

Tool 8: Clinical Audit for Sick Child 0-5 years

Fac	ility name:							Ex	clusio	n crit	teria (\	where	appl	icable	e):			Pat	tients	that no	o long	er follo	ow up	at the	facili	ty	
Ain	n/objective of the audi	t:			To as	ssess	the ac	dheren	ce to	prescr	ibed s	tanda	rds fo	r mana	aging	childre	en wh	o are i	unwel		Yea	ar:					
	pe completed quarterly pre "1" if compliant or																		Γotal s	score p	oer sy	mpton	า / (5 -	NA it	ems)	X 100	
	iod for Audit					rter 1						rter 2				•		rter 3		,			Quar		•		
	e Audit done (date):																										tal
Month in which infant or child was seen Age in months Measurement Criteria																										Year total	
																											>
Mea	asurement 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	
Clir	nical management																										
1	Checked for signs of (all children).	severe illness																									
2	Correct urgent treatment classification General	danger signs																									
	(2m-5y) or Possible s bacterial infection (0																										
3	Checked for Bacteria Jaundice (0-2m).	I infection and																									
4	Correct treatment pro- classification for Bact or Jaundice (0-2m).																										
5	Checked for Cough of breathing (2m-5y).	r difficulty																									
6	Correct treatment pro- classification for Coug breathing (2m-5y).																										
7	Checked for Diarrhoe	a (all children).																									
8	Correct treatment pro- classification for Diarr																										

Mea	Measurement Criteria		2	3	4	5	Q1	6	7	8	9	10	Q2	11	12	13	14	15	Q3	16	17	18	19	20	Q4	Total
9	Checked for Congenital problems (0-2m).																									
10	Correct <u>treatment</u> provided if classification for Congenital problems (0-2m).																									
11	Checked for Fever (2m-5y).																									
12	Correct treatment provided if classification for Fever (2m-5y).																									
13	Checked if the child had Ear and Throat problems (2m-5y).																									
14	Correct <u>treatment</u> provided if classification for Ear or Throat problems (2m-5y).																									
15	Checked Growth/ Malnutrition (all children).																									
16	Correct <u>treatment</u> provided according to classification for Growth/ Malnutrition (all children).																									
17	Feeding assessment done for all children <2 years, NAM at risk, MAM.																									
18	HIV considered (all children).																									
19	Correct <u>treatment</u> for HIV classification (all children).																									
20	TB exposure/ screening done (all children).																									
21	Correct treatment if classification for TB / TB risk / TB exposure.																									
22	Immunisation status checked and given if due (all children).																									
23	Vit A status checked and dose given if due (6m-5y).																									
24	, , , , , , , , , , , , , , , , , , , ,																									
	Other problems assessed/ treated (all children).																									
26	Mother's health checked (all children).																									

Mea	asurement 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
Adr	ministrative, Demographic and F	resci	ription	detai	ls																					
27	Name and surname recorded In facility-based record and on each recording form.																									
28	Patient file number recorded in facility-based record and on each recording form.																									
29	Facility name recorded in facility-based record.																									
30	ID/ refugee/ passport number/ DOB recorded in facility-based record.																									
31	recorded in facility-based record.																									
32	Name and surname of parents / guardian recorded in facility-based record.																									
33	Contact details of parents / guardian / next of kin recorded in facility-based record.																									
34	Social history, schooling, nutrition recorded in facility-based record.																									
	Family history of chronic conditions recorded in facility-based record.																									
36	Known chronic conditions recorded in facility-based record.																									
37	Surgical history recorded in facility-based record.																									
38	Allergies recorded in facility-based record.																									
39	Name of medication recorded if prescribed.																									

Mea	asurement 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	Strength of medication recorded if prescribed.																									
41	Quantity recorded if prescribed.																									
42	Dosage recorded if prescribed.																									
43	Prescriber / Health Worker name and surname recorded.																									
44	Prescriber / Health Worker signature recorded.																									
45	Date signed by Prescriber / Health Worker recorded.																									
46	SANC / HPCSA number of Health Worker recorded.																									
Α.	Numerator: Total score																									
B.	Denominator: 46 - NA (not applicable items)																									
C.	Average % score (A/B x 100)																									
D.	Sign:																									
E.	Designation																									
F.	Recorded Score on Child Health Dashboard			_ \	es/					_ Y	'es			□ Yes							□ Yes					
G.	G. Recorded Remedial Action on QIP						□ Yes							□ Yes						□ Yes						
100	mber of records that scored % (if C <100%: score 0, if 100%: score 1)																									
13 (of the 20 records (across 4 quarter	rs) mu	st hav	e scor	ed 10	0% to	comply	/ with 1	the tar	get.					·						·	•				