



EVERY CHILD NEEDS
5 MEALS EVERY DAY

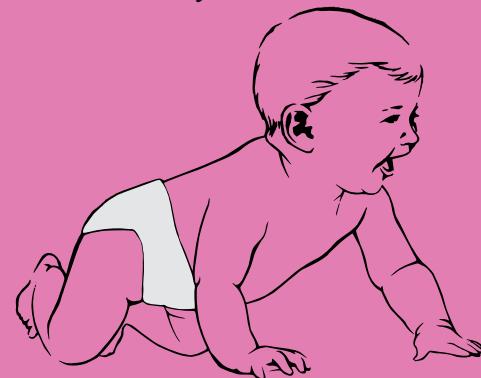
Ask your clinic Sister which foods are best to make your child grow well.



Department of Health

CHILD HEALTH RECORD BOOK

for Girls



GROWING STRONG WITH OUR NATION

NAME:

Registration no:

Birth certificate no:

Bring this book with you every time you come to a Hospital, Health Centre, Community Health Post or Clinic.

*This book is FREE
(Replacement of lost books may be charged for)*

| Vaccines | At Birth | 1 mnth | 2 mnth | 3 mnth | 6 mnth | 9 - 12 mnth | 18 - 24 mnth | 7 yrs | 13 yrs | Over 13 yrs |
|----------------|----------|--------|--------|--------|--------|-------------|--------------|-------|--------|-------------|
| BCG | | | | | | | | | | |
| Hep B* | | | | | | | | | | |
| OPV | | | | | | | | | | |
| IPV | | | | | | | | | | |
| Penta-valent | | | | | | | | | | |
| PCV -13 | | | | | | | | | | |
| MR | | | | | | | | | | |
| TT | | | | | | | | | | |
| HPV** | | | | | | | | | | |
| Vit A *** | | | | | | | | | | |
| Albendazole*** | | | | | | | | | | |

*Hep B must be given within 24hrs after birth
*** Vitamin A, given at 6 months of age, and then every 6 months thereafter

**HPV (Human Papilloma Vaccine) 1st dose given at 9-13 years of age; 2nd dose given between 6 - 12 months after the 1st dose

- If the child is late for the first injection, give one dose for each injection due. For example, a child seen first at 5 months receives BCG, 1st dose of Sabin, Penta-valent and PCV. And should return in one month for MR and 2nd dose of Sabin, Penta-valent and PCV.
- Remember the mothers' tetanus injection.

MOTHER'S INFORMATION

Always bring this card with you to the clinic



WHEN TO RETURN IMMEDIATELY?

BRING SICK CHILD TO THE CLINIC



if not able to drink



if the child become weaker



if the child develop fever



BRING CHILD with COUGH



difficulty breathing



if breathing is fast



if blood in stool



if drinking poorly

BRING YOUNG INFANTS (less than 2 months old)



if breastfeeding poorly



if any of the above signs are evident

FLUIDS



FOR ANY SICK CHILD

- Breastfeed frequently.
- Increase fluids. Give soup, boiled water, fruit juice or noodle soup
- For children more than 6 months of age: increase fluids, give soup, boiled water, fruit juice, or noodle soup.

FOR CHILD WITH DIARRHOEA

- Giving more fluid can be life saving
- Give these extra fluids as much as the child can take:
 - ✓ ORS Solution.
 - ✓ Food based fluid such as fruit juice or noodle soup.
 - ✓ Boiled water.
- Breastfeed more frequently and longer at each feeding.
- Continue giving extra fluids until diarrhoea stops
- If < 6 months of age they are only to breastfeed and should do so more frequently.

Write details of illnesses here

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Presenting problem, history, examination findings, diagnoses made, treatments given (including dose and duration), response to treatment, discharge date and plans for follow up | | | | | | | | | | | | | | |
| Weight | | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | | |

Enrolled at:

Name (baby): Sex: Male Female

Father's name:

Mother's name: Occupation:

Present address:

District:

Number of Children: Alive..... Dead

Did you know?

IMMUNISATION REMINDERS FOR PARENTS

- Immunisation helps makes your baby strong by protecting it against ten dangerous diseases
- Your baby needs to visit the clinic every month so the health worker can make sure your baby is fully immunised and is growing up to be healthy and strong
- Mothers can be immunised to protect their babies from neonatal tetanus
- The most important time to immunise your baby is during the first year of life when your baby is smallest and diseases are the most dangerous.
- Immunisation is a community concern. Are all the babies in your neighbourhood fully immunised?

BREAST FEEDING A YOUNG INFANT

- Every baby must be given only breast milk up to age 6 months
- At 6 months of age babies should be given nutritious food and continue to breastfeed for 2 years

FAMILY PLANNING

- Remember to enquire about family planning and stress its importance

BIRTH HISTORY

Delivery: Normal Abnormal

Delivery Details (list complications):...

Birth Date:...../...../.....

Place of Birth:

Vitamin K given after birth □

Remarks:

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Baby examination after birth:

Date of exam: / / Examined by: (Doctor, nurse, other)

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| EXAMINATION AFTER BIRTH | | | |
|-------------------------|--------|----------|---------------|
| System | Normal | Abnormal | Remarks |
| Head | | | |
| Eyes / Ears / Nose | | | |
| Chest | | | |
| Heart | | | |
| Abdomen | | | |
| Lower limbs & hips | | | |
| Upper limbs | | | |
| Back | | | |
| Anus | | | |
| Genitalia | | | |
| Testes | | | Femoral pulse |

Write details of illnesses here

Presenting problem, history, examination findings, diagnoses made, treatments given (including dose and duration), response to treatment, discharge date and plans for follow up

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IMPORTANT HEALTH INFORMATION

Brief summary of health information of importance including: Known diagnosis, admission & discharges, etc.

YOUNG INFANT CHECKLIST

(DO NOT WRITE ON THIS PAGE)

- Follow each of the Steps for every infant <2 months.
 - Greet the mother, and ask her what is wrong with her baby.

| Dater: _____ Weight: _____ Temp: _____ | Initial Visit <input type="checkbox"/> Follow up <input type="checkbox"/> | Presenting Complains: _____ _____ |
|--|---|--------------------------------------|
| CHECKLIST | Yes/No | Diagnosis |
| 1. Is the baby Too Sick? | | |
| 2. Does the baby have Fever? | | |
| 3. Is the Baby Jaundice? | | |
| 4. Asses Baby's weight? | | |
| 5. Ask about Baby's Feeding | | |
| 6. Check for Malformations | | |
| 7. Ask for Immunisations | | |
| 8. Ask about Family Planning | | |
| 9. Is the Baby on ART? | | |
| 10. Does the Baby have any other problems? | | |
| Summary of Diagnosis: | | |
| Treatment plan: | | |
| Follow up plan: | | |

Write details of illnesses here

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| | | |
|------|--------|--|
| Date | Weight | Presenting problem, history, examination findings, diagnoses made, treatments given (including dose and duration), response to treatment, discharge date and plans for follow up |
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CHECKLIST FOR ALL SICK CHILDREN AGE 2 MONTHS UP TO 5 YEARS

(DO NOT WRITE ON THIS PAGE)

| | | |
|---|--|---|
| Dater: | _____ _____ _____ Initial Visit <input type="checkbox"/> Follow up <input type="checkbox"/> | Presenting Complains: _____ _____ |
| CHECKLIST | Yes/No | Diagnosis |
| 1. Is the child TOO SICK? Check TOO SICK signs. | | |
| 2. Does the child have COUGH or DIFFICULT BREATHING? | | |
| 3. Does the child have DIARRHOEA? | | |
| 4. Does the child have FEVER? | | |
| 5. Does the child have MEASLES now or had it in the last 3 months? | | |
| 6. Does the child have EAR PAIN/DISCHARGE? | | |
| 7. Check all children for PALLOR. | | |
| 8. Check if the child is MALNOURISHED. | | |
| 9. Assess FEEDING if age < 2 EARS/ANAEMIA/MALNUTRITION | | |
| 10. Assess BREAST FEEDING if Aged 0 up to 6 months. Ask for EXCLUSIVE BREAST FEEDING: check for good attachment and positioning | | |
| 11. Does the child have DIARRHOEA and or COUGH for more than 2 WEEKS? (Think about possible HIV infection) | | |
| 12. Does the child need IMMUNIZATION? | | |
| 13. Always ask a caregiver; Is there any OTHER PROBLEMS? | | |
| Summary of Diagnosis: | _____ _____ _____ _____ | |
| Treatment plan: | _____ _____ _____ _____ | |
| Follow up plan: | _____ _____ _____ _____ | |

Write details of illnesses here

Weight-for-age GIRLS



Birth to 5 years (z-scores)

