

Implementation Research on Management of Possible Serious Bacterial Infection (PSBI) In Young Infants (0-59 Days) Where Referral Is Not Feasible

[To be filled by the research team from the infant treatment card and register maintained at the health centre]

INFANT AND HEALTH WORKER IDENTIFYING INFORMATION

1. CHC	2. PHC	3. Sub-Centre	4. Village	5. Infant ID:
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GENERAL											
Day number		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7			
6.	Date of follow-up visit (dd/mm/yyyy)		/ /	/ /	/ /	/ /	/ /	/ /	/ /		
7.	Time of follow-up visit (hh:mm)		AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
8.	Follow-up carried out at		SC / PHC / CHC / DH	SC / PHC / CHC / DH	SC / PHC / CHC / DH	SC / PHC / CHC / DH	SC / PHC / CHC / DH	SC / PHC / CHC / DH	SC / PHC / CHC / DH	SC / PHC / CHC / DH	SC / PHC / CHC / DH
	1	Health facility	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	2	Home	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
9.	Visit status (home visit) (one answer only)		1.	Infant assessed during visit	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
			2	Infant temporarily away from home	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
			3	Nobody at home	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
			4	Refused to be assessed	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
			5	Infant died	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
			6	Infant is hospitalized	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
			7	Other (specify)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
10.	Adult primary respondent		Father/ Mother /Other	Father/ Mother /Other	Father/ Mother /Other	Father/ Mother /Other	Father/ Mother /Other	Father/ Mother /Other	Father/ Mother /Other	Father/ Mother /Other	
	10.1.	If other specify:									
11.	How is the infant today? (Respondent's perception of infant's condition)		Same / Better /Worsened/ Cured / Died/ Don't know	Same / Better /Worsened / Cured / Died/ Don't know	Same / Better /Worsened / Cured / Died/ Don't know	Same / Better /Worsened / Cured / Died/ Don't know	Same / Better /Worsened / Cured / Died/ Don't know	Same / Better /Worsened / Cured / Died/ Don't know	Same / Better /Worsened / Cured / Died/ Don't know	Same / Better /Worsened / Cured / Died/ Don't know	Same / Better /Worsened / Cured / Died/ Don't know

Day number		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7			
SIGNS OF PSBI (Y = Yes , N= No , NC = Not captured)											
12.	Not able to feed or No breast attachment or not suckling at all	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	
13.	Less than normal movement	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	
14.	Lethargic or unconscious	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	
15.	Convulsions (fits)	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	
16.	Fast breathing (≥ 60 /mins)	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	
17.	Severe chest indrawing	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	
18.	Nasal Flaring	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	
19.	Grunting	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	
20.	More than 10 skin pustules or a big boil	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	
21.	Axillary temperature ≥ 37.5 °C OR temperature < 35.5 °C	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	
22.	Blood in stool	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	Y / N / NC	
SIMPLIFIED ANTIBIOTIC TREATMENT GIVEN											
IF TREATMENT FAILURE OR SEVERE ADVERSE EVENT NEEDING REFERRAL/CHANGE OF THERAPY PUT DOUBLE LINE THROUGH REMAINING DAYS											
23.	Gentamicin	Dose	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mL	Y / N / Partially / DNK	Y / N / Partially / DNK	Y / N / Partially / DNK	Y / N / Partially / DNK	Y / N / Partially / DNK	Y / N / Partially / DNK	Y / N / Partially / DNK	Y / N / Partially / DNK
24.	Ampicillin	Dose	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mL	Y / N / Partially / DNK	Y / N / Partially / DNK	Y / N / Partially / DNK	Y / N / Partially / DNK	Y / N / Partially / DNK	Y / N / Partially / DNK	Y / N / Partially / DNK	Y / N / Partially / DNK
25.	Ampicillin	Dose	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mL	Y / N / Partially / DNK	Y / N / Partially / DNK	Y / N / Partially / DNK	Y / N / Partially / DNK	Y / N / Partially / DNK	Y / N / Partially / DNK	Y / N / Partially / DNK	Y / N / Partially / DNK
26.	Amoxicillin	Dose	Syrup <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mL Distab <input type="text"/> <input type="text"/> <input type="text"/> mg	Y / N / Partially / DNK	Y / N / Partially / DNK	Y / N / Partially / DNK	Y / N / Partially / DNK	Y / N / Partially / DNK	Y / N / Partially / DNK	Y / N / Partially / DNK	Y / N / Partially / DNK
27.	Amoxicillin	Dose	Syrup <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mL Distab <input type="text"/> <input type="text"/> <input type="text"/> mg	Given/ Partially Given/ Not given/ do not know	Given/ Partially Given/ Not given/ do not know	Given/ Partially Given/ Not given/ do not know	Given/ Partially Given/ Not given/ do not know	Given/ Partially Given/ Not given/ do not know	Given/ Partially Given/ Not given/ do not know	Given/ Partially Given/ Not given/ do not know	Given/ Partially Given/ Not given/ do not know
28.	For how many days did the infant receive A. Inj. Gentamicin <input type="text"/> <input type="text"/> B. Inj. Ampicillin <input type="text"/> <input type="text"/> C. Syrup Amoxicillin <input type="text"/> <input type="text"/> (write N/A if not applicable)										

Country ID

Site ID

Form ID

FACILITY FOLLOW UP FORM

4

29.	How many complete doses did the infant receive	A. Inj. Gentamicin	<input type="text"/>	<input type="text"/>	B. Inj. Ampicillin	<input type="text"/>	<input type="text"/>	C. Syrup Amoxicillin	<input type="text"/>	<input type="text"/>	(write N/A if not applicable)
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Day number		1	2	3	4	5	6	7		
ADVERSE EVENTS (Y = Yes ; N= No; DNK= Do not Know)										
30.	Diarrhea	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK
31.	Reduced urine output	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK
32.	Injection site infection	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK
33.	Injection site abscess	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK
34.	Any other	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK	Y/ N/ DNK
35.	(If Other, specify)									

OUTCOME OF THIS VISIT										
36.	What is infants' condition since previous assessment? (Health workers assessment)	Same / Better / Worsened / Cured / Died / Don't know	Same / Better / Worsened / Cured / Died / Don't know	Same / Better / Worsened / Cured / Died / Don't know	Same / Better / Worsened / Cured / Died / Don't know	Same / Better / Worsened / Cured / Died / Don't know	Same / Better / Worsened / Cured / Died / Don't know	Same / Better / Worsened / Cured / Died / Don't know	Same / Better / Worsened / Cured / Died / Don't know	Same / Better / Worsened / Cured / Died / Don't know
37.	ACTION TAKEN BY HEALTH WORKER	Treatment continuing; / Referred /patient left / Cured/ Died	Treatment continuing; / Referred /patient left / Cured/ Died	Treatment continuing; / Referred /patient left / Cured/ Died	Treatment continuing; / Referred /patient left / Cured/ Died	Treatment continuing; / Referred /patient left / Cured/ Died	Treatment continuing; / Referred /patient left / Cured/ Died	Treatment continuing; / Referred /patient left / Cured/ Died	Treatment continuing; / Referred /patient left / Cured/ Died	Treatment continuing; / Referred /patient left / Cured/ Died
38.	If referred to higher facility, Name and address of the facility									

39.	Form completed by	<input type="text"/>	<input type="text"/>	(Initial of name only)	Date (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
40.	Form checked by	<input type="text"/>	<input type="text"/>	(Initial of name only)	Date (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
41.	Form entered by	<input type="text"/>	<input type="text"/>	(Initial of name only)	Date (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
42.	Form entered by	<input type="text"/>	<input type="text"/>	(Initial of name only)	Date (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>