

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

Vital signs

- HR _____
- RR _____
- BP _____
- Temperature _____ °C
- O₂ saturation _____ %

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

History

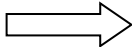
Fever: no ☐ yes ☐

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 _____