

Entry and Exit Criteria for the Prescription of Specialized Food Products

The table below presents global guidance from the WHO on nutritional status cutoffs for children 6–59 months. Cutoffs for older children, adults, and adolescents vary by country. [See a comparison of anthropometric cutoffs in different countries in Africa.](#)

Target group	Entry criteria	Specialized food product prescribed	Transition/exit criteria
Children 6 to 59 months	Severe acute malnutrition (SAM) Bilateral pitting edema OR severe visible wasting OR MUAC < 115 mm OR weight-for-height z-score (WHZ) < -3	Inpatient Stabilization: 130 ml of F-75/kg of body weight/day (100 ml if severe edema) Transition: Day 1: Same amount of F-100; Day 3: Increase each feed by 10 ml until child reaches rehabilitation phase Rehabilitation: Enough F-100 or RUTF to provide 200 kcal/kg of body weight/day Outpatient Weekly take-home rations of RUTF: 200 kcal/kg of body weight/day	No bilateral pitting edema for two consecutive visits OR MUAC ≥ 115 mm OR WHZ ≥ -3 AND appetite AND medical problems stabilized or subsiding
	Moderate acute malnutrition (MAM) MUAC ≥ 115 to < 125 mm OR WHZ ≥ -3 and < -2	Supplementary Feeding Weekly take-home ration of RUSF: No standardized dosage for MAM. Global Nutrition Cluster (2017) recommends 1 sachet/100 g per day OR Weekly take-home ration of FBF: 200 g/day of Super Cereal Plus if 6–23 months OR 200 g/day of Super Cereal if 24–59 months	MUAC ≥ 125 mm OR WHZ ≥ -2 for two consecutive visits

Target group	Entry criteria	Specialized food product prescribed	Transition/exit criteria
<p>Infants 0 to < 6 months</p>	<p><u>SAM</u> Bilateral pitting edema OR weight-for-length z-score < -3 OR recent weight loss or failure to gain weight OR danger sign</p> <ul style="list-style-type: none"> - inability to drink or breastfeed - severe vomiting - convulsions - lethargy - unconsciousness <p>OR ineffective feeding (positioning, attachment, suckling) OR any medical or social issue needing detailed assessment or intensive support (e.g., disability, depressed caregiver, other adverse social circumstances)</p>	<p><u>Inpatient</u> Establish or re-establish effective exclusive breastfeeding (i.e., relactation or wet nursing if relactation is not possible) Provide a supplementary feed:</p> <ul style="list-style-type: none"> - Prioritize supplementary suckling if feasible. - If no edema: feed expressed breast milk. If this is not possible, give commercial infant formula or F-75 or diluted F-100, either alone or as the supplementary feed, together with breast milk. - If edema: give infant formula or F-75 together with breast milk. Do NOT give undiluted F-100. - If no realistic prospect of breastfeeding: give appropriate and adequate breast milk replacements, such as commercial infant formula, with support for safe preparation and use, including at home when discharged. <p><u>Note:</u> If caregiver declines inpatient treatment, counsel on and support optimal infant feeding, monitor weekly to observe changes, and refer to inpatient treatment if infant is not gaining weight.</p>	<p><u>Transition to outpatient treatment if:</u> No clinical conditions or medical complications, including edema AND good appetite AND clinical wellness and alertness AND weight gain of > 5 g/kg/day for at least 3 successive days <u>Discharge from all care if:</u> Effective breastfeeding or feeding well with replacement feeds AND adequate weight gain AND weight-for-length z-score ≥ -2</p>