

THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

HMIS EPI 003: CHILD HEALTH CARD

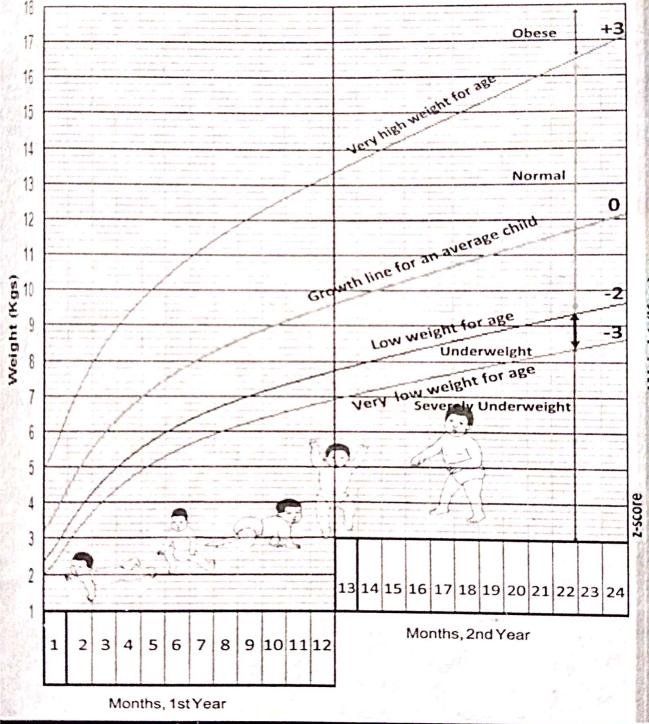
Health workers should use this card as an immunization record and education document for mothers Child/SPT No: NIN Child's Name: Sex Male□ Female□ Birth Weight (Kg): Date of Birth: NO NAME AND Birth Order: Mother's Contact Mother's Name Father's Contact Father's Name Father's Occupation: Mother's Occupation: Place of birth (E.g. Health facility name): Address of the Child Sub County/Division: District: LC 1/Village/Cell: Parish/Ward: TICK REASONS FOR SPECIAL CARE Birth Weight less than 2.5 Kg Brothers and Sisters Malnourished Mother dead Birth defect Father dead Other handicaps or illness Fifth child or more 3 or more children in family dead Multiple birth child Birth less than 2 years after last birth Birth Asphyxia Severe Jaundice Any reason for Special Attention: Please carry this card every time you bring your child for care or attention Please Administer Vitamin A and Deworming Doses as Follows Depending on the strength of the Tablet 6 months 100,000IU Vitamin A 1 year & above 200,000IU 1 year 200mg Albendazole/250mg Mebendazole Deworming 2 years & above 400mg Albendazole/500mg Mebendazole



GROWTH MONITORING

Important: Give your baby only be Add foods and other lie

Weight-for-Age: GIRLS (Birth to 2 years)



During Health Education discuss

- 1. Breast feeding
- 2. Maternal Nutrition
- 3. HIV and AIDS
- 4. Immunization and Vitamin A supplementation
- 5. Feeding the baby during illness and aGer illness

- 6. Other foods from 6 months of age
- 7. Frequency of feeding
- 8. Clean food and water
- 9. Child spacing
- 10. Sanitation and hygiene
- 11. Tuberculosis (TB)

AND PROMOTION CHART

nly breast milk for the first 6 months.
er liquids only at 7 months

Months, 1st Year



ht-for-Age: BOYS (Birth to 2 years 18 Obese 17 Very men waleh for 386 16 15 14 Normal 13 12 Growth line for an average child 11 Weight (Kgs) tow weight for ago **Underweight** Very Low Weight for age z-score 13 14 15 16 17 18 19 20 21 22 23 24 Months, 2nd Year 8 9 10 11 12 6

Weigh the child during each visit, properly record on the card and interpret to the mother or caretaker.

INFANT & YOUNG CHILD FEEDING

Time	Birth	1w	6w	10w	14w	6m	9m	12m	18m	24m
IYCF Code	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							7		

Infant and Young Child Feeding (IYCF) Codes

EBF — Exclusive Breast Feeding

RF - Replacement Feeding

MF - Mixed Feeding

CF — Complementary Feeding

	CENDE!	CODE - CO	C.()1)1-		
AA II I DAATOT O I		1 100			
Mother's PMTCT Code:	MINDING AXX	DIDAMINITAD VA	MINAMARA		
			17		

Results of the child at 6weeks: Reactive Non-Reactive

Results of the child at 9mths: Reactive Non-Reactive

6wks aGer cessation of breastfeeding: Reactive□ Non-Reactive□

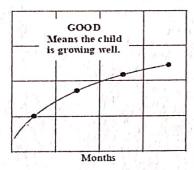
Results of the child at 18mths: Reactive Non-Reactive

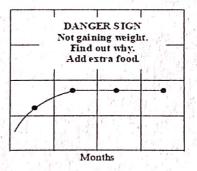
Child Initiated on treatment? Yes Non

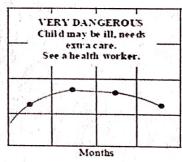
Date Child initiated on treatment: DOFMMTYYYY

Watch the line showing the child's growth:

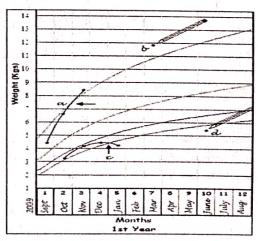
The growth curve should continue to go up every time you have your child weighed.







- A child is severely over-weight for his or her age when the growth line crosses the upper-most curve ("a") or the weight lies above the uppermost curve ("b")
- A child is severely under-weight when the growth curve crosses the lower-most curve ("c") or the weight lies below the lower-most curve ("d")



Spend time with your child. Playing with him or her; talking to him or her; and encouraging him or her to learn will help him or her to develop.

EDUCATION, COUNSELLING AND REFERRAL INFORMATION

Record all information given on Growth, Nutrition, Immunization, Illness, booster doses and any other antigens (Cholera, Yellow Fever, Typhoid, etc.)

DATE OF VISIT	WEIGHT (KG)	INFORMATION	NEXT APPOINTMENT
Andrew Corner			CONTRACTOR
- 12 - 17 - 778			DCAMA TO TO
BENEVERY			- I SK UM YYO
1 2 m 2 f 2 f	*/	32. 14-11	DOWN TYTY
THE COM		A second second	J. J. MINTEY DE.
J. S. W. W. W. S.			DESTRUCTORY C
TRACK KAAN	1 /		DEHAMAYYYY
Tradayara N			, AAMKOO
r - 1999/9 ** * *		4.2	DO MUYYYY
ED MINKSA			. 1.1 MW-AAA.
1 to 1 to 1		1	OD MM Y YYY
Constitution (St.	- 4	1 /4	DAPWPGAAA
y of march.	1		DD TAMES Y YY
- Received		ad / ·	7YY MM 20.
gandi v	1		DE MARKEY
Laday			OCHAM AZ AZ
75 CH1 - 468	(DD/MM/4 YY
WITH THE		75 2	DD MAVYYYY
Sept MELLAN			DO MWYYYY
THE YMYY			DL-/세점 AA5A
S-parox YV		·	DD/MM/07YV
105 to 50 14 A 14			DD/AIL YYYY
U. Tal Alloward	100		OD-ARTY VI
2 3 80 - 487			DO MMYYYY
i sate Anda. a			TH MM-14AA
" TO LAWY CAN		54 y - 70	OF MM/YYYY
- 1 - 1 - 1 V	1		E S BOLMINDY Y Y

IMMUNIZATION

Immunization protects your child against serious diseases. Take your child for Immunization even if the scheduled date is missed. Is baby protected at birth? Yes _ No _ (please tick)

Follow and complete the immunization schedule below:

TIME	VACCINE	PROTECTS AGAINST	MODE OF ADMINISTRATION	DATE GIVEN
At Birth	BCG	Tuberculosis	Intradermal Injection on Right Upper Arm	tio Man-14.8
	Hep B zero dose	Hepatitis B	Intramuscularly, Outer Upper Aspect of Left Thigh	ID WW IAAT
1	Polio 0	Polio	2 Oral drops	DOAM OLY
	Polio 1	Polio	2 Oral drops	200; 150 x 1 y 1 ;
AT 6	Rota 1 -	Rota Virus Diarrhea	Orally-Slow administration on inner aspect of the cheek	Districts
Weeks	PCV 1	Pneumococcal Pneumonia	Intramuscularly, outer Upper aspect of Right Thigh	pôsagaisi v
	IPVI	Polio	Intramuscularly, outer Upper aspect of Right Thigh, 2cm from PVC Site	of States in the
	DPT-HepB Hib 1	Diphtheria/Tetanus/Whooping Cough /Hepatitis B/Hemophilus Influenza type B	Intramuscularly, Outer Upper Aspect of Left Thigh	n Paka ya e
	Polio 2	Polio	2 Oral drops	TOMMY THE
	Rota 2	Rota Virus Diarrhea	Orally-Slow administration on inner aspect of the cheek	TYOLMR US
AT 10 Weeks	PCV 2	Pneumococcal Pneumonia	Intramuscularly, outer Upper aspect of Right Thigh	THISTARY Y
	DPT-HepB Hib 2	Diphtheria/Tetanus/Whooping Cough /Hepatitis B/Hemophilus Influenza type B	Intramuscularly, Outer Upper Aspect of Left Thigh	ር ኤአስተፈ ሃገ
	Polio 3	Polio	2 Oral drops	187 IM 1 757
	PCV 3	Pneumococcal Pneumonia	Intramuscularly, outer Upper aspect of Right Thigh	11-3 7464 2 7 753
At 14 Weeks	IPV2	Polio	Intramuscularly, outer Upper aspect of Right Thigh, 2cm from PVC Site	103 54/4 3 4 / 5
	DPT-HepB-Hib 3	Diphtheria/Tetanus/Whooping Cough /Hepatitis B/Hemophilus Influenza type B	Intramuscularly, Outer Upper Aspect of Left Thigh	DINADANA V
At 9 Months	Measles Rubella 1 (MR1)	Measles and Rubella	Subcutaneously, Left Upper Arm	OD MARKER R
	Yellow Fever	Yellow Fever	Subcutaneously, Upper aspect of Right Arm	Alman (2) Ab
At 18 Months	Measles Rubella 2 (MR2)	Measles and Rubella	Subcutaneously, Left Upper Arm	Brankers.

Note: Administer Vitamin A to children starting at 6 months to less than 5 years at an interval of 6 months. Deworming is done starting at 1 year to 14 years in intervals of 6 months.

VITAMIN A & DEWORMING					
AGE	VITAMIN A DATE GIVEN	DEWORMING DATE GIVEN			
6 Months	CL SIGNAM	经保罗特别的现在分词的			
1 Year	म्। अध्य १४ : ४	ELONATED AND			
1.5 Years	EXI USTOVY TO	D (1.9) +.			
2 Years	Eglighting with a	C. 9381 1889 -			
2 .5Years	SE TO SE	COME WAY			
3 Years		COMP I'V			
3.5 Years	LETMANYO FIL	1 darysts 2			
4 Years	AND SYY	CC tan 1844 i			
4.5 Years	- Delay was	[Julia Marina et al.			
5 Years	CTE IN TEA - OF	COUNTY OF THE COUNTY			

Received LLIN: YES DI, MMYYYYY NO WE