

# Tool 8: CLINICAL AUDIT FOR SICK CHILD 0-5 YEARS

|   |  |  |  |  |  |  |          |          |          |          |                  |   |          |          |          |                  |           |           |           |           |                  |           |           |           |           |                   |           |           |           |           |
|---|--|--|--|--|--|--|----------|----------|----------|----------|------------------|---|----------|----------|----------|------------------|-----------|-----------|-----------|-----------|------------------|-----------|-----------|-----------|-----------|-------------------|-----------|-----------|-----------|-----------|
| <b>Facility name:</b>   |  |  |  |  |  | <b>Exclusion criteria (where applicable):</b>  |          |          |          |          |                  | Patients that no longer follow up at the facility |          |          |          |                  |           |           |           |           |                  |           |           |           |           |                   |           |           |           |           |
| <b>Aim/objective of the audit:</b>  |  |  |  |  |  | To assess the adherence to prescribed standards for managing children who are unwell |          |          |          |          |                  | <b>Year:</b>                                      |          |          |          |                  |           |           |           |           |                  |           |           |           |           |                   |           |           |           |           |
| To be completed quarterly in <b>May, August, November and February</b> by the <b>Operational Manager</b> or a <b>Senior Professional Nurse</b><br><b>Score "1" if compliant or "0" if non-compliant or write "NA" if not applicable.</b> The total score for quarter (Q1, Q2 etc.) horizontally: Total score per symptom / (5 - NA items) X 100 |  |  |  |  |  |  |          |          |          |          |                  |   |          |          |          |                  |           |           |           |           |                  |           |           |           |           |                   |           |           |           |           |
| <b>Period for Audit</b>   |  |  |  |  |  | <b>Quarter 1</b>   |          |          |          |          | <b>Quarter 2</b> |   |          |          |          | <b>Quarter 3</b> |           |           |           |           | <b>Quarter 4</b> |           |           |           |           | <b>Year total</b> |           |           |           |           |
| <b>Date Audit done (date):</b>  |  |  |  |  |  |  |          |          |          |          |                  |   |          |          |          |                  |           |           |           |           |                  |           |           |           |           |                   |           |           |           |           |
| <b>Month in which infant or child was seen</b>  |  |  |  |  |  |  |          |          |          |          |                  |   |          |          |          |                  |           |           |           |           |                  |           |           |           |           |                   |           |           |           |           |
| <b>Age in months</b>  |  |  |  |  |  |  |          |          |          |          |                  |   |          |          |          |                  |           |           |           |           |                  |           |           |           |           |                   |           |           |           |           |
| <b>Measurement Criteria</b>   |  |  |  |  |  | <b>1</b>   | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> | <b>Q1</b>        | <b>6</b>  | <b>7</b> | <b>8</b> | <b>9</b> | <b>10</b>        | <b>Q2</b> | <b>11</b> | <b>12</b> | <b>13</b> | <b>14</b>        | <b>15</b> | <b>Q3</b> | <b>16</b> | <b>17</b> |                   | <b>18</b> | <b>19</b> | <b>20</b> | <b>Q4</b> |
| <b>Clinical management</b>  |  |  |  |  |  |  |          |          |          |          |                  |   |          |          |          |                  |           |           |           |           |                  |           |           |           |           |                   |           |           |           |           |
| 1   | Checked for <b>signs of severe illness</b> (all children).   |  |  |  |  |  |          |          |          |          |                  |   |          |          |          |                  |           |           |           |           |                  |           |           |           |           |                   |           |           |           |           |
| 2   | Correct <u>urgent treatments</u> provided if classification <b>General danger signs</b> (2m-5y) or <b>Possible serious bacterial infection</b> (0-2m). |  |  |  |  |  |          |          |          |          |                  |   |          |          |          |                  |           |           |           |           |                  |           |           |           |           |                   |           |           |           |           |
| 3   | Checked for <b>Bacterial infection and Jaundice</b> (0-2m).  |  |  |  |  |  |          |          |          |          |                  |   |          |          |          |                  |           |           |           |           |                  |           |           |           |           |                   |           |           |           |           |
| 4   | Correct <u>treatment</u> provided if classification for <b>Bacterial infection or Jaundice</b> (0-2m).   |  |  |  |  |  |          |          |          |          |                  |   |          |          |          |                  |           |           |           |           |                  |           |           |           |           |                   |           |           |           |           |
| 5   | Checked for <b>Cough or difficulty breathing</b> (2m-5y).  |  |  |  |  |  |          |          |          |          |                  |   |          |          |          |                  |           |           |           |           |                  |           |           |           |           |                   |           |           |           |           |
| 6   | Correct <u>treatment</u> provided if classification for <b>Cough or difficulty breathing</b> (2m-5y).  |  |  |  |  |  |          |          |          |          |                  |   |          |          |          |                  |           |           |           |           |                  |           |           |           |           |                   |           |           |           |           |
| 7   | Checked for <b>Diarrhoea</b> (all children).   |  |  |  |  |  |          |          |          |          |                  |   |          |          |          |                  |           |           |           |           |                  |           |           |           |           |                   |           |           |           |           |
| 8   | Correct <u>treatment</u> provided if classification for <b>Diarrhoea</b> .   |  |  |  |  |  |          |          |          |          |                  |   |          |          |          |                  |           |           |           |           |                  |           |           |           |           |                   |           |           |           |           |





| 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 |  |  |  |
|---|--|------------------------------|---|---|---|---|----|------------------------------|---|---|---|----|----|------------------------------|----|----|----|----|----|------------------------------|----|----|----|----|----|-------|--|--|--|
| 40  | <b>Strength of medication</b> recorded if prescribed.        |                              |   |   |   |   |    |                              |   |   |   |    |    |                              |    |    |    |    |    |                              |    |    |    |    |    |       |  |  |  |
| 41  | <b>Quantity</b> recorded if prescribed.                      |                              |   |   |   |   |    |                              |   |   |   |    |    |                              |    |    |    |    |    |                              |    |    |    |    |    |       |  |  |  |
| 42  | <b>Dosage</b> recorded if prescribed.                        |                              |   |   |   |   |    |                              |   |   |   |    |    |                              |    |    |    |    |    |                              |    |    |    |    |    |       |  |  |  |
| 43  | Prescriber / Health Worker <b>name and surname</b> recorded. |                              |   |   |   |   |    |                              |   |   |   |    |    |                              |    |    |    |    |    |                              |    |    |    |    |    |       |  |  |  |
| 44  | Prescriber / Health Worker <b>signature</b> recorded.        |                              |   |   |   |   |    |                              |   |   |   |    |    |                              |    |    |    |    |    |                              |    |    |    |    |    |       |  |  |  |
| 45  | <b>Date signed</b> by Prescriber / Health Worker recorded.   |                              |   |   |   |   |    |                              |   |   |   |    |    |                              |    |    |    |    |    |                              |    |    |    |    |    |       |  |  |  |
| 46  | <b>SANC / HPCSA</b> number of Health Worker recorded.        |                              |   |   |   |   |    |                              |   |   |   |    |    |                              |    |    |    |    |    |                              |    |    |    |    |    |       |  |  |  |
| <b>A. Numerator: Total score</b>  |  |                              |   |   |   |   |    |                              |   |   |   |    |    |                              |    |    |    |    |    |                              |    |    |    |    |    |       |  |  |  |
| <b>B. Denominator: 46 - NA</b><br>(not applicable items)                                  |  |                              |   |   |   |   |    |                              |   |   |   |    |    |                              |    |    |    |    |    |                              |    |    |    |    |    |       |  |  |  |
| <b>C. Average % score (A/B x 100)</b>   |  |                              |   |   |   |   |    |                              |   |   |   |    |    |                              |    |    |    |    |    |                              |    |    |    |    |    |       |  |  |  |
| <b>D. Sign:</b>   |  |                              |   |   |   |   |    |                              |   |   |   |    |    |                              |    |    |    |    |    |                              |    |    |    |    |    |       |  |  |  |
| <b>E. Designation</b>   |  |                              |   |   |   |   |    |                              |   |   |   |    |    |                              |    |    |    |    |    |                              |    |    |    |    |    |       |  |  |  |
| <b>F. Recorded Score on Child Health Dashboard</b>  |  | <input type="checkbox"/> Yes |   |   |   |   |    | <input type="checkbox"/> Yes |   |   |   |    |    | <input type="checkbox"/> Yes |    |    |    |    |    | <input type="checkbox"/> Yes |    |    |    |    |    |       |  |  |  |
| <b>G. Recorded Remedial Action on QIP</b>   |  | <input type="checkbox"/> Yes |   |   |   |   |    | <input type="checkbox"/> Yes |   |   |   |    |    | <input type="checkbox"/> Yes |    |    |    |    |    | <input type="checkbox"/> Yes |    |    |    |    |    |       |  |  |  |
| <b>Number of records that scored 100%</b> (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. |  |                              |   |   |   |   |    |                              |   |   |   |    |    |                              |    |    |    |    |    |                              |    |    |    |    |    |       |  |  |  |