**REFERENCE SHEET AND COUNTER-REFERENCE (Adults)**

**Record No.: \_\_\_\_\_\_\_\_**

***To be completed and given to the patient***

|  |  |
| --- | --- |
| **CSA Area: \_\_\_\_\_\_ CSA Name**: \_\_\_\_\_\_\_ **Date:**  \_ \_\_  **NAME and given names of patient: \_\_**\_  **Capillary blood glucose**:\_\_  **Blood pressure:** \_\_\_\_\_\_\_\_ | |
| **Check or write the reason(s) for referencing:** | |
| **DANGER SIGNS:** | |
| ***In the patient***  □ Fever  □ Persistent headaches  □ Upper abdominal pain  □ Swelling or pain in the lower abdomen  □ Fetal movements become absent  □ Vertigo  □ Vaginal bleeding  □ Foul-smelly or abnormal vaginal discharge  □ Pain when urinating  □ Extreme fatigue  □ Difficult or rapid breathing  □ Pallor of the conjunctiva  □ Change in stool color  □ Cold skin  □ Convulsions  □ None (0) | ***Observer***  □ Weakened or unconscious  □ is currently convulsing  □ Anemia or palmar pallor  □ Difficult breathing (draw under  costal, whistling, or flapping of the  wings of the nose)  □ Severe weight loss  □ None (0) |
| **OTHER ISSUES:** | |
| □ None (0) | |
| **TREATMENT RECEIVED (Drug, dose, number of days):** | |

***CSA Name: \_\_\_***

**……………………………………………………………………………………………………………**

**Counter footnote**

**Diagnostic**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Treatment received (if applicable): \_\_**\_\_

**CSA Recommendations**: \_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_