

Ideal Weight for Discharge* (>-2 SD weight-for-height): _____

TREATMENT FOR ACUTE MALNUTRITION

Name of child _____

Family name _____

Malnutrition classification: Severe uncomplicated Severe complicated _____ Moderate complicated _____

PHYSICAL ASSESSMENT ON ADMISSION			
Day 1 (Admission): (1) Child unconscious or lethargic <input type="checkbox"/> Yes <input type="checkbox"/> No Child's hands are cold <input type="checkbox"/> Yes <input type="checkbox"/> No Slow capillary refill >3sec OR weak/fast pulse <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to all three, doctor should begin treatment for SHOCK	(2) Temperature: _____ <input type="checkbox"/> Axillary <input type="checkbox"/> Rectal If axillary <35°C or rectal <35.5°C keep child warm	(3) Dehydration present: <input type="checkbox"/> Yes <input type="checkbox"/> No Tolerating oral fluids <input type="checkbox"/> Yes <input type="checkbox"/> No If YES to both, start oral rehydration; If dehydration present YES, but NO oral fluids, start IV rehydration	(4) Skin: <input type="checkbox"/> Dermatitis <input type="checkbox"/> Skin Lesion <input type="checkbox"/> Normal

LABS & SCREENING ON ADMISSION	MEDICATIONS/VITAMIN/MINERAL TREATMENTS
(5) Blood sugar ordered? <input type="checkbox"/> Yes Result: _____ <input type="checkbox"/> Unable to test *Treat if hypoglycemia present: <54mg/dl OR, unable to test Treatment for hypoglycemia indicated <input type="checkbox"/> Yes <input type="checkbox"/> No	(9) Vitamin A assessment Does the child have Bitot's spots, corneal clouding, corneal ulceration? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the child had measles <3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES to either, vitamin A ordered <input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Hemoglobin ordered? <input type="checkbox"/> Yes Hemoglobin result: _____ *Give blood transfusion if Hb <4 g/dl or 4-6 g/dl with respiratory distress Transfusion indicated <input type="checkbox"/> Yes <input type="checkbox"/> No → If YES, transfusion ordered <input type="checkbox"/> Yes <input type="checkbox"/> No	
(7) TB symptom screen <input type="checkbox"/> Negative <input type="checkbox"/> Positive Symptoms: _____ (8) HIV test done <input type="checkbox"/> Yes	
(10) Antibiotics: Appropriate malnutrition antibiotics started <input type="checkbox"/> Yes <i>*see back for recommended empiric therapies</i>	
(11) Other vitamin/mineral supplements only necessary when premixed F-75/F-100 or RUTF are not used (except iron, see back form)	

FEEDING DAYS 1-7: Start with feed every 2 hours, including overnight; gradually increase to every 4 hours

***No pitting oedema/+1 pitting oedema: start 130 ml/kg/day *+2 pitting oedema/+3 pitting oedema: start 100 ml/kg/day**

*Increase volume/quantity to: 150 ml/kg (minimum) to 220 ml/kg (maximum) when appetite is good, reduced oedema, and no medical complications

		1	2	3	4	5	6	7
DOCTOR/NUTRITIONIST/NURSE	Date							
	Weight (kg)							
	Height (cm)							
	MUAC (mm)							
	WFH/L (weight-for-height)							
	Estimated amount vomited							
	Pitting oedema (0, 1+, 2+, 3+)							
	Formula/RUTF							
	Route of feeding							
	ml/kg or kcal/kg provided							
	Total daily volume (ml)/amount							
	Volume (ml)/amount per feed							
	Frequency							
	Antibiotics: ✓ if ordered							
	Vitamin A *only if criteria met	Dose given:	Dose given:					
Provider's initials								

Ideal Weight for Discharge* (>-2 SD weight-for-height): _____

FEEDING DAYS 8-21: Feed every 4 hours, include night feedings

***No pitting oedema/+1 pitting oedema: start 130 ml/kg/day *+2 pitting oedema/+3 pitting oedema: start 100 ml/kg/day**

***Increase volume of feeds to: 150 ml/kg (minimum) to 220 ml/kg (maximum) when appetite is good, reduced oedema, and no medical complications**

		8	9	10	11	12	13	14	15	16	17	18	19	20	21
DOCTOR/NUTRITIONIST/NURSE	Date														
	Weight (kg)														
	Is MUAC >115mm?														
	Is WFH/L >-2 SD?														
	Est. amount vomited														
	Oedema (0, 1+, 2+, 3+)														
	Formula/RUTF														
	Route of feeding														
	ml/kg or kcal/kg provided														
	Total daily volume (ml)/amount														
	Volume (ml)/amount per feed														
	Frequency														
	Vitamin A: if started								Dose given:						
	Mebendazole: ✓ if given														
	Ferrous: ✓ when given Sulfate														
Provider's initials															

MEBENDAZOLE: Received in the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No → If NO , give Mebendazole				VITAMIN A Dosing: Give if Bitot's spots, corneal clouding, or corneal ulceration OR, recent measles <3 months			RECOMMENDED ANTIBIOTIC TREATMENT Empiric therapies for UNCOMPLICATED SAM 1. Amoxicillin x 5 days Empiric therapies for COMPLICATED SAM/MAM 1. Ampicillin x 2 days, followed by Amoxicillin x 5 days; Also start Gentamycin x 7 days at the same time that Ampicillin is given 2. Ampicillin + Gentamycin x 7 days 3. Ceftriaxone x 7 days 4. Chloramphenicol x 7 days			
Dose: 100 mg BID x 3 days *Give only 7 days after admission				Child's age	Vit A oral	Vit A IM				
FERROUS SULFATE: Give only when stable, gaining weight and in transition phase				<6 months	50,000 IU	50,000 IU				
				6-12 months	100,000 IU	100,000 IU				
				>12 months	200,000 IU	100,000 IU				
Weight	Tablet	Syrup	Dose	ReSoMal dosing loose stools: If +oedema 30 ml after each loose stool		Child's Age	Volume to give after each loose stool			
3-6 kg	1/6 Tablet	0.5 ml	10 mg			<2 years	50 – 100 ml			
6-10 kg	¼ Tablet	0.75 ml	15 mg			≥ 2 years	100 – 200 ml			
10-15 kg	¼ Tablet	1 ml	20 mg							

All patients:	<input checked="" type="checkbox"/> Does the child have a good appetite? <input checked="" type="checkbox"/> Are all medical complications and oedema resolved?	If outpatient rehabilitation	<input checked="" type="checkbox"/> Did child consume 2 full meals of RUTF?	If inpatient rehabilitation	<input checked="" type="checkbox"/> Is the MUAC >115 mm? <input checked="" type="checkbox"/> Is the WFH/L >-2 SD x 2 consecutive days? Is child at their ideal weight?	DISCHARGE EDUCATION: <input type="checkbox"/> Counsel caregiver on good nutrition and cooking practices <input type="checkbox"/> Instruct caregiver to immediately go to nearest health facility if child refuses to eat or has danger signs <input type="checkbox"/> Instruct caregiver to follow-up in health center for admission to outpatient program <input type="checkbox"/> Counter referral to health center <input type="checkbox"/> If patient is receiving RUTF, give gap supply and contact health center to ensure stock
	DISCHARGE: If answered yes to all questions, child may be ready for discharge					