INPATIENT THERAPEUTIC FEEDING CENTRE CARD



Name centre									ID	N°						Shee	t n°		of		
Patient details			Adm	ission					Di	schar	ge					At exi	t				
Name / First name			Date	/	/	Hour			Date	e /	/ /					Weight					
Name father				sion type ew admi						ured tabilized		Follow-	-up:			Height W/H Z					
Name mother			□R€	e-admis					□ D	ead	-:	Cause:			'	Weight g			g/kg/	[/] day	
Birth date / / Age (y, m)			Old ID I	elapse						efaulter ransferr		Cause:				Length s	stay: at home		days		
Sex			Referra	al from:						ot respo						□ Exclus	sively br	eastfeed	ing		
Address					ATFC:					t serious			during	stav?		□ Partly □ Family	breastfe	eeding			
Sector / District				ontane		Julieaci	1: W110		14103	t Scrious	3 1111033	treated	during .	stay.				je, milk e	etc)		
Nb of days	1	2	3	4	5	6	7	8	9	10	11	12	13	14			17			20	21
Date																					
Oedema (0,+,++,+++) Weight																					
Height																					
W/H Z-score PB (mm)																					
Target weight / Target MUAC																					
WEIGHT / MUAC GRAPH	Weigl	nt thin li	ine = 10	0 g / fo	r infant	s thin l	ine = 20	g; fat l	ine = 0	5 kg - N	MUAC:	thin lin	e = 1mr	n							
FEEDING Phase																					
F75																					
F100																					
Infant Formula or F100 diluted RUTF (P'nut/BP100)																					
Quantity / day (ml)																					
Nb meals / day Quantity / meal (ml)																					
Naso-gastric tube (-/+)																					
FEEDING MONITORING A = Absent				1 1	1 1	l í						1 1	l í								
V = Vomit	1 2																				
R = Refused NGT = Naso-gastric tube	3																				
IV = IV fluid	4																				
Amount taken 100 % X X 3/4 X X	5																				
1/2 X X 1/4 X	6																				
= ml extra X ₄₀ X	7																				
MEDICAL TREATMENT	8																				
TEDIOAL INCAIMENT	1 2																				
neut	3																				
reatm	2 3																				
natic t	1 2																				
Systematic treatment	3																				
S	1 2 3																				
	1																				
	3																				
	1 2																				
	3																				
	2 3																				
nent	1 2																				
Other treatment	3																				
Other	2 3																				
	1 2																				
	3																				
	2 3																				
	1																				
	3																				
Resomal ml / h	1 2																				
	and route of	administ	ration 10	rol- DC	Intro	couls = '	M. on int		- IV) F-	tors V	in the h	w where	the drive	ic actual	h, aires						

CLINICAL EX	AMINA	NOITA																				
Nb of days		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Date																						
T° morning T° evening																						
Consciousness (ale																						
Respiratory rate br	/min																					
Cough Heart rate																						
TRC																						
Dehydration (0 à ++	++)																					
Anaemia (0 à +++) Vomiting (Nb/day)																						
Diarrhoea (Nb/day))																					
Dextrose																						
SAT																						
HB RDT																						
	Yes [□ No □	7 Data			Result / .	A atia :=					LUV To	-t CI		1 Dag - [l Non C] [[D == =:		MOTU	ER: \square	Dec. 🗆	Non
TB screening	res L	J NO ∟	_ Date:			Result /	Action:					HIV Te	St Cr	1ILD: L	JPOS. L	ineg. L	EID requ	Jested	MUTH	ER: L	Pos. \square	iveg.
ANAMNESIS A	T ADM	ISSION	N EXPL	AINED	BY TH	E ACC	OMPAN	IYING F	PERSO	N												
HISTORY OF THE I	LLNESS							FEEDII	NG HISTO	DRY								SOCIAL	. HISTOF	RY		
How long has the d	child bee	n sick fo	r?					Date st	arted bre	eastfeedi	ng?							Who is		d of the f	-	
What are the probl				mpanyir	ng persoi	n?			arted mi			astfeedir	ng + oth	er food)'	?			□ Fath		□ Mothe	er	
								D :			1.1-							□ Othe		-6.1	- 11 10	
								Date co	ompletely	y stopped	ı breastf	eeding?	,							of the cl		
								T	f mester t	ofors !!!	1000 (D	22ctf - '	lina	sida = :	notabl.	oto 12		-		live? □ \	res 🗆 N	0
								Type of	f meals b	etore illr	iess (Bre	eastfeed	ııng,porı	rage,ve	jetables	etc.J?		Nb of b	irths ie mothe	er:		
																		Nb of c	hildren a	alive		
																		from th	e mothe	er:		
Is there someone of more than one mo	of the far	nily or cl	lose cont	tacts who	has be	en cough	ning for	Numbe	er of mea	ls per da	y before	illness	:					Patient in fami	is numb	er:		
child?	OI W	d5 D	JUIT II Ed	.cu 101	2 211CE	are bii til	J. (11E	Numbe	er of mea	ıls durinc	the las	t 24 hou	rs?					Child is		dopted	☐ foster	ed
									_,		,								□ tv		orpha	
																		Nb peo	ple shar	ing fami	ly meal:	
D												10 = 10		01.11.1			•		1.			
Diagnosis at admis	ssion							Immun	nization s					Child			nes? 🗆 Y			unization I? 🗆 Y		f mother
										date	Vaccine dat			date	date	date	C - TR &	date		I! U !		late
								BCG		date	dat	- 4	ate	date	uate	uute	uate	date		nos 1		iate
									lio Vacc.										_	nos 2		
								-														
								Injectal	ble Polio										Teta	nos 3		
								-	ble Polio epB/Hib										Teta: Othe			
								DTP/He	ble Polio epB/Hib ococcus										Othe			
								DTP/He	epB/Hib ococcus										_			
								DTP/He	epB/Hib ococcus us										_			
								DTP/He Pneum Rotavir	epB/Hib ococcus us s										_			
								DTP/He Pneum Rotavir Measel	epB/Hib ococcus us s fever										Othe		C:	
								DTP/He Pneum Rotavir Measel Yellow Others	epB/Hib ococcus us s fever										Othe	r:	C:	mm
OBSERVATION A			ION (Re	spirato	ry, circu	ulatory,	neurolo	DTP/He Pneum Rotavir Measel Yellow Others	epB/Hib ococcus us s fever	e, ENT, s					tc.)				Othe	r:		
	ND EXA		ION (Re	spirato	ry, circu	ulatory,	neurolo	DTP/He Pneum Rotavir Measel Yellow Others	epB/Hib ococcus us s fever	e, ENT, s	skin, m		membr Observa		tc.)				Othe	r:		mm
			ION (Re	spirato	ry, circu	ulatory,	neurolo	DTP/He Pneum Rotavir Measel Yellow Others	epB/Hib ococcus us s fever	e, ENT, s					tc.)				Othe	r:		
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