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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **SIGNS OF MALNUTRITION** Severe wasting? Yes No | | | | | | | |  | **SIGNS OF SHOCK** None Lethargic/unconscious Cold hand Slow capillary refill (> 3 seconds) Weak/fast pulse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bilaterial Pitting Oedema? 0 + ++ +++ | | | | | | | |  | ***If lethargic or unconscious, plus cold hand, plus either slow capillary refill or weak/fast pulse***, give *oxygen. Give IV glucose as described under Blood Glucose (left).*  *Then give IV fluids:* Amount IV fluids per hour: 15 ml x \_\_\_\_ kg (child’s wt) = \_\_\_\_\_\_\_\_\_\_ml | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dermatosis? 0 + ++ +++ (raw skin, fissures) | | | | | | | |  |
| Weight (kg): Height/length (cm): | | | | | | | |  |
| WFH z-score: MUAC (mm): | | | | | | | |  |  | | | | | | | | Start: | | | Monitor every 10 minutes | | | | | | | | | | \*2nd hr | | | Monitor every 10 minutes | | | | | | | | | |
| **TEMPERATURE:** oC rectal axillary  If rectal < 35.5o C, or axillary <35o C, actively warm child. Check temperature every 30 minutes. | | | | | | | |  | Time | | | | | | | |  | | |  | |  | |  | |  | |  | | \* | | |  | |  | |  | |  | |  | |
|  | Resp. rate | | | | | | | |  | | |  | |  | |  | |  | |  | | \* | | |  | |  | |  | |  | |  | |
| **BLOOD GLUCOSE** (mmol/l) ***If no test, treat for hypoglycaemia.***  *If <3mmol/l and alert, give 50 ml bolus of 10% glucose or sucrose (oral or NG).*  *If <3 mmol/l and lethargic, unconscious, or convulsing, give sterile 10% glucose IV:* 5 ml x \_\_\_kg (child’s wt) = \_\_\_ml *Then give 50 ml bolus NG.*  Time glucose given: Oral NG IV | | | | | | | |  | Pulse rate | | | | | | | |  | | |  | |  | |  | |  | |  | | \* | | |  | |  | |  | |  | |  | |
|  | \**If respiratory & pulse rates are slower after 1 hour, repeat same amount IV fluids for 2nd hour; then alternate ReSoMal and F-75 for up to 10 hours as in right part of chart below. If no improvement on IV fluids, transfuse whole fresh blood. (See left, Haemoglobin.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **HAEMOGLOBIN (Hb)** (g/l): or Packed Cell Vol (PCV):  Blood type:  If Hb <40 g/l or PCV<12%, transfuse 10 ml/kg whole fresh blood (or 5-7 ml/kg packed cells) slowly over 3 hours. Amount: Time started: Ended: | | | | | | | |  | **DIARRHOEA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Watery diarrhoea? Yes No  Blood in stool? Yes No  Vomiting? Yes No  Number of days\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | ***If diarrhoea, circle signs present:***Skin pinch goes back slowly Lethargic Thirsty  Restless/irritable Dry mouth/tongue No tears  Sunken eyes | | | | | | | | | | | | | | | | | | | | |
| **EYE SIGNS** None Left Right  Bitot’s spots Pus/Inflammation Corneal clouding Corneal ulceration  If ulceration, give vitamin A & Atropine immediately. Record on Daily Care page. If no ulceration, give Vitamin A upon discharge.  Record on Comments/Outcome page. | | | | | | | |  |
|  | ***If diarrhoea and/or vomiting, give ReSoMal. Every 30 minutes for first 2 hours, monitor and give:\****  5 ml x \_\_\_\_ kg (child’s wt) = \_\_\_\_ ml ReSoMal | | | | | | | | | | | | | ***For up to 10 hours, give ReSoMal and F-75 in alternate hours. Monitor every hour. Amount of ReSoMal to offer:\****  5 to 10 ml x \_\_\_\_ kg (child’s wt) = \_\_\_\_\_ to \_\_\_\_\_ ml ReSoMal | | | | | | | | | | | | | | | | | | | | |
|  |
| **ORAL DOSES VITAMIN A** | | < 6 months\* | | | 50 000 IU | | |  | Time | | | | Start | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |
| \*If eye signs/recent measles: on Day 1, 2, 15 | | 6 – 12 months\* \*\* | | | 100 000 IU | | |  | Resp. rate | | | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |
| \*\*Single dose on week 4 or upon discharge | | >12 months\* \*\* | | | 200 000 IU | | |  | Pulse rate | | | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |
| **MEASLES** Yes No Vaccination upon admission: | | | | | | | |  | Passed urine? Y N | | | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |
| **HIV TEST** Yes No Date: Outcome: (If + give Cotrimoxazole) | | | | | | | |  | Number stools | | | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |
| **FEEDING**  *Begin feeding with F-75 as soon as possible. (If child is rehydrated, reweigh before determining amount to feed. New weight: \_\_\_\_\_\_ kg)*  **Amount for 2-hourly feedings: \_\_\_\_ ml F-75\* Time first fed: \_\_\_\_\_\_**  \* *If hypoglycaemic, feed ¼ of this amount every half hour for first 2 hours; continue until blood glucose reaches 3 mmol/l.*  ***Record all feeds on 24-hour Food Intake Chart.*** | | | | | | | |  | Number vomits | | | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |
|  | Hydration signs | | | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |
|  | Amount taken (ml) | | | |  | |  | | |  | |  | |  | | F-75 | |  | | F-75 | |  | | F-75 | | |  | | F-75 | |  | | F-75 | |
|  | \* ***Stop ReSoMal if:***Increase in pulse & resp. rates Jugular veins engorged Increase in oedema, e.g., puffy eyelids  \*\* If bilateral pitting oedema, give ReSoMal 30 ml after each watery stool only. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **ANTIBIOTICS (All receive) Drug/Route** | | | | | | | | **Dose/Frequency/Duration** | | | | | | | | | | | | | | | | | | | | | | | | | | | **Time of 1st Dose** | | | | | | | |
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| **MALARIA TEST Type/Date/Outcome** | | | | | | | | **Antimalarial: Dose/Frequency/Duration** | | | | | | | | | | | | | | | | | | | | | | | | | | | **Time of 1st Dose** | | | | | | | |
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| **DAILY CARE** | | **Week 1** | | | | | | | | | | | **Week 2** | | | | | | | | | | | | | | | **Week 3** | | | | | | | | | | | | | | |
| **DAYS IN HOSPITAL** | | 1 | 2 | | 3 | 4 | | | 5 | 6 | 7 | | 8 | | 9 | | | 10 | | 11 | | 12 | | 13 | | 14 | | 15 | | 16 | | | 17 | | 18 | | 19 | | 20 | | 21 | |
| Date | |  |  | |  |  | | |  |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |
| Daily weight (kg) | |  |  | |  |  | | |  |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |
| Weight gain (g/kg) | | *Calculate daily after on RUTF or F100* | | | | | | |  |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |
| Bilateral pitting oedema 0 + ++ +++ | |  |  | |  |  | | |  |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |
| Diarrhoea/Vomit O D V | |  |  | |  |  | | |  |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |
| **FEED PLAN:**  Type feed | |  |  | |  |  | | |  |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |
| # daily feeds | |  |  | |  |  | | |  |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |
| Volume to give per feed | |  |  | |  |  | | |  |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |
| Total volume taken (ml) | |  |  | |  |  | | |  |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |
| NGT ***Y N*** | |  |  | |  |  | | |  |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |
| Breastfeeding ***Y N*** | |  |  | |  |  | | |  |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |
| Appetite test with RUTF ***F failed P passed*** | |  |  | |  |  | | |  |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |
| **ANTIBIOTICS** | | *List prescribed antibiotics in left column. Allow one row for each daily dose. Draw a box around days/times that each drug should be given. Initial when given.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **ANTIMALARIAL** (note type of drug) | |  |  | |  |  | | |  |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |
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| **FOLIC ACID** (if not on RUTF) | | 5mg | 1mg | |  |  | | |  |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |
| **VITAMIN A** | | \* |  | | *Give day 1, 2 and 15 if child admitted with eye signs or recent measles. Else, give routinely single dose on week four or upon discharge unless evidence of dose in past month* | | | | | | | | | | | | | | | | | | | | | | |  | | *Never give Vitamin A when child has bilateral pitting oedema* | | | | | | | | | | | | |
| **ANTIHELMINTHIC** (note type of worms) | | *Give on week two, single dose* | | | | | | | | | | |  | |  | | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |
| **IRON (if not on RUTF)** 2 x daily | | *Begin iron after 2 days on F100. Do not give when on RUTF.* | | | | | | | |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |
| **EYE INFECTIONS**  Tetracycline/Chloramphenicol  1 drop 4 x daily | |  |  | |  |  | | |  |  |  | |  | |  | | |  | | *After 7-10 days, when eye drops are no longer needed, shade boxes for eye drops.* | | | | | | | | | | | | | | | | | | | | | | |
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| Atropine 1 drop 3 x daily | |  |  | |  |  | | |  |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |
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| **Dermatosis 0 + ++ +++** | |  |  | |  |  | | |  |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |
| **Ear problems** | |  |  | |  |  | | |  |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |
| **Mouth or Throat problems** | |  |  | |  |  | | |  |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |
| **Bathing, 1% permanganate** | |  |  | |  |  | | |  |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |
| **OTHER** | |  |  | |  |  | | |  |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |
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**MONITORING RECORD**

Monitor respiratory rate, pulse rate, and temperature 4-hourly until after transition to RUTF or F-100 and patient is stable. Then monitoring may be less frequent (e.g., twice daily).

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| **RESPIRATORY RATE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breaths/  minute |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **PULSE RATE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Beats/  minute |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **TEMPERATURE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 37.0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 36.5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 36.0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 35.5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 35.0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 34.5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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***Date /Time:***

***Danger Signs: Watch for increasing pulse and respirations, fast or difficult breathing, sudden increase or decrease in temperature, rectal temperature below 35.5°C, and other changes in condition (see Danger Signs in Inpatient Care).***

**WEIGHT CHART**

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| Weight on admission: kg  MUAC on admission: mm  Height / length: cm  Bilateral pitting oedema on admission:  0 + ++ +++  Desired weight at discharge  based on 15% weight change:  kg  Desired weight 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 | Weight (Use appropriate scale.) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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 |

**24-HOUR FOOD INTAKE CHART**

***Complete one chart for every 24-hour period.***

Admission weight (kg): Today’s weight (kg): Oedema: 0 + ++ +++

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| **DATE:** | | **TYPE OF FEED:** GIVE: \_\_\_\_\_\_\_ feeds of \_\_\_\_\_\_\_\_\_\_ml | | | | |
| **Time** | **a.** Amount  offered (ml) | **b**. Amount left  in cup (ml) | **c.** Amount taken orally (a – b) | **d.** Amount taken by  NG, if needed (ml) | **e.** Estimated amount vomited (ml) | **f.** Watery diarrhoea (if present, yes) |
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| **Column totals** | | | **c.** | **d.** | **e.** | **Total yes:** |
| **If child is ready for transition, test appetite. Appetite test:** Failed Passed | | | | | | |
| **Total volume taken over 24 hours** = amount taken orally **(c) +** amount taken by NG **(d) –** total amount vomited **(e) =** \_\_\_\_\_\_\_\_\_\_\_\_ml | | | | | | |

**COMMENTS/OUTCOME**

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| **COMMENTS** | | | | |  | **SPECIAL DISCHARGE AND FOLLOW-UP INSTRUCTIONS** | | |
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| **TRAINING GIVEN TO PARENTS/ CAREGIVERS** | | | | |  |  | | |
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|  | | | | |  | **PATIENT OUTCOME** | **DATE** | **CIRCUMSTANCES/COMMENTS** |
| **IMMUNIZATIONS** | | | | |  | **Referral to Outpatient Care** |  | Site: |
| Immunization card? Yes No  C*ircle immunizations already given. Initial and date by any given in Inpatient Care.* | | | | |  | In case of treatment in **Inpatient Care until full recovery** in Inpatient Care or unexpected discharge, *indicate outcome*: |  | |
|  | Discharge based on 15% weight change  (Discharged cured) |  | Discharge weight equal or above 15% weight gain: Y N  MUAC: mm |
| **Immunization** | **First** | **Second** | **Third** | **Booster** |  | Early departure or defaulting  (Discharged defaulted) |  |
| BCG | At birth | Optional:  > 6 months | \_\_ | \_\_ |  | Non Response to treatment  (Discharged non-responded) |  |
| Polio | At birth | 2 months | 3 months | 12 months |  | Referral  for non response or medical complication |  |
| DPT | 3 months | 4 months | 5 months | 12 months |  | Death  (Discharged died) |  | Number of days after admission (circle):  < 24 1-3 days 4-7 days >7 days  Approximate time of death: Day Night |
| Measles | Upon admission | Upon  discharge |  |  |  | Apparent cause(s) of death:  Had child received IV fluids? Yes No |