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| **AL Clinical Form: Follow up Day 0 Form AL 1.1 page 1 of 1** | | |
| Patient name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of visit: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  (day / month / year) | | Patient code:  **Stick label here** |
| **Give the first dose of medication Nurse** | | |
| Artemether-lumefantrine:  Weight 5-14.9 kg: 1 tablet  Weight 15-24.9 kg: 2 tablets  Weight 25-34.9 kg: 3 tablets  Weight ≥35 kg: 4 tablets  Dose administered with food?  Yes No  Time of dose administration:  \_\_ \_\_ :\_\_ \_\_ (Hour : Minutes) | Did the child vomit within 30 minutes of today’s dose? Yes No  **If YES, give entire dose again\_\_** \_\_ :\_\_ \_\_ (Hour : Minutes)  Did the child vomit 30-60 minutes after today’s dose? Yes No **If YES, give half a dose\_\_** \_\_ :\_\_ \_\_ \_\_ (Hour : Minutes)  Persistent vomiting (more than once)? Yes No  **If YES to persistent vomiting, the child must be taken out of the study and given alternative medication. Supervisor completes FINAL CLASSIFICATION form** | |
| **Check off each circle below once each task is completed** | | |
| ⃝ Calculate the dates on which the child will return to the facility for follow-up | | |
| ⃝ Fill out an ID card | | |
| ⃝ Paste patient labels onto the calendar | | |
| ⃝ Send the child to the laboratory with this form | | |
| **LABORATORY RESULTS Technician** | | |
| Blood sample collected on filter paper? Yes No  Technician's initials \_\_\_\_  Labels attached to the marked slides? Yes No  Parasitemia 1: parasites/µL Parasitemia 2: parasites/µL | | |
| **Farewell, check off each circle below once each task is completed** | | |
| ⃝ Ask the caregiver to give a dose at home 8 hours after this morning's dose | | |
| ⃝ Hand evening dose tablets to caregiver, with a reserve dose in case of vomiting | | |
| ⃝ Hand fatty food to caregiver for the evening dose | | |
| ⃝ Add the patient to the **EVENING DOSE LIST** | | |
| ⃝ Give reimbursement to the caregiver | | |
| ⃝ Ask the caregiver to return tomorrow morning | | |

Staff member completing form:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_