

1134 Namubiru Catherine



Ministry of Health CHILD HEALTH CARD

Health workers should use this card as an education document for mothers

National ID No (NIN):

Child No: **KAMPALA**

Child's Name: **KISENYI**

Sex: Male / Female: **M**

Birth Weight (kg): **2.8 kg**

Date of Birth: **02/02/18**

Mother's Name: **MURUGA**

Mother's Contact: **MURUGA**

Mother's Occupation: **MURUGA**

Home at Health Facility:

Address of the Child:

District:

Subcounty/Division:

Parish/Ward:

TICK REASONS FOR SPECIAL CARE

Birth weight less than 2.5 kg

Birth defect

Other handicaps or illness

Birth child or more

Birth less than 2 years after last birth

Severe jaundice

Brothers and sisters Malnourished

Mother dead

Father dead

1 or more children in family dead

Multiple birth child

Birth Asphyxia

Any other Reason for Special Attention

Please carry this card every time you bring your child for care or attention

IMMUNIZATION

Immunization protects your child against serious diseases. Take your child for immunization even if the scheduled date is missed. Is baby protected at birth? Yes/No (please tick)

Follow and complete the immunization schedule below.

TIME	VACCINE	EFFECTS AGAINST	MODE OF ADMINISTRATION	DATE GIVEN
At Birth	BCG	Tuberculosis	Intradermal Injection on Right Upper Arm	22/02/18
	Polio 0	Polio	2 Oral drops	22/02/18
	Polio 1	Polio	2 Oral drops	
AT 6 Weeks	DTP (HepB-Hib-2)	Diphtheria, Tetanus, Whooping Cough, Hepatitis B, Haemophilus influenzae type B	Intramuscularly, Outer Upper Aspect of Left Thigh	21/3/18
	PCV 1	Pneumococcal Pneumonia	Intramuscularly, outer Upper aspect of Right Thigh	21/3/18
	Rotar 1	Rotavirus Diarrhoea	Orally, Slow administration on inner aspect of the flank	21/3/18
	Polio 2	Polio	2 Oral drops	
AT 10 Weeks	DTP (HepB-Hib-2)	Diphtheria, Tetanus, Whooping Cough, Hepatitis B, Haemophilus influenzae type B	Intramuscularly, outer Upper aspect of Left Thigh	20/12/18
	PCV 2	Pneumococcal Pneumonia	Intramuscularly, outer Upper aspect of Right Thigh	20/12/18
	Rotar 2	Rotavirus Diarrhoea	Orally, Slow administration on inner aspect of the flank	20/12/18
	Polio 3	Polio	2 Oral drops	
At 14 Weeks	DTP (HepB-Hib-3)	Diphtheria, Tetanus, Whooping Cough, Hepatitis B, Haemophilus influenzae type B	Intramuscularly, outer Upper aspect of Left Thigh	26/6/18
	PCV 3	Pneumococcal Pneumonia	Intramuscularly, outer Upper aspect of Right Thigh	26/6/18
	IPV	Polio	Subcutaneously, Left Upper Arm	26/6/18
At 9 Months	Meningococcal 1 (MR1)	Meningitis	Subcutaneously, Left Upper Arm	27/11/18
At 15 Months	Meningococcal 2 (MR2)	Meningitis	Subcutaneously, Left Upper Arm	27/11/18

PLEASE NOTE: Do NOT administer a new dose of Vitamin A if the child received in the past 3 months

VITAMIN A & DEWORMING

AGE	VITAMIN A DATE GIVEN	DEWORMING DATE GIVEN
6 Months	11/9/18	
1 Year	5/5/19	
1;2 Years		
2;3 Years		
3 Years		
3;4 Years		
4 Years		
4;5 Years		
5 Years		

Please Administer Vitamin A and Deworming Doses as Follows

Vitamin A	6 months	100,000IU
	1 year & above	200,000IU
Deworming	1 year	200mg Albendazole/250mg Mebendazole
	2 years & above	400mg Albendazole/500mg Mebendazole

EDUCATION, COUNSELLING AND REFERRAL INFORMATION

Record all information given on Growth, Nutrition, Immunization, Illness & any other antigens, and booster doses e.g., yellow fever vaccine.

DATE OF VISIT	INFORMATION	NEXT APPOINTMENT
22/02/18	TCA	5/4/18
11/5/18	4.5kg	20/5/18
20/10/18	6.5kg	26/6/18
26/6/18	wt 6.5kg Centra 100ml EBF	At 6 months
11/09/18	7.3kg Centra 100ml EBF	quotes
27/11/18	wt 8.9kg	At 1 year

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address: muli.2018@gmail.com

INFANT & YOUNG CHILD FEEDING

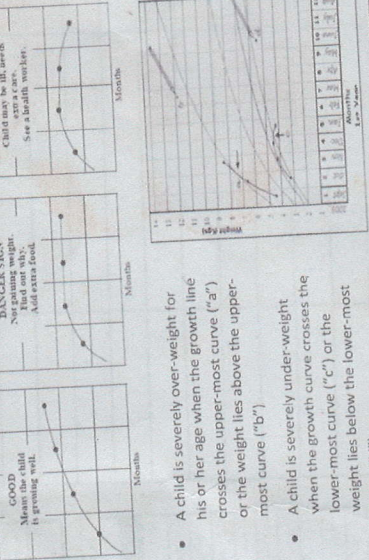
Time	Birth	1w	6w	10w	14w	6m	9m	12m	18m	24m
IYCF Code										

Infant and Young Child Feeding (IYCF) Codes
 EBF — Exclusive Breast Feeding
 RF — Replacement Feeding
 MF — Mixed Feeding
 CF — Complementary Feeding

Mother's PMTCT Code: _____
 Results of the child at 6mths: Reactive Non Reactive
 Results of the child at 12mths: Reactive Non Reactive
 Results of the child at 18mths: Reactive Non Reactive
 Child initiated on treatment? Yes No
 Date Child Initiated on treatment: _____

Watch the line showing the child's growth:

The growth curve should continue to go up every time you have your child weighed.



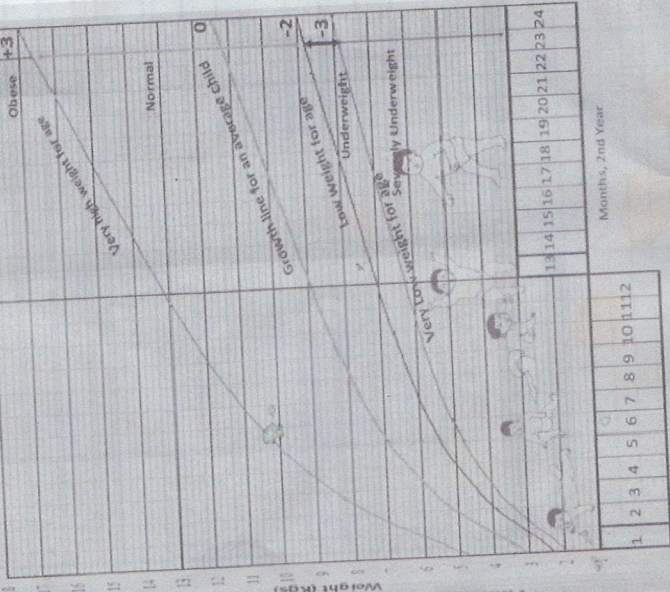
- A child is severely over-weight for his or her age when the growth line crosses the upper-most curve ("a") or the weight lies above the upper-most curve ("b")
- A child is severely under-weight when the growth curve crosses the lower-most curve ("c") or the weight lies below the lower-most curve ("d")

Spend time with your child. Playing with him or her, talking to him or her, and encouraging him or her to learn will help him or her to develop.

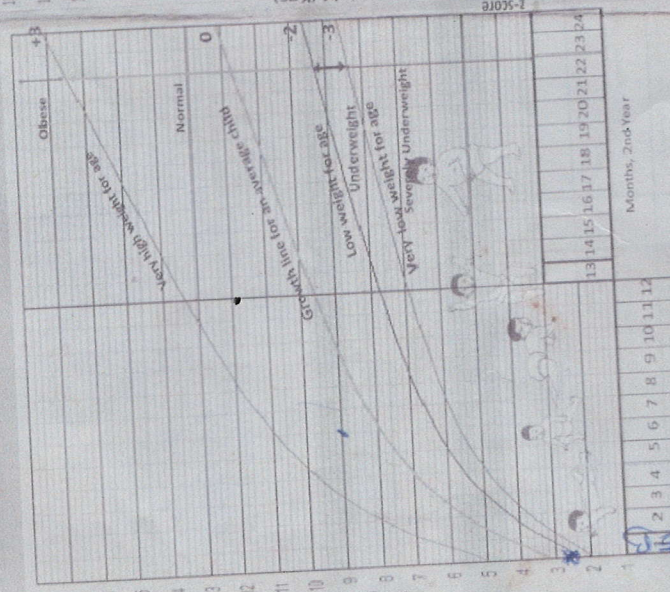
GROWTH PROMOTION CHART

Important: Give your baby only breast milk for the first 6 months. Add foods and other liquids only at 6 months

Weight-for-Age: BOYS (Birth to 2 years)



Weight-for-Age: GIRLS (Birth to 2 years)



Weigh the child during each visit, properly record on the card and interpret to the mother or caretaker.

- Other foods (up to 6 months of age)
1. Breast feeding
 2. Frequency of feeding
 3. Clean food and water
 4. Child spacing
 5. Child spacing
 6. Sanitation and hygiene
 7. Tuberculosis (TB)