Site ID:	Country ID:	Form ID:	Sick Young Infant Assessment Form	3

Implementation Research on Management of Possible Serious Bacterial Infection (PSBI) in Young Infants (0-59 Days) where Referral is Not Feasible

A. Infants Name ..... B. Mother's Name ..... C. Father's Name.....

D. Village..... E. Family Phone No ☐☐☐☐☐☐☐☐☐☐ F. ASHAs Name:……..

F. Assessor's Name ..... G. Infant's problems (as mentioned by mother/caregiver).....

.....

(This section NOT to be entered in database)

1. Infant's ID Number:	2. Age: ☐☐ days	3. Weight: ☐.☐ kg	4. Temperature: ☐☐.☐ °C

5. First visit for this illness - Yes / No	6.Assesment by - MO / Nurse / ANM / Others	Others-
7. Place of Assessment - Home / PHC / CHC / DH	8. PHC -	9. SC -
10. Assessment date - / /	11. Assessment time - ☐☐.☐☐ AM/ PM	

SECTION A

This section will capture information on the signs which health worker documented to assess and classify sick newborn. The signs which are mentioned below, are also mentioned in " Treatment card: Management of Sepsis in Young Infant

A 1. Checked For Possible Serious Bacterial Infection

	Assess	Encircle the response
12.	Not able to feed or No breast attachment or not suckling at all	Yes / No
13.	Less than normal movement	Yes / No
14.	Lethargic or unconscious	Yes / No
15.	Convulsions (fits)	Yes / No
16.	Fast breathing (≥ 60/mins)	Yes / No
17.	Severe chest indrawing	Yes / No
18.	Nasal flaring?	Yes / No
19.	Grunting?	Yes / No
20.	More than 10 skin postules or a big boil	Yes / No
21.	Axillary temperature ≥ 37.5 °C OR temperature < 35.5°C	Yes / No
22.	Blood in stool	Yes / No
23.	Infant classified as (As mentioned in Annexure section of Treatment card)	Critically ill.....01 Severe Clinical Infection.....02 Severe Pneumonia.....03 Pneumonia.....04 Local Infection.....05 None of the above.....06 Not captured.....99

SECTION B

The section gets populated, if Health workers /medical officer are using IMNCI assessment form to classify cases as per the state mandate.

24.	.Did the assessor use IMNCI recording form?	Yes.....01	
		No.....02	**Skip to Sec. C**

B- 1. Checked For PSBI OR Very Severe Disease and Local Infection

	Assess	Encircle the response	Skips
25.	Is the infant having difficulty in feeding	Yes / No	
26.	Convulsions	Yes / No	
27.	Breath count (RR) in one minute	☐☐ (write 99 if not captured)	
28.	Repeat breath count	☐☐ (write 99 if not captured)	
29.	Severe chest indrawing	Yes / No	
30.	Nasal Flaring	Yes / No	
31.	Grunting	Yes / No	
32.	Body temperature	Fever (≥ 37.5°C)$_1$/ low temp. (< 35.5°C)$_2$	
33.	Look at Infant's movement	Moves on own / When shimulated / No movement /less than normal / Unconcious	

34.	Umbilicus draining pus	Yes / No	
35.	Umbilicus is red	Yes / No	
36.	Skin pustules	Yes / No	If no, skip to 38
37.	Skin pustules	≥10 / One Big pustule / < 10	
38.	Was infant also classified for local infection	Only PSBI Or VSD .....01 Only Local Infection.....02 Both PSBI and LI.....03 Fast Breathing……04 PSBI OR LI unlikely…….05 Not captured 99	
	B-2. Checked For Jaundice		
	Assess	**Encircle the response**	**Skips**
39.	Did the infant assessed for jaundice?	Yes / No	**If No, Skip to 44**
40.	When did the jaundice appear first?	Within 24 hrs of birth / Affer 24 hrs of birth / Not captured	
41.	Yellow skin?	Yes / No	
42.	Were palms or soles yellow?	Yes / No	
43.	Was the infant classified for jaundice?	Severe Jaundice.....01 Jaundice.....02 No Jaundice.....03 Not captured.....99	
	B-3. Asked For Diarrhoea and Looked For Dehydration (In Case Of Diarrhoea)		
	Assess	**Encircle the response**	**Skips**
44.	Did the infant assessed for diarrhoea?	Yes / No	**If No, skip to 52**
45.	Did the infant have diarrhoea?	Yes / No / Not captured	**If No, skip to 52**
46.	Did the infant has blood in stool	Yes / No / Not captured	
47.	For how long ?	☐☐ days (99 if not captured)	
48.	How was the infant's movement?	Restless or irritable / No movement / Only when stimulated / unconscious	
49.	Were eyes sunken?	Yes / No	
50.	Pinch the skin of the abdomen. Does it go back	Very slowly / Slowly	
51.	Was the infant classified for Dehydration?	Severe dehydration.....01 Some dehydration.....02 No dehydration.....03 Not captured.....99	
	B-4. Checked For Feeding Problem Or Low Weight For Age		
	Assess	**Encircle the response**	**Skips**
52.	Did the infant assessed for feeding Prob. Or low weight?	Yes / No	**If No, skip to 61**
53.	Is the infant breastfed?	Yes / No / Not captured	
54.	How many times in 24 hours the infant was breastfed?	☐☐ (99 if not captured)	
55.	Does the infant usually receive any other foods/drinks?	Yes / No / Not captured	**If No, skip to 58**
56.	If other food/drinks, how often (in 24 hrs)?	☐☐(99 if not captured	
57.	If yes, what do you use to feed the infant?	Cup / Bottle / spoon / other / Not captured	If other, write-
58.	Determine weight for age. Is the weight low?	Very low / Low / Not low weight / NC	
59.	Ulcers or white patches in mouth (thrush)?	Yes / No	
60.	Was the infant classified for having feeding problem or Low weight for age?	Very Low weight ……01 Feeding problem OR/and Low weight…..02 No feeding problem……03 Not captured……99	
	B-5. Assessed Breastfeeding *(Health workers should feel this section only if there is a feeding difficulty / taking other food or drinks /low weight for age / **has no indications to***		

refer urgently to hospital)			
Assess		**Encircle the correct response**	**Skips**
61.	Was the infant assess for breastfeeding?	Yes / No	**If no, Skip to 70**
62.	Has the infant breastfed in the previous hour?	Yes / No / Not captured	**If No, Skip to 64**
63.	If breastfed in previous hour, was feeding assessed further?	Yes / No	**If no, Skip to 70**
64.	More areola seen above top lip than below bottom lip?	Yes / No / Not captured	
65.	Mouth wide open	Yes / No / Not captured	
66.	Lower lip turned outwards	Yes / No / Not captured	
67.	Chin touching breast	Yes / No / Not captured	
68.	How the infant was attached to breast?	Good / Poor / No attachment / Not captured	
69.	How the infant was suckling	Effectively / Not effectively / Not suckling atall / Not captured	
B- 6. Check Infant's Immunization Status			
Assess		**Encircle the correct response**	**Skips**
70.	BCG 0	Yes / No / Not captured	
71.	Hep B0	Yes / No / Not captured	
72.	OPV 0	Yes / No / Not captured	
73.	Pentavalent 1	Yes / No / Not captured	
74.	Hep B1		
75.	OPV 1	Yes / No / Not captured	
76.	Rotavirus 1	Yes / No / Not captured	
77.	PCV 1	Yes / No / Not captured	
78.	What was next date of immunization	☐☐/☐☐/☐☐	
Section C: (Mandatory) The information for this section shall be sourced from "Treatment card: Management of Sepsis in Young Infant". ANMS are mandated to refer all PSBI cases to hospitals and if they refuse referral then ANM /MO should offer an outpatient 7 days PSBI treatment regimen which should be documented in PSBI treatment card.			
Assess		**Response**	**Skips**
79.	Advised on referral to nearest HF and care during referral?	Yes / No / Not captured	If no, STOP Here
80.	Write the name of the facility to which referral was made (Ask health worker)		
81.	Pre-referral dose of antibiotics given	Yes / No / Not captured	If Yes , Skip to 84
82.	If no pre-referral dose given, ask for the reason (ASK health worker)	Dose not available.....01 Syringe not available.....02 Not confident to give the dose.....03 Refused .....04 Other 88	
83.	If pre-referral dose refused / other, what was the reason? (ASK health worker)		
84.	Informed young infant's condition to MO/SN	Yes / No / Not captured / NA	
85.	Patient refused referral	Yes / No / Not captured	If NO, STOP Here If Yes, Skip to 88
86.	If refused, what was the reason (ASK health worker)	Hospital is too far.....01 Lack of time if hospitalized.....02 Cannot afford transport.....03 Cannot afford hospitalization.....04 Undecided .....05 Other.....88	
87.	If other , please elaborate the reason (ASK health worker)		
88.	Did health-worker offered the infant 7 days Outpatient simple treatment? (ASK health worker)	Yes / No	If yes skip to 90

89.	If no, what was the reason (ASK health worker)		
90.	Did the family accept the treatment (ASK health worker)	Yes / No	If Yes STOP HERE
91.	If no, what was the reason? (ASK health worker)		

92.	Form completed by	☐☐ (Initial of name only)	Date *(dd/mm/yyyy)*	☐☐/☐☐/☐☐☐☐
93.	Form checked by	☐☐ (Initial of name only)	Date *(dd/mm/yyyy)*	☐☐/☐☐/☐☐☐☐
94.	Form entered by	☐☐ (Initial of name only)	Date *(dd/mm/yyyy)*	☐☐/☐☐/☐☐☐☐
95.	Form entered by	☐☐ (Initial of name only)	Date *(dd/mm/yyyy)*	☐☐/☐☐/☐☐☐☐

END of THH FORM