

ADULT OPD REGISTER

OROMIA REGION MALARIA SURVEILLANCE FOR EPIDEMIC DETECTION

1: ZONE _____ 2: WOREDA _____ 3: Town _____

4: Facility type (tick appropriately): ___A) Health Center ___B) Health Post ___C) Clinic ___D) Hospital

5. SENT.SITE CODE |_|_|_|_| 6. NAME OF Health Facility: _____ 7. Health Facility Code: |_|_|_|_|

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | | | | | | | 15 | | 16 | 17 | | | | | | | 18 | 19 | 20 | | |
|-----|-----|-----|--------|--------|--------|-----|-------|--------|--|--------------|--------|----|--|---|---|---|---|--|---|-----------------|---|----|--|---|--------|---|---------|-------------|--------------|----|----|----|-------------|----------------|
| | | | | | | | | | | | | | Blood Film or RDT Results (Check appropriate Box) | | | | | | | Final Diagnosis | | | Anti-malarial Treatment Given (Check appropriate box) | | | | | | | | | | | |
| | | | | | | | | | | | | | Blood Film Result | | | | | RDT Result | | a | b | | a | b | c | d | e | f | g | | | | | |
| | | | | | | | | | | | | | a | b | c | d | e | f | g | h | i | | Malaria | | Others | | Coartem | Chloroquine | Quinine Tabs | | | | Quinine Inj | Artemether Inj |
| Pf+ | Pv+ | Mix | Neg | RF | Pf+ | Pv+ | Mixed | Neg | 1. Severe 2. uncomplicated 3. No malaria | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | N F | M F | Y N | | | Y N | Y N | Y N NA | Y N | | | | | | | 1. Severe 2. uncomplicated 3. No malaria | | | | | | | | | | | | | | | | |
| | | | N F | M F | Y N | | | Y N | Y N | Y N NA | Y N | | | | | | | 1. Severe 2. uncomplicated 3. No malaria | | | | | | | | | | | | | | | | |
| | | | N F | M F | Y N | | | Y N | Y N | Y N NA | Y N | | | | | | | 1. Severe 2. uncomplicated 3. No malaria | | | | | | | | | | | | | | | | |
| | | | N F | M F | Y N | | | Y N | Y N | Y N NA | Y N | | | | | | | 1. Severe 2. uncomplicated 3. No malaria | | | | | | | | | | | | | | | | |
| | | | N F | M F | Y N | | | Y N | Y N | Y N NA | Y N | | | | | | | 1. Severe 2. uncomplicated 3. No malaria | | | | | | | | | | | | | | | | |
| | | | N F | M F | Y N | | | Y N | Y N | Y N NA | Y N | | | | | | | 1. Severe 2. uncomplicated 3. No malaria | | | | | | | | | | | | | | | | |
| | | | N F | M F | Y N | | | Y N | Y N | Y N NA | Y N | | | | | | | 1. Severe 2. uncomplicated 3. No malaria | | | | | | | | | | | | | | | | |
| | | | N F | M F | Y N | | | Y N | Y N | Y N NA | Y N | | | | | | | 1. Severe 2. uncomplicated 3. No malaria | | | | | | | | | | | | | | | | |
| | | | N F | M F | Y N | | | Y N | Y N | Y N NA | Y N | | | | | | | 1. Severe 2. uncomplicated | | | | | | | | | | | | | | | | |

Name of supervisor/coordinator: _____ Code: |_|_|_|_|_| Date form collected on: |_|_|_|_|_| Signature: _____

