

Module 13 : Neonatal Sepsis : Diagnosis and Management with Cotrimoxazole

Session 4 : Filling in the forms

Day : 3

Time Required : 1 hour 30 minutes

Purpose

To introduce ASHAs to the forms used to identify sepsis and monitor treatment in the neonate.

Objectives

At the end of the session the ASHA will be able to:

1. Use the Sepsis Diagnosis part of the Home Visit Form to correctly diagnose sepsis.
2. Use the Sepsis Treatment Form to accurately document sepsis management and how the baby is progressing.

Materials

- Worksheet 1 : Sepsis Diagnosis Form: part of Home Visit Form
- Worksheet 2 : Informed Consent Form (Supplementary Form 5)
- Worksheet 3 : Sepsis Treatment Form (including Care Plan and Referral Criteria) (Supplementary Form 5)
- Worksheet 4 : Case Presentation
- Training Aid 1 : Answers to Case Presentation

Preparation

- Ensure availability of adequate number of copies of all worksheets, depending on the number of trainees.
- Instruct the ASHAs to refer to the Home Visit Form in their Mother and Newborn Form .

Training Methods

Presentation and Discussion (40 minutes)

Instructions to Trainers :

1. Distribute to all ASHAs the three forms that make up the sepsis management package. Identify the three different forms : Sepsis Diagnosis Form :part of Home Visit Form, Informed Consent Form, and Sepsis Treatment Form.
2. Explain that on each home visit the ASHAs must fill the Sepsis Diagnosis part on the Home Visit Form. If only chest indrawing is observed, ASHA will treat it with cotrimoxazole. If breast feeding problem or hypothermia is identified, ASHA will treat these as per the guidelines learnt earlier. But if on any single day, ASHA identifies two or more symptoms she will diagnose this as sepsis and will use the sepsis treatment form. For example:

Case : On day 4 the mother felt the baby to be cold, but no other problems were present. On day 4, the ASHA should put a (✓) mark in the 'mother felt baby's body cold' box (sepsis diagnosis part of Home Visit Form - item 5.)

3. Ask ASHAs if the baby in the above example had sepsis. (No) Why not? (Only one criterion was tick marked.)
4. Ask when is sepsis diagnosed? (When two or more criteria are present on the same day.) What is the exception to this rule? (If one of the first three criteria [baby's all limbs are limp, less or no suckling, weak or no cry] was present since birth, then these do not contribute towards diagnosis of sepsis. They become important only in situations when the baby was normal at birth, but developed one of these symptoms later, or, when the problem existed at birth, but the baby became normal, and then the problem reappeared.)
5. Present the following example and ask ASHAs to fill in the sepsis diagnosis part of home visit form.
Case: Hussain was born on Wednesday. He had difficulty suckling for the first three days, and then started feeding well. On the 8th day his body felt cold and he stopped suckling.
6. Have the ASHAs fill in the sepsis diagnosis part of home visit form. (On the 8th day, the boxes 'stopped suckling' [no.2] and 'body felt cold' [no.5] should be tick marked.) Does Hussain have sepsis? (Yes) **Why?** (He exhibited two criteria on the same day.) What day does Hussain have sepsis? (8th day) Check if there are any questions. Clarify all doubts.
7. Explain the **Informed Consent Form**. Ask the ASHAs to look at the Informed Consent Form. While working on the case studies and in the role plays in the last session, she had practiced explaining the need for this form to parents. Now ASHAs have learned treating sepsis with cotrimoxazole. ASHA is yet to study the injection gentamicin. Hence while getting the consent form signed from parents she should strike the words '**injection and**'. (Later on, when she learns to give injection gentamicin then she will use the form as it is.)
8. Have ASHAs read the form. The 'date of diagnosis' should be the day when two criteria were identified on the same day. In the above case of Hussain what day would that be? (the 8th day after delivery) The ASHA needs to look at the calendar and put in that day's date.
9. Remind ASHAs that since sepsis is an emergency, once two criteria are observed on the same day, either the father or mother should sign the consent form as soon as possible. Without the signed consent, the ASHA cannot give the necessary treatment.
10. Explain the **Sepsis Treatment Form**. Have ASHAs review this. Explain that this form is to be maintained from the day treatment starts until the treatment ends.
11. Ask ASHAs how long does the treatment last? (7 days for full-term babies and 10 days for preterm babies; 2 visits a day) Praise correct answers.
12. Review each item (number 1-7) in the first part of the form. The numbers in the columns represent the day of treatment. Below that ASHAs have to write the date. Show the photograph of a distended abdomen, chest indrawing, pus on umbilicus, loose limbs and stopped suckling to ensure that the ASHAs remember how to diagnose these symptoms. Discuss the other symptoms and refresh their memory. Put a (✓) mark for each of the following items if the sign is present or write a (X) if it is absent.
 - 1) All limbs limp. On each visit observe the strength of baby's limbs and record this in the form.
 - 2) Suckling of milk less/stopped. On each visit (two times each day) observe the suckling by baby. If it is less / stopped, put a (✓) mark. If it is not less or has not stopped, put (X) mark.
 - 3) Cry weak/stopped. On each visit (two times each day) observe the baby's cry. If it is weak or has stopped, put (✓) mark. If it is not weak or has not stopped, put (X) mark.
 - 4) Abdomen distended yes/no
Vomiting Yes/no : if it happens more than 3 times in a row then say yes. If baby throws up some milk only once say no. During each of the two visits check the appropriate boxes. If yes put (✓)

- 5) Temperature : *Measure and record the baby's temperature during each of the two visits. Ask mother if she feels the baby is cold to touch. If baby has fever put (✓) mark. If mother says baby is cold to touch, put (✓) mark.*
- 6) Chest indrawing : Record chest indrawing as yes/no.
During both daily visits fill in the appropriate box. If present put (✓) mark.
- 7) Pus in umbilicus : Record yes/no.
During both daily visits fill in the appropriate box. If present put (✓) mark.
- 8) Any other problem : Record the details if any other problems is observed.
13. Review the second part of the form- Treatment record. Write every day the date of treatment. Now ASHAs will give cotrimoxazole and every time record whether it was given or not by encircling Y or N.
14. Review the third part of the form, the Care Given. This can be filled in once a day. Simply circle the yes or no depending on what you actually find.

Whether the baby was properly covered	yes/no
Was the baby wearing head cover and baby clothes	yes/no
Was the baby given bath	yes/no
Whether the baby was kept near mother/kept warm	yes/no
Whether the baby was breastfed every two hours	yes/no
Mother's nails are cut and she washes her hands with soap	yes/no
Medicine for other infections (eyes, skin, umbilical) is being given properly	yes/no/ NA*

* : If no such infections; tick NA (i.e. not applicable)

15. Review the last part of the form: Referral. If the baby has one of these signs, refer the baby to hospital immediately. Issues such as when to refer the mother and referral of sick newborn and mother will be discussed further in the later Training Workshop.

Case Presentation (40 minutes)

Instructions to Trainers :

1. Let ASHAs work individually.
2. Distribute case example sheets and forms.
3. After 25 minutes, call them back into the large group. Let ASHAs exchange the filled forms and check each others forms. Go over the case presentation, & review how each item was filled.
4. Clarify any doubts.

Summary (10 minutes)

- Ask an ASHA to explain how the three forms (Sepsis diagnosis part of home visit form, Informed consent form and Sepsis treatment form) help them.
- Have another ASHA explain how the neonatal sepsis is diagnosed (*two criteria on the same day on the Sepsis Diagnosis part of Home Visit Form*).
- Ask an ASHA to explain how often and for how long a baby with sepsis is visited. (*Two times a day for*

as long as the medication is given, 7 days for a full-term baby, and 10 days for a preterm baby. Afterwards, continue with the remaining number of visits; for high-risk babies- 13 in first month, non-high-risk babies - 5 in first month; babies visited in 2nd month require 4 visits per month.)

Evaluation of the session

Objectives	Assessment Method	Output
Use the Neonatal Sepsis Diagnosis part of Home Visit Form to correctly diagnose sepsis	Case examples/review of completed forms. Each trainee correctly uses the Neonatal Sepsis Diagnosis part of the Home Visit Form to diagnose sepsis.	The sepsis diagnosis forms completed by all ASHAs.
Demonstrate how to fill in the Informed Consent Form	Role play and review of completed forms	Observations of the trainer of the role plays presented by ASHAs and the forms completed by all ASHAs
Use the Sepsis Treatment Form to accurately document sepsis management and how the baby is progressing.	Case examples/review of completed forms. Each trainee correctly uses the Sepsis Treatment Form to accurately document sepsis management and how the baby is doing.	Sepsis treatment forms completed by all ASHAs.