

**CBNC MIDLINE: RE-EXAMINATION FORM**

<b>MODULE 1: BACKGROUND / FACILITY IDENTIFIERS</b>			
RE1.1	Date (Gregorian Calendar)	_ _  -  _ _  -  _ _	RE1.1
RE1.2	Region code	_ _	RE1.2
RE1.3	Zone code	_ _	RE1.3
RE1.4	Woreda name	_ _ _ _ _ _ _ _ _ _ _ _	RE1.4
RE1.5	Woreda code	_ _ _	RE1.5
RE1.6	PHCU code	_ _	RE1.6
RE1.7	Health post code	_	RE1.7
RE1.8	Interviewer Initials	_ _	RE1.8
<p><b>Note:</b> Write down following Information from the <b>“Mother and Child Enrolment Card”</b> &amp; Confirm the child name and sex from the mother</p>			
RE1.9	Care-giver/Mother’s name	_ _ _ _ _ _ _ _ _ _ _ _	RE1.9
RE1.10	Child name	_ _ _ _ _ _ _ _ _ _ _ _	RE1.10
RE1.11	Child sex	1 = Male 2 = Female	RE1.11
RE1.12	Child date of birth (English)	_ _  -  _ _  -  _ _	RE1.12
RE1.13	Child’ UNIQUE ID (Composed of the 2 digit region 2 digit zonal, 2 digit woreda code , 2 digit PHCU code, one digit health post one digit child’s id)	_ _ / _ _ _ _ _ / _ _ _ _ _ / _ _ _ _ _ / _ _ _ _ _  <b>Region/ Zone / Woreda/ PHCU/ Health-Post/Child</b> <b>Needs to be same as enrolment form</b>	RE1.13
RE1.14	Record the time the consultation started (English) (mother entered the room and start talking to Re-Examiner)	_ _  -  _ _  Hours Minutes	RE1.14
RE1.15	Record the time the consultation ended (English) (mother has left the Re-examiner consultation room )	_ _  -  _ _  Hours Minutes	RE1.15

**MODULE 2: VERBAL INQUIRY - HEALTH OFFICER WITH the CAREGIVER****Record the response by the caregiver about the following clinical manifestation with the current episode of illness in newborn.**

No	Question	Codes	Skip	Response	S. No.
RE2.1	Fever	<b>1 = Yes 2 = No</b>			RE2.1
RE2.2	Cough	<b>1 = Yes 2 = No</b>			RE2.2
RE2.3	Difficult breathing (e.g., altered breathing pattern or severe chest in-drawing)	<b>1 = Yes 2 = No</b>			RE2.3
RE2.4	Grunting	<b>1 = Yes 2 = No</b>			RE2.4
RE2.5	Cyanosis (bluish discolouration of skin)	<b>1 = Yes 2 = No</b>			RE2.5
RE2.6	No or limited breastfeeding	<b>1 = Yes 2 = No</b>			RE2.6
RE2.7	Newborn vomits everything	<b>1 = Yes 2 = No</b>			RE2.7
RE2.8	Diarrhoea	<b>1 = Yes 2 = No</b>			RE2.8
RE2.9	Ear discharge	<b>1 = Yes 2 = No</b>			RE2.9
RE2.10	Eye discharge	<b>1 = Yes 2 = No</b>			RE2.10
RE2.11	Newborn has had convulsions with this illness	<b>1 = Yes 2 = No</b>			RE2.11
RE2.12	Excessive irritability/ crying	<b>1 = Yes 2 = No</b>			RE2.12
RE2.13	Bulging fontanel	<b>1 = Yes 2 = No</b>			RE2.13
RE2.14	Neck retraction/ stiffness	<b>1 = Yes 2 = No</b>			RE2.14
RE2.15	Blank look	<b>1 = Yes 2 = No</b>			RE2.15
RE2.16	None of the above	<b>1 = Yes 2 = No</b>			RE2.16
RE2.17	Mother's positive HIV status	<b>1 = Yes 2 = No 3 = Unknown</b>			RE2.17

**MODULE 3: PHYSICAL EXAMINATIONS OF THE NEWBORN**

No	Question	Codes	Skip	Response	S. No.
RE3.1	General Appearance	1 = Normal 2 = Sick looking 3 = Restless and/or Irritable			RE3.1
RE3.2	Newborn's temperature by thermometer	__ __ _ __ °C			RE3.2
RE3.3	Felt the newborn for fever or body hotness	<b>1= Normal</b> <b>2= Cold</b> <b>3= Hot</b>			RE3.3
RE3.4	Respiration (breaths) count for 60 seconds	__ __ __			RE3.4
RE3.5	Re-count respiration (breaths) for 60 seconds	__ __ __  Enter 999 if the first respiration count is <60			RE3.5
RE3.6	Breathing sound	<b>1 = Normal</b> <b>2 = Grunting</b>			RE3.6
RE3.7	Chest movement during breathing	<b>1 = Normal</b> <b>2 = Severe Chest In-drawing</b>			RE3.7
RE3.8	Stimulation (Stroking newborn's feet)	<b>1 = Normal</b> <b>2 = Slow</b> <b>3= None</b>			RE3.8
RE3.9	Checked skin turgor for dehydration (e.g., pinch abdominal skin)	<b>1 = Normal</b> <b>2 = Slow to return</b> <b>3= very slow to return</b>			RE3.9
RE3.10	Looked into newborn's mouth	<b>1 = Normal</b> <b>2= Oral thrush</b>			RE3.10
RE3.11	Palms	<b>1 = Normal</b> <b>2= Pallor</b>			RE3.11
RE3.12	Conjunctiva	<b>1 = Normal</b> <b>2= Pallor</b> <b>3= Red/ discharge</b>			RE3.12
RE3.13	Looked in newborn's ear	<b>1 = Normal, dry both</b>			RE3.13

		<b>ear</b> <b>2= Discharge one ear</b> <b>3= Discharge both ear</b>			
RE3.14	Checked for neck stiffness	<b>1 = Normal</b> <b>2= Neck stiffness</b>			RE3.14
RE3.15	Umbilical/Abdominal exam	<b>1 = Normal</b> <b>2=Skin pustules</b> <b>3= Umbilicus red or draining pus</b>			RE3.15
RE3.16	Eyes	<b>1 = Normal</b> <b>2 = Sunken Eyes</b>			RE3.16
RE3.17	Skin and Eyes	<b>1 = Normal</b> <b>2 = Yellow</b>			RE3.17
RE3.18	Soles and Palms	<b>1 = Normal</b> <b>2 = Yellow</b>			RE3.18

#### MODULE 4: REFERRALS AND ADMISSIONS

Record whether the HEW did any of the following

No	Question	Codes	Skip	Response	S. No
RE4.1	Recommend that newborn be immediately referred to nearby Health centre	<b>1 = Yes 2 = No</b>	SKIP		RE4.1
RE4.2	If yes, any pre-referral dose needed	<b>1 = Yes, antibiotics</b> <b>2 = Yes, ORS</b> <b>3= No</b>			RE4.2
RE4.3	If not referred, when a follow-up visit needed	<b>1 = Not given</b> <b>2= After 2 days</b> <b>3= Between 2-7 days</b> <b>4= After 7 days</b>			RE4.3

<b>MODULE 5: DIAGNOSIS (OR MAIN SYMPTOM, IF NO DIAGNOSIS)</b>					
No	Question	Codes	Skip	Response	S. No.
	<b>Dehydration</b>				
RE5.1	Severe dehydration	<b>1 = Yes 2 = No</b>			RE5.1
RE5.2	Moderate (Some) dehydration	<b>1 = Yes 2 = No</b>			RE5.2
RE5.3	None of the above (From Q. RE5.1 – RE5.2)	<b>1 = Yes 2 = No</b>			RE5.3
	<b>Digestive system / intestinal</b>				
RE5.4	Diarrhoea	<b>1 = Yes 2 = No</b>			RE5.4
RE5.5	Severe persistent diarrhoea	<b>1 = Yes 2 = No</b>			RE5.5
RE5.6	Dysentery	<b>1 = Yes 2 = No</b>			RE5.6
RE5.7	Other digestive / intestinal (specify)_____	<b>1 = Yes 2 = No</b>			RE5.7
RE5.8	None of the above (From Q. RE5.4 – RE5.7)	<b>1 = Yes 2 = No</b>			RE5.8
	<b>Respiratory system</b>				
RE5.9	Pneumonia	<b>1 = Yes 2 = No</b>			RE5.9
RE5.10	Respiratory illness, diagnosis uncertain	<b>1 = Yes 2 = No</b>			RE5.10
RE5.11	Cough, diagnosis uncertain	<b>1 = Yes 2 = No</b>			RE5.11
RE5.12	None of the above (From Q. RE5.9 – RE5.11)	<b>1 = Yes 2 = No</b>			RE5.12
	<b>Malaria</b>				
RE5.13	Malaria (clinical diagnosis)	<b>1 = Yes 2 = No</b>			RE5.13
RE5.14	Malaria (rapid diagnostic test)	<b>1 = Yes 2 = No</b>			RE5.14

RE5.15	None of the above (From Q. RE5.13 – RE5.14)	<b>1 = Yes 2 = No</b>			RE5.15
RE5.16	<b>Fever</b> (Fever of unknown origin)	<b>1 = Yes 2 = No</b>			RE5.16
	<b>Jaundice</b>				
RE5.17	Jaundice	<b>1 = Yes 2 = No</b>			RE5.17
RE5.18	severe jaundice	<b>1 = Yes 2 = No</b>			RE5.18
RE5.19	None of the above (From Q. RE5.17 – RE5.18)	<b>1 = Yes 2 = No</b>			RE5.19
	<b>Local bacterial infection</b>				
RE5.20	Umbilicus red or draining pus	<b>1 = Yes 2 = No</b>			RE5.20
RE5.21	Skin pustules	<b>1 = Yes 2 = No</b>			RE5.21
RE5.22	None of the above (From Q. RE5.20 – RE5.21)	<b>1 = Yes 2 = No</b>			RE5.22
RE5.23	<b>Very Severe Disease</b>	<b>1 = Yes 2 = No</b>			RE5.23
RE5.24	<b>Ear infections</b>	<b>1 = Yes 2 = No</b>			RE5.24
RE5.25	<b>Feeding Problem/Low Weight</b>	<b>1 = Yes 2 = No</b>			RE5.25
RE5.26	<b>Other diagnosis</b>	<b>1. No other diagnosis 2. Any other diagnosis. If other – GO TO RE5.27</b>			RE5.26
RE5.27	<b>Specify</b> _____				RE5.27

**MODULE 6: PRESCRIBED TREATMENT**

No	Question	Codes	Skip	Response	S. No.
	<b>a. General treatment</b>				
RE6.1	Gentamycin injection	<b>1 = Yes 2 = No</b>			RE6.1
RE6.2	Other antibiotic injection	<b>1 = Yes 2 = No</b>			RE6.2
RE6.3	Co-trimoxazole (tablet/syrup)	<b>1 = Yes 2 = No</b>			RE6.3
RE6.4	Amoxicillin (tablet/syrup)	<b>1 = Yes 2 = No</b>			RE6.4
RE6.5	Other antibiotic tablet/syrup	<b>1 = Yes 2 = No</b>			RE6.5
RE6.6	Paracetamol or other fever reducing medicine	<b>1 = Yes 2 = No</b>			RE6.6
RE6.7	Zinc	<b>1 = Yes 2 = No</b>			RE6.7
RE6.8	Cough syrups/other medication	<b>1 = Yes 2 = No</b>			RE6.8
RE6.9	None of the above (From Q. RE6.1 – RE6.8)	<b>1 = Yes 2 = No</b>			RE6.9
	<b>b. Malaria</b>				
RE6.10	Oral act/al (e.g., coartem)	<b>1 = Yes 2 = No</b>			RE6.10
RE6.11	Other anti malarial, specify	<b>1 = Yes 2 = No</b>			RE6.11
RE6.12	None of the above (From Q. RE6.10 – RE6.11)	<b>1 = Yes 2 = No</b>			RE6.12
	<b>c. Dehydration</b>				
RE6.13	Home ORT (plan A)	<b>1 = Yes 2 = No</b>			RE6.13
RE6.14	Initial ORT in facility (4 hours – plan B)	<b>1 = Yes 2 = No</b>			RE6.14
RE6.15	None of the above (From Q. RE6.13 – RE6.15)	<b>1 = Yes 2 = No</b>			RE6.15
RE6.16	<b>Other treatment &amp; advice</b>	<b>1. Feeding breast milk 2. Any other Tx – GO TO RE6.17</b>			RE6.16

RE6.17	<b>Specify</b> _____			RE6.17
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- At the end thank her and ask the caregiver if she has any question about her newborn or her own health.
- If needed- give her health education/advice accordingly.
- Finally guide her to meet the field team member responsible for the exit interviews of the caregiver.