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| **AL Clinical Form: Unplanned Visit Form AL 1.9, page 1 of 2** | | | |
| Patient name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of visit: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  (day / month / year) | | Patient code:  **Stick label here** | |
| **Reason for visit Nurse** | | | |
| **Missed a scheduled visit. Date of scheduled visit** \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ (day / month / year)  **Deterioration of clinical status. Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **Adverse effects** | | | |
| Did the child experience any adverse effects after taking AL? | | | |
| Vomiting  Diarrhea | Nausea  Perspiration | | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Weight and axillary temperature Nurse** | | | |
| Weight: \_ \_ . \_ kg  Axillary temperature: \_ \_ . \_ ˚C History of fever in the last 24 hours? Yes No | | | |
| **Clinical History Nurse** | | | |
| 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.** | | | |
| **Clinical Exam 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 sample collected on filter paper? Yes No  Hemoglobin: . g/dL  Parasitemia 1: parasites/µL Parasitemia 2: parasites/µL | | | |
| **Review of Results Doctor** | | | |
| If there is **parasitemia** after day 3 in the presence of fever (history of fever in last 24 hours or axillary temp ≥ 37.5), the child is a case of Late 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 there is **parasitemia** after day 6, the child is a case of Late 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. | | | |

**(Continue to page two)**

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| **AL Clinical Form: Unplanned Visit Form AL 1.9, page 2 of 2** |
| 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 |
| ⃝ Remind caregiver to return on next scheduled visit |

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