|  |  |  |
| --- | --- | --- |
| **Pyramax Clinical Form: Follow up Day 0**  **Form Pyramax 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** | | |
| 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 must be taken out of the study and given alternative medication. Supervisor completes FINAL CLASSIFICATION form** | |
| ⃝ 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 Nurse** | | |
| ⃝ Give reimbursement to the caregiver | | |
| ⃝ Ask the caregiver to return tomorrow morning | | |

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