TOOL 3: ORT CORNER AUDIT

Health Facility:		Year:	

To be completed **monthly** by the **Professional Nurse** responsible for IMCI. Please indicate which of the following items are available in the ORS Corner or Child Health Consulting Room
N (No) = not available or not functional; **Y** (Yes) = available and functional **Y = 1, N = 0**

Date:	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
1 Adequate space to give ORT												
2 Table (for mixing ORS)												
3 Chairs for caregivers												
4 Safe source of drinking water												
5 Supplies available: Cups												
6 Spoons												
7 Measuring utensil												
8 Mixing utensils												
9 Sugar												
10 Salt												
11 ORS												
12 ORT register present and in use												
13 Child with SOME DEHYDRATION gets ORS at the facility												
14 Daily ORT checklist done												
A. Total												
B. Total possible	14	14	14	14	14	14	14	14	14	14	14	14
Divide A by B												
Final Percentage (x100)	%	%	%	%	%	%	%	%	%	%	%	%
Recorded Score on Child Health Dashboard	□ Yes	□ Yes	□ Yes	□ Yes	□ Yes	□ Yes	□ Yes	□ Yes	□ Yes	□ Yes	□ Yes	□ Yes
Record Remedial Actions on QIP	□ Yes	□ Yes	□ Yes	□ Yes	□ Yes	□ Yes	□ Yes	□ Yes	□ Yes	□ Yes	□ Yes	□ Yes
Sign												
Designation												