

Informed Consent Form : Sepsis Treatment

Supplementary Form 5
Use if needed

Name of mother _____ Name of the village _____

Name of ASHA _____ Date of diagnosis _____

Consent of Father or Mother

I _____ resident of the village _____
have been told by the ASHA that my new born baby is seriously ill and that its life is in danger . Though she has advised, I am unable or unwilling to take the baby to hospital. So I request the ASHA to treat my baby with the appropriate injection and medicine and I give her the permission for this treatment. I am aware that the baby is seriously ill, and may die in spite of the treatment. I will not hold the ASHA responsible for this.

Signature/Thumb Impression

Date

Name of the ASHA : _____	Date : _____
Name of the trainer : _____	Total score : _____
Block : _____	

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Sepsis Treatment Form

Progress record :

If the sign is present mark ✓ and if absent mark X in the respective column

	Day of sepsis treatment →	1	2	3	4	5	6	7	8	9	10
	Date →										
	Morning/Evening	M	E	M	E	M	E	M	E	M	E
1	All limbs limp										
2	Feeding : Less / Stopped										
3	Cry : Weak / Stopped										
4	Abdomen Distended Vomiting										
5	Temperature (Morning) Measure and record (Evening) Mother says baby is cold to touch										
6	Chest in-drawing										
7	Pus in umbilicus										
8	Any other problem (record the day)										

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Treatment record :

Day of sepsis treatment → Date →	1	2	3	4	5	6	7	8	9	10
Gentamicin injection given ?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
* Location of previous injection ? * S = Swollen R= Red N= Normal		S/R/N	S/R/N	S/R/N	S/R/N	S/R/N	S/R/N	S/R/N	S/R/N	S/R/N
Whether cotra syrup was given?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

Care given :

	1	2	3	4	5	6	7	8	9	10
1 Whether the baby was properly covered	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
2 Was the baby wearing head cover and baby clothes	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
3 Was the baby given bath	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
4 Whether the baby was kept near mother / kept warm	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
5 Whether the baby was breastfed every two hours	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
6 Mother's nails are cut and she washes her hands with soap	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
7 Medicine for other infections, if present (eyes, skin, umbilical) is being given properly NA : If not necessary	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

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Referral : If any one of the following is present, refer immediately. Write the day on which baby was referred:

	1	2	3	4	5	6	7	8	9	10
1	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
2	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
3	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
4	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
5	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
6	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
7	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

Supervisor's remark

If baby is still sick write the problem

Outcome on 7th/10th day : Baby is in good condition/ still ill / dead

Supervisor Signature _____

Treatment Doses Chart

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Sepsis Treatment: Two antibiotics are needed: Gentamicin and Cotrimoxazole

1. Injection of gentamicin once a day

Weight of baby	Preterm (8 months 14 days)	Full-term baby or in second month
Less than (<) 1500 grams	5 mg	8 mg
1500 to <2000 grams	6 mg	10 mg
2000 to <2500 grams	7 mg	12 mg
2500 to <3000 grams	9 mg	15 mg
3000 grams and over		18 mg
	Once daily for 10 days	Once daily for 7 days

2. Cotrimoxazole syrup two times a day

$\frac{1}{4}$ teaspoon twice a day for 7 days if baby is full term

$\frac{1}{4}$ teaspoon twice a day for 10 days if baby is preterm