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The quality of child health services offered at primary health care clinics in Johannesburg

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CITY OF JOHANNESBURG

M(3

NO.

CHILD HEALTH SERVICES

REGION: ..... CLINIC'S NAME: .....

DATE OF FIRST ATTENDANCE: .....

SURNAME: .....

Name: .....

Residential Address:

.....

.....

Postal Address: .....

.....

Tel. Home: ..... Tel. Work: .....

DEFAULTING
1.
2.
3.

FAMILY HISTORY

	MOTHER		FATHER	
Name	.....		.....	
	❑ married	❑ single	❑ married	❑ single
	❑ Widow	❑ separated	❑ Widower	❑ separated
Age	.....		.....	
Occ.	.....		.....	
Denom.	.....		.....	
Blood group	.....		.....	
Health	.....		.....	
Allergies	.....		.....	

BABY HISTORY

Date of birth: .....

Place of birth: .....

Mass at birth: .....

Discharge weight: .....

Apgar: .....

Length: .....

Head circumf: .....

Duration preg: .....

Type of delivery: .....

Sex: .....

OBSTETRIC HISTORY

Pregnancies: .....

Born alive: .....

Miscarriages: .....

Stilborne: .....

Children died: .....

Family planning: .....

RING NUMBER AGAINST APPLICABLE FACTOR:

PRE-NATAL:

1. Rubella
2. Blood incompatibilities
3. Hypermesis
4. Ante-partum haemmorrhage
5. Severe illness
6. X-rays
7. Thyrotoxicosis
8. Diabetes
9. Toxemia of pregnancy
10. Other complications of pregnancy, e.g. pyelitis
11. Any psychiatric illeness

14. Birth mass under 2,5 kg
15. Foetal distress
16. Birth asphyxia
17. Prolonged poor suckling

POST NATAL

18. Jaundice
19. Convulsions
20. Respiratory distress
21. Congenital Abnormalities

GENETIC

22. Deafness, blindness
23. Other

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PREVIOUS PREGNANCIES IN ORDER OF BIRTH

DATE	SEX	NAME	TYPE OF DELIVERY	IMM UP TO DATE	ILLNESSES
1.					
2.					
3.					
4.					

IMMUNISATIONS

I, the undersigned, hereby consent to the administration of the necessary immunisation.

Date ..... Signature: .....

AGE	IMMUNISATION	DATE	SITE	BATCH	DOSE	PLACE & SIGNATURE	RETURN DATE
0-6 WEEKS	TOPV		Per Os		2 drops		
0-3 months	BCG		R Arm		1 drop		
6 weeks	TOPV		Per Os		2 drops		
	DTP		R L		0,5 ml IM		
	HBV		R L		0,5 ml IM		
10 weeks	TOPV		Per Os		2 drops		
	DTP		R L		0,5 ml IM		
	HBV		R L		0,5 ml IM		
14 weeks	TOPV		Per Os		2 drops		
	DTP		R L		0,5 ml IM		
	HBV		R L		0,5 ml IM		
9 months	MEASLES		R L		0,5 ml IM		
18 months	TOPV		Per Os		2 drops		
	DTP		R L		0,5 ml IM		
			R L		0,5 ml IM		
	MEASLES		R L		0,5 ml IM		
5 year	TOPV		Per Os		2 drops		
	DT		R L		0,5 ml IM		
Other							

ABBREVIATIONS:

Refer to	:	→	Tetanus	:	T
Immunisation	:	Imm	Diphtheria	:	D
With	:	I/C	Pertusis	:	P
Reduce	:	▼	Subcutane	:	SC
Increase	:	▲	Intra-Muscular	:	IM
4 hourly	:	qh	Per Os	:	PO
3 times per day	:	tds	Paediatrician	:	PAED
4 times per day	:	qid	Gynaecologist	:	GYNAE
Left	:	L	Return date	:	TCA
Right	:	R	Teaspoon	:	ts
Nil Abnormaz	:	NAD	Dessertspoon	:	ds

CHILD ILLNESSES DATE

Measles: .....

Whopping cough: .....

Chickenpox: .....

German measles: .....

Diphtheria: .....

Other: .....

.....

HOME VISIT

DATE: ..... TOTAL RESIDENTS: .....

TYPE OF HOUSING: ..... ENVIRONMENT .....

REMARKS:

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DATE	AGE	MASS		SIGNATURE
			1. Mothers Emotional Condition	
			2. Physical examination	
			— Fontanells	
			— Umbilical cord	
			— Eyes	
			— Mouth	
			— Skin	
			— Genitals	
			3. Jaundice	
			4. Stools	

NURSING CARE PLAN

DATE	AGE	PROBLEM	EXPECTED OUTCOME	DEADLINE	NURSING ACTION	EVALUATION	SIGN.

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CHILD DEVELOPMENT CHART

DATE AGE	SIGNATURE	SOCIAL BEHAVIOUR AND PLAY	O	M	VISION AND FINE MOVEMENT	O	M	HEARING AND SPEECH	O	M	GROSS MOTOR (Posture and large movement)	O	M	OUTCOME FOLLOW UP DATE OF NEXT VISI
0-6 Weeks		— Watches mother in feeding			— Hands closed thumbs in — Shuts eyes tightly to light			— Stops crying when spoken to — Startled by sudden noise			— Moro, grasp sucking reflexes sometimes still present			
3 Months		— Reacts to voices by smiling and noises			— Follow objects slowly from side to side — Hands loosely open — Finger play			— Gets excited when hearing footsteps * Deaf baby doesn't react — Back straight			— Slight head lag — Head control for a few seconds			
6 Months		— Everyting goes to mouth — Shakes rattle			— Eyes move together * Squinting abnormal — Transfers toys — Palmer grasp			— Recognizes mother's voice — Responds to hearing test — Makes sounds like oe & dada			— Rolls over — Kicks with alternative legs			
9 Months		— Holds — Reaches out to grasp spoon when feeding			— Picks up blocks but can't build tower — Transfers objects from hand to hand			— Calls for attention — Listens, calls again — Responds to hearing test			— Sits alone for 10-15 min — Starts crawling — Rolls over and over on floor			
12 Months		— Clasps hands — Waves goodbye — Drinks from cup — Helps with dressing			— Grasps objetcs between thumb and forefinger — Points with finger to object			— Knows and reacts immediately to name — Says mommy and daddy			— Crawls — Stands up against furniture — Starts walking			
15 Months		— Intensely curious — Throws and picks up objects — May indicate if wet or soiled			— Builds tower of two blocks — Looks at picture and pats page			— Speaks 2-6 recognisable words — Understands and obeys simple instructions			— Independent steps — Falls frequently — Climbs onto furniture			
18 Months		— Takes off shoes and socks — Dry by day, occasional accidents — Emotionally very dependent on mother			— Builds tower of three blocks — Turns page 2 or 3 at a time — Scribbles			— Uses 5-20 words — Attempts to sing — Points to own hair, nose, eyes, etc. — Squats to pick up objects			— Climbs into an adult chair forward, turns to sit — Climbs steps with help			
24 Months		— Turns door handles — Defends possessions — No idea yet of sharing			— Builds tower of 6-7 blocks — Turns pages singlely — Hand preference becomes evident			— Talks to himself — Understands 50 and more words — Refers to self by name			— Runs safely — Kicks ball — Throws small ball overhead			
3 Years		— Eats with fork and spoon — Washes hands — Can pull pants down and up — Dry through night			— Builds tower 9 cubes — Copies circle — Cuts with scissors — Matches 2 or 3 primary colours			— Large vocabulary — Gives full name, age — Asks many questions — Listens eagerly to stories demand over/over			— Can walk on tiptoe — Jumps from steps two feet together — Rides a tricycle with agility			
5 Years		— Uses knife and fork — Dresses and undresses alone — Chooses own friends — Brushes teeth			— Writes few letters — Draws house with doors, roof, windows — Counts fingers on one hand			— Speech fluent — Articulation correct except for confusion s/f/th and r/l/w/y groups			— Stands on one leg — Walks on straight line — Skips on alternate feet			

O: OBSERVED **M: MOTHER**

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GROWTH CHART

