**REFERENCE SHEET AND COUNTER-REFERENCE (PCIME-C)**

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

***To be completed and given to the parent of the referred child***

|  |  |  |
| --- | --- | --- |
| **CSA Area: \_\_\_\_\_\_ CSA Name**: \_\_\_ \_ **CS:**  \_\_  **CHILD's surname and given names: \_\_**\_  **Name and surname of parent: \_\_** \_  **Temperature:\_**\_\_°C **Arm circumference**: \_\_\_ mm (if older than 6 months and older) | | |
| **Check or write the reason(s) for referencing:** | | |
| **DANGER SIGNS:** | | |
| ***Ask***  □ Child from 0 to 2 months?  □ Unable to drink or suck?  □ vomit everything he consumes?  □Did he convulse?  □ Blood in the stool?  □ Diarrhea 14 days or more?  □ The child is often sick?  □ Urine coca cola ?  □ 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) | ***Research***  □ severe dehydration   1. Skin folds fade very slowly (more than 2 sec.), or 2. sunken eyes   □ Neck stiffness  □ Anterior bulging fontanelle (age < 12 months)  □ Rashes  □ Oedema of both feet  □ None (0) |
| **OTHER ISSUES:** | | |
| □ MAS Complicated (PB < 115 mm plus any other health problem)  □ Uncomplicated MAS with Bad Appetite  □ Fever > 39°  □ Fever presents every day for 7 days or more  □ cough for 14 days or more  □ Fever or Malaria and weight less than 5 kg  □ Other issue(s): \_ \_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ None (0) | | |
| **TREATMENT RECEIVED (Drug, dose, number of days):** | | |

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

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

**Counter footnote**

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

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

**CSA Recommendations**: \_\_

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