

MODULE 2: HEW INTERACTION WITH CAREGIVER AND NEWBORN

Record whether the HEW **ASKED** about or whether the caregiver mentioned the following clinical manifestation with the current episode of illness

No	Question	Codes	Skip. Pattern	Response	S. No
O2.1	Fever	1 = Yes 2 = No			O2.1
O2.2	Cough	1 = Yes 2 = No			O2.2
O2.3	Difficult breathing (e.g., altered breathing pattern or chest in-drawing)	1 = Yes 2 = No			O2.3
O2.4	Grunting	1 = Yes 2 = No			O2.4
O2.5	Cyanosis (bluish discolouration of skin)	1 = Yes 2 = No			O2.5
O2.6	No or limited breastfeeding	1 = Yes 2 = No			O2.6
O2.7	New-born vomits everything	1 = Yes 2 = No			O2.7
O2.8	Diarrhoea	1 = Yes 2 = No			O2.8
O2.9	Ear discharge	1 = Yes 2 = No			O2.9
O2.10	Eye discharge	1 = Yes 2 = No			O2.10
O2.11	New-born has had convulsions with this illness	1 = Yes 2 = No			O2.11
O2.12	Excessive irritability/ crying	1 = Yes 2 = No			O2.12
O2.13	Bulging fontanel	1 = Yes 2 = No			O2.13
O2.14	Neck retraction/ stiffness	1 = Yes 2 = No			O2.14
O2.15	Blank look	1 = Yes 2 = No			O2.15
O2.16	Oral thrush/ulcer	1 = Yes 2 = No			O2.16
O2.17	None of the above (from Q2.1- 2.16)	1 = Yes 2 = No			O2.17
O2.18	Asked about mother's HIV status	1 = Yes 2 = No	IF 2=no go to next module		O2.18
O2.19	Mother positive HIV status	1 = Yes 2 = No 3 = Unknown			O2.19

MODULE 3: PHYSICAL EXAMINATIONS OF THE NEWBORN					
Record whether the HEW <u>PERFORMED</u> the following physical examinations on the new-born					
No	Question	Codes	Skip. Pattern	Response	S. No
O3.1	Took new-born's temperature by thermometer	1 = Yes 2 = No			O3.1
O3.2	Felt the new-born for fever or body hotness	1 = Yes 2 = No			O3.2
O3.3	Counted respiration (breaths) for 60 seconds	1 = Yes 2 = No	2 – GO TO O3.5		O3.3
O3.4	Re-counted respiration (breaths) for 60 second	1 = Yes 2 = No			O3.4
O3.5	Checked the chest for chest in-drawing	1 = Yes 2 = No			O3.5
O3.6	Stimulation (Stroking new-born's feet)	1 = Yes 2 = No			O3.6
O3.7	Checked skin turgor for dehydration (e.g., pinch abdominal skin)	1 = Yes 2 = No			O3.7
O3.8	Checked if the eyes are sunken	1 = Yes 2 = No			O3.8
O3.9	Looked into new-born's mouth	1 = Yes 2 = No			O3.9
O3.10	Looked in new-born's ear	1 = Yes 2 = No			O3.10
O3.11	Checked for neck stiffness	1 = Yes 2 = No			O3.11
O3.12	Umbilical/ abdominal exam	1 = Yes 2 = No			O3.12
O3.13	Checked if the eyes are yellow	1 = Yes 2 = No			O3.13
O3.14	Checked if the soles or palms or both are yellow	1 = Yes 2 = No			O3.14
O3.15	Checked breast feeding positioning	1 = Yes 2 = No			O3.15
O3.16	Checked breast feeding attachment	1 = Yes 2 = No			O3.16
O3.17	Weighed the new-born	1 = Yes 2 = No			O3.17
O3.18	Checked and plotted weight on growth chart on integrated maternal and child care card in the family folder	1 = Yes 2 = No			O3.18
O3.19	None of the above (from Q3.1- 3.18)	1 = Yes 2 = No			O3.19

MODULE 4: GENERAL CARE AND RECORD KEEPING					
Record whether a <u>HEW ASKED</u> about or <u>PERFORMED</u> other assessments of new-born's health by doing any of the following:					
No	Question	Codes	Skip. Pattern	Response	S. No
O4.1	Offered the new-born ORS to drink or asked the mother to put the newborn to the breast.	1 = Yes 2 = No			O4.1
O4.2	Asked about normal breastfeeding habits or practices when the newborn is not ill.	1 = Yes 2 = No			O4.2
O4.3	Asked about feeding or breastfeeding habits or practices for newborn during this illness.	1 = Yes 2 = No			O4.3
O4.4	Mentioned the newborn's weight to the caretaker, or discussed it using growth chart.	1 = Yes 2 = No			O4.4
O4.5	Mentioned the newborn's growth to the caretaker, or discussed it using growth chart.	1 = Yes 2 = No			O4.5
O4.6	Looked at the newborn's immunization card or asked caregiver about newborn vaccination history.	1 = Yes 2 = No			O4.6
O4.7	Looked at the integrated maternal and child care card either before or at the beginning the consultation.	1 = Yes 2 = No			O4.7
O4.8	Wrote on the integrated maternal and child care card newborn's health card.	1 = Yes 2 = No			O4.8
O4.9	Wrote on CBNC/ iCCM 0-2 month register.	1 = Yes 2 = No			O4.9
O4.10	None of the above. (from Q4.1- 4.9)	1 = Yes 2 = No			O4.10

MODULE 5: COUNSELLING OF CARETAKER					
Record whether an HEW did any of the following:					
No	Question	Codes	Skip. Pattern	Response	S. No
O5.1	Provided general information about breastfeeding the newborn even when not sick	1 = Yes 2 = No			O5.1
O5.2	Told the caregiver to give extra fluids (ORS) to the newborn during this illness	1 = Yes 2 = No			O5.2
O5.3	Told the caregiver to continue breastfeeding the newborn during this illness	1 = Yes 2 = No			O5.3
O5.4	Told the caregiver what health status or illness(es) the newborn has	1 = Yes 2 = No			O5.4
O5.5	Described signs and/or symptoms in the newborn for which to immediately bring newborn back	1 = Yes 2 = No			O5.5
O5.6	None of the above (from Q5.1- 5.5)	1 = Yes 2 = No			O5.6
ADDITIONAL COUNSELLING FOR MEDICINE AT HOME:					
<ul style="list-style-type: none"> - This refers only to medicines that the caregiver will give the sick newborn at HOME & - Does not include any medicine given to the newborn during consultation (e.g., ORS or pain medicine) for urgent treatment of symptoms 					
O5.7	Prescribed or provided oral medications during consultation	1 = Yes 2 = No			O5.7
O5.8	Explained how to administer oral treatment(s)	1 = Yes 2 = No			O5.8
O5.9	Asked the caregiver to repeat the instructions for giving medications at home	1 = Yes 2 = No			O5.9
O5.10	Gave the first dose of the oral treatment at the health post	1 = Yes 2 = No			O5.10
O5.11	Discuss follow-up visit for the sick newborn	1 = Yes 2 = No			O5.11
O5.12	None of the above (from Q5.7- 5.11)	1 = Yes 2 = No			O5.12

MODULE 6: REFERRALS AND ADMISSIONS					
Record whether the HEW did any of the following:					
No	Question	Codes	Skip. Pattern	Response	S. No
O6.1	Recommend that newborn be referred to Health centre	1 = Yes 2 = No	If 2=No, then skip to 6.6		O6.1
O6.2	Explained the reason for (any) referral	1 = Yes 2 = No			O6.2
O6.3	Gave referral slip to caregiver	1 = Yes 2 = No			O6.3
O6.4	Explained where (or to whom) to go for referral	1 = Yes 2 = No			O6.4
O6.5	HEW explained when to go for referral	1 = Yes 2 = No			O6.5
O6.6	What was the outcome of this Consultation? [this is the point when the observation is concluded]	a. Treated and sent home b. Treated and newborn referred to the Health Center c. Newborn referred to the Health Center d. Counselling and sent home			O6.6

No	Question	Codes	Skip. Pattern	Response	S. No
Module 7: Diagnosis (or main symptom, if no diagnosis): Continue HEW immediately after the end of consultation. Pleasure coordinate the assistant (e.g. community mobilizer) that next patient shouldn't enter the consultation room till the end completion of the rest of the form ASK HEW: what symptoms you have observed and what was your diagnosis for the new-born ?					
	Dehydration				
O7.1	Severe dehydration	1 = Yes 2 = No			O7.1
O7.2	Moderate (some) dehydration	1 = Yes 2 = No			O7.2
O7.3	None of the above (from Q7.1- 7.3)	1 = Yes 2 = No			O7.3
	Digestive system / intestinal				
O7.4	Diarrhoea	1 = Yes 2 = No			O7.4
O7.5	Severe persistent diarrhoea	1 = Yes 2 = No			O7.5
O7.6	Dysentery	1 = Yes 2 = No			O7.6
O7.7	Other digestive / intestinal (specify)_____	1 = Yes 2 = No			O7.7
O7.8	None of the above (from Q7.4- 7.7)	1 = Yes 2 = No			O7.8
	Respiratory system				
O7.9	Pneumonia	1 = Yes 2 = No			O7.9
O7.10	Respiratory illness, diagnosis uncertain	1 = Yes 2 = No			O7.10
O7.11	Cough, diagnosis uncertain	1 = Yes 2 = No			O7.11
O7.12	None of the above (from Q7.9- 7.11)	1 = Yes 2 = No			O7.12
	Malaria				
O7.13	Malaria (clinical diagnosis)	1 = Yes 2 = No			O7.13
O7.14	Malaria (rapid diagnostic test)	1 = Yes 2 = No			O7.14
O7.15	None of the above (from Q7.13- 7.14)	1 = Yes 2 = No			O7.15

O7.16	Fever of unknown origin	1 = Yes 2 = No			O7.16
	Jaundice				
O7.17	Jaundice	1 = Yes 2 = No			O7.17
O7.18	severe jaundice	1 = Yes 2 = No			O7.18
O7.19	None of the above (from Q7.17- 7.18)	1 = Yes 2 = No			O7.19
	Local bacterial infection				
O7.20	Umbilicus red or draining pus	1 = Yes 2 = No			O7.20
O7.21	Skin pustules	1 = Yes 2 = No			O7.21
O7.22	None of the above (from Q7.20- 7.21)	1 = Yes 2 = No			O7.22
O7.23	Very severe disease	1 = Yes 2 = No			O7.23
O7.24	Ear infections	1 = Yes 2 = No			O7.24
O7.25	Low Weight or Feeding Problem	1 = Yes 2 = No			O7.25
O7.26	Other diagnosis	1. No other diagnosis 2. Any other diagnosis (specify)____ —			O7.26

Module 8: Treatment					
Ask the HEW about the TREATMENT that was either prescribed or provided. Prompt if necessary.					
No	Question	Codes	Skip. Pattern	Response	S. No
	a. General treatment				
O8.1	Gentamycin injection	1 = Yes 2 = No			O8.1
O8.2	Other antibiotic injection	1 = Yes 2 = No			O8.2
O8.3	Co-trimoxazole (tablet/syrup)	1 = Yes 2 = No			O8.3
O8.4	Amoxicillin (tablet/syrup)	1 = Yes 2 = No			O8.4
O8.5	Other antibiotic tablet/syrup	1 = Yes 2 = No			O8.5
O8.6	Paracetamol or other fever/ pain reducing medicine	1 = Yes 2 = No			O8.6
O8.7	Zinc	1 = Yes 2 = No			O8.7
O8.8	Cough syrups/other medication	1 = Yes 2 = No			O8.8
O8.9	None of the above (from Q8.1- 8.8)	1 = Yes 2 = No			O8.9
	b. Malaria				
O8.10	Oral act/al (e.g., coartem)	1 = Yes 2 = No			O8.10
O8.11	Other anti malarial, specify	1 = Yes 2 = No			O8.11
O8.12	None of the above (from Q8.10- 8.11)	1 = Yes 2 = No			O8.12
	c. Dehydration				
O8.13	Home ORT (plan B)	1 = Yes 2 = No			O8.13
O8.14	Initial ORT in facility (4 hours – planB)	1 = Yes 2 = No			O8.14
O8.15	None of the above (from Q8.13- 8.14)	1 = Yes 2 = No			O8.15
O8.16	d. Other treatment & advice	1. Feeding breast milk advice			O8.16

		2. Any other treatment Specify -----			
	e. Vaccination				
O8.17	Vaccinated newborn during the visit	1 = Yes 2 = No	If 1=yes , then skip to end of the module		O8.17
O8.18	Not due for, or completed vaccination	1 = Yes 2 = No			O8.18
O8.19	Vaccine not available	1 = Yes 2 = No			O8.19
O8.20	Newborn too sick to be vaccinated	1 = Yes 2 = No			O8.20
O8.21	Not day for vaccination (i.e. Vaccination day at the HP)	1 = Yes 2 = No			O8.21
O8.22	Did not check for vaccination	1 = Yes 2 = No			O8.22