Health Centre Management (HCM 03)

Information Management

The ACT PRIME Study

Infectious Disease Research Collaboration, Uganda.
ACT Consortium, London School of Hygiene & Tropical Medicine, UK.

LEARNER

Table of Contents

INTRODUCTION TO THE MANUAL

Before we start…

Welcome to the Learners Manual for the module entitled – Information Management.

We are very glad to have you as one of the first set of health workers to participate in this important training.

Everything you will need during the course and as a reference is included in this manual. In addition, there are notes and explanations included in the manual for you to refer back to at a later point.

The trainer will guide you on when to use the manual. Please focus on the trainer when she is talking and focus on the manual exercises when the trainer has guided you to a specific page, which needs your attention. The additional resources in the manuals are for your future reference.

Thank you for participating fully in this training and for respecting your fellow colleagues. Each one of you is unique and each one of you learns at a different pace. The trainer will take great care to cater to all your needs in order to make the training a success. Thank you in advance for doing your part to make it a valuable learning experience.

How to use this manual…

Throughout this manual, you will come across certain re-occurring symbols and boxes. These highlight certain key aspects for learning or contain information, which will help you during or after the training. The following is an explanation of these symbols.

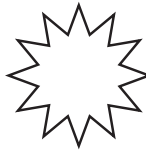**Icons & symbols**

> **Purpose:**
>
> **Learning Outcomes:**

PURPOSE & LEARNING OUTCOMES

This coloured box can be found at the start of each main topic section. In this box you will find the PURPOSE of the Topic and the key LEARNING OUTCOMES for that Topic.

KEY QUESTION

This symbol can be found when a KEY QUESTION is being asked.

DEFINITION OR KEY LEARNING POINT

This symbol represents a DEFINITION or a KEY LEARNING POINT to be remembered.

GROUP WORK

This symbol represents GROUP WORK. The training is interactive and a significant amount of your time will be spent in GROUP WORK. This symbol indicates that the activity will be done in a group. This means that you need to be a team player and allow all members of your group to participate equally.

WORK IN PAIRS

This symbol represents WORK IN PAIRS. This will be an opportunity for you to work one to one with a colleague. Pair work could mean buzzing or role playing, interviewing or problem solving. Be sure that each person in the pair gets a chance.

SUMMARY

This symbol will be shown where you can find a SUMMARY box – you can review these summary points at home or before the next training and in the future.

SELF-OBSERVATION ACTIVITY

This mascot symbol will be shown where there is a SELF-OBSERVATION ACTIVITY and some guidelines for you to follow.

> *Your Notes:*
> _____

NOTES

This represents a space for your NOTES. Feel free to write your comments and questions and anything that you do not understand in these spaces and discuss it with your trainer before, during or after a training.

What are you going to learn…

From October 2009 until February 2010, the Uganda Malaria Surveillance Project / Infectious Disease Research Collaboration conducted research activities in Tororo District. We surveyed households, health workers and community medicine distributors, and talked to groups of community members and health workers to learn more about how health care is provided to sick children in this area, especially at health centres.

Decision-making around health services depends on good quality information from health facilities being available A good health information system must produce the information, process it and send the information to the District so that it can be used to plan well. Information about health and illness in a community gives a clearer picture to the health facility on how to organize itself and how to plan stocks, staffing, schedules and patient care issues. However, in practice, health information systems often do not work in an orderly way for many reasons.

This module will focus on what health workers and in-charges can do with the health information they collect and how they can use this information to understand what is happening in their health centre. As in-charges you must understand what is 'good information' and how it can be collected, paying attention to accuracy, completeness and timeliness. This quality information can then be used to affect the quality of the decisions made at the health centre by the in-charge and her team. In-charges who understand the benefit of reliable health information management systems are often better motivated to collect information that is complete, accurate and timely and can communicate this to the other health centre staff. Quality health information often results in better decisions which in turn leads to better health for the patients coming to health centres.

The **key learning outcomes** for HCM 03 are as follows:

Topic	Learning outcomes: By the end of this module, you will be able to...
Why quality information matters	• Understand why we collect patient information. • Understand the value of quality or good information.
Ensuring Quality Health Information at the health centre	• Understand how collecting information can beneficial to the health centre (drug quantification, predicting future needs). • Understand how collecting information improves patient management. • Understand how to collect quality information and use it in practice.

TRAINING AGENDA

HCM 03 will last 3 hours from start to finish.

> **Today's training will start at ____:____ Today's training will end by _____:_____**

Topics	Total Time
Introduction to the module - Greetings & Review - Training rationale and learning outcomes	**15 minutes**
TOPIC 1: Why quality information matters - Introduction to the topic - Thinking about the topic - Principles - Practice - Discussion	**60 minutes**
Break	**30 minutes**
TOPIC 2: Ensuring quality information at the health centre - Introduction to the topic - Thinking about the topic - Principles - Practice - Discussion - Planning	**70 minutes**
Conclusion	**5 minutes**
TOTAL 180 minutes or **3 hours**	

INTRODUCTION TO THE MODULE

Purpose: To welcome and orient you to the training and help you to understand what you can expect of the training and what will be expected of you as participants.

Learning Outcomes: By the end of this session you will:

1) Know the names of co-participants.
2) Know the name of the training leader.
3) Review a set of ground rules for the training.
4) Review the previous module's key learning points.
5) Know the learning outcomes and purpose of the module.

1. Greetings & Review

Name of Trainer:

Names of co-participants: complete if you wish

Ground Rules: that will support the learning of all participants

Please write the ground rules agreed on by the group below:

Introduction to the Module

Review Circles

Guide: This is an opportunity to review the learning outcomes from the previous module. Some participants will read out a summary point in one of the circles. You can use whatever kind of voice you wish – for example a loud voice, a singing voice. Be sure to speak clearly.

The drug distribution system is the flow of activities with many different people and organizations involved.

The MOH needs more information and timely information from health centres to understand better how drugs are used, especially in health centre II & IIIs.

When you find that your drug supply is getting low and there are not enough drugs to last until the next scheduled NMS bi-monthly distribution you should request for additional drugs from the health sub-District. To place this order, you need to fill out four copies of the Order Form.

The maximum stock level is the highest amount of each drug in stock to prevent an accumulation of drugs that might spoil or expire before they can be used. It should be no more than five-times the average monthly consumption.

A stock card is a form used to keep track of the drug and supplies that are received and used at the health centre.

The average monthly consumption is the average consumption of a drug over a three month period. It helps to know how many drugs to keep in stock.

The minimum stock level is the lowest amount of each drug in stock at the health centre. Keeping a minimum stock level helps to prevent stock-outs. It should be 2 x the average monthly consumption.

2. Training rationale and learning outcomes

The **key learning outcomes** for HCM 03 are as follows below.

Box 1: Learning Outcomes

Topic	Learning outcomes: By the end of this module, you will...
Why quality information matters	• Understand why we collect patient information. • Understand the value of quality or good information.
Ensuring Quality Health Information at the health centre	• Understand how collecting information can beneficial to the health centre (drug quantification, predicting future needs). • Understand how collecting information improves patient management. • Understand how to collect quality information and use it in practice.

Your Notes

Introduction to the Module

TOPIC 1: WHY QUALITY INFORMATION MATTERS

Purpose: To understand the purpose of information and the importance of its quality.

Learning Outcomes: By the end of this session, you will:

1) Understand why health centres collect patient information.
2) Understand the value of quality or good information.

1. Introduction to the topic

Health information includes many different kinds of information.

What do you think could be called a piece of health information?

Your Notes

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Learning Point

- Health information is information collected about the health of the population.
- It includes information from health centres and hospitals and includes records of birth, death, different illnesses, immunization and drug use and distribution as well as diagnostic tests.
- Information about health collected at the health centre has a very important purpose and can be used by the health centre staff, almost as soon as it is collected.

2. Thinking about the Topic

There are a lot of forms to complete in your health centres and as in-charges you need to oversee the collection of this health information and understand it and share its importance or value.

> **Guide:** Below there are 3 questions.
>
> - In pairs, read through the questions.
>
> - Each of you can choose one question to answer.
>
> - Choose the question that reminds you of a personal experience you have had working with health information and share that experience with your colleague.
>
> - You and your colleague may choose different questions to answer.
>
> - If none of the questions remind you of an experience you have had – think of an experience dealing with health information and take 1 minute to share it with your colleague.

Question 1: *Have you ever been asked to provide health information for the HSD or the DHO and you felt you were not ready to do so?*

Question 2: *Have you ever been asked to provide health information for the HSD or the DHO and you have questioned why it was necessary to do so?*

Question 3: *Have you ever been asked to pull together a report and you weren't able to find all the information easily – did you manage? If yes, how did you manage? If not, what happened?*

Question 4: *Can you remember a time when you thought that some specific health information could have been useful for making a decision at your health centre but you didn't have it available? What did you do?*

Your Notes

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You have had many experiences around collecting health information. Perhaps you have been confused about how important it is, or overwhelmed by how to bring it together or compile the reports or some of you may have seen the important role health information has, but you were not sure how to use it in a helpful way.

Your Notes

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3. Principles

ACTIVITY A – The role of health information

Guide: In groups use the flipchart to draw a wheel diagram like the one below. In the middle write the question and then BUZZ together to list the reasons why health information is important or useful. You can write your ideas below too.
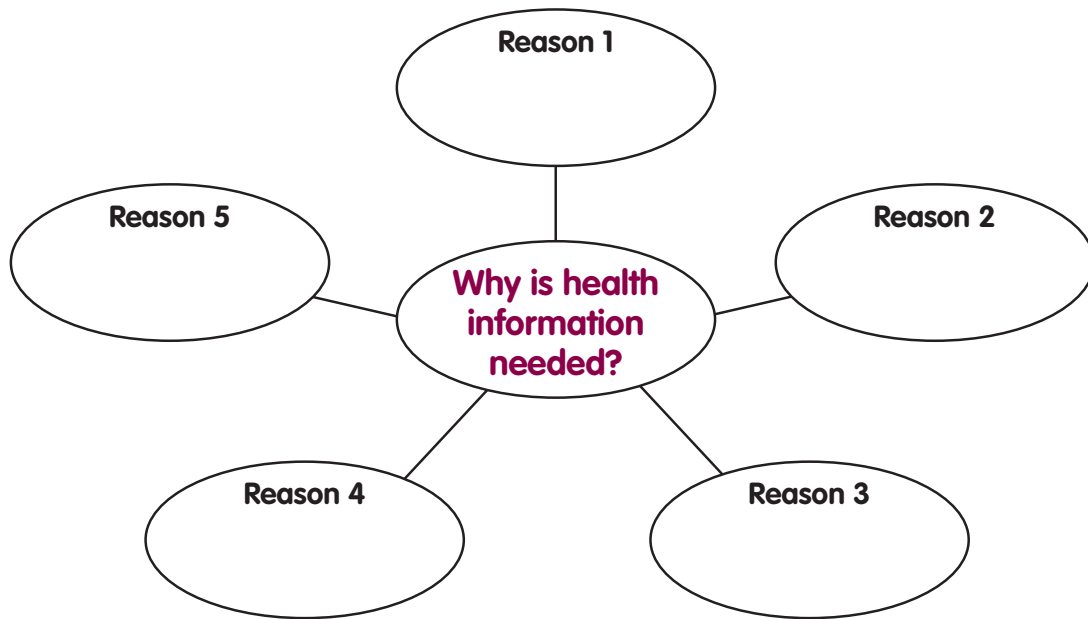
Your Notes

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Your Notes

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Topic 1: Why Quality Information Matters

Learning Point

The important role of health information to improve health services and planning can only be achieved if the information is of good quality.

What is GOOD QUALITY health information and what is BAD QUALITY information?

Your Notes

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Good Quality Information	Bad Quality Information

Learning Point

Good quality information can often be described using 3 keywords:
ACCURATE, COMPLETE AND TIMELY.

- **Accurate** information is actual patient information that is written as it was observed, like when an exact temperature is written down.

- **Complete** information is when all information is present, for example, all columns are filled in.

- **Timely** information is information that is recorded as it is collected, or done on time, processed on time, sent on time.

ACTIVITY B – Making sure the health information is of the best quality

Guide: In groups BUZZ around the question below. You can write your ideas below too.

What sometimes gets in the way of your health centre producing good or quality information?

Your Notes

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- Accurate information can sometimes become inaccurate or wrong and bad quality.

- This can happen if the hand writing is difficult to read and the information is misread when being copied or perhaps new staff may misunderstand the forms and leave out the pieces they don't understand.

- The records may be damaged and the information partially lost due to storage related problems – like a leaking roof or wind. Sometimes the information may be completed after the patient leaves and the health worker forgets the exact information and sometimes information may be changed in order to meet a report deadline or a target.

ACTIVITY C – Thinking through consequences of bad quality information

Knowing the consequences or results of bad quality information is important to motivate you and the staff at your health centre to do their best to collect quality information that is accurate and complete.

Guide: In pairs, list 3 consequences or results of poor quality data.

The OPD register was completed by a new staff member who did not understand the form and who also wrote with untidy hand writing. This was not detected by the in-charge until the end of the quarter.

Consequence 1	Consequence 2	Consequence 3

Guide: In pairs, list 3 practical ways that you feel you can ensure or guarantee quality information. That is information that tells the true story of the patients attending your health centre. Write them below and on the flip chart.

1) _____

2) _____

3) _____

Write other ways listed by the group:

_____

_____

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Try to prioritise or put numbers 1,2 & 3 next to the items that are the most likely to work in your health centres and that you can most easily make happen or implement.

4. Practice

Striving for and working towards collecting the best quality health information you can is an important goal for all in-charges and all the health workers in your health centres. The quality of the information you collect will have a very real affect on the quality of the care you provide to patients and their response to care.

Guide: Below you will find 6 steps to quality information for the benefit of your health centre and the community. Take a few minutes on your own to read the steps and to join the dots between the steps, making sure to follow the order (1,2,3 etc). You should end up with a happy patient! You should end up with a healthy happy patient who benefits from the decisions you make that are informed by quality information.

1) Timely Collection

2) Accurate & Complete

3) Stored Safely

4) Processed & Sent

5) Applied
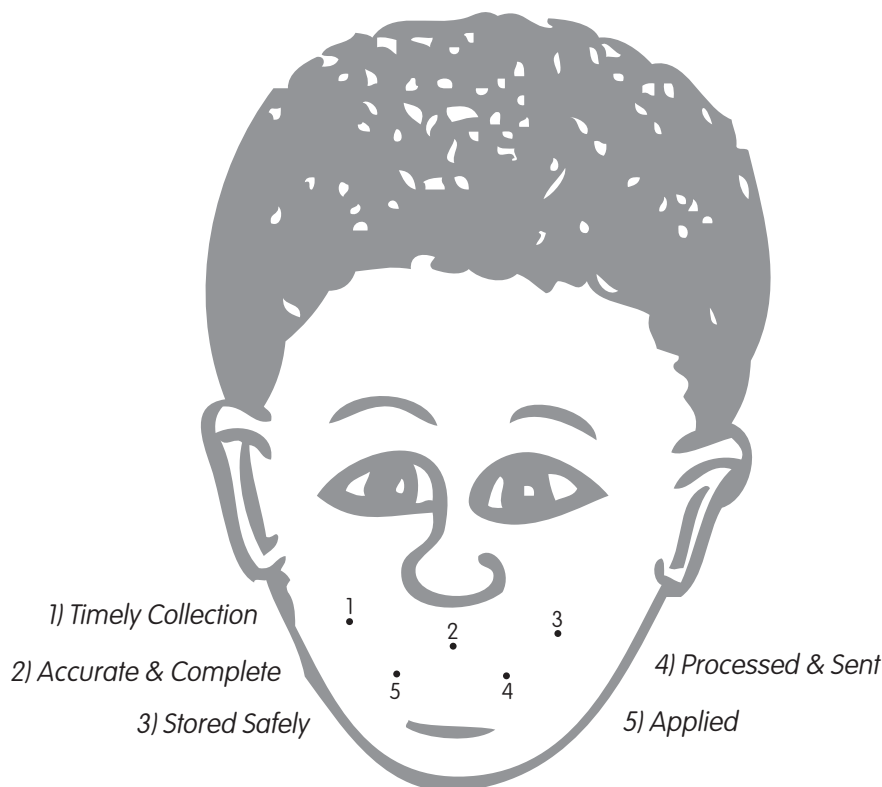
1) Collect Information and document it while with the patient.

2) Check Information is accurate and complete.

3) Store Information in a dry, clean safe place.

4) Manage Information - weekly, monthly, quarterly, annually.

5) Use the Information at the health centre level.

6) Remember to join number 5 to number 1 and begin the information cycle again!

Learning Point

If you are patient, follow each step with care and precision – collecting quality information will go smoothly.

5. Planning

Quality information is needed to manage the patients well and diagnose and treat illness correctly, with the right diagnostics and medicine. Information is also needed to know if the health facility is meeting the needs and demands of communities.

ACTIVITY D – Planning for quality information

This activity will be an opportunity for you to begin planning how you and your colleagues can ensure your health centre produces good quality information.

Guide: Below there are two scenarios or situations. You will be assigned one to work on as a group. Brainstorm around the scenario for 5 minutes. As you brainstorm come up with key ways to cope with the situation as an in-charge. You can then share your plan with the wider group. Remember to apply your active listening, good questioning skills and constructive feedback skills.

Scenario 1

You notice that one of the health workers at your health centre is recording fewer patients than actually attend the health centre. You know there were more patients but he has only noted about half of the patients in the register. When you discuss with him, he tells you that he has more important things to do than to complete the register- there are patients to see and their immediate welfare is more important than making sure everything is written in the book. He says that he doesn't see the point in the records because he never hears any feedback after completing the book.

How do you tackle this situation, to motivate the health worker to complete records to provide quality information?

Your Notes

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Scenario 2

You are suspicious about the way one of your staff has completed her register - you are not convinced that she has recorded what she actually did for each patient. In her register, she has recorded all the columns for each patient, and she has recorded that they all have fever, they all have malaria RDTs done and all of the RDT positive patients recorded also have Coartem in their records, whilst for RDT negative patients have no antimalarials in their records. However, you know from your stock reporting that few RDTs have been done, but many Coartem packets have been given to patients. You suspect that she knows what she should do, and is writing that into the register, but in reality she is doing something else.

How do you tackle this situation, to motivate the health worker to complete records to provide quality information?

Your Notes

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Learning Point

Your problem solving to find solutions to your challenges to quality information is an important part in ensuring quality information. Do this with your colleagues, whenever you encounter a challenge.

Summary Box – Why quality Information matters?

For reference for learners

- Health information is information collected about the health of the population.

- It includes information from health centres and hospitals and includes records of birth, death, different illnesses, immunization and drug use and distribution as well as diagnostic tests.

- Information about health collected at the health centre has a very important purpose and can be used by the health centre almost as soon as it is collected.

- But the role of health information to improve health services and planning can only be achieved if the information is of good quality.

- Knowing the consequences or results of poor quality information is important to motivate you and the staff at your health centre to do their best to collect quality information that is accurate and complete.

- Striving for and working towards collecting the best quality health information you can is an important goal for all in-charges and all the health workers in your health centres. The quality of the information you collect will have a very real affect on the quality of the care you provide to patients.

- Your problem solving to find solutions to your challenges to quality information is an important part in ensuring quality information. Problem solve with your colleagues, whenever you encounter a challenge to collecting quality information.

TOPIC 2: ENSURING QUALITY HEALTH INFORMATION AT THE HEALTH CENTRE

> **Purpose:** To understand the purpose of information and the importance of its quality.
>
> **Learning Outcomes:** By the end of this session, you will:
>
> 1) Understand how collecting information can beneficial to the health centre (drug quantification, predicting future needs).
> 2) Understand how collecting information improves patient management.
> 3) Understand how to collect quality information and use it in practice.

1. Introduction to the topic

- The focus is now on health information and how it must both travel, from the health centre to the District while still being useful to the health centre to plan and make decisions.

- Health centres are the foundation of good information – all information starts with you at your health centre.

- Your important job is to produce quality information that may guide decisions that help you and your patients and those in neighbouring communities.

2. Thinking about the topic

- As in-charges there are various pieces of the HMIS puzzle that you are responsible for in order to help create a complete or total picture of health and health services in your District.
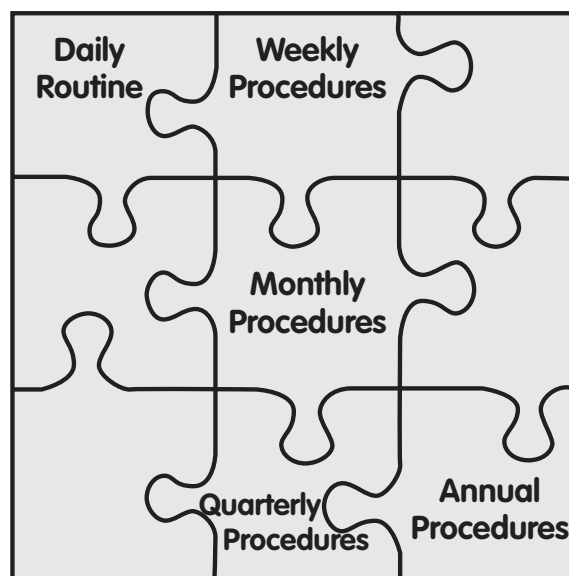

Figure 1: The HMIS – pieces of the puzzle that are the responsibility of in-charges.

- Health centres communicate information to the District using standard HMIS forms.
- There are procedures that in-charges must oversee to make sure that the District receives the information from the health centre.
- There are daily, weekly, monthly, quarterly and yearly procedures that ensure that data is being processed and being sent to District.

For example:

Daily & Weekly Routine: The outpatient register of HMIS 031 is used to record detailed information about each outpatient visit. The in-charge is responsible to make sure this one is completed accurately and legibly by all the health workers who work with patients.

Monthly Routine: Every month, on the 7th day of the month, the Health Unit in-charge must transfer the information from the outpatient register (as well as the other registers) into the Health Unit Outpatient monthly report. One copy of this report is sentto the Health Sub-District and another to the District Health Office. Reports for some registers and Annual Reports for the entire Health Centre.

If all the pieces of the puzzle have been completed in a timely, accurate and complete way, then these quarterly and annual reports will tell the true story about your health centre, its work and your patients.

3. Principles

ACTIVITY E – Energiser: The health information journey to the District

Health information that is travelling to the District must be collected, stored, transported, analysed and interpreted.

As part of this game in teams you need to:
   - Record information   - Transcribe information   - Send information

The team that gets all the papers into the basket fastest and with the neatest, clearest and most accurate answers is the winning health information team!
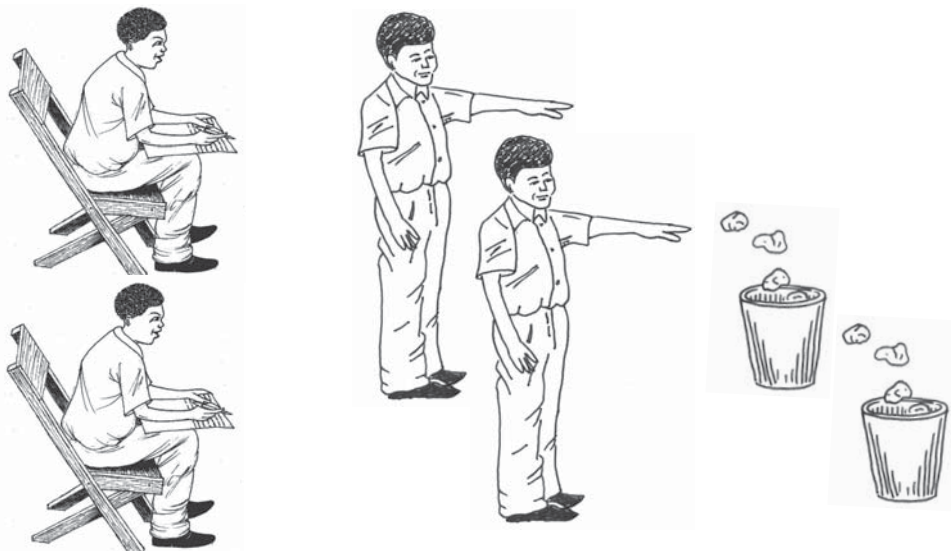
Fill out form with care.   Aim and throw forms into basket quickly.

Topic 2: Ensuring Quality Health Information at the Health Centre

If there was a winning team how did it win? If there was not a winning team, why do you think this was the case?

Your Notes

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- Health information management needs great care, patience, concentration and orderliness. It requires you to be systematic and organised.

- There is a lot to be done. Always remember that you at the health centre are the foundation or source of all information on health and illness in Uganda!

- You are very important and your health information must be complete and accurate.

- The information you collect is not only important for the HSD and DHO – the information you collect is very important at your health centre.

Why should health information always travel in a cycle, starting and ending with the patient at the health centre?

Your Notes

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- All health information collected is gathered in order to improve the care provided to patients – because the patient should be at the centre of everything that we do at the health centre.

Do you sometimes feel that the data or information requested is not actually absolutely essential or necessary or that that health information is only for the benefit of the DHO?

YES   NO

- If you have felt that way – this is very common and okay.

- But, we would like to help you to see the benefit of this health information for you at your health centre.

- In this next section, you will get a chance to work with the information to draw out some answers that may help you with your planning as in-charges.

- Health centres are in a perfect position to collect information and use it immediately to make decisions.

4. Practice

ACTIVITY F – Using Health Information to answer key questions

Guide: The next exercise will be to 'extract' or 'draw out' information from the HCM 031 register on page 37, that helps you to answer 4 questions below. You can use your mobile phone calculator if needed. Go carefully and patiently. Remember it is the quality of the result that is important.

Extracting important information from the outpatient register for the benefit of the health centre.

1) What is the total number of patients seen in that month?

_____

2) What is the total number of patients with fever in that month?

_____

3) What is the total number of patients with fever and RDT result in that month?

_____

4) What is the total number of patients with + RDT who were treated with AL?

_____

5. Discussion

- Some of you may have also picked up or detected that 2 patients with a negative RDT were given AL and 2 patients with a positive RDT were not given AL.

- This is the kind of information you need as in-charge to follow up on your health workers in your health centre and ensure that everyone understands the protocols and treatment guidelines and that everyone is recording accurately, completely and in a timely manner.

- Processing the information from the register can help you to improve the care provided to patients.

- Remember that as in-charges you will need the buy-in and cooperation of your colleagues if you want to collect accurate information; this means that everyone has to be motivated to make it work and see the benefit to the information and how it can improve quality.

- If your health workers in your health centre see the value of the health information, they are likely to complete the outpatient records accurately, completely and at the right time.

6. Planning

- In order to prepare to brief the health workers in your health centres, you will need to prepare a summary of the main points learned in the 3 health centre management modules. You will get a chance to do this during the next module which is the PCS 03 training.

> **Guide:** Please move into your cohort training groups (those training in PCS group 1, and those training in PCS group 2). Prepare three short (5 minute) summaries to present to your colleagues at the health centres.
>
> You will need a summary for:
>
> HCM 01 PHC Fund Management
>
> HCM 02 Drug Supply Management
>
> HCM 03 Health Information Management

1. Think about the key things that you learned and note these down.

2. Think about what is important for the other staff members to know, and select these items from the list of key learning points.

3. You should have a final list of 3-5 points for each module.

4. For each learning point, prepare a description of what you learned, AND a description of how this will affect the other staff members.

   For example:
   i)   How will they be involved
   ii) What will you expect from them
   iii) How will it change what they are doing?
   iv) What will be the positive impact for your staff?

5. If you would like to, you can prepare key learning points on flip chart paper either now or during the week, and bring these to the workshop next week.

6. Decide who will present each module- you may choose to present in pairs.

7. There will also be a panel for a question-and-answer session in the PCS03 workshop, when you will be taking questions from the rest of the staff in the workshop. You will be asked how these new ideas will work in practice and how they can be sustained.

Your Notes

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Your Notes

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Summary Box – Ensuring quality health information at the health centre

For reference for learners

- Health centres are the foundation of good information – all information starts with you and your health centre.

- There are key pieces of the HMIS puzzle that you are responsible for as an in-charge, in order to help create a complete or total picture of health and health services in your District.

- There are daily, weekly, monthly, quarterly and yearly procedures that ensure that data is being processed and being sent to District.

- Health information that is travelling to the District must be collected, stored, transported, analysed and interpreted.

- Health information can be used at the health centre but health centre in-charges to enhance their knowledge and they can apply that knowledge to improve what they do.

- Health information management needs great care, patience, concentration and orderliness. It requires you to be systematic and organised.

- Health Information should always travel in a cycle – health information should always return back to the patient via the health centre - where it began.

- As in-charges you will need the buy-in and cooperation of your colleagues if you want to collect accurate information; this means that everyone has to be motivated to make it work.

CONCLUSION

> **Purpose:** To close the HCM 03 training and receive any questions or address any questions in the parking lot.

Any comments or questions you may have about what was covered today?

Your Notes

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Answers to parking lot questions

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Thank you for participating today!

Sharing your experience and insight has been very helpful and informative.

Please use the Learner Manual regularly to review what you have learned.

Discuss any challenges with your colleagues; they will be most helpful for finding solutions to problems and challenges at your health centre.

Goodbye.

Conclusion

Annex

Annex 1 - OPD Register 1

OPD register

(1)	(2)	(3)		(4)	(5)	(6)		(7)	(8)	
SER NUM	NAME OF PATIENT	RESIDENCE		NEXT OF KIN	AGE	SEX		WEIGHT	CLASSIFICATION	
		VILLAGE	PARISH			M	F		NEW CASE	RE-ATTD
1	Oboth Michael	Kisia	Sere	Othieno Peter	2	X		10	X	
2	Awor Mary	Biranga	Paya	Nyadoi Teopista	3		X	15		X
3	Owino Alex	Agee	Nawire	Apio Federesi	16	X		58	X	
4	Akisa Flora	Aluka	Barinyang	Abbo Joyce	17		X	53	X	
5	Akongo Martha	Burimwenge	Sop-Sop	Athieno Lucy	60		X	58	X	
6	Arem Zipporah	Naboa North	Naboa	Alipakisadi John	2		X	11	X	
7	Auma Alice	Bere Central	Namwendia	Ofamba James	21		X	65	X	
8	Adikini Joyce	Agumit	Per-Per	Osuna Augustine	1		X	9	X	
9	Otim Jackson	Patewo	Sere	Oriono Bosco	6 MTH	X		7		X
10	Gamisha Madina	Paragang	Paya	Weguli Mark	3		X	14	X	
11	Nyachwo Faith	Maundo	Nawire	Okutta Godwin	20		X	63	X	
12	Lukwago Benoni	Kangori	Barinyang	Mukasa Jerry	13	X		45	X	
13	Anyango Mercy	Maruki B	Sop-Sop	Onyango Tophil	7		X	26		X
14	Obore Patterson	Singisi North	Naboa	Wangalwa Mike	45	X		65	X	
15	Nyafuwono Anne	Naweyo East	Namwendia	Ofwono Moses	1		X	8	X	
16	Owor George	Moruki A	Per-Per	Obbo Augustine	3	X		17	X	
17	Aketch Clare	Sere A	Sere	Oboth Johnson	12		X	35		X
18	Aboth Sicola	Kabosan	Paya	Otim Nape Edwin	11		X	38	X	
19	Ekirapa Monica	Pasule A	Nawire	Okuga Martin	2		X	11	X	
20	Nyaketcho Lucy	Sengo	Barinyang	Ofwono Gerald	4		X	20	X	
21	Odongo Steven	Maruki Rock	Sop-Sop	Elubu Philemon	8	X		27	X	
22	Asinde Peace	Naboa South	Naboa	Akiring Grace	2		X	12	X	

Annex 1 - OPD Register 2

(9)	(10)	(11)	(12)	(13)		(14)	
NEW DIAGNOSIS	DRUG / TREATMENT	REF IN NUMBER	REF OUT NUMBER	FEVER		RDT FOR MALARIA	
				FEVER IN LAST 48H?	TEMP (°C)	DONE?	RESULT
Malaria	Lumartem, 1bd x 3/7 Panadol 250mg tds x 3/7	02/2011		Y	38.0	Y	P
Malaria	Lumartem, 2 bd x 3/7 Panadol 250mg tds x3/7			Y	35.0	Y	P
Malaria	Lumartem, 4 bd x 3/7 Panadol 1g tds x 3/7			Y	38.5	Y	P
Urinary tract infection	Nitrofurantoin 100mg Qid x 5/7, Panadol 1g tds x3/7			Y	37.0	Y	N
Malaria	Lumartem, 4 bd x 3/7 Panadol 1g tds x 3/7			Y	36.7	Y	N
Ear infection	Amoxicillin 250mg tds x 5/7 Panadol 250mg tds x 3/7			Y	39.0	Y	N
Malaria	Lumartem, 4 bd x 3/7 Panadol 1g tds x3/7			Y	40.3	Y	P
Malaria	Lumartem, 1 bd x 3/7 Panadol 125mg tds x 3/7			Y	40.5	Y	P
Diarrhea, dehydration	ORS 100mls per loose motion , Amoxicillin 125mg tds x5/7			Y	36.8	Y	N
Severe malaria	Panadol 500mg tds x1/7		03/2011	Y	41.0	Y	P
Malaria	Lumartem, 4 bd x 3/7 Panadol 1g tds x 3/7			Y	39.2	Y	P
Malaria	Lumartem, 4 bd x 3 days Panadol 1g tds x3/7			Y	36.7	Y	P
Malaria	Lumartem, 3 bd x 3/7 Panadol 500mg tds x 3/7			Y	38.4	Y	P
Foot infection	Amoxicillin 500mg 8 hourly x 5/7, Panadol 1g tds x 5/7		04/2011	Y	36.8	Y	N
Cough	Amoxicillin 125mg tds x 5/7, Panadol 125mg tds x 3/7, Cough linctus 2.5mls tds x 5/7			Y	39.1	Y	P
Malaria	Lumartem, 2 bd x 3/7 Panadol 250mg tds x 3/7			Y	37.2	Y	N
Malaria	Lumartem, 4 bd x 3/7 Panadol 1g tds x3/7			Y	38.4	Y	P
Malaria	Lumartem, 4 bd x 3/7 Panadol 1g tds x 3/7			Y	38.9	Y	P
Malaria	Lumartem, 1 bd x 3/7 Panadol 250mg tds x 3/7			Y	36.4	Y	P
Conjunctivitis	Gentamycin eye 2 drops x 5/7 Tetracycline eye ointment apply nocte			N	36.9	N	N/A
Malaria	Lumartem, 3 bd x 3/7 Panadol 250 mg tds x 3/7			Y	38.8	Y	P
Malaria	Lumartem, 1 bd x 3 /7 Panadol 250mg tds x 3/7	13/2011	05/2011	Y	38.2	Y	P