Apêndice 12. Formulário de admissão e triagem

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

1.

Patient name_____ **Admission date:** ____/____/____ **Time:**

Age: **Sex:** □Male □Femal **if female, any possibility of:** □No □Yes

VOC □No □Yes □**Don't** **if yes, when?**

Address: _____ **Closest landmark:** _____

2. CLINICAL - *Pleaseclc if the patient has any of the following and give the length of*

Watery stool x **Fever x** **Bloody stool x** ___ **days**

Vomiting x **When was the last time the patient vomit?**

When did thestart? ____/____/____ **When was the last time the patient urinated?**

Any known contacts with anyone else with diarrhea? Where? ___

Please list any other symptoms:

3. PHYSICAL EXAM AND

Danger	□Lethargic or □Absent of weak □Respiratory	□No danger signs	
Signs	□Notble to drink or drinks poorly □Sunkeyes □Skin pinches backslowl	□Irritable orestless □Sunkeyes □Rapidpulse □Thirsty,drinks eagerly □Skin pinches back slowly	□Awake and alert □Normalpuls □Normalthirs □Eyes not □Skin pinchnorma
Treatmen Pla	Ifone or more danger signs OR above are checked Severe dehydration (Plan C)	Ifno danger signs AND above are checked Some dehydration (Plan	[illegible]

4. TREATMENT

	Severe dehydration (Plan C)	Some dehydration (Plan B)	No dehydration (Plan A)
Treatment	□ IV fluids: Ringer's lactate bolus <1 yr: 30ml/kg in 60 min ≥1 yr: 30ml/kg in 30 min Quantity:_____ml over____min □Reassess after bolus If absent/weak pulse→repeat bolus Quantity:_____ml over____min □ 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	□ ORS 75ml/kg over 4 hours Quantity:____ml over 4 hours □ Zinc supplementation (20mg/day) in children 6 months – 5 years □ Reassess after ORS -Severe: Give IV fluids -Some: Repeat ORS amount -No dehydration: Discharge with ORS	□ After each loose stool, give: Age (in yrs) <2 | 2-9 | ≥10 ORS (ml) 50-100 | 100-200 | As much as wanted □ Zinc supplementation (20mg/day) in children 6 months – 5 years
Discharge instructions	□ Reassess hydration after IV fluids -Severe: Repeat IV fluids -Some: ORS (see 'Some' box) □ Give antibiotics Drug & dose_____	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: □ Health messaging completed □ ORS given for home □ 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:_____) □ Unknown

Name of admitting clinician_____ Signature: _____ Date: ___/___/____