

# HOSPITAL PAEDIATRIC CLINICAL RECORD

Hospital sticker / Name and Number

**ADDRESS** \_\_\_\_\_

**DATE OF FIRST VISIT/ADMISSION:**    /    /

**SOCIAL INFORMATION**

	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

**HIV Status** (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
	Y / N / Uncertain	Treated when?	INH proph? Y / N	When?

Problem List	Active	Past	Health Service Partners	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)