



FORM 9: PAEDIATRIC CHECKLIST

(Form filled in by Clerk/Data Capturer and Clinician)

Birth Registration/SA ID Number:

Clinician:

Checklist Date:

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d	d
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m	m
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y	y	y	y
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ACTION	DONE	DATE	COMMENTS												
Patient Registered	<input type="radio"/> Yes <input type="radio"/> No	<table border="1"><tr><td>d</td><td>d</td></tr></table> / <table border="1"><tr><td>m</td><td>m</td></tr></table> / <table border="1"><tr><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y	<table border="1"><tr><td> </td></tr></table>				
d	d														
m	m														
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CD4% Taken	<input type="radio"/> Yes <input type="radio"/> No	<table border="1"><tr><td>d</td><td>d</td></tr></table> / <table border="1"><tr><td>m</td><td>m</td></tr></table> / <table border="1"><tr><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y	<table border="1"><tr><td> </td><td>.</td><td> </td><td>%</td></tr></table>		.		%
d	d														
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	.		%												
WHO Staging	<input type="radio"/> Yes <input type="radio"/> No	<table border="1"><tr><td>d</td><td>d</td></tr></table> / <table border="1"><tr><td>m</td><td>m</td></tr></table> / <table border="1"><tr><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y	<table border="1"><tr><td> </td><td>WHO Stage</td></tr></table> <i>(Circle all that apply)</i>		WHO Stage		
d	d														
m	m														
y	y	y	y												
	WHO Stage														
Non-ARV Medicine Prescribed	<input type="radio"/> Yes <input type="radio"/> No	<table border="1"><tr><td>d</td><td>d</td></tr></table> / <table border="1"><tr><td>m</td><td>m</td></tr></table> / <table border="1"><tr><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y	<table border="1"><tr><td>MVTs / Vit A / Worm / Bactrim</td></tr></table>	MVTs / Vit A / Worm / Bactrim			
d	d														
m	m														
y	y	y	y												
MVTs / Vit A / Worm / Bactrim															
HIV Status Disclosed - To Family <i>(Family must be Yes)</i>	<input type="radio"/> Yes <input type="radio"/> No	<table border="1"><tr><td>d</td><td>d</td></tr></table> / <table border="1"><tr><td>m</td><td>m</td></tr></table> / <table border="1"><tr><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y	<table border="1"><tr><td> </td></tr></table>				
d	d														
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y	y	y	y												
- To Child <i>(If child is >12yrs then Yes)</i>	<input type="radio"/> Yes <input type="radio"/> No	<table border="1"><tr><td>d</td><td>d</td></tr></table> / <table border="1"><tr><td>m</td><td>m</td></tr></table> / <table border="1"><tr><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y	<table border="1"><tr><td> </td></tr></table>				
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Primary Caregiver	<input type="radio"/> Yes <input type="radio"/> No	<table border="1"><tr><td>d</td><td>d</td></tr></table> / <table border="1"><tr><td>m</td><td>m</td></tr></table> / <table border="1"><tr><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y	<table border="1"><tr><td> </td></tr></table>				
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Positive Living	<input type="radio"/> Yes <input type="radio"/> No	<table border="1"><tr><td>d</td><td>d</td></tr></table> / <table border="1"><tr><td>m</td><td>m</td></tr></table> / <table border="1"><tr><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y	<table border="1"><tr><td> </td></tr></table>				
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Drug Readiness	<input type="radio"/> Yes <input type="radio"/> No	<table border="1"><tr><td>d</td><td>d</td></tr></table> / <table border="1"><tr><td>m</td><td>m</td></tr></table> / <table border="1"><tr><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y	<table border="1"><tr><td> </td></tr></table>				
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Drug Adherence	<input type="radio"/> Yes <input type="radio"/> No	<table border="1"><tr><td>d</td><td>d</td></tr></table> / <table border="1"><tr><td>m</td><td>m</td></tr></table> / <table border="1"><tr><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y	<table border="1"><tr><td> </td></tr></table>				
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Baseline Bloods	<input type="radio"/> Yes <input type="radio"/> No	<table border="1"><tr><td>d</td><td>d</td></tr></table> / <table border="1"><tr><td>m</td><td>m</td></tr></table> / <table border="1"><tr><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y	<table border="1"><tr><td> </td></tr></table>				
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Nutritional Assessment	<input type="radio"/> Yes <input type="radio"/> No	<table border="1"><tr><td>d</td><td>d</td></tr></table> / <table border="1"><tr><td>m</td><td>m</td></tr></table> / <table border="1"><tr><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y	Supplements: <input type="radio"/> Yes <input type="radio"/> No				
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m	m														
y	y	y	y												
Caregiver Knowledge	1. Drug Names: <input type="radio"/> Yes <input type="radio"/> No 2. Drug Doses: <input type="radio"/> Yes <input type="radio"/> No														
TB Excluded	<input type="radio"/> Yes <input type="radio"/> No	<table border="1"><tr><td>d</td><td>d</td></tr></table> / <table border="1"><tr><td>m</td><td>m</td></tr></table> / <table border="1"><tr><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y	<table border="1"><tr><td> </td></tr></table>				
d	d														
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y	y	y	y												
If No, TB treated for more than 2 months:	<input type="radio"/> Yes <input type="radio"/> No	<table border="1"><tr><td>d</td><td>d</td></tr></table> / <table border="1"><tr><td>m</td><td>m</td></tr></table> / <table border="1"><tr><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y	<table border="1"><tr><td> </td></tr></table>				
d	d														
m	m														
y	y	y	y												
Drug Ready	<input type="radio"/> Yes <input type="radio"/> No	<table border="1"><tr><td>d</td><td>d</td></tr></table> / <table border="1"><tr><td>m</td><td>m</td></tr></table> / <table border="1"><tr><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y	<table border="1"><tr><td> </td></tr></table>				
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ARV Start Date		<table border="1"><tr><td>d</td><td>d</td></tr></table> / <table border="1"><tr><td>m</td><td>m</td></tr></table> / <table border="1"><tr><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y	Regimen Number: <table border="1"><tr><td> </td><td> </td></tr></table>				
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