**Appendix 12. Admission and triage form**

**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 | □Lethargic or unconscious□ Absent of weak pulse□ Respiratory distress | □ No danger signs |  |
| Signs | □ Not able to drink or drinks poorly□ Sunken eyes□ Skin pinch goes back slowly | □ Irritable or restless□ Sunken eyes□ Rapid pulse□ Thirsty, drinks eagerly□ Skin pinch goes back slowly | □ Awake and alert□ Normal pulse□ Normal thirst□ Eyes not sunken□ Skin pinch normal |
| 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 dehydration (Plan A)** |
| Treatment | □ IV fluids: Ringer’s lactate bolus<1 yr: 30ml/kg in 60 min >1 yr: 30ml/kg in 30 minQuantity:­­\_\_\_\_\_ml over\_\_\_\_min□Reassess after bolus If absent/weak pulse🡪repeat bolusQuantity:\_\_\_\_\_ml over\_\_\_\_min□ IV fluids: Ringer’s Lactate bolus<1 year: 70ml/kg in 5 hours >1 year: 70ml/kg in 2.5 hoursQuantity:\_\_\_\_ml over\_\_\_\_hours□ Reassess hydration after IV fluids -Severe: Repeat IV fluids-Some: ORS (see ‘Some’ box)□ Give antibioticsDrug & dose\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ 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 | 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: \_\_\_/\_\_\_/\_\_\_\_\_\_**

1. **OUTCOME:**

**Date of outcome: \_\_\_/\_\_\_/\_\_\_\_** □**Discharged** □**Dead** □**Self-discharged** □**Referred (where:\_\_\_\_\_\_)** □ **Unknown**

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