**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 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  □ Reassess hydration after IV fluids  -Severe: Repeat IV fluids  -Some: ORS (see ‘Some’ box)  □ Give antibiotics  Drug & 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: \_\_\_/\_\_\_/\_\_\_\_**