

Facility Name:																															Year and Month:					
To be completed daily by the PN responsible for IMCI . Immediately reorder from pharmacy if items not available																																				
Date of Visit:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31					
1 Adequate space to give ORT																																				
2 Table (for mixing ORS),																																				
3 Chairs for caregivers																																				
4 Safe source of drinking water																																				
5 Supplies available:																																				
5.1 Cups																																				
5.2 Spoons																																				
5.3 Measuring utensils																																				
5.4 Mixing utensils																																				
5.5 Sugar																																				
5.6 Salt																																				
5.7 ORS																																				
6 ORT register present and in use																																				
7 Child with SOME DEHYDRATION gets ORS at the facility																																				
Action																																				
Sign																																				