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| **AL Clinical Form: Follow up Day 3 Form AL 1.4, page 1 of 2** | | | |
| Study Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Patient name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of visit: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  (day / month / year) | | Patient code:  **Stick label here** | |
| **Weight and axillary temperature Nurse** | | | |
| Weight: \_ \_ . \_ kg  Axillary temperature: \_ \_ . \_ ˚C History of fever in the last 24 hours? Yes No | | | |
| **Clinical history Nurse** | | | |
| In the patient’s AL blister packet, how many doses are empty  Empty  Unopened  and how many are unopened? | | | |
| Was a dose of AL administered last night? Yes No  **If NO, the child must exit the study. Supervisor completes FINAL CLASSIFICATION form**  Was last night's dose of AL taken with food? Yes No  Did the child vomit within 30 minutes of taking the dose? Yes No  **If YES, was a second full dose given?** Yes No  Did the child vomit 30 to 60 minutes after the Yes No  administration of the evening dose?  **If YES, was a half dose given?** Yes No  Was there persistent vomiting (more than once)? Yes No  **If YES, the child must be taken out of the study and given alternative medicines.**  **Complete the FINAL CLASSIFICATION form** | | | |
| Has the child taken any medication since the last visit? If YES, which? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No  **If YES, and if it is an antimalarial or an antibiotic such as cotrimoxazole, tetracycline or doxycycline, the child must exit the study.**  **Complete the FINAL CLASSIFICATION form.** | | | |
| **Adverse Effects** | | | |
| Did the child experience any adverse effects after taking AL? | | | |
| Vomiting  Diarrhea | Nausea  Perspiration | | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Clinical examination Doctor** | | | |
| Danger Signs (chills, headache, muscle aches) Yes  No  Signs of severe or complicated malaria (changes in consciousness, prostration) Yes  No | | | |
| ⃝ Send the child to the laboratory with their whole folder | | | |
| **LABORATORY RESULTS Technician** | | | |
| Presence of another Plasmodium species other than *falciparum*: Yes No  Technician's initials \_\_\_\_  Blood collected sample on filter paper? Yes No  Parasitemia 1: parasites/µL Parasitemia 2: parasites/µL | | | |
| **Review of results Doctor** | | | |
| If there is **parasitemia** and an axillary temperature 37.5°C, the child is a case of Early Therapeutic Failure.   * The child must exit the study. * Complete the FINAL CLASSIFICATION form. * Refer the child to receive treatment according to the recommendations of the NMCP. | | | |
| **Write the average parasitemia on day 0** (from clinical form 1.1)  Average parasitemia on day 0 : parasites/µL  **(Continue to page two)** | | | |
| **AL Clinical Form: Follow up Day 3 Form AL 1.4, page 2 of 2** | | | |
| **Calculate the proportion:**  Average parasitemia on day 3 (today) .  =  X 100 = %    Average parasitemia on day 0 . | | | |
| If today’s **parasitemia is ³ 25% of day 0, the child is a case of** Early Treatment Failure.   * The child must exit the study. * Complete the FINAL CLASSIFICATION form. * Refer the child to receive treatment according to the recommendations of the NMCP. | | | |
| If the child has **danger signs or signs of severe or complicated malaria in the PRESENCE of parasitemia,** the child is a case of Early Treatment Failure   * The child must exit the study. * Complete the FINAL CLASSIFICATION form. * Refer the child to receive treatment according to the recommendations of the NMCP. | | | |
| If the child has **danger signs or signs of severe or complicated malaria** in the **ABSENCE of parasitemia**:   * The child must exit the study. * Complete the FINAL CLASSIFICATION form. * Refer the child to receive treatment according to the recommendations of the NMCP. | | | |
| If there is another **Plasmodium species** other than *falciparum*:   * The child must exit the study. * Complete the FINAL CLASSIFICATION form. * Refer the child to receive treatment according to the recommendations of the NMCP. | | | |
| **Farewell Nurse** | | | |
| ⃝ Give reimbursement to the caregiver | | | |
| ⃝ Ask the caregiver to return in 4 days and counsel caregiver to return if child develops symptoms | | | |

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