

# Annexe 12. Formulaire d'admission et de triage

Cette annexe peut être téléchargée sur le site Web du GTFCC

## 1. IDENTIFICATION

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 know if 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 x \_\_\_\_ days Fever x \_\_\_\_ days Bloody stool x \_\_\_\_ days  
 Vomiting x \_\_\_\_ days 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

Danger signs	<input type="checkbox"/> Lethargic or unconscious <input type="checkbox"/> Absent or weak pulse <input type="checkbox"/> Respiratory distress	<input type="checkbox"/> No danger signs	<input type="checkbox"/> Awake and alert <input type="checkbox"/> Normal pulse <input type="checkbox"/> Normal thirst <input type="checkbox"/> Eyes not sunken <input type="checkbox"/> Skin pinch normal
Signs	<input type="checkbox"/> Not able to drink or drinks poorly <input type="checkbox"/> Sunken eyes <input type="checkbox"/> Skin pinch goes back slowly	<input type="checkbox"/> Irritable or restless <input type="checkbox"/> Sunken eyes <input type="checkbox"/> Rapid pulse <input type="checkbox"/> Thirsty, drinks eagerly <input type="checkbox"/> Skin pinch goes back slowly	
Treatment Plan	If one or more danger signs OR $\geq 2$ above are checked → Severe dehydration (Plan C)	If no danger signs AND $\geq 2$ above are checked → Some dehydration (Plan B)	No dehydration (Plan A)

#### 4. TREATMENT

	Severe dehydration (Plan C)	Some dehydration (Plan B)	No dehydration (Plan A)								
Treatment	<ul style="list-style-type: none"> <li><input type="checkbox"/> IV fluids: Ringer's lactate bolus</li> <li><input type="checkbox"/> &lt;1 yr: 30ml/kg in 60 min</li> <li><input type="checkbox"/> ≥1 yr: 30ml/kg in 30 min</li> <li>Quantity: _____ml over _____min</li> <li><input type="checkbox"/> Reassess after bolus</li> <li>If absent/weak pulse → repeat bolus</li> <li>Quantity: _____ml over _____min</li> <li><input type="checkbox"/> IV fluids: Ringer's Lactate bolus</li> <li><input type="checkbox"/> &lt;1 year: 70ml/kg in 5 hours</li> <li><input type="checkbox"/> ≥1 year: 70ml/kg in 2.5 hours</li> <li>Quantity: _____ml over _____hours</li> <li><input type="checkbox"/> Reassess hydration after IV fluids</li> <li>-Severe: Repeat IV fluids</li> <li>-Some: ORS (see 'Some' box)</li> <li><input type="checkbox"/> Give antibiotics</li> <li>Drug &amp; dose</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> ORS 75ml/kg over 4 hours</li> <li>Quantity: _____ml over 4 hours</li> <li><input type="checkbox"/> Zinc supplementation (20mg/day) in children 6 months – 5 years</li> <li><input type="checkbox"/> Reassess after ORS</li> <li>-Severe: Give IV fluids</li> <li>-Some: Repeat ORS amount</li> <li>-No dehydration: Discharge with ORS</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> After each loose stool, give:           <table border="1" style="margin-left: 20px; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Age (in yrs)</td> <td style="padding: 2px;">&lt;2</td> <td style="padding: 2px;">2-9</td> <td style="padding: 2px;">≥10</td> </tr> <tr> <td style="padding: 2px;">ORS (ml)</td> <td style="padding: 2px;">50-100</td> <td style="padding: 2px;">100-200</td> <td style="padding: 2px;">As much as wanted</td> </tr> </table> </li> <li><input type="checkbox"/> Zinc supplementation (20mg/day) in children 6 months – 5 years</li> </ul>	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								
Discharge instructions		<ul style="list-style-type: none"> <li>Consider discharge if:           <ul style="list-style-type: none"> <li>- Has no signs of dehydration</li> <li>- Can take ORS without vomiting</li> <li>- No watery stools for 4 hours</li> <li>- Can walk without assistance</li> <li>- Is passing urine</li> <li>- Has been advised when to return to hospital/CTC</li> <li>- Health messaging completed</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Before discharge, check following:           <ul style="list-style-type: none"> <li><input type="checkbox"/> Health messaging completed</li> <li><input type="checkbox"/> ORS given for home</li> <li><input type="checkbox"/> Assure caregiver can correctly mix and give ORS without supervision</li> </ul> </li> </ul>								

#### 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: \_\_\_\_\_)     Unknown

Name of admitting clinician \_\_\_\_\_    Signature: \_\_\_\_\_    Date: \_\_\_\_/\_\_\_\_/\_\_\_\_