

Apêndice 14. Formulário de admissão e triagem

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

- Patient name _____ Sex: Male Female _____ if female, any possibility of No _____ Yes _____ Time: _____
 Age: _____
 VOC ☐ No ☐ Yes ☐ Don't _____ if yes, when? _____
 Address: _____ Closest landmark: _____

2. CLINICAL - Please circle 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 vomit? _____
 When did the start? _____/_____/_____ When was the last time the patient urinated? _____
 Any known contacts with anyone else with _____? _____
 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 pupils <input type="checkbox"/> Normal thirst <input type="checkbox"/> Eyes not <input type="checkbox"/> Skin pinprick
Signs	<input type="checkbox"/> Unable to drink or drinks poorly <input type="checkbox"/> Sunken eyes <input type="checkbox"/> Skin pinches back slowly	<input type="checkbox"/> Irritable or restless <input type="checkbox"/> Rapid pulse <input type="checkbox"/> Thirsty, drinks eagerly <input type="checkbox"/> Skin pinches back slowly	
Treatment Plan	If one or more danger signs above are checked Severe dehydration (Plan C)	If no danger signs 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 <input type="checkbox"/> <1 yr: 30ml/kg in 60 min <input type="checkbox"/> ≥1 yr: 30ml/kg in 30 min Quantity: _____ ml over _____ min <input type="checkbox"/> Reassess after bolus If absent/weak pulse → repeat bolus Quantity: _____ ml over _____ min <input type="checkbox"/> IV fluids: Ringer's Lactate bolus <input type="checkbox"/> <1 year: 70ml/kg in 5 hours <input type="checkbox"/> ≥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) <input type="checkbox"/> Give antibiotics Drug & dose _____	<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"/> Reassess after ORS -Severe: Give IV fluids -Some: Repeat ORS amount -No dehydration: Discharge with ORS	<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-</td> <td>100-</td> <td>As much as wanted</td> </tr> </table> <input type="checkbox"/> Zinc supplementation (20mg/day) in children 6 months – 5 years	Age (in yrs)	<2	2-9	≥10	ORS (ml)	50-	100-	As much as wanted
Age (in yrs)	<2	2-9	≥10								
ORS (ml)	50-	100-	As much as wanted								
Discharge instructions		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	Before discharge, check following: <input type="checkbox"/> Health messaging completed <input type="checkbox"/> ORS given for home <input type="checkbox"/> Assure caregiver can correctly mix and give ORS without supervision								

1. LABORATORY DATA:

Stool sample taken? ☐ No ☐ Yes Date taken: ____/____/____ Cholera RDT result: ☐ +ve ☐ -ve ☐ Not conducted

Stool culture sent: ☐ No ☐ Yes Date stool culture sent: ____/____/____

2. OUTCOME:

Date of outcome: ____/____/____ Discharged ☐ Dead ☐ Self-discharged ☐ Referred (where: ____)

Name of admitting clinician: _____ Signature: _____ Date: ____/____/____