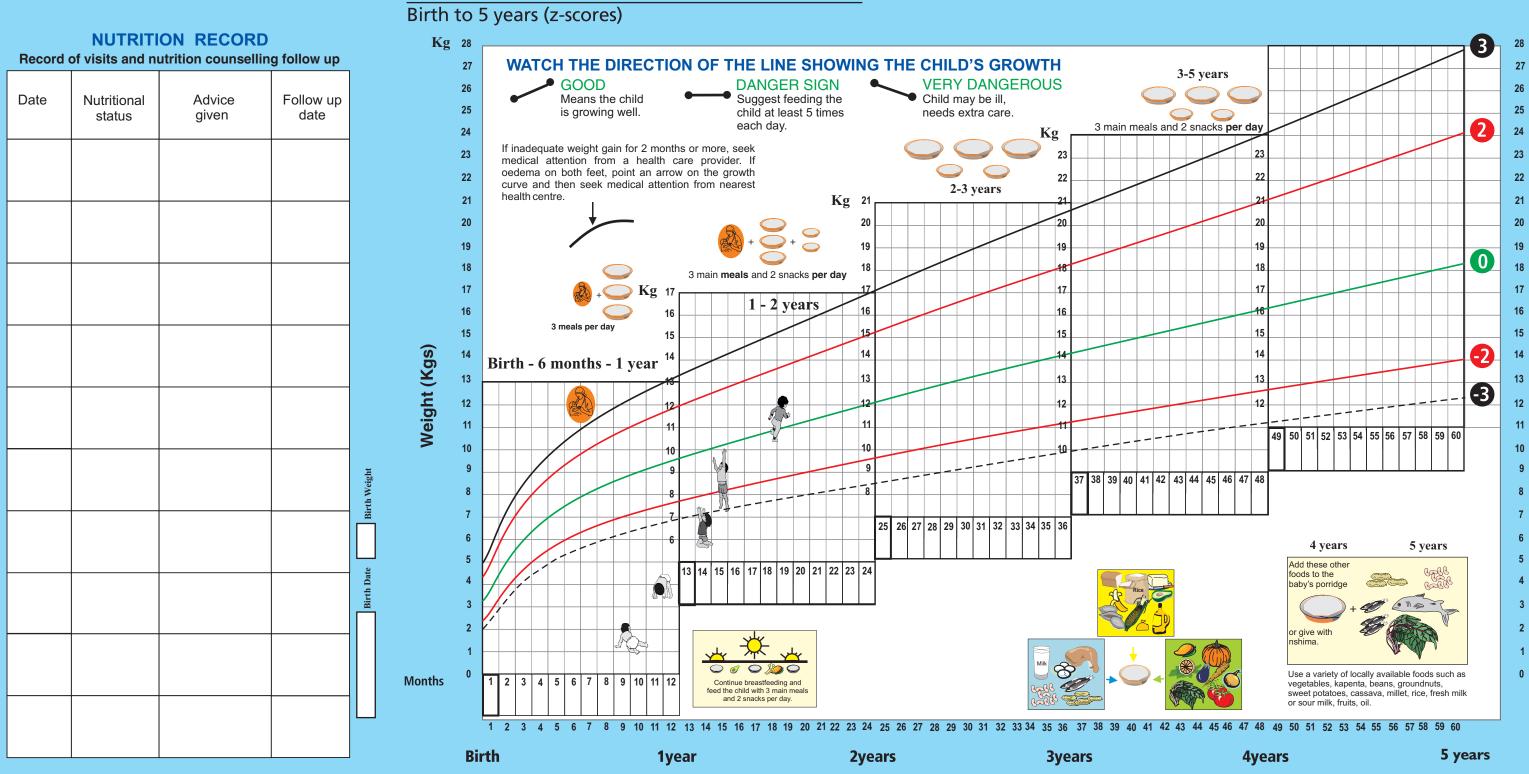
- Fast Breathing
- Difficulties in breathing
- Difficulties in breast-feeding

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

DISCUSS

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





Weight-for-age BOYS

Age (completed months and years)

CHILDREN'S CLINIC CARD

CHILD'S PARTICULARS

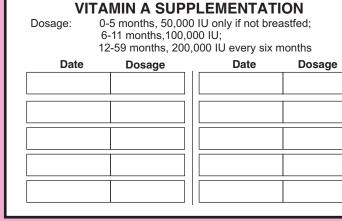
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CE			ſ	NSL	J				CN	IE
Test by:										
DATE				R		N	R		I	
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	Rapid	1 ^{Test} 1	2							
	Rapid	Test 1	8 2							
MGA								IGA		
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Cotrimoxazole										
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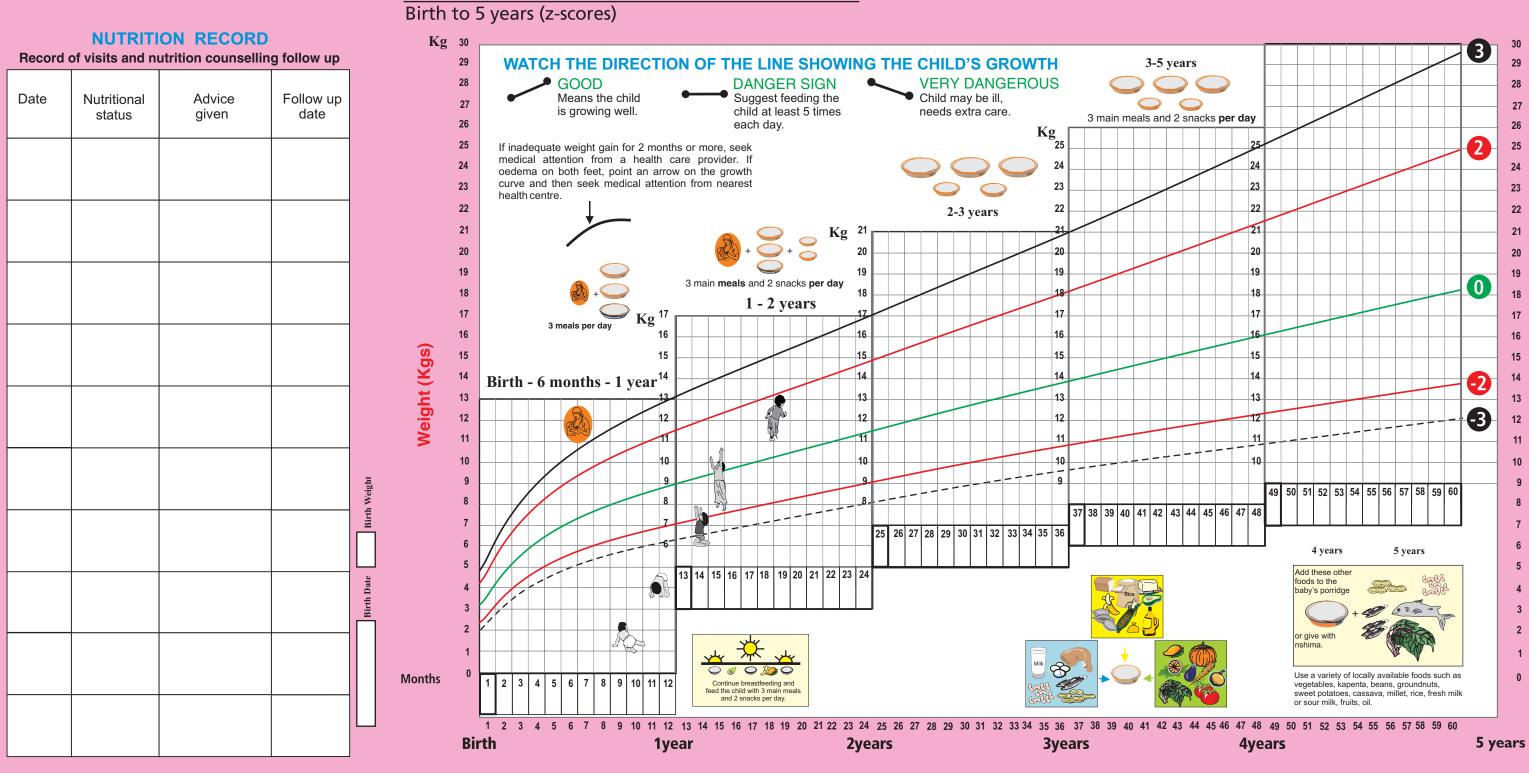
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