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| **Pyramax Clinical Form: Follow up Day 2 Form Pyramax 1.3, page 1 of 2** | | | | |
| 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** | | | | |
| 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 | | | | |
| **Give the fifth dose of medication Nurse** | | | | |
| Pyramax (Pyronaridine-artesunate):  Weight 5-7.9 kg: 1 satchet  Weight 8-14.9 kg: 2 satchets  Weight 15-19.9 kg: 3 satchets  Weight 20-23.9 kg: 1 tablet  Weight 24-44.9 kg: 2 tablets  Weight 45-64.9 kg: 3 tablets  Weight ≥ 65 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, the child should be taken out of the study and given alternative medication. Supervisor completes FINAL CLASSIFICATION form** | | | |
| ⃝ Send the child to the laboratory with their whole folder | | | | |

**(Continue to page two)**

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| **Pyramax Clinical Form: Follow up Day 2 Form Pyramax 1.3, page 2 of 2** |
| **LABORATORY RESULTS Technician** |
| Presence of another Plasmodium species other than *falciparum*: Yes No  Technician's initials \_\_\_\_  Blood sample collected on filter paper? Yes No  Parasitemia 1: parasites/µL Parasitemia 2: parasites/µL |
| **Write the average parasitemia on day 0** (from Clinical Form 1.1)  Average parasitemia on day 0 : parasites/µL |
| If the **average parasitemia today is higher than on Day 0**, 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. |
| 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 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. |
| 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 tomorrow morning and counsel caregiver to return if child develops symptoms |

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