KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Facility name:		Exclusion criteria (where applicable):	Patients that no longer follow up at the facility.
Aim/objective of the audit:	To assess the adherence to prescribed standards for managing well children.	Year:	

To be completed quarterly in **April, July, October and January** by the **Operational Manager** or a **senior Professional Nurse**

Score "1" if compliant or "0" if non-compliant or write "NA" if not applicable. The total score for each quarter (Q1, Q2 etc.) horizontally: Total score per symptom / (5 – NA items) X 100

Period for Audit		Quarter 1						Quarter 2						Quarter 3						Quarter 4						Year total
Date Audit done (date):																										
Month in which infant or child was seen																										
Age in months																										
Measurement Criteria		1	2	3	4	5	Q1	6	7	8	9	10	Q2	11	12	13	14	15	Q3	16	17	18	19	20	Q4	
Clinical management																										
1	Checked for **signs of severe illness** (all children).																									
2	Complete IMCI assessment done if **Danger Signs or Main Symptoms**.																									
3	Checked for **Bacterial infection and Jaundice** (0-2m).																									
4	Checked for **Congenital problems** (0-2m).																									
5	**Growth/ nutrition assessment** done (all children).																									
6	**Feeding assessment** done for all children <2 years, NAM at risk, MAM.																									
7	Correct <u>treatment</u> provided according to classification for **Growth/ nutrition** (all children).																									
8	**Developmental screening** done (all children).																									
9	Patient **referred** for appropriately for developmental delay.																									
10	**HIV** considered (all children).																									
11	Correct <u>treatment</u> for **HIV** classification (all children).																									

Measurement Criteria		1	2	3	4	5	Q1	6	7	8	9	10	Q2	11	12	13	14	15	Q3	16	17	18	19	20	Q4	Total
12	**TB** exposure/ screening done (all children).																									
13	Correct <u>treatment</u> if classification for **TB** / TB risk / TB exposure.																									
14	**Immunisation** status checked and given if due (all children).																									
15	**Vit A** status checked and dose given if due (6m-5y).																									
16	**Deworming** status checked and dose given if due (12m-5y).																									
17	**Mother's health** checked (all children).																									
Administrative, Demographic and Prescription details																										
18	**Name** and **surname** recorded in facility-based record and on each recording form.																									
19	Patient **file number** recorded in facility-based record.																									
20	**Facility name** recorded in facility-based record.																									
21	**ID/ refugee/ passport number/ DOB** recorded in facility-based record.																									
22	**Residential address** recorded in facility-based record.																									
23	Name and surname of **parents/ guardian** recorded in facility-based record.																									
24	**Contact details** of parents/ guardian/ next of kin recorded in facility-based record.																									
25	**Social history**, **schooling**, **nutrition** recorded in facility-based record.																									
26	**Family history** of **chronic conditions** recorded in facility-based record.																									
27	Known **chronic conditions** recorded in facility-based record.																									

Measurement Criteria		1	2	3	4	5	Q1	6	7	8	9	10	Q2	11	12	13	14	15	Q3	16	17	18	19	20	Q4	Total
28	**Surgical history** recorded in facility-based record.																									
29	**Allergies** recorded in facility-based record.																									
30	**Name of medication** recorded if prescribed.																									
31	**Strength of medication** recorded if prescribed.																									
32	**Quantity** recorded if prescribed.																									
33	**Dosage** recorded if prescribed.																									
34	Prescriber / Health Worker **name and surname** recorded.																									
35	Prescriber / Health Worker **signature** recorded.																									
36	**Date signed** by Prescriber / Health Worker recorded.																									
37	**SANC / HPCSA** number of Health Worker recorded.																									
A.	**Numerator: Total score**																									
B.	**Denominator: 37 - NA** (not applicable items)																									
C.	**Average % score (A/B x 100)**																									
D.	**Sign:**																									
E.	**Designation**																									
F.	**Recorded Score on Child Health Dashboard**	□ Yes						□ Yes						□ Yes						□ Yes						
G.	**Recorded Remedial Action on QIP**	□ Yes						□ Yes						□ Yes						□ Yes						
Number of records that scored 100% (if C <100%: score 0; if C=100%: score 1)																										
13 of the 20 records (across 4 quarters) must have scored 100% to comply with the target.																										