

# Module 3: Recognizing & Managing Communicable Diseases

## Handout I: Symptom Record

Child's name: \_\_\_\_\_ Date: \_\_\_\_\_

MAIN SYMPTOM \_\_\_\_\_

When it began \_\_\_\_\_ How long it has lasted \_\_\_\_\_

How much \_\_\_\_\_ How often \_\_\_\_\_

Staying constant, getting better or worse? \_\_\_\_\_

OTHER SYMPTOMS: Complaints \_\_\_\_\_

General appearance (e.g., comfort, mood, behavior, activity level, appetite) \_\_\_\_\_

### CIRCLE THE SYMPTOMS:

Breathing: coughing wheezing breathing fast difficulty breathing other \_\_\_\_\_

Skin: pale flushed rash sores swelling bruises itchiness other \_\_\_\_\_

Vomiting: (# times) \_\_\_\_\_ Diarrhea (# times) \_\_\_\_\_ Urine \_\_\_\_\_

Eyes: pink/red watery discharge crusty swollen other \_\_\_\_\_

Nose: congested runny other \_\_\_\_\_

Ears: pulling at ears discharge other \_\_\_\_\_

Mouth: sores drooling difficulty swallowing other \_\_\_\_\_

Odors: (e.g., breath, stool) \_\_\_\_\_

Temperature: \_\_\_\_\_ (axillary, oral, rectal, other \_\_\_\_\_)

WHAT HAS BEEN DONE: Comfort \_\_\_\_\_ Rest \_\_\_\_\_

Liquids (name, amount, time) \_\_\_\_\_ Food (name, amount, time) \_\_\_\_\_

Medications (name, amount, time) \_\_\_\_\_

Emergency measures \_\_\_\_\_

Who was called and when (e.g., parent/guardian, emergency contact person, health consultant, child's health provider, emergency medical services) \_\_\_\_\_

Signature \_\_\_\_\_

Adapted from: *Model Child Care Health Policies*, American Academy of Pediatrics, Pennsylvania Chapter, 1993, and *Healthy Young Children: A Manual for Programs*, National Association for the Education of Young Children, 1995.