



INPATIENT MANAGEMENT RECORD

CHILD UNDER 5 WITH SEVERE ACUTE MALNUTRITION (SAM)

Health Facility:

Date of admission:**Admitting physician or paramedic:**

Unit no.:**Registration no.:**

Child's name:**Date of birth or age:****Sex: M/F**

Mother's name:**Father's name:**

Other caregiver's name (if not mother or father):**Relationship:**

Head of household:**Mobile telephone number:**

Address (including description of how to get to and recognise the house):

FAMILY INFORMATION

Father's Age:**Education (circle one):**

Illiterate/Primary-Basic/Intermediate-Secondary/Tertiary

Occupation:

Mother's Age:**Education (circle one):**

Illiterate/Primary-Basic/Intermediate-Secondary/Tertiary

Occupation:**No. of pregnancies:****No. of living children:****No. of live births:****< 5 years:****≥ 5 years:**

Family planning: Yes / No *If yes, specify:*

Housing (circle one): Owned / Rented**No. of rooms:**

Water supply (circle one): Tap water / Protected water source / Unprotected water source

MEDICAL HISTORY

Complaints (number to list order of importance):**Duration or age at which complaint started:**

Appetite (circle one): Hungry / Normal / Poor / No appetite**Vomiting:** Yes / No

Diarrhoea: Yes / No *If yes, number of days:***Stool appearance (circle one):** Bloody / Muroid / Watery / Soft / Solid / Other (specify):

Recent sunken eyes: Yes / No**Passing urine:** Yes / No

Intestinal parasites: Yes / No**Fever:** Yes / No

Shortness of breath: Yes / No**Cough:** Yes / No

Skin changes: Yes / No *If yes, describe:*

Hair changes: Yes / No *If yes, describe:*

Weight loss: Yes / No**Night blindness:** Yes / No

Swelling lower limbs: Yes / No

DIETARY HISTORY

Is the child being breastfed? Yes / No

If no, what type of milk has been offered (circle one): Goat / Cow / Formula / Other (specify):

If yes (circle one): Exclusive / Mixed

Has the child been breastfed before? Yes/No

Age at which breastfeeding stopped:

Duration of exclusive breastfeeding (in months):

Age at which semisolid feeds started:

Usual diet before current illness:

Type of food or fluid given	Age at which started (months)	Age at which stopped (months)	Amount per feed (g or ml)	Frequency of feeds/day
Infant formula or animal milk (specify)				
Cereals (specify)				
Other staple foods* (specify)				
Water, herbal teas, or other drinks (specify)				
Fresh fruit/fruit juice				
Orange and dark green vegetables				
Other vegetables and pulses				
Fish, meat, or eggs				
Other foods (specify)				

* Includes rice, corn, cassava, sorghum, potatoes, millet, and noodles.

Diet since current illness began (describe any changes):

Diet during past 24 hours (record all intake):

IMMUNISATION HISTORY

Immunisation card available?: Yes / No

Circle vaccinations already given:

Vaccination	At Birth	First	Second	Third
BCG*	At birth	—	—	—
Polio	At birth	At 6 weeks	At 10 weeks	At 14 weeks
Penta**	—	At 6 weeks	At 10 weeks	At 14 weeks
Rotavirus	—	At 6 weeks	At 10 weeks	—
Measles	—	At 9 months	—	—

* BCG: bacille Calmette-Guérin vaccine

** Penta: diphtheria, tetanus, pertussis, hepatitis B and haemophilus influenza vaccine

PHYSICAL EXAMINATION

General condition (circle one): Alert / Lethargic / Unconscious

Pulse rate:

Respiratory rate:

Capillary refill time (sec):

Axillary temperature (° C):

MUAC (mm):

Presence of oedema (circle one): 0 + ++ +++

Weight (kg):

Height/Length (cm):

WFH z-score:

Head and Neck:

Vitamin deficiency (signs of, e.g., corneal clouding/ulceration, angular stomatitis):

Cardiovascular system (signs of heart failure):

Chest (signs of respiratory distress):

Abdomen (signs of hepatomegaly, splenomegaly, or other masses):

Musculoskeletal system:

Skin:

INITIAL MANAGEMENT Comments on pre-referral and/or emergency treatment already given:

<p>SIGNS OF SAM Severe wasting? Yes No</p> <p>Bilateral Pitting Oedema? 0 + ++ +++</p> <p>Dermatosis? 0 + ++ +++ (raw skin, fissures)</p> <p>Weight (kg): _____ Height / length (cm): _____</p> <p>WFH z-score: _____ MUAC (mm): _____</p> <p>TEMPERATURE: °C axillary / rectal If axillary < 35° C or rectal < 35.5° C, actively warm child. Check temperature every 30 minutes.</p> <p>BLOOD GLUCOSE (mmol/L): _____ <i>If no test available, treat for hypoglycaemia.</i> <i>If < 3 mmol/L and alert, give 50 ml bolus of 10% glucose or sucrose (oral or NG): Yes No</i> <i>If < 3 mmol/L and lethargic, unconscious or convulsing, give sterile 10% glucose IV:</i> 5 ml x _____ kg (child's weight) = _____ ml. Then give 50 ml bolus NG. Time glucose given: Oral NG IV</p> <p>HAEMOGLOBIN (Hb) (g/dl): _____ or Packed Cell Vol (PCV): _____ Blood type: _____ If Hb < 4 g/dl (or Hb 4–6 g/dl AND respiratory distress), transfuse 10 ml/kg whole fresh blood (or 5–7 ml/kg packed cells) slowly over 3 hours. Amount: _____ Time started: _____ Ended: _____</p> <p>EYE SIGNS None Left Right Bitot's spots Pus or Inflammation Corneal clouding Corneal ulceration If ulceration, give vitamin A and atropine immediately. Record on Daily Care page. If no ulceration, give vitamin A preventive dose on week 4 or upon discharge.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">ORAL DOSES VITAMIN A</td> <td style="width:20%;">< 6 months*</td> <td style="width:60%;">50,000 IU</td> </tr> <tr> <td>*Treatment dose on days 1, 2, 15</td> <td>6–12 months* **</td> <td>100,000 IU</td> </tr> <tr> <td>**Preventive dose on week 4 or upon discharge</td> <td>> 12 months* **</td> <td>200,000 IU</td> </tr> </table> <p>MEASLES Yes No Vaccination upon admission: Yes No (Record on Outcome page)</p> <p>FEEDING <i>Begin feeding with F-75 as soon as possible.</i> <i>If child is rehydrated, reweigh before determining amount to feed. New weight: _____ kg.</i> Amount for 2-hourly feedings: _____ ml F-75* Time first fed: _____ <i>* If hypoglycaemic, feed ¼ of this amount every half hour for first 2 hours; continue until blood glucose reaches 3 mmol/L.</i> Record all feeds on 24-Hour Food Intake Chart page.</p>	ORAL DOSES VITAMIN A	< 6 months*	50,000 IU	*Treatment dose on days 1, 2, 15	6–12 months* **	100,000 IU	**Preventive dose on week 4 or upon discharge	> 12 months* **	200,000 IU	<p>SIGNS OF SHOCK None Lethargic/unconscious Cold hands Slow capillary refill (> 3 seconds) Weak or fast pulse</p> <p><i>If lethargic or unconscious*, plus cold hands, plus either slow capillary refill or weak or fast pulse, give oxygen.</i> <i>Give IV glucose as described under Blood Glucose (left).</i> <i>Then give IV fluids: Amount IV fluids per hour: 15 ml x _____ kg (child's wt) = _____ ml</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"></td> <td style="width:15%;">Start:</td> <td style="width:40%;">Monitor every 10 minutes</td> <td style="width:10%;">**2nd hr</td> <td style="width:20%;">Monitor every 10 minutes</td> </tr> <tr> <td>Time</td> <td></td> <td></td> <td>**</td> <td></td> </tr> <tr> <td>Resp. rate</td> <td></td> <td></td> <td>**</td> <td></td> </tr> <tr> <td>Pulse rate</td> <td></td> <td></td> <td>**</td> <td></td> </tr> </table> <p><i>* In case of suspected hypernatraemic dehydration, see Operational Guide or CMAM Manual Appendix, page 183.</i> <i>**If respiratory and pulse rates are slower after 1 hour, repeat same amount IV fluids for second hour; then alternate ReSoMal and F-75 for up to 10 hours as in right section of chart below. If no improvement on IV fluids, transfuse whole fresh blood. (See 'Haemoglobin' section at left.) Give maintenance IV fluids (4 ml/kg/hour) while waiting for blood.</i></p> <p>DIARRHOEA</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> Watery diarrhoea? Yes No Blood in stool? Yes No Vomiting? Yes No Number of days with diarrhoea: _____ </td> <td style="width:50%; vertical-align: top;"> <i>If diarrhoea, circle signs present:</i> Skin pinch goes back slowly Lethargic Thirsty Restless/irritable Dry mouth/tongue No tears Sunken eyes </td> </tr> </table> <p><i>If diarrhoea and/or vomiting, give ReSoMal orally*. Every 30 minutes for first 2 hours, monitor and give:*</i> 5 ml x _____ kg (child's wt) = _____ ml ReSoMal</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Time</td> <td style="width:15%;">Start</td> <td style="width:40%;"></td> <td style="width:10%;"></td> <td style="width:20%;"></td> </tr> <tr> <td>Resp. rate</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pulse rate</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p><i>For up to 10 hours, give ReSoMal and F-75 orally* in alternate hours. Monitor every hour. Amount of ReSoMal to offer**:</i> 5 to 10 ml x _____ kg (child's wt) = _____ to _____ ml ReSoMal</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Time</td> <td style="width:15%;">Start</td> <td style="width:40%;"></td> <td style="width:10%;"></td> <td style="width:20%;"></td> </tr> <tr> <td>Resp. rate</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pulse rate</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Passed urine? Y N</p> <p>Number stools _____</p> <p>Number vomits _____</p> <p>Hydration signs _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Amount taken (ml)</td> <td style="width:15%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td></td> <td></td> <td>F-75</td> <td>F-75</td> <td>F-75</td> <td>F-75</td> <td>F-75</td> <td>F-75</td> <td>F-75</td> <td>F-75</td> </tr> </table> <p><i>* Give ReSoMal orally (or, if child is unconscious or too ill to take the ReSoMal orally, give by NGT).</i> <i>** Stop ReSoMal if signs of hydration: Passing urine, moist tongue, making saliva, not thirsty.</i> <i>Stop ReSoMal if any sign of over-hydration: Increasing pulse and resp. rates, engorging jugular veins, increasing oedema, puffing of eyelids.</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">ANTIBIOTICS (Drug/Route)</td> <td style="width:40%;">Dose/Frequency/Duration</td> <td style="width:20%;">Time of 1st Dose</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">MALARIA TEST (Type/Date/Outcome):</td> <td style="width:40%;">Antimalarial: Dose/Frequency/Duration</td> <td style="width:20%;">Time of 1st Dose</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">HIV TEST (Type/Date/Outcome):</td> <td style="width:60%;">If + HIV test, give cotrimoxazole:</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		Start:	Monitor every 10 minutes	**2 nd hr	Monitor every 10 minutes	Time			**		Resp. rate			**		Pulse rate			**		Watery diarrhoea? Yes No Blood in stool? Yes No Vomiting? Yes No Number of days with diarrhoea: _____	<i>If diarrhoea, circle signs present:</i> Skin pinch goes back slowly Lethargic Thirsty Restless/irritable Dry mouth/tongue No tears Sunken eyes	Time	Start				Resp. rate					Pulse rate					Time	Start				Resp. rate					Pulse rate					Amount taken (ml)												F-75	F-75	F-75	F-75	F-75	F-75	F-75	F-75	ANTIBIOTICS (Drug/Route)	Dose/Frequency/Duration	Time of 1st Dose										MALARIA TEST (Type/Date/Outcome):	Antimalarial: Dose/Frequency/Duration	Time of 1st Dose				HIV TEST (Type/Date/Outcome):	If + HIV test, give cotrimoxazole:		
ORAL DOSES VITAMIN A	< 6 months*	50,000 IU																																																																																																						
Treatment dose on days 1, 2, 15	6–12 months **	100,000 IU																																																																																																						
**Preventive dose on week 4 or upon discharge	> 12 months* **	200,000 IU																																																																																																						
	Start:	Monitor every 10 minutes	**2 nd hr	Monitor every 10 minutes																																																																																																				
Time			**																																																																																																					
Resp. rate			**																																																																																																					
Pulse rate			**																																																																																																					
Watery diarrhoea? Yes No Blood in stool? Yes No Vomiting? Yes No Number of days with diarrhoea: _____	<i>If diarrhoea, circle signs present:</i> Skin pinch goes back slowly Lethargic Thirsty Restless/irritable Dry mouth/tongue No tears Sunken eyes																																																																																																							
Time	Start																																																																																																							
Resp. rate																																																																																																								
Pulse rate																																																																																																								
Time	Start																																																																																																							
Resp. rate																																																																																																								
Pulse rate																																																																																																								
Amount taken (ml)																																																																																																								
		F-75	F-75	F-75	F-75	F-75	F-75	F-75	F-75																																																																																															
ANTIBIOTICS (Drug/Route)	Dose/Frequency/Duration	Time of 1st Dose																																																																																																						
MALARIA TEST (Type/Date/Outcome):	Antimalarial: Dose/Frequency/Duration	Time of 1st Dose																																																																																																						
HIV TEST (Type/Date/Outcome):	If + HIV test, give cotrimoxazole:																																																																																																							

Name: _____

Sex: M F

Age: _____

Date of admission: _____

Time: _____

Hospital ID number: _____

WEIGHT CHART

Weight on **admission**: kg

MUAC on **admission**: mm

Height/length on **admission**: cm

Bilateral pitting oedema on **admission**:
0 + ++ +++

Desired weight at discharge based on 15% weight change:

kg

Desired weight at discharge based on weight for height -1 z-score:

kg

Weight at **referral** to Outpatient Care:

kg

MUAC at **referral** to Outpatient Care:

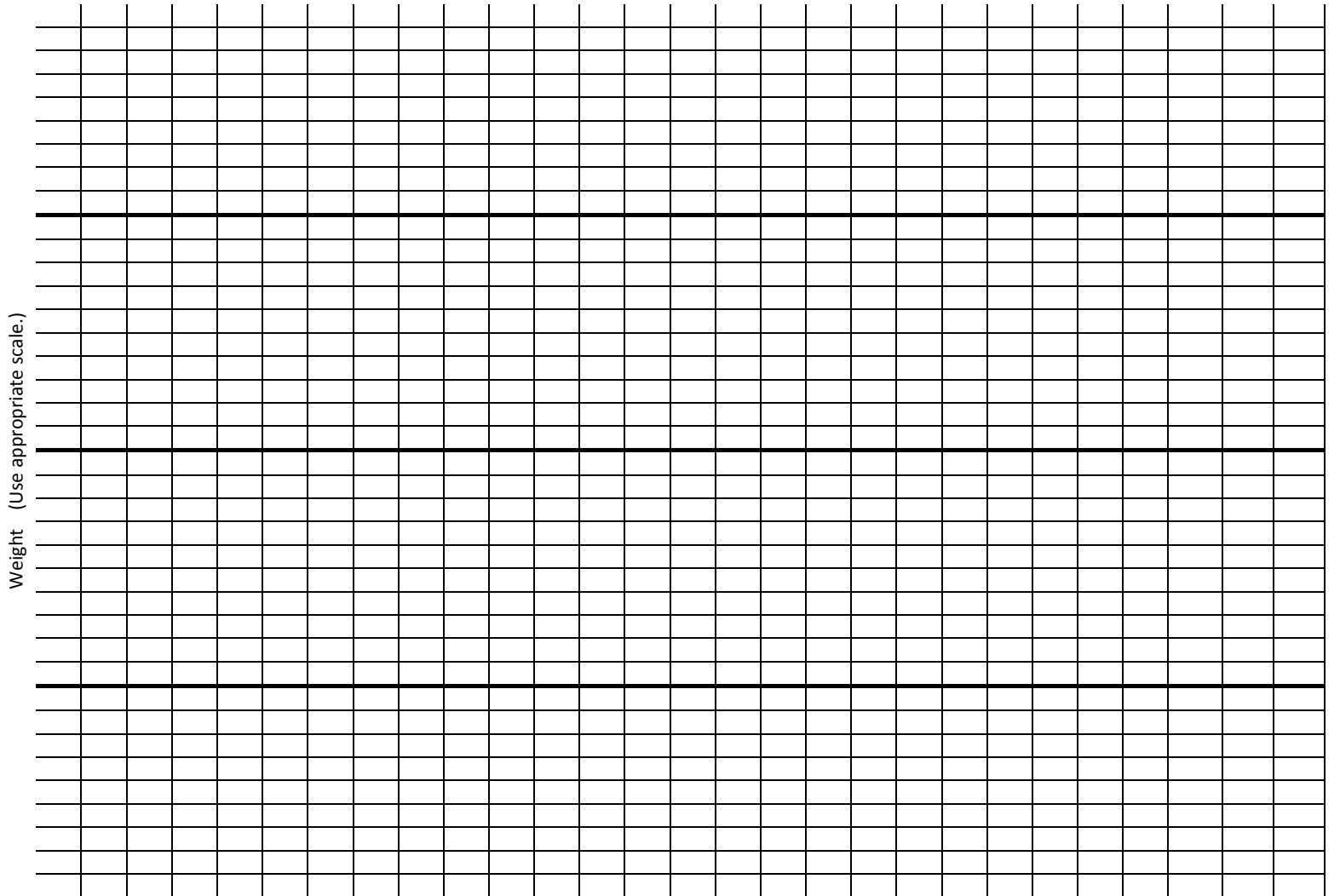
mm

Weight at **discharge** if treatment until full recovery in Inpatient Care:

kg

MUAC at **discharge** if treatment until full recovery in Inpatient Care:

mm



DAY 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28



Referral Form

[Integrated Management of Neonatal and Childhood Illness (IMNCI)]

Refer to Health Facility:

Date:

Time:

Name:

Age:

Weight:

Temperature:

Reasons for referral:

Other classifications:

Treatments given before referral:

Vaccinations:

Dose of vitamin A:

Name of worker:

Location:

Signature:



CMAM Site Tally Sheet for Children 6–59 Months with SAM

Community, Administrative Unit, Locality, State						
SITE (circle one)	Outpatient Care	Inpatient Care				
MONTH						
Date of week						TOTAL MONTH
TOTAL start of week (A)						Start of Month:
New Cases SAM Children 6–59 months (Oedema) (B1)						
New Cases SAM Children 6–59 months (MUAC < 115 mm) (B2)						
New Cases SAM Children 6–59 months (WFH < -3 z-score) (B3)						
New Cases SAM other age groups: infants < 6 m, children ≥ 5 y, adolescents, adults* (B4)	[]	[]	[]	[]	[]	[]
TOTAL NEW ADMISSIONS (B) (B=B1+B2+B3)						
Old Cases SAM: Returned defaulters (Children 6–59 months) (C1)						
Old Cases SAM: Referred from Outpatient Care or Inpatient Care (Children 6–59 months) (C2)						
TOTAL ENTRIES (Children 6–59 months) (D) (D=B1+B2+B3+C1+C2)						
Discharged Cured (Children 6–59 months) (E1)						
Discharged Died (Children 6–59 months) (E2)						
Discharged Defaulted (Children 6–59 months) (E3)						
Discharged Non-Recovered (Children 6–59 months) (E4)						
TOTAL DISCHARGES (Children 6–59 months) (E) (E=E1+E2+E3+E4)						
Referred to Outpatient Care or Inpatient Care (Children 6–59 months) (F1)						
Referred to higher care level (Children 6–59 months) (F2)						
TOTAL EXITS (Children 6–59 months) (G) (G=E+F1+F2)						
Total end of week (Children 6–59 months) (H) (H=A+D-G)						End of Month:
SEX OF NEW CASES ADMITTED (Children 6–59 months)	MALE					
	FEMALE					

*Infants < 6 months, children ≥ 5 years, adolescents and adults (B4) are tallied and monitored separately, for planning purposes.



Monthly Site Report for CMAM for Children 6–59 Months

SITE		IMPLEMENTED BY		FMOH		Other: _____											
Administrative Unit		MONTH / YEAR															
Locality		TYPE (circle one)		Outpatient Care		Inpatient Care											
State		ESTIMATED TARGET POPULATION < 5 y with SAM*		(WFH < -3 z-score)		(MUAC < 115 mm) (Oedema)											
TOTAL at START of month (A)	New cases with SAM				TOTAL NEW ADMISSIONS (B)	Old cases with SAM		TOTAL ENTRIES (D)	Discharged children 6–59 months				TOTAL DISCHARGED (E)	Referred cases		TOTAL EXITS (G)	TOTAL at END of month (H)
	Children 6–59 m		Other age groups (< 6 m, ≥ 5 y) (B4)			Returned defaulter (C1)	Referred from Inpatient Care/ Outpatient Care or higher care level (C2)		Discharged Cured (E1)	Discharged Died (E2)	Discharged Defaulted (E3)	Discharged Non-Recovered (E4)		Referred to Inpatient Care/ Outpatient Care (F1)	Referred to higher care level (F2)		
Oedema (B1)	MUAC < 115 mm (B2)	WFH < -3 z-score (B3)	()	(B=B1+B2+B3)	(D=B+C1+C2)			(E=E1+E2+E3+E4)					(G=E+F1+F2)			(H=A+D-G)	
				Children 6–59 months		(E1/E * 100) Cure rate	(E2/E * 100) Death rate	(E3/E * 100) Default rate	(E4/E * 100) Non-recovery rate								
				TARGETS		> 75%	< 10%	< 15%									
				Sphere minimum standards for overall CMAM													

C1: Returned defaulter = defaulted while in treatment and returned within 2 months to continue treatment
E1: Discharged Cured = met discharge criteria
E2: Discharged Died = died while in treatment
E3: Discharged Defaulted = absent for 2 consecutive weeks in Outpatient Care/2 days in Inpatient Care
E4: Discharged Non-recovered = did not meet discharge criteria after 4 months in Outpatient Care/2 months in Inpatient Care

SEX OF NEW ADMISSIONS children 6–59 months	MALE	
	FEMALE	

* Estimated target population under 5 = 20%, using the 2008 Census data; estimated target population under 5 with SAM, expressed in numbers (WFH < -3 z score or MUAC < 115 mm, and bilateral pitting oedema), based on latest survey data or admission data.

Note: Infants < 6 months, children ≥ 5 years, adolescents and adults (B4) could be tallied and monitored separately, for planning purposes.



CMAM SAM Reporting Template

Author:

Date:

Reporting Period:

Locality/State:

Population Estimate:

Starting Date of CMAM Services:

Number of Outpatient Care sites		Number of Inpatient Care sites	
Number of communities involved in community outreach		Number of community outreach workers trained and active	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Number of new admissions</p> </div> <div style="width: 45%;"> <p>Number under treatment</p> </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Percentage cured</p> </div> <div style="width: 45%;"> <p>Percentage died</p> </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Percentage defaulted</p> </div> <div style="width: 45%;"> <p>Percentage non-recovered</p> </div> </div>			
<p>KEY INDICATORS CHILDREN 6–59 MONTHS</p>	<p>List major reasons for defaulting (Circle: assessed or estimated):</p>	<p>List major reasons for non-recovery (Circle: assessed or estimated):</p>	
<p>KEY INDICATORS: OTHER AGE GROUPS</p>	<p>Number of admissions infants under 6 months</p>	<p>Number of discharges infants under 6 months</p>	
	<p>Number of admissions children 5 years and older, adolescents, adults</p>	<p>Number of discharges children 5 years and older, adolescents, adults</p>	

Summary on Performance and Key Issues Encountered:

Action for Improvement and/or Resolving Encountered Problems:

Brief Summary of Achievements:

Success Stories and/or Lessons Learned:

Add figures (automatically generated in the database):

- Figure (graph) with trends of key performance and output indicators:
 - Bars with total admissions, total discharges (in y axis, number of children)
 - Line with total under treatment (in y axis, number of children) (x axis, months [or weeks during emergencies])
- Figure (pie chart) with distribution of discharge categories (cured, died, defaulted, non-recovered)

Add figures whenever the additional information is available (optional):

- Figure (pie chart) with distribution of admissions per criteria (oedema, MUAC < 115 mm, WFH < -3 z-score)
- Figure (bar graph) for monthly average length of stay and average weight gain per category of admission criterion