CRITICAL CARE PATHWAY (CCP) - MALNUTRITION WARD

NAME MATE OF BI	DATE OF BIRTH OR AGEDATE OF ADMISSION	MISSIONTIME	HOSP. ID NUMBER	MBER
INITIAL MANAGEMENT Comments on pre-referral and/or emergency treatment already given:	ency treatment already given:			
SIGNS OF SEVERE MALNUTRITION Severe wasting? Yes No	SIGNS OF SHOCK None Lethargic/unconsious	Cold hand	Slow capillary refill(>3 seconds)	Weak/fast pulse
Oedema? 0 ++ ++ HUACmm Dematosis? 0 + ++ +++ (raw skin, fissures)	If lethargic or unconscious, plus cold hand, plus either slo	unconscious, plus cold hand, plus either slow capillary refill or weak/fast pulse, give oxygen. Give IV glucose der Blood Glucose (left). Then give IV fluids:	pulse, give oxygen. C	ive IV glucose
Weight(kg): Height/length (cm):	1. E / X	<u> </u>		
Z-score:	Amount IV fluids per hour: 15 ml X	r hour: 15 ml X kg (child's wt) =	m	
TEMPERATURE OF / OF / axillary rectal	Start: Monitor every 10 minutes	* 2nd hr:	Monitor every 10 minutes	
If axillary $< 95^{\circ}F$ (35°C), or rectal $< 95.9^{\circ}F$ (35.5°C) actively warm child,	Time	*		
Check temperature every 30 minutes.	Resp. rate	*		
BLOOD GLUCOSE (mmol/l):	Pulse rate	*		
If < 3mmol/l and alert, give 50 ml bolus of 10% glucose or sucrose (oral or NG). If < 3mmol/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	* If respiratory & pulse rates are slower after 1 hour, repeat same amount IV fluids for 2 nd hour; then alternate ReSoMal and F-7. 10 hours as in right part of chart below. If no improvement on IV fluids, transfuse whole fresh blood. (See left, Haemoglobin.)	& pulse rates are slower after 1 hour, repeat same amount IV fluids for 2 nd hour; then alternate ReSoMal and F-75 for up to ight part of chart below. If no improvement on IV fluids, transfuse whole fresh blood. (See left, Haemoglobin.)	; then alternate ReSol 1 blood. (See left, Hae	Mal and F-75 for up to emoglobin.)
se given: ora				
HAEMOGLOBIN (Hb) (g/dl): or Packed cell vol (PCV): Blood type:	DIARRHOEA Watery diarrhoea? Yes No	if diarrhoea, Skin pinch goes back slowly	k slowly	
sfuse 10 ml/kg whole fresh blo	_	sus	Lethargic	Thirsty
Packed cells) slowly over 3 hours. Amount: Time, started: Ended:	Vomiting? Yes No	present: Sunken eyes	Dry mouth/tongue	No tears
EXE SIGNS None Left Right MEASLES Yes No	If diarrhoea and/or vomiting, give ReSoMal. Every	For up to 10 hours, give ReSoMal and F-75 in alternate hours.	id F-75 in alternate b	ours.
Pus/Inflammation Corrneal clouding Corrneal ulcera	5 ml X kg (child's wt) ml ReSoMal	S to 10 ml X \sim kg (child's wt) =	wt) =to	ml ReSoMal
iin A & atropine immedia	Time Start:			
Oral doses Vitamin A: < 6 months 50 000 IU	Resp. rate			
	Pulse rate			
	Passed urine? Y N			
FEEDING Begin feeding with F-75 as soon as possible. (If child is rehydrated,	Number stools			
Tewergin before determining amount to feed, five weight. Amount for 2-hourly feedings: ml F-75* Time first fed:	Number Vomits			
mount every half hou	Hydration Signs			
until blood glucose reaches 3 mmol/l.	Amount taken (ml)	F-75 F-75	F-75	F-75 F-75
Record all feeds on 24-hour Food Intake Chart.	* Stop ReSoMal if: Increase in pulse & resp. rates	Jugular veins engorged Increasir	Increasing oedema, e.g., puffy eyelids	yelids
ANTIBIOTICS (All receive) Drug/Route	Dose/Frequency/Duration			Time of 1 st dose

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Monitor respiratory rate, pulse rate, and temperature 4-hourly unil after transition to F-100 and patient is steble, Then monitoring may be less frequent (e.g., twice da)

MONITORING RECORD

	Respiratory rate	atory	/ rate																																
Breaths/ Minute																																			
	Pulse rate	rafe																																	
Beats/																	-		_								_								
104	Temperature	eratur	re								1		1		-	-	-	-	-						1	-	-] [
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Date/time																																			

Danger Signs: Watch for increasing pulse and respirations, fast or difficult breathing, sudden increase or decrease in temperature, axillary temperature below 95°F, and other changes in condition. See danger signs listed on back of F-100 Reference Card. Normal ranges of pulse and raspiratory rates are also listed on back of F-100 Reference Card.

DAILY CARE

	-						•	-						•	-						
M	week I							Week 2							ууеек 3						
DAYS IN HOSPITAL	_	2	3	4	2	9	7	8	6	10	11	12	13	14	15	16	17	18	19	20	21
Date																					
Daily weight (kg)																					
Weight gain (g/kg) Ca	Calculate daily after on F-100	daily aft	ter on F-	100																	
Oedema (0) (+) (+++)																					
Diarrhoea/vomit 0 D V																					
FEED PLAN: Type feed																					
# feeds daily																					
Total volume taken (ml)																					
ANTIBIOTICS	ist presci	ribed ant	tibiotics	List prescribed antibiotics in left column.		Allow one row for each daily dose	e row for	each dai	ly dose.	Draw a l	a box arou	around days/times that each drug should be	times tha	t each dr	ug shoul	d be given.		Initial when	given		
0	5mg	Img																			
VITAMIN A	*		*Give d	ay 1 rou	tinely un	less evide	nce of d	ose in pa	$\ensuremath{^*}\xspace$ Give day 1 routinely unless evidence of dose in past month & no	& no eye	eye sign. G	Give day 2	2 &		day14 if (if Child ad	admitted v	with eye	sign	or recent measles	easles
Multivitamin (if not in feed)																					
Drug for worms																					
	=																				
	Begin iron after 2 days on F-100	after 2	days on	F-100																	
2 X daily																					
FOR EYE PROBLEMS:										,	After 7-10 days, when eye drops are no longer needed, shade boxes for eye drops	O days, w	hen eye	drops an	guol ou e	er neede	ed, shade	e boxes for	or eye dr	sdo	
Tetracycline or																					
Chloramphenical																					
1 drop 4 X daily																					
Atropine																					
1 drop																					
3 X daily																					
Dermatosis (0) (+) (++) (+++)																					
Bathing, 1% permanganate																					
OTHER																					

COMMENTS / OUTCOME

COMMENTS:					SPECIAL DISCHARGE AND FOLLOW-UP INSTRUCTIONS:	D FOLLOW	-UP INSTRUCTIONS:
TRAINING GIVEN TO PARENTS/CAI	N TO PARENTS	/CAREGIVERS:					
					PATIENT OUTCOME		
					Circle outcome:	DATE	CIRCUMATANCES/C
					Oedema free WHZ≥-2		
					Oedema free 15% increase in body weight		
					from lowest weight		
					Early departure (against		Z-score:
IMMUNIZATIONS	1	Immunization card? Yes No	Circle immuni: Initial and date by	Circle immunizations already given Initial and date by any given in hospital	advice)		
Immunization	First	Second	Third	Forth	Early discharge		Z-score:
BCG	At birth				Referral		Z-score:
Pentavalent	6 Weeks	10 Weeks	14 Weeks		Death		Number of days after ad
OPV	6 Weeks	10 Weeks	14 Weeks	With Measles Vaccine			Apparent cause(s):
Measles				After completion of 9 months			Had child received IV

	SPECIAL DISCHARGE AND FOLLOW-UP INSTRUCTIONS:	D FOLLOW	-UP INSTRUCTIONS:
	PATIENT OUTCOME		
	Circle outcome:	DATE	CIRCUMATANCES/COMMENTS
	Oedema free WHZ≥-2		
	Oedema free 15% increase in body weight from lowest weight		
	Early departure (against advice)		Z-score:
tal	Early discharge		Z-score:
	Referral		Z-score:
	Death		n (circle): <24 hrs 1-3 days 4-7
S			Apparent cause(s):
uo "			Had child received IV fluids? Yes No

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WEIGHT CHART						
Name						
Weight on admission: ka						
Height/lenght: cm						
Oedema on admission: 0 + ++ +++						
Desired weight at discharge						
>-2 Z-score: kg						
in:						
-						
Actual weight at discharge: —— kg						
	_			_	L	۲

weight decreases; weight may decrease by vertical axis in an appropriate scale (e.g., as much as 30% if the child has severe rows below the starting weight in case each row representing 0.1 kg). Allow Enter likely range of weights on the oedema.

Draw a bold horizonal line across the graph to show the desired discharge weight.

24-HOUR FOOD INTAKE CHART Complete one chart for every 24-hour period

		sa (if yes)								-
(kg):		f. Watery diarrhoea (if present, yes)							Total yes:	
l oday's weight (kg):	Feeds of ml	e. Estimated amount vomited (ml)							e.	Total volume taken over 24 hours - amount taken orally (c) + amount taken by NG (d) - total amount vomited (e) -
eight (kg):	GIVE: Fee	d. Amount taken by NG, if needed (ml)							d.	S Ictot = (b) SIC vd ag
Admission weight (kg):		c. Amount taken orally (a-b)							C.	rally (c) ± amount tak
Hospital ID Number:	TYPE OF FEED:	b. Amount left in cup (ml)							Column totals	o de tallome – sa
Hospital I		a. Amount offered (ml)								na takan over 24 hoi
Name:	DATE:	Time								Total volun

DAILY WARD FEEDING CHART

DATE:	WARD:

Name of Child		F-75			F-100	
	Number feeds	Amount/feed (ml)	Total (ml)	Number feeds	Amount/feed (ml)	Total (ml)
F-75	(total ml) need	ded for 24 hours		F-100 (tota	l ml) needed for 24 hours	
A	mount neede	d for hours*		Amoun	t needed for hours*	
Amount t	to prepare (rou	und up to whole litre)			p prepare (round p to whole litre)	

^{*} Divide daily amount by the number of times food is prepared each day. For example, if feeds are prepared every 12 hours, divide daily amount by 2.

WEIGHT GAIN TALLY SHEET FOR WARD

Week of:	Good weight gain > 10 g/kg/day	Moderate weight gain 5 up to 10 g/kg/day	Poor weight gain < 5 g/kg/day
Number of children on F-100 for entire week:			
Totals			
% of children on F- 100 in ward			