

Apêndice 14. Formulário de admissão e triagem

Este apêndice pode ser descarregado no website da GTFCC - www.gtfcc.org

1. Patient name _____ Sex: Male Female _____ if female, any possibility of No _____ Yes _____
Age: _____ / _____ / _____ Time:
VOC: Yes Don't _____ if yes, when? _____
Address: _____ Closest landmark: _____
2. CLINICAL - Please list if the patient has any of the following and give the length of
Watery stool x _____ Bloody stool x _____ days
Vomiting x _____ When was the last time the patient vomited? _____
When did the start? _____ / _____ / _____ When was the last time the patient urinated? _____
Any known contacts with anyone else with ~~Non~~ Who? _____
Please list any other symptoms: _____
3. PHYSICAL EXAM AND

Danger	<input type="checkbox"/> Lethargic or <input type="checkbox"/> Absent or weak <input type="checkbox"/> Respiratory	<input type="checkbox"/> No danger signs	<input type="checkbox"/> Awake and alert <input type="checkbox"/> Normal/s <input type="checkbox"/> Eyes not <input type="checkbox"/> Skin pinch/orma
Signs	<input type="checkbox"/> Unable to drink or drinks poorly <input type="checkbox"/> Sunken eyes <input type="checkbox"/> Skin pinches back slow!	<input type="checkbox"/> Irritable or restless <input type="checkbox"/> Sunkeyes <input type="checkbox"/> Rapid/pulse <input type="checkbox"/> Thirsty/riths eagerly <input type="checkbox"/> Skin pinches back slowly	
Treatment Plan	If one or more danger signs <input type="checkbox"/> OR above are checked Severe dehydration (Plan C)	If no danger signs <input type="checkbox"/> AND above are checked Some dehydration (Plan B)	

4. TREATMENT

	Severe dehydration (Plan C)	Some dehydration (Plan B)	No dehydration (Plan A)								
Treatment	<input type="checkbox"/> IV fluids: Ringer's lactate bolus <1 yr: 30ml/kg in 60 min ≥1 yr: 30ml/kg in 30 min Quantity: _____ ml over _____ min	<input type="checkbox"/> ORS 75ml/kg over 4 hours Quantity: _____ ml over 4 hours <input type="checkbox"/> Zinc supplementation (20mg/day) in children 6 months – 5 years	<input type="checkbox"/> After each loose stool, give: <table border="1"> <tr> <td>Age (in yrs)</td> <td><2</td> <td>2-9</td> <td>≥10</td> </tr> <tr> <td>ORS (ml)</td> <td>50-100</td> <td>100-200</td> <td>As much as wanted</td> </tr> </table>	Age (in yrs)	<2	2-9	≥10	ORS (ml)	50-100	100-200	As much as wanted
	Age (in yrs)	<2	2-9	≥10							
	ORS (ml)	50-100	100-200	As much as wanted							
	<input type="checkbox"/> Reassess after bolus If absent/weak pulse → repeat bolus Quantity: _____ ml over _____ min	<input type="checkbox"/> Reassess after ORS -Severe: Give IV fluids -Some: Repeat ORS amount -No dehydration: Discharge with ORS	<input type="checkbox"/> Zinc supplementation (20mg/day) in children 6 months – 5 years								
<input type="checkbox"/> IV fluids: Ringer's Lactate bolus <1 year: 70ml/kg in 5 hours ≥1 year: 70ml/kg in 2.5 hours Quantity: _____ ml over _____ hours											
	<input type="checkbox"/> Reassess hydration after IV fluids -Severe: Repeat IV fluids -Some: ORS (see 'Some' box)	Consider discharge if: - Has no signs of dehydration - Can take ORS without vomiting - No watery stools for 4 hours - Can walk without assistance - Is passing urine - Has been advised when to return to hospital/CTC - Health messaging completed									
Discharge instructions	<input type="checkbox"/> Give antibiotics Drug & dose										

1. LABORATORY DATA:

Stool sample taken? No Yes

Date taken: _____

Stool culture sent: No Yes

Date stool culture sent: _____

2. OUTCOME:

Date of outcome: _____

Discharged

Dead

Self-discharged

Referred (where): _____

Name of admitting clinician _____

Date: _____

Cholera RDT result: +ve -ve Not conducted

Signature: _____