Name : _____ **SCC #** _____ **Date :** 2019 / Feb / Day

Main reason for the SCD clinic – check one only **Age:** _____ **Birth date** _____

- ☐ initial visit
- ☐ routine visit
- ☐ Rx known chronic problem
- ☐ sick visit
- ☐ daycare treatment only
- ☐ other – specify

Measurements

Ht _____ cm

Wt _____ kg

Left MUAC _____ mm

- ☐ Green > 135mm
- ☐ Yellow 125-135 mm
- ☐ Orange 110-124 mm
- ☐ Red < 110 mm

Vital signs

- HR _____
- RR _____
- BP _____
- Temperature ____ °C
- O_2 saturation ____ %

History

Fever: no □ yes □

Cough: no □ yes □

Pain: no □ yes □ if yes where/for how long _____

Other symptoms: specify _____

Physical examination – in each case circle one that applies or put measurement or description

- General state – good, mildly ill, moderately ill, severely ill
- Bossing – absent, mild to moderate, severe
- Pallor – absent, mild, moderate, severe
- Jaundice – absent, tinge, mild, moderate, severe
- Heart
- Chest
- Liver – not palpable or palpable _____ cm below RCM or unable to determine
- Spleen – not palpable or palpable _____ cm below LCM or unable to determine
- Sexual development – prepubertal (Tanner 1), developing (Tanner 2-4), mature (Tanner 5)
- Other

Investigations None ___ or indicate below those done and the results

Hb	_____	g/dL	MCV	_____	fL
WBC	_____	X 10^9 / L	Bili-total/direct	_____	mg/dL
Neutrophils	_____	X 10^9 / L	BUN/creat	_____	
Platelets	_____	X 10^9 / L	AST/ALT	_____	

Malaria - BS □ RDT □ pos □ neg □

Previously diagnosed and still present chronic problems ***Record all that apply***

- ☐ None
- ☐ Previous stroke(s)
- ☐ A VN – indicate location
- ☐ Leg ulcer
- ☐ Chronic splenomegaly/hypersplenism
- ☐ Other – indicate

Current condition/Major new diagnoses this visit ***Record all that apply***

- ☐ Stable steady state/stable chronic problem (if latter – specify)
  - □ old stroke □ chronic splenomegaly □other: specify _____
- ☐ Pneumonia/acute chest syndrome (suspected or confirmed)
- ☐ Febrile illness (other than pneumonia):
  - □ malaria □ R/O sepsis □other :specify _____
- ☐ Mild infection without fever/significant fever
  - □ URTI □other: specify _____
- ☐ Acute splenic sequestration
- ☐ VOC: □ dactylitis □ other – specify site _____
- ☐ New stroke
- ☐ Other – specify
  - □ AVN: site _____ □ leg ulcer: site _____ □other: specify _____

Daycare treatment **No____ Yes____ If yes, indicate all that was given :**

- ☐ IV fluids
- ☐ Oral morphine - 0.2-0.5mg/kg/dose po q3-4; max 15 mg/dose (see morphine protocol)
- ☐ Parenteral analgesics □ Diclofenac IM +/- oral analgesia
  □ Other – specify
- ☐ Parenteral antibiotics □ Ceftriaxone IV/IM
  □ Other – please specify
- ☐ RBC transfusion □ Simple transfusion: WB _____mL or packed RBCs _____mL
  □ Manual exchange transfusion
- ☐ Other – specify _____

Patient disposition – choose one

- ☐ Discharge home without daycare treatment
- ☐ Discharge home following daycare treatment
- ☐ Hospitalisation without daycare treatment
- ☐ Hospitalisation following daycare treatment
- ☐ Other – specify

Return Visit

Outpatient Medications – record all that apply

- ☐ Folic acid
- ☐ Malaria prophylaxis - choose one
  - ☐ CQ tab/wk/<3yr ½; 3-12yr 1; >12yr 2
  - ☐ S/P tab/mo/2-5yr ½; 5-10yr 1; 10-15yr 2; >15yr 3
- ☐ Pneumococcal prophylaxis - choose one
  - ☐ Pen Vee <3yr 125mg BID; 3-5yr 250mg BID
  - ☐ Other – specify: _____
- ☐ Analgesics - record all that apply
  - ☐ Acetaminophen 10-15mg/kg/dose q4-6hr max 90mg/kg/24hr
  - ☐ Ibuprofen 10-15mg/kg/dose q6-8hr max 1.2g/24hr
  - ☐ Diclofenac 50mg tabs non-div q8-12hr
  - ☐ Morphine 0.2-0.5mg/kg/dose po q4-6hr prn (maximum - 2 day supply)
  - ☐ Other – specify: _____
- ☐ Antibiotics (other than pneumococcal prophylaxis) - specify all
- ☐ Anti-malarials (treatment) - choose one
  - ☐ Coartem tabs BID X 3 days: 5-14kg 1; 15-24 kg 2; 25-34 kg 3; >34 kg 4
  - ☐ Other – specify _____
- ☐ Hydroxyurea : _____ mg ___/7 & ____ mg ____/7; dose mg/kg/day _____mg
- ☐ Other

Physician name _____ Physician signature _____

Data entry: Date _____ Signature _____