Paediatric Admission Record – Paediatric Ward

Name		**IP No.**		**Ward**				
Contact (Tel)		**Relation**		**DOB**	dd/mm/yyyy			
Admission Date	dd /mm / yyyy	**Sex**	**M ☐ / F☐**	**Age**	years	months	days	
Re-admission to this hospital?	**Y☐N☐**			**Discharged <1 month ago**	**Y☐N ☐**			
Presenting Complaints								

History & Examination

Weight	Kg	**Height / Length**	cm	*WHZ score*		MUAC (cm)		**Head Circum** (cm)	

Length of illness	days	
Fever – No. of days =	**Y☐**	**N☐**
Cough– No. of days =	**Y☐**	**N☐**
Cough > 2 weeks	**Y☐**	**N☐**
Contact with TB /Chronic cough (last 12 months)	**Y☐**	**N☐**
Difficulty breathing	**Y☐**	**N☐**
Diarrhoea No. of days =	**Y☐**	**N☐**
Diarrhoea > 14d	**Y☐**	**N☐**
Diarrhoea bloody	**Y☐**	**N☐**
Vomiting, No / 24hrs =	**Y☐**	**N☐**
Vomits everything	**Y☐**	**N☐**
Difficulty feeding	**Y☐**	**N☐**
Convulsions Number in last 24hrs =_____	**Y☐**	**N☐**
Partial / focal fits?	**Y☐**	**N☐**

Additional history of presenting illness

Immunization

Vaccination card available? **Y☐N☐**

Vaccine	BCG	OPV	IPV	Penta	Pneumo	Rota	Measles	MR
No of doses								

Vitamin A within last 6months? **Y☐ N☐**

Birth/Antenatal History

Maternal PMTCT status: ☐ Positive ☐ Negative ☐ Unknown

Growth and Development

Family/Social history

Nutritional history

Treatment History

Review of Systems:

Respiratory including ENT

Cardiovascular

Gastro-intestinal / Genitourinary

CNS

Examination

Vital Signs	Temp	^{0}C	Resp Rate	bpm	HR	/min	O2 Sat	%	BP	mmHg

General Examination

Oral thrush **Y**☐ **N**☐ Lymph N > 1cm **Y**☐ **N**☐

Finger Clubbing Y☐ N☐

Eye signs of malnutrition?

Pus☐ ulceration☐ None☐

Jaundice	**Y**☐	**N**☐
Oedema (tick all that apply)	☐None ☐Foot ☐Knee ☐Face	

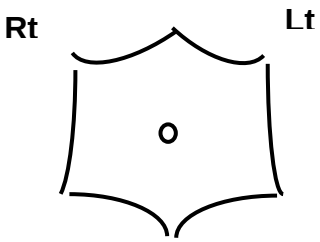
A	Stridor	**Y**☐	**N**☐
B	Central Cyanosis	**Y**☐	**N**☐
	Indrawing	**Y**☐	**N**☐
	Grunting	**Y**☐	**N**☐
	Acidotic breathing	**Y**☐	**N**☐
	Wheeze	**Y**☐	**N**☐
	Crackles	**Y**☐	**N**☐

Circ & Dehydr'n	Peripheral Pulse	☐Normal	☐ Weak	
	Cap Refill	secs	*X = not possible*	
	Skin warm at:	☐ Hand ☐ Elbow ☐Shoulder		
	Pallor / Anaemia	0☐	+☐	+++☐
	Sunken eyes	**Y**☐	**N**☐	
	Skin pinch (sec)	**0**	**1**	**≥ 2**

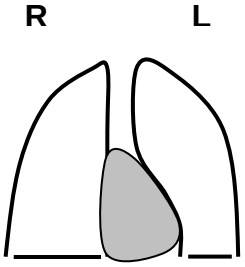
D	**AVPU**	**A**	**V**	**P**	**U**
	Can drink / breastfeed?	**Y**☐	**N**☐		
	Stiff neck	**Y**☐	**N**☐		
	Bulging fontanelle	**Y**☐	**N**☐		

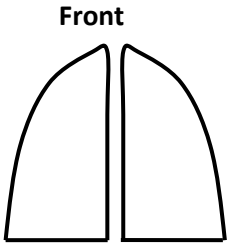
Infant < 1yr	Irritable	**Y**☐	**N**☐	
	Reduced movement / tone	**Y**☐	**N**☐	
	Umbilicus	Normal ☐	Pus ☐	Pus & red skin ☐

Abdomen



Chest





Back

CVS

Bones & Joints

Wrist / Rib signs Rickets **Y**☐ **N** ☐

ENT exam

Rt Ear

Lt Ear

Nose

Throat

Neurological Examination

	Right side		Left side	
	Upper limb	Lower limb	Upper limb	Lower limb
Power:				
Tone:				
Reflexes:				
Plantar responses:				
Senstation:				

Summary of presentation & problems

……
……
……
……
……

Investigations Ordered (record subsequent tests and all results in medical record)

Malaria	☐ Blood slide ☐ Rapid Test	***Glucose***	☐ Stick test ☐ Laboratory
Haematology	☐ Hb ☐ Full haemogram	***Chemistry***	☐ Na/K ☐ U&C ☐ Ca+Phos ☐ Alb ☐ LFT
Microbiology	☐ Lumbar Puncture ☐ Blood Culture	***HIV***	☐ Rapid test ☐ PCR
X-Ray	☐ CXR ☐Wrist Other =	***Urine***	☐ Urinalysis ☐ Micro & culture
TB Test	☐ Microscopy for AAFBs ☐Mantoux ☐ Xpert MTB/RIF ☐ *Myco.TB* culture	***Stool***	☐ Microscopy ☐ Micro & culture
		Other	

Admission Diagnoses – Select ONE *primary diagnosis (tick box indicating "1") and ANY secondary diagnoses (tick box indicating "2"), then indicate level of severity or type of disease if required*

Malaria	1 ☐ 2 ☐	☐ Severe ☐ Non-severe	***Anaemia***	1 ☐ 2 ☐	☐ Severe ☐ Non-severe
Pneumonia	1 ☐ 2 ☐	☐ Severe ☐ Non-severe	***Sickle cell disease***	**1** ☐ **2** ☐	
Diarrhoea	1 ☐ 2 ☐	☐ Non-bloody ☐ Bloody (dysentery)	***Meningitis***	**1** ☐ **2** ☐	
Dehydration	1 ☐ 2 ☐	☐ Shock ☐ Severe ☐ Some ☐ None	***Rickets***	**1** ☐ **2** ☐	
HIV result		☐ Positive ☐ Exposed /PMTCT + ☐ Negative ☐ Declined test	***Asthma***	**1**☐ **2**☐	☐ Severe ☐ Mild/moderate
Malnutrition	1 ☐ 2 ☐	☐ Kwash ☐ Marasm ☐ M. Kwash ☐ Moderate malnutrition ☐mild/none	***Suspected TB***	**1** ☐ **2** ☐	
			Prematurity / LBW	**1** ☐ **2** ☐	
Other 1	1 ☐ 2 ☐		***Neonatal sepsis***	**1** ☐ **2** ☐	
Other 2	1 ☐ 2 ☐				

Clinician Name & Sign

……. ……. Date… /……/…… Time .....

dd/mm/yyyy am / pm

Version June 2017