

Formulaire d'admission et de triage

1. IDENTIFICATI	ON									
Patient name Admission date:/ Time::										
Age:years/months Sex: □Male □Female if female, any possibility of pregnancy? □No □Yes										
OCV received: □No □Yes □Don't knowif yes, when?/										
Address:Closest landmark:										
2. CLINICAL DATA - Please circle if the patient has any of the following and give the length of time in days										
Watery stool xdays Fever xdays Bloody stool xdays										
Vomiting xdays When was the last time the patient vomit?hours ago										
When did the illness start?/ When was the last time the patient urinated?hours ago										
Any known contacts with anyone else with similar symptoms? □ No □ Yes Who?										
Please list any other symptoms:										
3. PHYSICAL EXAM AND DIAGNOSIS										
	□ Lethargic or unconscious									
Danger signs □ Absent of weak pulse □ Respiratory distress			□ No danger signs							
	□ Nespiratory distress		□ Irritable or restless		۸		ا مامسا			
	□ Not able to drink or drinks poorly	□ Sunken eyes			□ Awake and alert□ Normal pulse					
Signs	□ Sunken eyes □ Skin pinch goes back slowly		□ Rapid pulse □ Thirsty, drinks eagerly			□ Normal thirst				
	a cian pinon good sack domy		□ Skin pinch goes back slowly			□ Eyes not sunken □ Skin pinch normal				
	If any an arrange desires are OD 50 above a		If no donor since AND > 0 shows or		□ SNI	ii piricii	Tioimai			
Treatment Plan	If one or more danger signs OR ≥2 above are checked → Severe dehydration (Plan C)		If no danger signs AND ≥2 above are checked → Some dehydration (Plan B)			No dehydration (Plan A)				
4. TREATMENT										
	Severe dehydration (Plan C)		Some dehydration (Plan B)	No d	ehydra	tion (PI	an A)			
			000 == 1/1							
	□ IV fluids: Ringer's lactate bolus <1 yr: 30ml/kg in 60 min		a ORS 75ml/kg over 4 hours Quantity:ml over 4 hours a Zinc supplementation (20mg/day)		After each loose stool, give: Age (ip.yrg) <2 2-9 ≥10					
	≥1 yr: 30ml/kg in 30 min									
	Quantity:ml overmin	in c	children 6 months – 5 years	(in	yrs)		2-5			
Treatment	□Reassess after bolus	υГ	□ Reassess after ORS		RS	50-	100-	As much as		
	If absent/weak pulse→repeat bolus	-Se	evere: Give IV fluids	(m	1)	100	200	wanted		
	Quantity:ml overmin		ome: Repeat ORS amount of dehydration: Discharge with ORS	_ 7in	o cupal	omonto	tion (20ma	(day) in		
	□ IV fluids: Ringer's Lactate bolus	-140	deriyaradori. Disoriarge with orto		☐ Zinc supplementation (20mg/day) in children 6 months – 5 years					
	<1 year: 70ml/kg in 5 hours						Ť			
	≥1 year: 70ml/kg in 2.5 hours Quantity:ml overhours	Co	Consider discharge if:							
	additityiiii ovoiiiodio		as no signs of dehydration		Before discharge, check following:					
	□ Reassess hydration after IV fluids -Severe: Repeat IV fluids		an take ORS without vomiting		□ Health messaging completed□ ORS given for home					
Discharge	-Some: ORS (see 'Some' box)		lo watery stools for 4 hours Can walk without assistance		☐ Assure caregiver can correctly mix and					
instructions		- Is passing urine				give ORS without supervision				
	□ Give antibiotics Drug & dose		as been advised when to return to							
	Drug & dose		spital/CTC lealth messaging completed							
5. 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: <u>/_/</u>										
6. OUTCOME:										
Date of outcome:/ Discharged Dead Self-discharged Referred (where:) Unknown										
Name of admitting clinician Signature: Date://										