

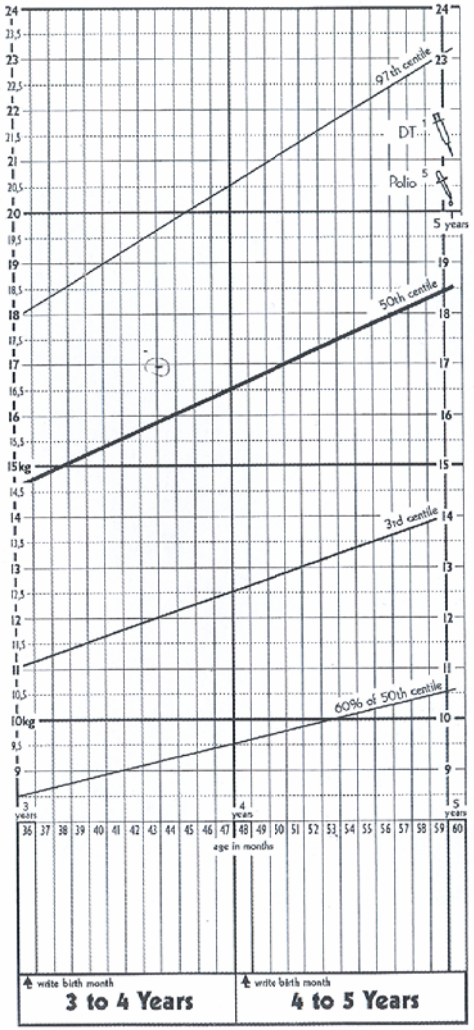
https://dspace.org/

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

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http://hdl.handle.net/10539/5010

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Road to Health Chart

IMPORTANT: always bring this chart when you visit any health clinic, doctor or hospital and present the chart on school entry

Department of Health

GW 8/123

Child's name: boy ☐ girl ☐

Child's ID number

Date of birth: day / month / year — Place of birth

Birth weight — Birth length — Birth head circumference

Problems during pregnancy / birth / neonatally

APGAR 1 min. / 5 min. — Gestational age (wks): — Mother's Serology:

Mother's file numbers: Antenatal: Delivery:

RtHC information given by:

Mother's name:

Father's name:

Who does the child live with?

How many children has the mother had?

Number born ☐ Number alive now ☐ Date information given: dd / mm / yy

Reason(s) for death(s):

Visual screening

Pencil test (>6 weeks)
Result: L: yes / no R: yes / no — Date tested: dd / mm / yy

Snellen Chart test: conduct with E-chart (5> years)
Result: L: / R: / — Date tested: dd / mm / yy

Hearing screening

Does baby appear to listen when someone is talking or singing? (at 3 months)
Result: yes / no — Date tested: dd / mm / yy

Does baby turn to a loud noise? (at 6 months)
Result: L: yes / no R: yes / no — Date tested: dd / mm / yy

Voice test: Hearing impairment (>12 months)
Result: Normal hearing / Moderate impairment / Severe impairment — Date tested: dd / mm / yy

IMMUNISATIONS

	Batch no:	Vaccine	Site	Date given (day / month / year)	Signature
PRIMARY SCHEDULE		BCG	Right arm	/ /	
		Polio 0	Oral	/ /	
		Polio 1	Oral	/ /	
		DTP 1	Left thigh	/ /	
		Hib 1	Left thigh	/ /	
		DTP 1 / Hip 1 (combined)	Left thigh	/ /	
		Hep B 1	Right thigh	/ /	
		Polio 2	Oral	/ /	
		DTP 2	Left thigh	/ /	
		Hib 2	Left thigh	/ /	
		DTP 2 / Hip 2 (combined)	Left thigh	/ /	
		Hep B 2	Right thigh	/ /	
		Polio 3	Oral	/ /	
		DTP 3	Left thigh	/ /	
		Hib 3	Left thigh	/ /	
		DTP 3 / Hip 3 (combined)	Left thigh	/ /	
		Hep B 3	Right thigh	/ /	
		Measles 1	Right thigh	/ /	
BOOSTERS		Polio 4	Oral	/ /	
		DTP 4	Left arm	/ /	
		Measles 2	Right arm	/ /	
		Polio 5	Oral	/ /	
		DT 1	Left arm	/ /	

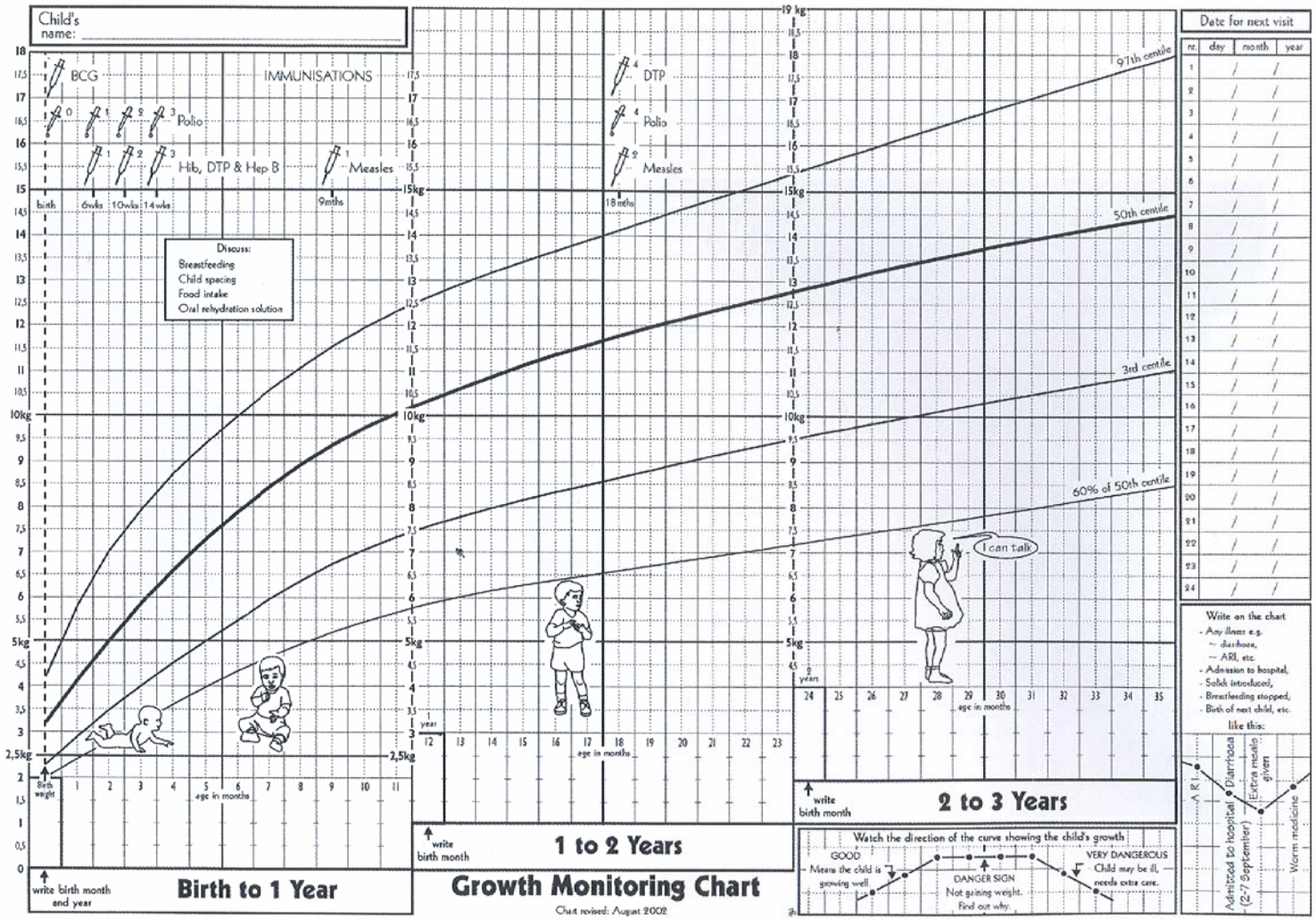
In need of special care (mark with X)

Was the baby **less than 2,5kg** at birth	yes / no	Are any brothers or sisters **underweight?**	yes / no
Is the baby a **twin?**	yes / no	Is the baby **bottle fed?**	yes / no
Household TB contact?	yes / no	Does the mother need more **family support?**	yes / no
Are there any reasons for **taking extra care?**	yes / no	(For example: single parent etc.)	

Address of clinic(s) visited

Clinic 1:	Clinic 2:

Appendix F


Child's name:
IMMUNISATIONS
BCG
Polio
Hib, DTP & Hep B
Measles
DTP
Polio
Measles
birth
6wks
10wks
14wks
9mths
18mths
Discuss:
Breastfeeding
Child spacing
Food intake
Oral rehydration solution
97th centile
50th centile
3rd centile
60% of 50th centile
I can talk
Birth weight
age in months
year
years
write birth month and year
Birth to 1 Year
write birth month
1 to 2 Years
write birth month
2 to 3 Years
Growth Monitoring Chart
Chart revised: August 2002
Date for next visit
nr.
day
month
year
Write on the chart
- Any illness e.g.
– diarrhoea,
– ARI, etc.
- Admission to hospital,
- Solids introduced,
- Breastfeeding stopped,
- Birth of next child, etc.
like this:
ARI
Diarrhoea
Extra meals given
Admitted to hospital (2–7 September)
Worm medicine
Watch the direction of the curve showing the child's growth
GOOD
Means the child is growing well
DANGER SIGN
Not gaining weight. Find out why.
VERY DANGEROUS
Child may be ill, needs extra care.

Road to Health Chart (RtHC)

HEALTH WORKER CONSULTATION SHEET

Child's name : _____

Date of birth : | dd | mm | yy |

Does the child have any allergies?
Specify: _____

Date	Clinical notes, diagnosis & treatment (and signature) (use key words, write legibly - 2 to 8 lines per visit)
	①
	continue in column 2

Date	Clinical notes, diagnosis & treatment (and signature) (use key words, write legibly - 2 to 8 lines per visit)
	②
	continue in column 3

Date	Clinical notes, diagnosis & treatment (and signature) (use key words, write legibly - 2 to 8 lines per visit)
	③
	continue in column 4

Appendix F

Date	Clinical notes, diagnosis & treatment (and signature) (use key words, write legibly - 2 to 8 lines per visit)
	④