GLOBAL TASK FORCE ON CHOLERA CONTROL

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 knowif 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

5. 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: ___/___/______

6. OUTCOME:

Date of outcome: ___/___/____ □Discharged □Dead □Self-discharged □Referred (where:______) □ Unknown

Name of admitting clinician____________________ Signature: __________________________ Date: ___/___/____