PEDIATRIC CONSULTATION, TRIAGE AND TREATMENT
Inpatient and Outpatient Pediatric Direct Observation

ID # _____

Cover Page		
Q1: Facility ID	Q2: Facility Name	Q5: Result ☐ Interview done ☐ Partially completed
Q3: Observer number	Q4: Today's date (DD/MM/YYYY) __ __ / __ __ / __ __ __ __	☐ Person in charge refused interview ☐ Person in charge is out

THIS SURVEY IS TO BE FILLED BY OBSERVING CHILDREN IN THE PEDIATRIC CARE SERVICES. EACH FOLIO (SET OF PAPERS) CORRESPONDS TO ONE PATIENT ONLY. IF YOU OBSERVE ACTIVITIES FOR MANY PATIENTS AT THE SAME TIME, YOU NEED A NEW FOLIO FOR EACH PATIENT. ALSO BE SURE TO RECORD THE STAFF ID NUMBER OF EVERY STAFF MEMBER WHO WORKS WITH THE PATIENT FOR THE WHOLE TIME YOU ARE OBSERVING THEM, BY REFERRING TO THE STAFF ROSTER TO OBTAIN THE STAFF ID NUMBER. IF THERE ARE MORE THAN FIVE HEALTH WORKERS, USE ADDITIONAL COVER SHEETS. YOU MUST OBTAIN CONSENT FROM THE CARETAKER OF EVERY PATIENT. IF YOU OBSERVE ACTIVITIES BEFORE YOU HAVE A CHANCE TO OBTAIN CONSENT FROM THE PATIENT'S CARETAKER, YOU MUST DESTROY THE FOLIO IF THEY REFUSE CONSENT.

CHECK THE STAFF ROSTER FOR EACH HEALTH WORKER YOU OBSERVE AND SEE IF THEY ARE RECORDED AS HAVING GIVEN CONSENT FOR THE RESEARCH. IF NOT YOU MUST READ THE FULL CONSENT FORM AND OBTAIN THEIR SIGNATURE. IF YES, REMIND THEM USING THE TEXT BELOW.

Q5a: Has the health worker previously signed a consent form?   ☐ Yes → go to Q6a   ☐ No -> go to Q7a

Q6a: ASK HEALTH WORKER: Do I have your permission to be present at this consultation?   ☐ Yes → go to Q8a   ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q7a: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?
☐ Yes → go to Q8a   ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q8a Staff Roster ID number	Q9a Gender	Q10a: Health Worker Category Code (see below for codes)
	☐ Male ☐ Female	

Q5b: Has the health worker previously signed a consent form?   ☐ Yes → go to Q6b   ☐ No -> go to Q7b

Q6b: ASK HEALTH WORKER: Do I have your permission to be present at this consultation?   ☐ Yes → go to Q8b   ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q7b: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?
☐ Yes → go to Q8b   ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q8b Staff Roster ID number	Q9b Gender	Q10b: Health Worker Category Code (see below for codes)
	☐ Male ☐ Female	

Q5c: Has the health worker previously signed a consent form?   ☐ Yes → go to Q6c   ☐ No -> go to Q7c

Q6c: ASK HEALTH WORKER: Do I have your permission to be present at this consultation?   ☐ Yes → go to Q8c   ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q7c: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?
☐ Yes → go to Q8c   ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q8c Staff Roster ID number	Q9c Gender	Q10c: Health Worker Category Code (see below for codes)
	☐ Male ☐ Female	

Health Worker Category Codes

1. MD-Obstetrician/ Gynecologist	2. MD-Neonatologist	3. MD-Surgeon	4. MD- Family Physician	5. MD - Pediatrician
6. Physician's Assistant	7. Nurse midwife	8. Bachelor and Science of Nursing Nurse	9. Diploma Nurse	10. Nurse with Associate Degree
11. Licensed Practical Nurse	12. Certified midwife	13. Midwife	14. Nurse aide	96.Other, please specify:

Q5d: Has the health worker previously signed a consent form?   ☐ Yes → go to Q6d   ☐ No -> go to Q7d

Q6d: ASK HEALTH WORKER: Do I have your permission to be present at this consultation?   ☐ Yes → go to Q8d   ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q7d: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?

☐ Yes → go to Q8d   ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q8d Staff Roster ID number	Q9d Gender	Q10e: Health Worker Category Code (see below for codes)
	☐ Male ☐ Female	

Q5e: Has the health worker previously signed a consent form?   ☐ Yes → go to Q6e   ☐ No -> go to Q7e

Q6e: ASK HEALTH WORKER: Do I have your permission to be present at this consultation?   ☐ Yes → go to Q8e   ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q7e: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?

☐ Yes → go to Q8e   ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q8e Staff Roster ID number	Q9e Gender	Q10d: Health Worker Category Code (see below for codes)
	☐ Male ☐ Female	

READ ORAL CONSENT SCRIPT TO CARETAKER OF THE CLIENT (I.E. OF THE CHILD). CARETAKER ACCOMPANYING THE CLIENT (THE CHILD) IS DESIGNATED TO GIVE CONSENT. CONSENT FOR CLIENT'S CARETAKER CANNOT BE GIVEN BY HEALTH WORKER OR FACILITY IN-CHARGE. CLIENT'S CARETAKER CONSENT MUST BE OBTAINED PRIOR TO START OF OBSERVATION.

We are doing a research here that is evaluating a project, which will take place in this hospital. As part of our research we would like to observe what is happening in the hospital. We would like your permission for us to be here while the health workers are treating your child and observe their activities. We will not take your names, and anything we observe will be kept private, we will not tell anybody about your personal information. The health workers will do their normal work, and our being here should not change one thing so our research should not harm you. We are not health workers so we are not here to provide any care, but to observe. If you decide at any time that you do not want us to be here, we will leave.

Q50: ASK CLIENT'S CARETAKER: Do I have your permission to be present while the child you are accompanying is receiving services today? Could you confirm that you are at least 18 years of age, have had all your questions answered and have voluntarily given permission for us to stay here and observe while your child is receiving services today?

☐ Yes, consent is given → go to Q51   ☐ No, consent is not given → observation of this client must END; ; if available, approach the caretaker of another eligible patient for participation.

Q51: Patient ID Record Number	*Write patient unique identifier here and in box at top right of cover first page (marked "ID #") to help identify this client's case. Please mark the patient's unique identifier on each page where you observe the patient.*	ID# _____
Q52: Client initials (or some way to anonymously identify the client if you don't have the patient ID yet)		
Q53: Record time the observation started (HH:MM)		__ __ : __ __ AM/PM
OBSERVER: ASK THE FOLLOWING TO THE CARETAKER:		
Q54: Is this consultation re-attendance?	☐ Yes ☐ No → GO TO SECTION 04 TO BEGIN THE OBSERVATION	

Q55: Is this re-attendance consultation a follow-up consultation, or a consultation for more medication?	Code	
Follow-up	1	
More medication	2	

PEDIATRIC CONSULTATION, TRIAGE AND TREATMENT   ID #

Inpatient and Outpatient Pediatric Direct Observation

Both 3	

Section 0: Specification of the direct observation				
Question	**Yes**	**No**		**Go to**
Q001: Is this observation taking place in the outpatient ward?	1	0		**Yes → Q004**
Q002: Is this observation taking place in the inpatient pediatric ward?	1	0		**Yes → Q004**
Q003: Is this observation taking place in the emergency ward?	1	0		
IF AT ANY POINT DURING THIS OBSERVATION, THE CHILD IS TRANSFERRED TO ANOTHER WARD, YOU NEED TO INDICATE IT BY ENTERING THE INFORMATION BELOW. REMEMBER TO FILL OUT THIS SECTION TO INDICATE IF THE CHILD IS TRANSFERRED TO ANOTHER WARD LATER DURING THIS OBSERVATION.				
Question	**Yes**	**No**	**DK**	**Go to**
Q004: At any point in time during this observation, was the child sent to another ward?	1	0	8	**No → Q100**
Q005: Which ward was the child sent to?				
a. Outpatient ward	1	0	8	
b. Inpatient pediatric ward	1	0	8	
c. Emergency ward	1	0	8	
d. Operating theater	1	0	8	
e. Other, specify: _____	1	0	8	

Section 1: Introduction and general examination

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PLEASE RECORD THE STAFF UNIQUE ID OF ALL WORKERS OBERVED IN THIS SECTION	

Question	Yes	No	Go to
Q100: Was this section observed?	1	0	**No → Q200**

PLEASE ANSWER Q100 BEFORE PROCEEDING: WAS THIS SECTION OBSERVED? IF SECTION OBSERVED, RECORD PATIENT ID IN TO RIGHT BOX. IF SECTION NOT OBSERVED, SKIP TO NEXT SECTION.

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RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATIONS (SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY OR BY MORE THAN ONE PROVIDER):

Question	Yes	No	DK	Go to
Q101: Respectfully greets the caretaker	1	0	8	
Q102: Asks patient the purpose of the visit, and/or if there has been any improvement since the last visit	1	0	8	

Q103: RECORD IF THE CARETAKER SPONTANEOUSLY MENTIONED THAT THE CHILD EXPERIENCED THE FOLLOWING. YOU ONLY NEED TO RECORD THE SYMPTOMS MENTIONED BY CIRCLING 1 (YES) FOR THOSE.

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Symptom	Yes	Symptom	Yes
Area: Head		**Area: Stomach**	
a. Headache	1	h. Vomiting	1
b. Fever	1	i. Diarrhea	1
c. Running nose	1	j. Diarrhea with blood	1
d. Cough	1	k. Diarrhea without blood	1
e. Sore throat / mouth	1	l. Constipation	1
f. Eye problems	1	m. Abdominal pain	1
g. Ear problems	1	n. Distended abdomen	1
aa. Slow growth	1	o. Stomachache	1
ab. Convulsions/seizure/`jerking'	1	p. Poisoning	1
ac. Epilepsy	1	q. Low urination	1
ad. Head / Eye injury	1	r. Lack of ability to drink or breastfeed	1
		as. Worms (seen by caretaker)	1
Area: Limb	1	**Area: General**	
s. General injury	1	ae. Lethargy or unconsciousness	1
t. Severe pain	1	af. Respiratory distress / shortness of breath	1
u. Broken bone / fracture	1	ag. Restlessness or irritability	1
v. Deep cut	1	ah. Anemia/ Pallor	1
w. Pain in extremities	1	aj. Chest pain	1
x. Swelling in extremities	1	ak. Back pain	1
y. Accident / trauma	1	al. Coughing up blood	1
~~ar. Burn~~	~~1~~1	am. General weakness	1
~~ar. Burn~~	~~1~~	an. Weight loss	1
		ao. High blood pressure	1
		ap. Skin rash	1
		aq. Other, specify: _____ _____ _	1

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ID #

RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATIONS (SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY OR BY MORE THAN ONE PROVIDER):

Question	Yes	No	DK	Go to
Q104: Asks how long the primary condition has been ongoing	1	0	8	
Q105: OBSERVER, RECORD HERE THE PRIMARY CONDITION AND ITS DURATION WITH THE UNIT OF DURATION:				
Q106: Asks how long the other conditions have been ongoing	1	0	8	
Q107: OBSERVER, RECORD HERE THE OTHER CONDITIONS AND THEIR DURATION WITH THE UNIT OF DURATION:				
Q108: OBSERVER, IS THE VISIT A RE-ATTENDANCE VISIT? (CHECK Q54)	1	0	8	**No → Q110**
Q109: Asks caretaker if treatment given on the first visit was completed	1	0	8	
Q110: Asks caretaker if child has received treatment elsewhere or taken medicine	1	0	8	
Q111: Checks child's card OR asks caretaker for client age	1	0	8	
Q112: OBSERVER, RECORD PATIENT'S AGE IN YEARS AND MONTHS *(EX 6 MONTHS OR 1 YEAR 3 MONTHS)*				
Q113: Checks child's card OR asks about vaccination history	1	0	8	
Q114: OBSERVER, IF CHILD'S CARD AVAILABLE, RECORD HAS RECEIVED SCHEDULED VACCINES (CHECK LATER IF NEED BE) **If no card seen, leave blank and go to Q115.**	1	0	8	**No card-> Q115**
Q115 Asks about breastfeeding status	1	0	8	**No-> Q117**
Q116: OBSERVER, RECORD CHILD'S BREASTFEEDING STATUS	**Code**			
a. Exclusive breastfeeding	A			
b. Breastfeeding and complementary feeding	B			
c. No breastfeeding	C			
Question	**Yes**	**No**	**DK**	**Go to**
Q117: Washes hands/sanitizes hands prior to examination	1	0	8	
Q118: Takes pulse	1	0	8	
Q119: Takes blood pressure in sitting or lateral position	1	0	8	
Q120: Takes blood pressure with arm at heart level	1	0	8	
Q121: Performs pulmonary exam using stethoscope	1	0	8	
Q122: Measures mid upper arm circumference	1	0	8	
Q123: Weighs the child	1	0	8	
Q124: Measures the child's height with the child lying down (children < 2 years)	1	0	8	
Q125: Measures the child's height with the child standing (children > 2 years)	1	0	8	

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Sections 2 and 3: History taking and specific examination			
Question	**Yes**	**No**	**Go to**
Q200: Were sections 2 and 3 observed?	1	0	**No → Q400**

PLEASE ANSWER Q200 BEFORE PROCEEDING: WAS THIS SECTION OBSERVED? IF SECTION OBSERVED, RECORD PATIENT ID IN TO RIGHT BOX. IF SECTION NOT OBSERVED, SKIP TO NEXT SECTION.

RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATIONS (SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY OR BY MORE THAN ONE PROVIDER):

SYMPTOM	HISTORY TAKING	Yes	No	N/A	SYMPTOM	EXAMINATION	Yes	No	N/A
FEVER	Q201: The duration of fever	1	0	9	**FEVER**	Q301: Assesses general health condition (awake / lethargy / tiredness / fatigue)	1	0	9
	Q202: Whether temperature has been taken	1	0	9		Q302: Takes temperature with thermometer	1	0	9
	Q203: Pattern (Periodicity) of fever	1	0	9		Q303: Checks for neck stiffness	1	0	9
	Q204: Presence of chills, sweats	1	0	9		Q304: Checks for palmar pallor (or other signs of anemia)	1	0	9
	Q205: Presence of cough	1	0	9		Q305: Checks ear/throat	1	0	9
	Q206: Productive of dry cough	1	0	9		Q306: Palpates the spleen	1	0	9
	Q207: Severity of cough	1	0	9		Q307: Orders a malaria test (blood slide or rapid test)	1	0	9
	Q208: Presence of sore throat / pain during swallowing	1	0	9		Q308: Checks for visible severe wasting	1	0	9
	Q209: Presence of vomiting	1	0	9		Q309: Looks for oedema of hands feet or face	1	0	9
	Q210: Presence of diarrhea	1	0	9		Q310: Weighs the child	1	0	9
	Q211: Presence of convulsions	1	0	9		Q311: Checks the child's weight against a growth chart	1	0	9
	Q212: Presence of running nose	1	0	9		Q312: Checks signs of dehydration (delayed capillary refill, sunken eyes, skin pinch, swollen face)	1	0	9
	Q213: Ability to drink or breastfeed	1	0	9		Q313: Checks respiratory rate	1	0	9
	Q214: Difficulty in breathing / chest pain	1	0	9					
	Q215: Presence of ear problems	1	0	9					
	Q216: Vaccination history	1	0	9					
	Q217: Asks if any medication was given	1	0	9					
	Q218: Asks the amount of medication given	1	0	9					
COUGH	Q219: The duration of cough	1	0	9	**COUGH**	Q314: Examines the chest	1	0	9
	Q220: Sputum production or dry cough	1	0	9		Q315: Counts respiratory rate	1	0	9
	Q221: Presence of blood in sputum / color of sputum	1	0	9		Q316: Observes breathing for lower chest indrawing (lifting shirt)	1	0	9
	Q222: Presence of chest pain	1	0	9		Q317: Auscultates the chest	1	0	9
	Q223: Presence of difficulty in breathing	1	0	9		Q318: Observes for nasal flaring	1	0	9
	Q224: Presence of fever	1	0	9		Q319: Takes temperature with thermometer	1	0	9
	Q225: Ability to drink or breastfeed	1	0	9		Q320: Examines throat	1	0	9
	Q226: Appetite	1	0	9		Q321: Examines ears	1	0	9
	Q227: Presence of convulsions	1	0	9		Q322: Checks for lethargy or unconsciousness	1	0	9
	Q228: Presence of ear problems	1	0	9		Q323: Checks for visible severe wasting	1	0	9
	Q229: Presence of diarrhea	1	0	9		Q324: Looks for palmar pallor (or other signs of anemia)	1	0	9
	Q230: Presence of vomiting	1	0	9		Q325: Looks for oedema of hands, feet or face	1	0	9
	Q231: General health condition (tiredness/fatigue)	1	0	9		Q326: Weighs the child	1	0	9
	Q232: Vaccination history	1	0	9		Q327: Checks the child's weight against a growth chart	1	0	9
						Q328: Checks signs of dehydration (delayed capillary refill, sunken eyes, skin pinch, swollen face)	1	0	9

SYMPTOM	HISTORY TAKING	Yes	No	N/A	SYMPTOM	EXAMINATION	Yes	No	N/A
DIARRHEA	Q233: The duration of diarrhea	1	0	9	**DIARRHEA**				
	Q234: Frequency of stools (how often)	1	0	9		Q329: Assesses general health condition (awake / lethargy / tiredness / fatigue)	1	0	9
	Q235: Consistency of stools	1	0	9		Q330: Examines for sunken eyes / fontanelle	1	0	9
	Q236: Presence of blood in stools	1	0	9		Q331: Pinches abdominal skin to check for dehydration	1	0	9
	Q237: Presence of mucus in stools	1	0	9		Q332: Takes temperature with thermometer			
	Q238: Presence of vomiting	1	0	9		Q333: Checks for visible severe wasting	1	0	9
	Q239: Presence of fever	1	0	9		Q334: Offers the child a drink of water / observes breastfeeding	1	0	9
	Q240: Ability to drink or breastfeed	1	0	9		Q335: Looks for palmar pallor (or other signs of anemia)	1	0	9
	Q241: Presence of convulsions	1	0	9		Q336: Weighs the child	1	0	9
	Q242: Presence of ear problems	1	0	9		Q337: Checks the child's weight against a growth chart	1	0	9
	Q243: Presence of cough or difficulty breathing	1	0	9		Q338: Looks for oedema of hands, feet or face			
	Q244: General health condition (tiredness/fatigue)	1	0	9		Q340: Checks signs of dehydration (delayed capillary refill, sunken eyes, skin pinch, swollen face)	1	0	9
	Q245: Presence of tears when baby cries	1	0	9		Q341 Checks pulse rate	1	0	9
	Q246: Whether the baby started taking other food	1	0	9					
	Q247: Whether the change in food happened recently	1	0	9					
	Q248: How the food has been given	1	0	9					
	Q249: Who prepares and feeds the child	1	0	9					
	Q250: The hand washing practice of the person who feeds the child	1	0	9					
	Q251: Whether other family members or neighbors have diarrhea	1	0	9					
	Q252: Vaccination history	1	0	9					
OTHER	Q253: Asks about the presence of other symptoms	1	0	9	**OTHER**	Q341: Performs general physical examination, inspection	1	0	9
	Q254: Takes history according to symptoms	1	0	9		Q342: Does physical examination according to symptoms	1	0	9

Section 4: Laboratory exams

Question	Yes	No	Go to
Q400: Was this section observed?	1	0	**No → Q500**

PLEASE ANSWER Q400 BEFORE PROCEEDING: WAS THIS SECTION OBSERVED? IF SECTION OBSERVED, RECORD PATIENT ID IN TO RIGHT BOX. IF SECTION NOT OBSERVED, SKIP TO NEXT SECTION.

RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATIONS (SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY OR BY MORE THAN ONE PROVIDER):

Question	Yes	No	DK	Go to
Q401: Does or gets done test for blood glucose	1	0	8	
Q402: Does or gets done test for blood/malaria smear	1	0	8	
Q403: Does or gets done test for hemoglobin	1	0	8	
Q404: Sends blood for typing or cross-matching	1	0	8	
Q405: Does or gets done chest radiograph	1	0	8	
Q406: Sends stool for testing of culture and parasite	1	0	8	
Q407: Does or gets done malaria microscopic or Rapid Diagnostic Test	1	0	8	

Section 5: Diagnostic

Question	Yes	No	Go to
Q500: Was this section observed?	1	0	**No → Q600**

PLEASE ANSWER Q500 BEFORE PROCEEDING: WAS THIS SECTION OBSERVED? IF SECTION OBSERVED, RECORD PATIENT ID IN TO RIGHT BOX. IF SECTION NOT OBSERVED, SKIP TO NEXT SECTION.

RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATIONS (SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY OR BY MORE THAN ONE PROVIDER):

Question	Yes	No	DK	Go to
Q501: Tells the caretaker the diagnosis	1	0	8	**No → Q503**
Q502: *OBSERVER, RECORD THE DIAGNOSIS HERE (CIRCLE ALL THAT APPLY)*:				
Diarrhea	1	0	8	
Pneumonia	1	0	8	
Malaria	1	0	8	
Anemia	1	0	8	
Other (specify: _____)	1	0	8	
Q503: Tells the caretaker what is going to be done	1	0	8	

Section 6: Stabilization measures for emergency or priority signs

Question	Yes	No	Go to
Q600: Was this section observed?	1	0	**No → Q700**

PLEASE ANSWER Q600 BEFORE PROCEEDING: WAS THIS SECTION OBSERVED? IF SECTION OBSERVED, RECORD PATIENT ID IN TO RIGHT BOX. IF SECTION NOT OBSERVED, SKIP TO NEXT SECTION.

RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATIONS (SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY OR BY MORE THAN ONE PROVIDER):

Question	Yes	No	DK	Go to
Q601: Calls for help	1	0	8	
Q602: Gives oxygen	1	0	8	
Q603: Places the head in a slightly extended position to open the airway	1	0	8	
Q604: Checks mouth, back of throat and nose for secretions, and clears if necessary	1	0	8	
Q605: Ventilates	1	0	8	
Q606: Conducts assessment of child breathing	1	0	8	
Q607: Inserts IV line	1	0	8	
Q608: Starts IV fluid resuscitation / Ringer lactacte or normal saline	1	0	8	
Q609: Starts IV glucose	1	0	8	
Q610: Gives glucose orally (oral rehydration solution) or by nasogastric tube	1	0	8	
Q611: Gives benzodiazepine (diazepam) rectally	1	0	8	
Q612: Keeps child warm	1	0	8	
Q613: Stops the bleeding	1	0	8	
Q614: Transfuses blood	1	0	8	
Q615: Manages choking	1	0	8	

Section 7: Child care after one hour				
Question	**Yes**	**No**	**DK**	**Go to**
Q700: Was this section observed?	1	0		**No → Q800**
PLEASE ANSWER Q700 BEFORE PROCEEDING: WAS THIS SECTION OBSERVED? IF SECTION OBSERVED, RECORD PATIENT ID IN TO RIGHT BOX. IF SECTION NOT OBSERVED, SKIP TO NEXT SECTION.				
RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATIONS (SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY OR BY MORE THAN ONE PROVIDER):				
Question	**Yes**	**No**	**DK**	**Go to**
Q701: Checks respiratory rate	1	0	8	
Q702: Takes pulse	1	0	8	
Q703: Gives glucose / Oral rehydration solution	1	0	8	
Q704: Gives antibiotics:				
01) Ampicillin	1	0	8	
02) Gentamycin	1	0	8	
03) Ceftriaxone	1	0	8	
04) Oral amoxicillin	1	0	8	
05) Flagyl	1	0	8	
06) Cloxacillin	1	0	8	
07) Ampiclox	1	0	8	
08) Doxycycline	1	0	8	
09) Ciprofloxacin	1	0	8	
10) metronidazole	1	0	8	
11) chloremphenical	1	0	8	
12) Other, specify: _____	1	0	8	
Q705: Gives antipyretic	1	0	8	
Q706: Gives oxygen	1	0	8	
Q707: Gives IV fluid replacement	1	0	8	
Q708: Gives zinc	1	0	8	
Q709: Gives parenteral artesunate (IM/IV)	1	0	8	
Q710: Gives IM Artemether	1	0	8	
Q711: Gives Quinine	1	0	8	
Q712: Gives Artemisinin-combination therapies (ACT)	1	0	8	
Q713: Tells caretaker to continue breastfeeding/active feeding	1	0	8	

Section 8: End of consultation or Discharge				
Question	**Yes**	**No**	**DK**	**Go to**
Q800: Was this section observed?	1	0	8	**No → END**
PLEASE ANSWER Q800 BEFORE PROCEEDING: WAS THIS SECTION OBSERVED? IF SECTION OBSERVED, RECORD PATIENT ID IN TO RIGHT BOX. IF SECTION NOT OBSERVED, SKIP TO NEXT SECTION.				
RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATIONS (SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY OR BY MORE THAN ONE PROVIDER):				
Question	**Yes**	**No**	**DK**	**Go to**
Q801: Provides prescription for treatment	1	0	8	
Q802: OBSERVER, RECORD HERE THE DRUGS AND EXAMS PRESCRIBED (CHECK LATER IF NEED BE):				
Q803: Counsels caretaker on:				
01) Danger signs	1	0	8	
02) When to return	1	0	8	
03) How and when to take medication	1	0	8	
04) What to do when the child and caretaker return home / Follow-up care	1	0	8	
05) Importance of observing the child	1	0	8	
06) Importance of eating protein rich foods	1	0	8	
07) How to use Artemisinin-combination therapies (ACT)	1	0	8	
08) How to use folic acid / iron	1	0	8	
09) Importance of rehydration	1	0	8	
10) Water, sanitation and/or hygiene	1	0	8	
11) Nutrition or catch-up feeding	1	0	8	
12) Breastfeeding	1	0	8	
13) Indoor pollution and safety risks	1	0	8	
Q804: OBSERVER, RECORD TIME AT END OF OBSERVATION (HH:MM)	__ __ : __ __ AM/PM			