

The register is to be used for children less than 5 years (0-59 months) who are sick and visit the facility for care.
The register also covers the Integrated Management of Newborn and Childhood Illness (IMNCI) strategy and no other register should be used in facilities implementing IMNCI

COLUMN		TITLE	DATA DEFINITIONS / EXPLANATIONS
A		Date	Record the actual date the sick child attends the clinic or health facility to seek treatment in this format: DD/MM/YYYY).
B		OPD No. (New)	Record the unique OPD number, which is given to each NEW out patient annually and on the first visit for individual identification
C		OPD No. (Revisit)	Record the OPD number of the patient who returns to the health facility for service or follow ups as per IMNCI recommendations.
D		Referred From	If patient was referred to this facility, record as per 1=CU, 2=From other facility, 3= Within ,4=N/A
E		Full Name	Record at least THREE names of the sick CHILD under the age of 5 years.
F		Age	Record the actual stated age of the patient expressed in figures/ numbers. Age here must be indicated in years, months, week and days e.g. 2 years 4 months or 2 4/12,2/52,7/12,5/7 and NOT C for child.
G		Sex (M/F)	This should be recorded as M for male and F for Female.
H		County/Sub-county	Indicate the name of the county if the patient resides outside the county where the Health facility is located and indicate the name of the subcounty if patient resides within this County
I		Village/ Estate/ Landmark	This refers to the name of the client's residential Village / Estate / Landmark.
J		Caregiver's Telephone No.	The telephone number should be written in this column to enable tracing or follow-up.
K		Weight (kg)	Record the weight in Kilogrammes after weighing the child (growth monitoring) and record the same on the mother child handbook.
L		Height	Record the Height / Length of the child in centimeters (growth monitoring) and record the same on the mother child handbook.
M		MUAC 1. Green, 2. Yellow, 3. Red	Record the Mid Upper Arm Circumference (MUAC) indicators as per provided codes i.e. 1. Green: indicating the child is well nourished, 2. Yellow: indicating the child is at risk of acute malnutrition and 3. Red: indicating the child has severe acute malnutrition. Manage the child as per IMNCI and IMAM guidelines.
N		Temperature (°C)	Record the Actual temperature of the child in degrees Celsius (°C).
O		Respiratory Rate	Record the number of breaths the child takes in 60 seconds as part of the vital signs captured during triage for all sick children.
P		Oxygen Saturation Reading (SPO2)	Record the oxygen saturation reading as measured by pulse oximetry as part of vital signs captured during triage for all sick children.
Q		Pulse Rate	Record the child's pulse rate / health rate (beats per minute) as part of the vital signs captured during triage for all sick children.
R		Danger Signs	Record the danger signs identified in the child as per provided codes (using the IMNCI approach).1.Unable to drink or breastfeed2.Vomits everything3.Had convulsionsin this illness4.Is lethargic orunconscious5. Is convulsing now
S		Duration of current illness (in days)	Record 'Yes'if the patient presented with signs and symptoms of malaria or 'No' if not.NB:All subjected to a parasitological test
T		Suspected Malaria cases(all clients presenting with fever)	Record using the appropriate key 1.Presenting with symptoms but NOT tested 2.RDT Tested (-ve) 3.Microscopy Tested (-ve) 4.RDT Tested (+ve) 5. Microscopy Tested (+ve) for patients presented with symptoms of malaria
U		IMNCI Classifications or Diagnosis	Capture IMNCI classifications or the diagnosis.
V		Tracer Drugs Prescribed,	Record the name and formulation of ALL TRACER drugs prescribed as per provided codes i.e. 1. ORS & Zinc, 2. ORS only, 3. Zinc only, 4. Vitamin A, 5. Amox DT, 6. Oxygen, 7. Albendazole 8. IV fluids
W		ALL Other Treatments Prescribed	1. Continuous Positive Airway Pressure (CPAP). 2. Record the name and formulation of ALL OTHER treatments prescribed that are NOT included in the tracer drugs column
X		Immunization status up to date (Y/N)	Indicate the immunization status as captured in the mother child handbook. Record Yes (Y) for a child whose immunization is on schedule and No (N) if not on schedule
Y		TB Screening	Indicate if TB screening is done. 1. presumed TB 2.Not done 3. Referred
Z		Nutrition and diatetics	Record the nutrition cusseliing as per provided codes i.e.1.Nutrition counseling 2.Nutrition therupetic supplements 3. Diatetics
AA		Referred to	Referred to (1=CU,2= to other H/F, 3= within the facility/ 4=N/A)
AB		REMARKS/Outome	Any comments for the individual child whether alive or died in outpatient