The MalariaCare Toolkit

Tools for maintaining high-quality malaria case management services

Checklist for assessing clinical management of patients suspected of having malaria

This checklist was developed by the MalariaCare project for use in project countries. It can be adapted for use in specific national settings.

Download all the MalariaCare tools from: www.malariacare.org/resources/toolkit.

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MalariaCare checklist for assessing clinical management of patients suspected of having malaria

Introduction

Checklists are used during outreach training and supportive supervision (OTSS) visits by supervisors to guide them in their role as mentors. Checklists help supervisors focus on key steps in diagnosis, treatment, and overall management of patients with malaria. The checklists also serve as tools for collection of performance monitoring and facility readiness data to help stakeholders make decisions and effectively target resources.

The five MalariaCare checklists focus on:

- Assessing health facility readiness (including register review).
- Assessing clinical management of patients suspected of having malaria.
- Assessing management of severe malaria.
- Assessing malaria microscopy skills.
- Assessing rapid diagnostic test use.

All five checklists and more information about OTSS can be found in the Toolkit section of the MalariaCare website (www.malariacare.org/resources/toolkit).

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MalariaCare checklist for assessing clinical management of patients suspected of having malaria

A. Health facility information

Name of Health Facility	
Province/Region	
District	
Name of Head of Health Facility	
Signature of Head of Health Facility	
Date of Visit (DD/MM/YYYY)	
Supervisor's Name	
Supervisor's Cadre	☐ Clinical ☐ Lab ☐ Other
Supervisor's Signature:	
Supervisor's Phone Number:	

B. Instructions for using the checklist

Clinical supervisors should use the checklist in the following pages to observe three clinicians treating febrile patients.

- **Wherever possible, observe a different clinician for each observation**. If the facility has fewer than three clinicians, supervisors may observe one of the clinicians more than once.

- **Wait until after the observation is complete to provide mentoring**. If you observe a clinician more than once, wait until after all observations have been done to provide mentoring. This will ensure that the clinician's behavior during the second observation is not influenced by your inputs.

- You should only intervene during the observation if whatever the clinician is doing puts the patient in critical danger and/or serious harm.

- If the patient receives incorrect treatment or referral, but is not in critical danger, wait until the end of the observation. Ask the patient to wait for a few moments outside. Then, in a collegial way, address the incorrect practices with the clinician. Work with the clinician to find the patient and ensure that he or she receives correct treatment/referral prior to departure from the clinic.

- If you are unable to conduct any of the three observations, please record the reason why you are unable to conduct the observation.

C. Examination of febrile patients

Type of provider		Observation 1	Observation 2	Observation 3
1. Medical Officer 2. Medical Assistant 3. Clinical Officer 4. Medical Intern	5. Nurse 6. Student on Attachment 7. Other (specify)	☐ Other:	☐ Other:	☐ Other:
Has the health worker been formally trained in malaria case management?		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Has this worker received outreach training and supportive supervision mentorship before?		☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A
If yes, how many times? (Leave blank if not mentored)				

Clinical history: General	Observation 1	Observation 2	Observation 3
Does the health worker ask/check for:			
Age of patient?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Weight of patient?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Whether the patient is pregnant? (If female is aged 15-49 years)	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A
Current fever or fever in last 24 hours?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Diarrhea?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If "Yes," did clinician ask if diarrhea was bloody? (Choose "N/A" if no diarrhea)	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A
Vomiting?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Cough?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If "Yes," did clinician ask about duration of cough? (Choose "N/A" if no cough)	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A
Other symptoms (discharge from ear, rash, etc.)?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Was treatment given before coming to this health facility (either at home or another health facility)?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If "Yes," did the health worker ask about the type of treatment? (Choose "N/A" if no treatment given)	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A
Similar illness in the last few weeks?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Referral from another facility?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Clinical history: Signs of severe malaria	**Observation 1**		**Observation 2**		**Observation 3**	
Does the health worker ask/check for signs of severe disease?	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
If "Yes," does the health worker ask/check for:						
Change in behavior, altered consciousness, or coma?	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
Convulsions?	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
Reduced urinary output or dark urine?	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
Spontaneous bleeding?	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
Prostration/generalized weakness?	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
Inability to drink?	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
Deep breathing/respiratory distress?	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
Jaundice (yellow eyes or skin)?	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
Physical examination	**Observation 1**		**Observation 2**		**Observation 3**	
Does the health worker ask/check for:						
Evidence of anemia (palmar/conjunctival pallor)?	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
Fast breathing or chest in-drawing?	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
Heart rate?	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
Does the health worker conduct a general physical exam, including:						
Temperature taking?	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
Eye, ear, nose, and throat exam?	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
Neck exam (stiffness)?	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
Lung exam?	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
Abdominal exam (tenderness)?	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
Skin exam (rash/dehydration)?	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
Altered consciousness?	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No

D. Diagnosis of febrile patients

Diagnosis	Observation 1	Observation 2	Observation 3
Does the health worker order/conduct a malaria test?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Supervisor: Do you agree with the health worker's decision to order or not order a malaria test?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Diagnostic test results	**Observation 1**	**Observation 2**	**Observation 3**
What type of malaria test was done?	☐ RDT ☐ Microscopy ☐ Test not available ☐ Test not ordered	☐ RDT ☐ Microscopy ☐ Test not available ☐ Test not ordered	☐ RDT ☐ Microscopy ☐ Test not available ☐ Test not ordered
Malaria test result	☐ Pos ☐ Neg ☐ Unknown/ No test result	☐ Pos ☐ Neg ☐ Unknown/ No test result	☐ Pos ☐ Neg ☐ Unknown/ No test result
Hemoglobin/hematocrit result(s)	☐ Normal ☐ Abnormal ☐ Not ordered	☐ Normal ☐ Abnormal ☐ Not ordered	☐ Normal ☐ Abnormal ☐ Not ordered
Blood glucose results	☐ Normal ☐ Abnormal ☐ Not ordered	☐ Normal ☐ Abnormal ☐ Not ordered	☐ Normal ☐ Abnormal ☐ Not ordered
Urinalysis	☐ Normal ☐ Abnormal ☐Not ordered	☐ Normal ☐ Abnormal ☐ Not ordered	☐ Normal ☐ Abnormal ☐ Not ordered
Final diagnosis	**Observation 1**	**Observation 2**	**Observation 3**
What is the health worker's final diagnosis? (Write the diagnosis number in the box for each observation.)			
1. Malaria 2. Acute respiratory infection (ARI)/ pneumonia 3. Other febrile illness	☐	☐	☐
Does the health worker assess the patient as having severe or nonsevere disease?	☐ Severe disease ☐ Nonsevere disease	☐ Severe disease ☐ Nonsevere disease	☐ Severe disease ☐ Nonsevere disease
Did the health worker appropriately classify the illness according to disease diagnosis and severity?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

E. Treatment of febrile patients

Treatment	Observation 1	Observation 2	Observation 3
Was an antimalarial drug treatment given?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If "Yes", indicate first antimalarial given in the boxes below. (Write the drug number in the box for each observation.)			
1. LA 2. ASAQ 3. Injectable Artesunate 4. Injectable Quinine 5. Rectal Artesunate 6. Quinine (oral) 7. Quinine (oral) + Clindamycin 8. SP 9. Chloroquine 10. Other (specify)	☐ Other:	☐ Other:	☐ Other:
Was antimalarial given according to national guidelines (correct dosage and duration for case)?	☐ Yes ☐ No ☐ Antimalarial not prescribed	☐ Yes ☐ No ☐ Antimalarial not prescribed	☐ Yes ☐ No ☐ Antimalarial not prescribed
Supervisor: Do you agree with the health worker's decision to provide or not provide an antimalarial?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Were antibiotics prescribed?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If "Yes", indicate prescribed antibiotic below. (Write the drug number in the box for each observation.)			
1. Trimethoprim-sulfamethoxazole or cotrimoxazole 2. Amoxicillin 3. Other IM/IV antibiotics (specify) 4. Other oral antibiotics (specify)	☐ Other:	☐ Other:	☐ Other:

F. Communication with patients

Communication about uncomplicated disease	Observation 1	Observation 2	Observation 3
Supervisor: Should this patient be treated as an outpatient?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If "Yes":			
Was caregiver/patient informed about what is wrong with the patient?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Was advice given on how to take the prescribed medications?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Was advice given on when to return for follow-up evaluation?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Was advice given on malaria prevention?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Was caregiver/patient asked if they had any questions?	☐ Yes ☐ No	☐Yes ☐ No	☐ Yes ☐ No

Communication about severe disease	Observation 1	Observation 2	Observation 3
Should this patient be referred or admitted for treatment?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Was the patient referred or admitted for treatment?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If "Yes," was the patient **Referred** to a higher-level facility or **Admitted** to an inpatient unit in the current facility?	☐ Referred ☐ Admitted	☐ Referred ☐ Admitted	☐ Referred ☐ Admitted
Was the caregiver/patient informed about what is wrong with the patient?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Was the caregiver/patient informed about the referral or admission?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Was the caregiver /patient given reasons for referral or admission?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Was the caregiver /patient informed about what will be done?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Was the caregiver /patient asked if she or he had questions?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

G. Giving feedback to staff

	Observation 1	Observation 2	Observation 3
Supervisor: Did you provide feedback to staff on issues identified during observation?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If "No", why not? (Write the reason number in the box for each observation.) 1. No febrile patient available 2. No clinician available 3. Patient referred out 4. Stopped consultation due to potential patient harm 5. Not enough time during facility visit 6. Other (explain)	☐ Other:	☐ Other:	☐ Other:
Based on your overall observations, how would you rate this facility in terms of its general examination for malaria?	☐ Unsatisfactory ☐ Fair ☐ Satisfactory ☐ Excellent		

H. Additional comments on the observations

Observation 1
Observation 2
Observation 3

I. Supervisor feedback and action plan

- If you found more than one gap during the last facility visit, or if you have identified more than one during the current visit, make a copy of this page for each gap.
- Leave a copy of the supervisor feedback and action plan at the health facility.

Date of facility visit: _____

Number of staff mentored: Male _____ Female _____

1. What were the biggest gap(s) identified during the *last* facility visit?
Briefly describe gap(s):

Briefly describe the action plan laid out in the previous visit:

Were these gaps addressed?
☐Not addressed ☐ Partially addressed ☐ Completely addressed

If addressed, explain action taken. If partially or not addressed, what is the new action plan to address the gap(s)?

2. What were the biggest gap(s) identified today?
Briefly describe gap(s):

Was immediate feedback provided? ☐No ☐ Yes

If yes, how was the feedback provided?
☐Guideline review ☐Demonstration ☐ SOP review ☐Lecture
☐Clinical mentoring ☐Other (specify): _____

What is the action plan for assessing whether these gap(s) have been addressed?

3. Supervisor comments

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