Group 2 consensus statement

	Group 2: Outpatient Medical Protocols	
1	Give one initial dose Vitamin A according to the WHO protocol. For children with signs of xerophthalmia, or in an area where measles is especially severe or vitamin A deficiency is endemic give three doses Comments – Do not give initial dose of Vit A if it has been given recently (within 3 months). If children have not had any vitamin A supplementation they should receive a second dose upon reaching 85% weight-for-height. Topics for research are giving a reduced dose or no supplement beyond what is in the diet for children with kwashiorkor.	Yes
2	Give folic acid only on day 1 if fortified products are being used Comments – folic acid available in the diet may well be adequate, and research should be undertaken to determine if there is any benefit of an initial dose on day 1.	Yes
3	Follow the WHO antibiotics for all children with complications Comments – The objections to this statement are that intravenous antibiotics should be avoided, and that ceftriaxone 75 mg/kg IM daily provides similar broad spectrum coverage to ampicillin and gentamicin. The group felt that oral antibiotics should used whenever possible, and that oral cotrimoxazole is a poor choice for routine treatment, amoxicillin is a better choice.	No
4a	Severely malnourished children < 4kg >6m should be treated like other severely malnourished children > 6m.	Yes
4b	Children more than 6 months and under 4 kg should only be admitted into CTC programmes if their weight for height is < 70% or they have nutritional oedema Comments – These criteria are too restrictive for inclusion into a comprehensive nutritional support programme such as CTC, which includes supplementary feeding. MUAC criteria may be used alternatively for entry and exit into a CTC programme. Using only weight-for-height criteria may be too restrictive, ill children may benefit from stabilization centre care who are not severely wasted. Data from CTC programmes should be reported using weight-for-height criteria if possible to allow for comparison of outcomes between programmes.	No
5a	During the malaria season, all severely malnourished children should receive anti-malarial treatment upon admission. Comments – An acceptable alternative is a policy of testing and treating positives.	Yes
5b	Choice of anti-malarial drug should be made according to national protocols. Where national protocols are unclear or unavailable, or where the prevalence of chloroquine and fansidar resistant malaria is high agencies should push to use Artesenate combination therapy.	Yes

6	All non-oedematous children in OTP should be given a daily dose iron (7 doses to take home each week). Comments - Evidence from Senegal is that supplemental iron during phase 2 has no effect on haemoglobin.	No
7	All with no card evidence of prior measles vaccination receive two doses of measles vaccination (one on admission and one on discharge)	Yes