

BUKANA EA NGOANA EA BOPHELO LESOTHO



Lebitso:.....

Motse:.....

Letsatsi la tsoalo:.....

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

THIBELA MAFU KA LIENTE

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

Letsatsi la ho khutla.....

LEFU	NAKO	ENTE	E FANOE NENG?	
'Metso o mosoeu (Diphtheria) Mokhokhothoane (Pertusis) Tsitsipano ea 'metso (Tetanus) Komello ea litho (Polio) Sebete (HepB) Serame sa matšoafu (Hib)	Lekhetlo la pele ke ha ngoana a le khoeli le beke tse peli kapa a le beke tse tšeletseng. E seng pele ho moo.	DPT -Hep B-Hib 1		
		OPV-1		
		Sheba letheba la BCG	Le teng	Ha le eo?

Letsatsi la ho khutla.....

LEFU	NAKO	ENTE	E FANOE NENG?	
'Metso o mosoeu (Diphtheria) Mokhokhothoane (Pertusis) Tsitsipano ea 'metso (Tetanus) Komello ea litho (Polio) Sebete (HepB) Serame sa matšoafu (Hib)	Lekhetlo la bobeli ke ka mor'a matsatsi a mashome a mararo atletseng ka mor'a lekhetlo la pele, e seng pele ho moo	DPT -HepB-Hib 2		
		OPV-2		
		Sheba letheba la BCG	Le teng	Ha le eo?

Letsatsi la ho khutla.....

LEFU	NAKO	ENTE	E FANOE NENG?	
'Metso o mosoeu (Diphtheria) Mokhokhothoane (Pertusis) (Komello ea litho (Polio) Sebete (HepB) Serame sa matšoafu (Hib)	Lekhetlo la boraro, beke tse nne kamor'a kamor'a matsatsi a mararo a tletseng ka mor'a lekhetlo la bobeli, eseng pele ho moo	DPT -HepB-Hib 3		
		OPV-3		
		Sheba letheba la BCG	Le teng	Ha le eo?

Letsatsi la ho khutla.....

LEFU	NAKO	ENTE	E FANOE NENG?	
'Maselese (Measles)	Lekhetlo la bone, ke ha ngoana a le khoeli 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?	
'Metso o mosoeu (Diphtheria) Tsitsipano ea 'mele	Lekhetlo la bohloko ke ha ngoana a le likhoeli. tse leshome le metso robeli	DT/		

HLOKOMELA! Sheba letšoao 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			R: referral: Flat since more than one month or loss of weight: referral for deep investigations and treatment	
6. Other Specify				

Boloka bukana ena. E tla hlokahala ha ngoana a qala sekolo sa mathomo.

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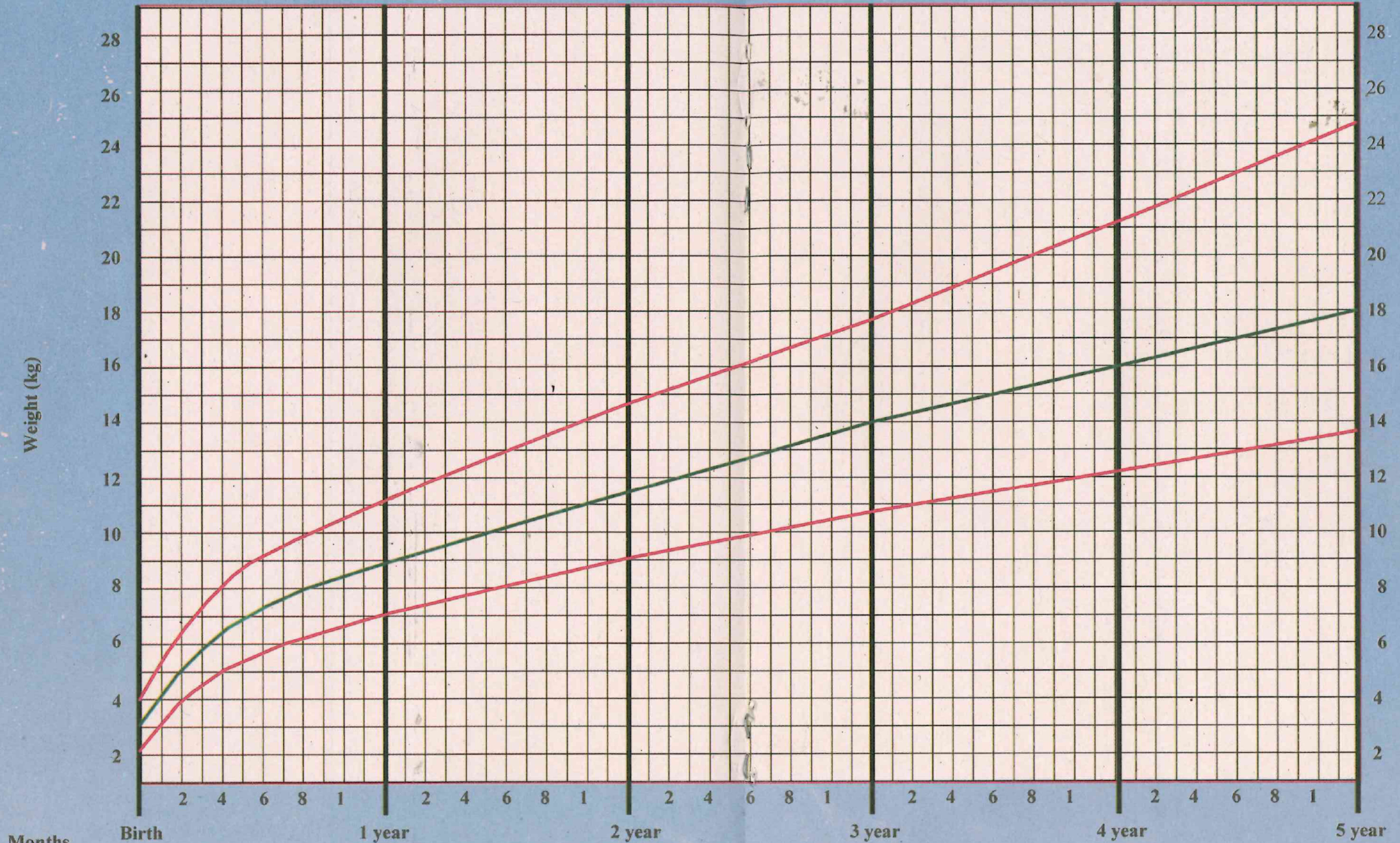
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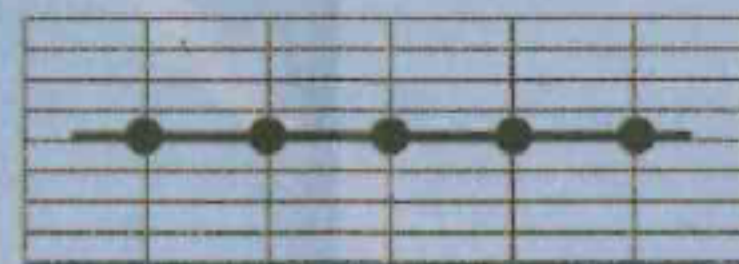
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MOSHANYANA

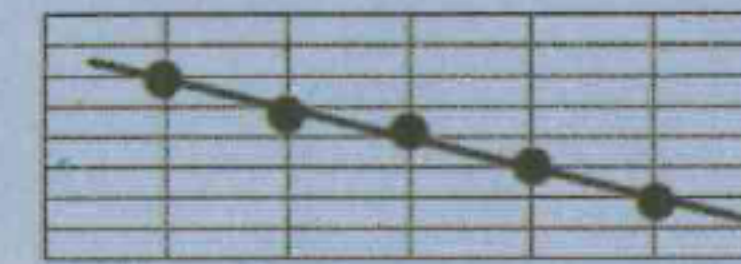
Karete e bontšang kholo ea ngoana



Ke hantle



Hlokomela



Kotsi

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Date first seen in ART clinic: ___/___/___

Clinical staging: I / II / III / IV CD4 count (%): _____ Hospitalized:

OI: _____ TB: _____

Pre - HAART follow-up plan: _____

Date eligibility for treatment: ___/___/___

Clinical staging: I / II / III / IV CD4 count (%) _____

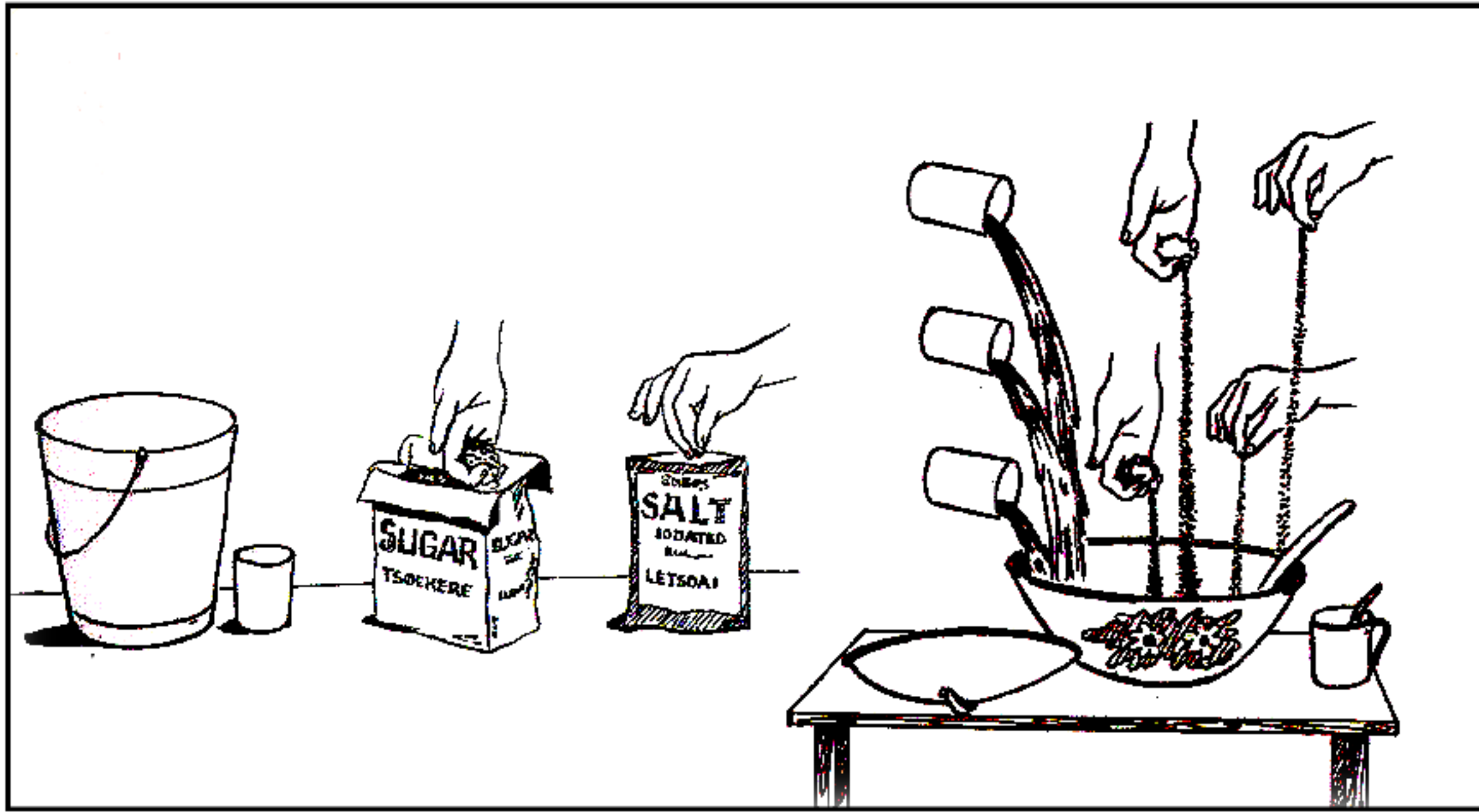
Pre-HAART counselling sessions: 0 1 2 3 4

Caregiver ready for treatment: Y / N Date: ___/___/___

Treatment start date: ___/___/___ Regimen: _____

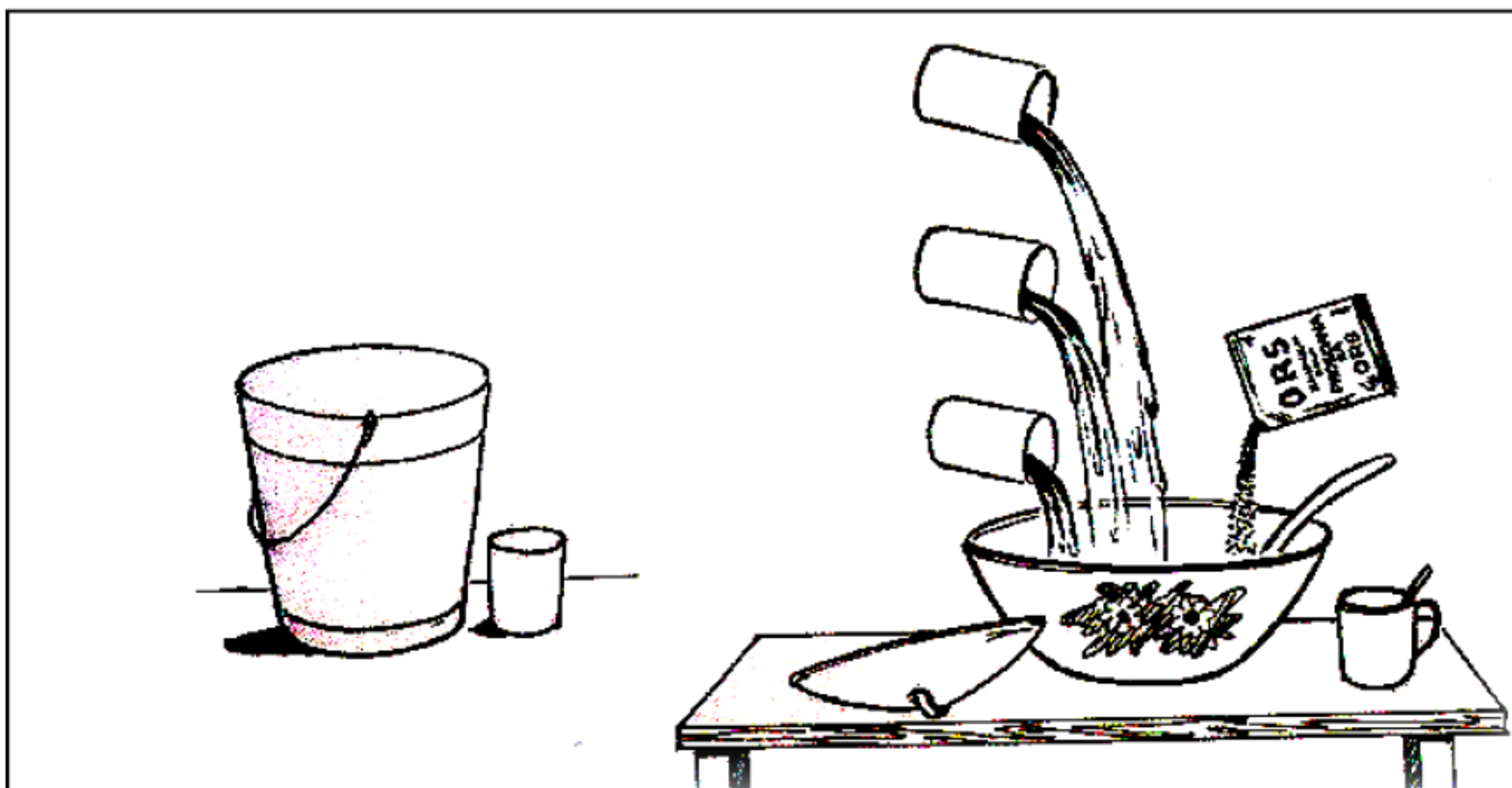
HAART follow-up plan: _____

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)



1.
Khoeling
tša pele tse
Tseletseng
(6) tša
tlhaho,
ngoana a
fuo
letsoele
feela



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



2.
Ha a le
khoeli li 6.
mo fepe
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 fepe lijo le letsoele khafetsa

6.
Kanyeso ea
ngoana e
hloka
tšebetso ea
lelapa

