

# HOSPITAL PAEDIATRIC CLINICAL RECORD

Hospital sticker / Name and Number

ADDRESS \_\_\_\_\_

DATE OF FIRST VISIT/ADMISSION:    /    /

<b>SOCIAL INFORMATION</b>				
	Name	Health status	Employed?	Telephone
Primary Caregiver	_____	_____	_____	_____
Mother (if not caregiver)	_____	_____	_____	_____
Father	_____	_____	_____	_____
Number of siblings	_____	Basic Genogram/Household structure		
Housing (circle)	Formal / Informal			
Water supply	Not piped / Piped outside / Piped inside			
Electricity	Yes / No			
Crèche / School	_____			
Social grant	_____			

Nutrition and Growth		Update 1		Update 2	
Date	Status	Date	Status	Date	Status
/ /		/ /		/ /	

Categories: Overweight/Obese, Normal, Underweight, Malnourished (Moderate or Severe), Short stature, Growth Faltering

<b>HIV Status</b> (Circle as appropriate)					
<u>Maternal status:</u>	Unknown	Negative	Infected	CD4 count _____	On ART
<u>PMTCT</u>	Not applicable	Antenatal	Perinatal	Neonatal	
<u>Feeding:</u>	Breast	Formula	Mixed		
<u>Child</u>	EXPOSED	Yes / No			
	TESTED	Yes / No			
	INFECTED	Yes / No			
<u>Treatment</u>	Cotrimoxazole	Yes / No			
	ART	Yes / No / Pending	Regimen:	First line / Second line / Other	

**Measles Status**

Measles immune?    Yes / No

(i.e. 2 vaccine doses given after 6m of age)

<b>Tuberculosis</b>	Ever Exposed?	Yes / No	Positive skin test (ever)	Yes / No / Unknown
Ever Treated	Y / N / Uncertain	Treated when?	INH proph? Y / N	When?

<b>Problem List</b>	Active	Past	<b>Health Service Partners</b>	Phone
(Fill in only ongoing problems remaining at discharge)				
1			PHC Clinic/CHC	
2			PHC Medical	Dr.
3			Hospital service	
4			Rehabilitation	
5			Specialised Clinic(s)	
6				
7				
8				
9			Other service(s)	
10				

(Use the Care Plan template if there are multiple service partners)

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**BASIC DATA (from ROAD TO HEALTH BOOKLET and/or HISTORY)**

PERINATAL HISTORY			
<b>Antenatal</b>			
Booked	VDRL Treated?	HIV (Fill in front page)	Blood group
Maternal illnesses	Maternal medications	Maternal alcohol	Maternal drugs
<b>Birth</b>			
Mode of delivery	Birth Hospital/MOU?	Apgars /1 /5 /10	Birth weight _____g Gestation ___/40 weeks
<b>Postnatal</b>			
Feeding	Ventilation	Jaundice	HIE
Other complications			
<b>Contraceptive choice:</b> _____ Date: / / _____ Date: / / _____ Date: / / _____ Date: / /			

IMMUNISATION HISTORY			
AGE	Vaccine	Full description	DATE
Birth	BCG	Bacillus Calmette Guerin	/ /
	OPV (1)	Oral Polio Vaccine	/ /
6 weeks	OPV (2)	Oral Polio Vaccine	/ /
	RV (1)	Rotavirus Vaccine	/ /
	DTaPIPV/HiB/Hep B (1)	Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio, Hepatitis B and Haemophilus Influenzae type B	/ /
	PCV13 (1)	Pneumococcal conjugate Vaccine	/ /
10 weeks	DTaPIPV/HiB/Hep B (2)	Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio, Hepatitis B and Haemophilus Influenzae type B	/ /
14 weeks	RV (2)	Rotavirus Vaccine	/ /
	DTaPIPV/HiB/Hep B (3)	Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio, Hepatitis B and Haemophilus Influenzae type B	/ /
	PCV13 (2)	Pneumococcal conjugate Vaccine	/ /
6 months	Measles Vaccine (1)	Measles Vaccine	/ /
9 months	PCV13 (3)	Pneumococcal conjugate Vaccine	/ /
12 months	Measles Vaccine (2)	Measles Vaccine	/ /
18 months	DTaPIPV/HiB/Hep B (4)	Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio, Hepatitis B and Haemophilus Influenzae type B	/ /
6 years	Td Vaccine	Tetanus and reduced strength Diphtheria Vaccine	/ /
Grade 4	HPV	Human Papilloma Virus Vaccine	/ /
12 years	Td Vaccine	Tetanus and reduced strength Diphtheria Vaccine	/ /
Other	Influenza		
Other			/ / / / / /

# Weight for age & Length/height for age z-scores - GIRLS

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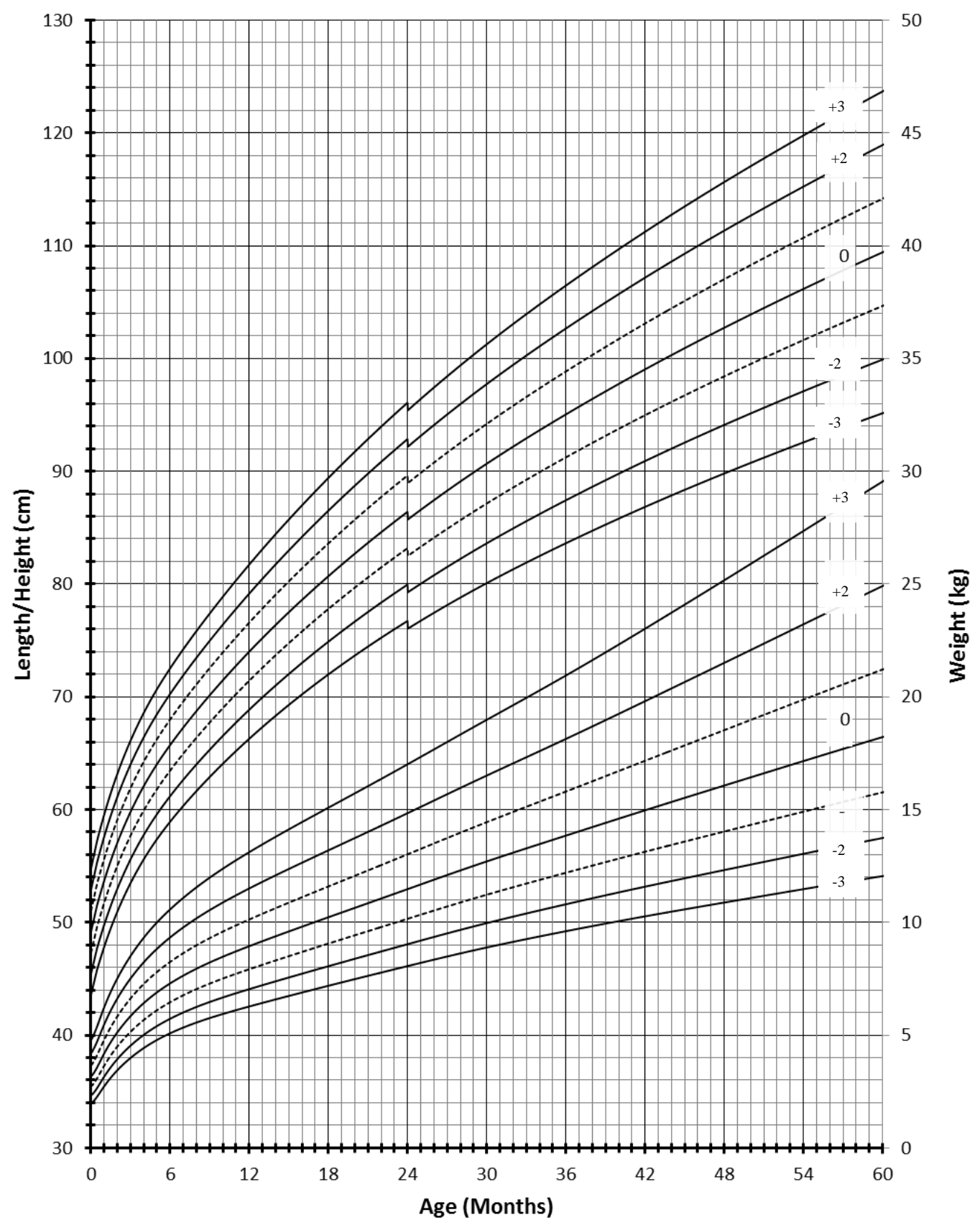
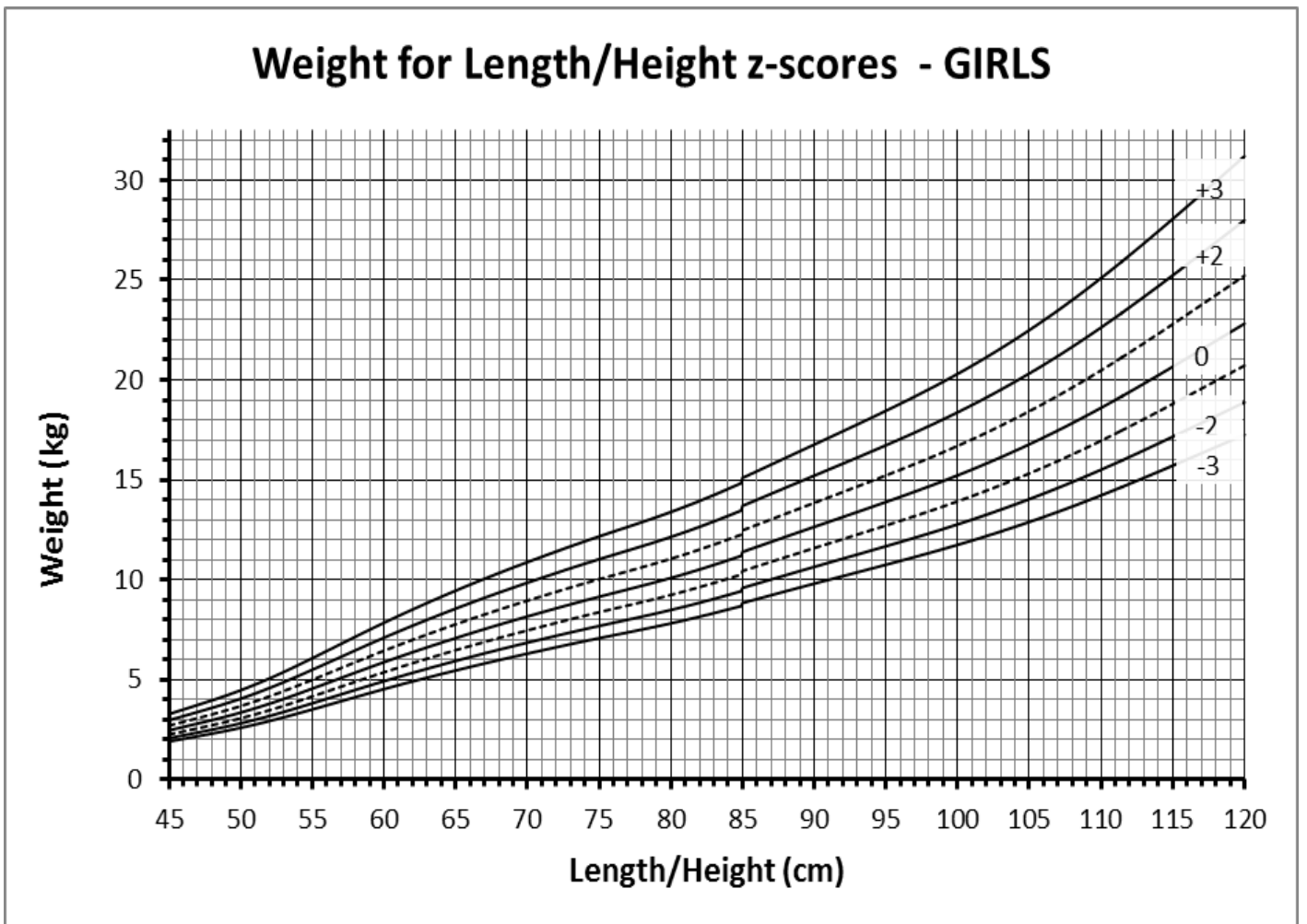
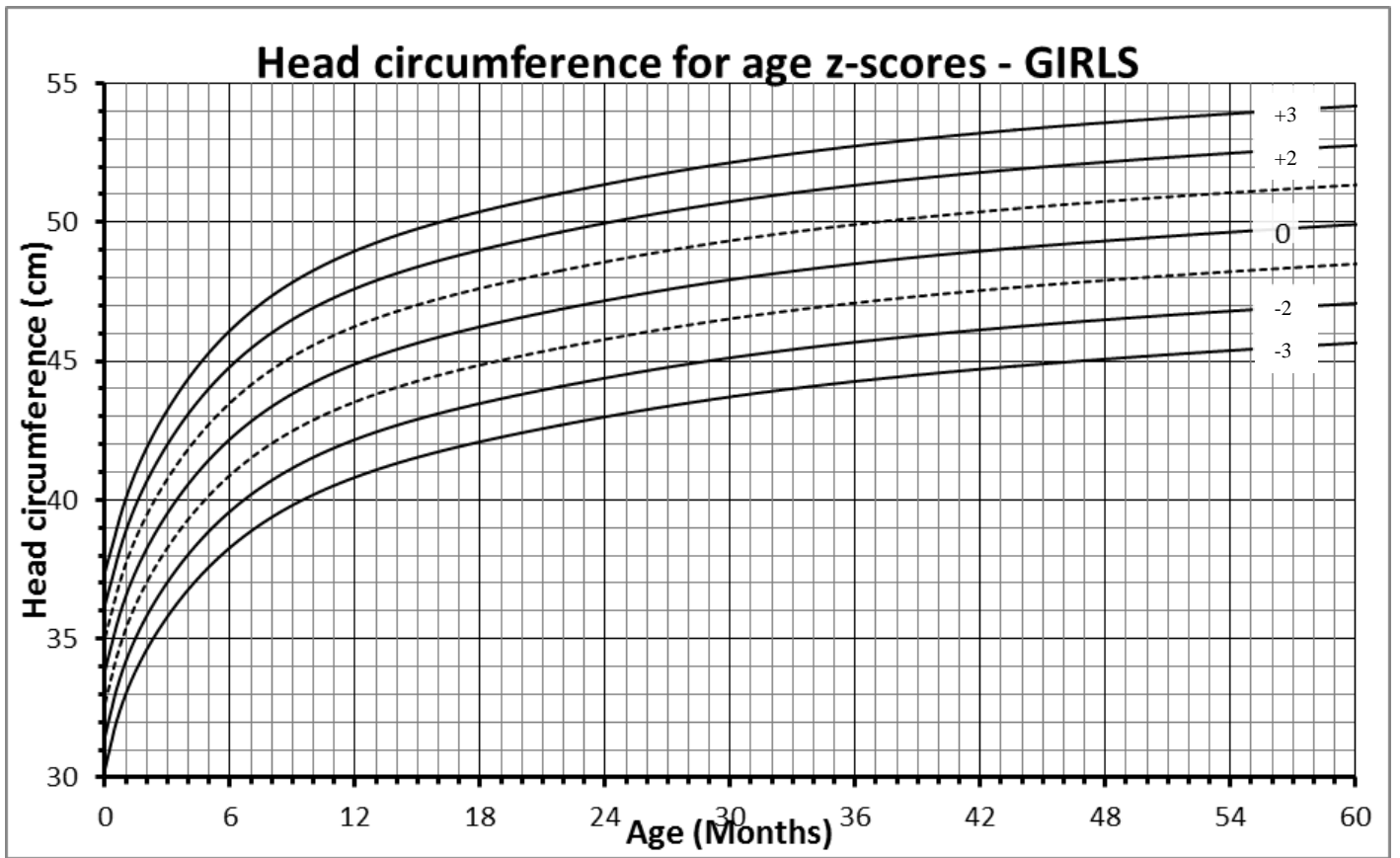


Chart G2

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**DEVELOPMENTAL MONITORING CHART***Circle where a milestone is achieved by the expected age*

Age	Fine Motor/Vision/ Adaptive	Communication/ Hearing	Motor	Warning signs
<b>14 weeks (3 months)</b>	Fixes and follows 180 degrees Smiles Pulls at clothes Hands loosely open	Coos and chuckles Quiets to familiar sounds	Pull-to-sit: little/no head lag Prone: lifts head Moro reflex disappearing	Floppy (++Head lag) Asymmetry of tone or movement No response to sound Absent vocalization No visual fixation
<b>6 months</b>	Voluntary reach and grasp Transfers objects between hands	Laughs Vowel-type babbling Turns to mother's voice across room	Pulls to sit (braces) Prone: lifts chest and shoulders	As above
<b>9 months</b>	Points Pincer grasp Holds small object in each hand	Deliberate vocalisation Babbles Imitates sounds Understands "bye" and "no"	Sits without support Crawls Pulls to stand	Unable to sit Hand preference Fisting Squint Persisting primitive reflexes Monotonous vocalisation
<b>18months</b>	Holds pen (palmar grasp) and scribbles	Say some 2 word phrases Understand simple commands (without hand gestures)	Walks well (arms down) Throws ball Climbs onto adult chair	Not walking No pincer grasp Unable to understand simple commands No words Mouthing
<b>24 months</b>	Spoon feeds well *Imitates vertical line Hand preference usually present	Speaks in short phrases *Identifies 5 body parts (points) Obeys "Put the pen on the table"	Runs Up and down stairs (2 feet) Kicks ball	As above
<b>36 months</b>	Copies circle Able to dress with supervision Wash and dry hands Toilet trained	Able to talk in full sentences Knows name, age; points to 5 colours Rote count to 3	Can pedal Walks on tiptoe Throws and kicks ball	As above + Single words only Echolalia Failure to attain 36 month milestones
<b>48 months</b>	Eats with spoon and fork Copies cross Play with imagination (make believe)	Knows full name, address, age, names colours Speech intelligible	Stairs: 1 foot per step (no handrail) Hops on preferred foot	Speech difficult to understand (non-family) Failure to attain 48month milestones
<b>5-6 years</b>	Copies a triangle and square Draws a man	Tell a story / sequence of events Understands concepts – cold, tired, hungry (Ask "what should a person do if they are cold?")	Walks easily on narrow line (heel-to-toe) Hops on each foot	As above+ Clumsy Poor posture Poor pencil grip Failure to attain milestones

[Do a more detailed assessment if any milestone has not been achieved by the age in the table, or if there are warning signs. If appropriate, refer to an appropriate therapist or senior paediatric doctor for further assessment.]



### Discharge checklist

to confirm action taken (or  to show action not taken and note why not)

- Entry made in Road to Health Booklet
- Notified diseases (esp TB and malnutrition)
- All vaccines up to date
- Feeding method confirmed: \_\_\_\_\_
- Vitamin A given
- Iron supplementation if there is microcytic anaemia
- Appointment made for follow-up clinic(s) (dates)
- \_\_\_/\_\_\_/\_\_\_ .....
- \_\_\_/\_\_\_/\_\_\_ .....
- Appointment details explained to caregiver
- Medications explained to caregiver
- Discharge letter filled in (Note discharge weight)
- Discharged \_\_\_/\_\_\_/\_\_\_ by (name, signature).....
- Problem list on Front Page updated

Immunosuppression

Malnutrition

TB

- Caregiver has seen Social worker
- Caregiver has seen Dietician
- Social Grant status checked
- Albumin checked
- NTP referral done
- Zinc supplementation
- CD4 count known in the last 6 months (if > 1 year, not on ART)
- PJP prophylaxis
- Micronutrients prescribed as required
- Caregiver counselled at ARV clinic
- Caregiver has opened a folder and has follow up date
- If on life long ART, caregiver has seen ARV doctor





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DATE (Time)																			
pH																			
pCO2																			
pO2																			
BE																			
SBC																			
WCC																			
Neutrophils																			
Monocytes																			
Lymphocytes																			
Eosinophils																			
Band cells																			
Hb																			
MCV																			
RDW																			
Platelets																			
INR																			
PTT																			
Fibrinogen																			
ESR																			
CRP																			
Na																			
K																			
Cl																			
Urea																			
Cr																			
Ca																			
Mg																			
PO4																			
TSB																			
Conj bili																			
Total Protein																			
Albumin																			
ALP																			
GGT																			
ALT																			
AST																			
LDH																			
CPK																			



(PLACE STICKER HERE)

Always write clearly. Make sure that your name is legible. Appropriate updating of Problem List or Information done.

DATE  
TIME

Sign &  
Print your  
name

(PLACE STICKER HERE)

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Print your  
name