BID

0%

BID Banco Interamericano de Desarrollo

Salud Mesoamerica 2015 (SM2015)

Login page for the Health Facility Survey

▶ID:

Medical Record Review

1. District ID:
   ○ Orange Walk
   ○ Corozal District
   ○ Cayo District
   ○ Other

2. Facility ID:
   ○ Orange Walk Town / Northern Regional Hospital
   ○ Orange Walk Town / Orange Walk Health Center (Urban)
   ○ San Jose Village / Zenobia Meggs Health Center
   ○ San Felipe Village / San Felipe Health Center
   ○ August Pine Ridge Village / August Pine Ridge Health Center
   ○ Guinea Grass Village / Guinea Grass Health Center
   ○ Santa Martha Village / Santa Martha Health Post
   ○ Carmelita Village / Carmelita Health Post
   ○ Lousiana Area, Orange Walk town / Lousiana Health Post (non functioning due to infrastructure)
   ○ Fireburn Village / Fireburn Health Post (non functioning due to infrastructure)
   ○ San Lazaro Village / Ignacia Moguel Health Post
   ○ San Carlos Village / San Carlos Health Post
   ○ Indian Church Village / Indian Church Health Post
   ○ San Antonio Village / San Antonio Health Post
   ○ San Roman Village / San Roman Health Post
   ○ Orange Walk Town / Mobile Clinic
   ○ Corozal Town / Corozal Community Hospital
   ○ Corozal Town / Corozal Health Center (Urban)
   ○ San Narciso Village / San Narciso Health Center
   ○ Caledonia Village / Caledonia Health Center
   ○ Libertad Village / Libertad Health Center
   ○ Sarteneja Village / Sarteneja Health Center
   ○ Progresso Village / Progresso Health Center
   ○ Chunox Village / Chunox Health Post
   ○ Concepcion Village / Concepcion Health Post
   ○ San Joaquin Village / San Joaquin Health Post
   ○ Xaibe Village / Xaibe Health Post
   ○ Chan Chen Village / Chan Chen Health Post
   ○ Copper Bank Village / Copper Bank Health Post
   ○ San Victor Village / San Victor Health Post
   ○ Corozal Town / Mobile Clinic
   ○ Belmopan City / Western Regional Hospital
   ○ Belmopan City / Belmopan Health Center (Urban)
   ○ Valley of Peace Village / Valley of Peace
   ○ Cotton Tree Village / Cotton Tree Health Post
   ○ St Matthews Village / St Matthews Health Post
   ○ Franks Eddy Village / Franks Eddy Health Post
   ○ Santa Martha /St Margaret Village / Santa Martha Health Post (St Margaret)
   ○ Belmopan City / Mobile Clinic

- ○ San Ignacio / San Ignacio Community Hospital
- ○ San Ignacio / San Ignacio Health Center (Urban)
- ○ Benque Viejo Del Carmen / Mopan Clinic Health Center
- ○ Georgeville / Georgeville Health Center
- ○ San Antonio Village / San Antonio Health Post
- ○ San Ignacio / Mobile Clinic
- ○ Other (specify): [_____]

3. Today's Date:

[_____] (DD/MM/YYYY)

4. Interviewer ID 1:

[_____]

5. Interviewer ID 2:

[_____]

6. What type of medical unit is this?
(CHOOSE ONE):
- ○ Health Clinic / Health Post / Mobile Unit
- ○ Community Hospital
- ○ Regional Hospital

Management of diarrhea
Please select medical chart of children 0-59 months who had diarrhea in the last 2 years

7. Please record date of review / consultation
- ○ Yes: [_____] (DD/MM/YYYY)
- ○ Not recorded

8. Age of the child:
- ○ Year [_____]
- ○ Month [_____]
- ○ Day [_____]

This file is ineligible. You indicated that the consultation date was **.** Please check records with dates of consultation between 01/05/2013 - 30/07/2014.

9. Gender of the child
- ○ Boy
- ○ Girl
- ○ Not recorded

10. Does the child have diarrhea?
- ○ Yes
- ○ No
- ○ Not recorded

You indicated that this child does not have diarrhea. Please review cases of only diarrhea for children under 5 years old.

11. Was the child dehydrated?
- ○ Yes
- ○ No
- ○ Not recorded

12.

	Recorded (yes/no)	Conditions	Date (DD/MM/AAAA)	Time (HH:MM)
General Conditions	[▼]	[▼]	[_____]	[_____]
Eyes	[▼]	[▼]	[_____]	[_____]
Thirst	[▼]	[▼]	[_____]	[_____]
Skinfold/skinturga	[▼]	[▼]	[_____]	[_____]
Other (Specify) [_____]	[▼]	[_____]	[_____]	[_____]
Other (Specify) [_____]	[▼]	[_____]	[_____]	[_____]
Other (Specify) [_____]	[▼]	[_____]	[_____]	[_____]

13. Please record whether the following symptoms were present. If the symptom is not recorded, please select "Not Recorded". (Yes/No)

Not able to drink or breastfeed [▼]

Seizures [▼]

Lethargic or unconscious [▼]

Vomit [▼]

Other(specify) [_____] [▼]

14. What treatment was prescribed? (Select all the apply)
☐ ORS provided
☐ IV rehydration therapy
☐ Zinc
☐ Reference
☐ Other [_____]
☐ Not recorded

15. Please check if information about vaccines are recorded?
○ Yes
○ No

16. Please check if child received any of the following vaccines and enter number of times each vaccine was given

	Yes; number of times:	No
BCG	○ [____]	○
Pentavalent	○ [____]	○
Polio vaccine	○ [____]	○
DPT vaccine	○ [____]	○
MMR	○ [____]	○
Hep B	○ [____]	○
Rotavirus	○ [____]	○
Pneumococcal conjugate vaccine	○ [____]	○

17. Enter relevant comments about this survey

[   ]

You have reached the end of the survey.

Please click the button 'submit' to send your responses and close the survey. No revisions to the responses can be made after clicking 'submit'.

If you believe you have reached this page in error, please click 'Previous' and revise your responses as necessary.

Thank you for your time today.