SUPPLEMENTARY FEEDING CENTRE CARD

SFC - Name of the centre:

ID Nº:

CENTRE

Distribution day

☐

Frequency

❑ Weekly

❑ Twice monthly

PATIENT'S DETAILS

Name _____

Caretaker's name _____

Date of birth ____ /____ /____ Sex ❑ M ❑ F

AGE (y, m)

Address _____

Sector / District _____

REFERRAL

From ❑ TFC ❑ Outreach ❑ Hospital ❑ Spontaneous ❑ OPD ❑ Other

Old ID number

Date ____ /____ /____ ☐

To ❑ TFC ❑ Hospital ❑ Other

Date ____ /____ /____

Reason _____

ADMISSION

Date ___ /___ /___ *Admission type* ❑ New admission ❑ Re-admission ❑ Relapse

Admission criteria

❑ Weight/Height ❑ Grade 1 or 2 (adults/elders)

❑ MUAC ❑ TFC follow up

❑ Oedema ❑ Lactating mother

DISCHARGE

Date ____ /____ /____ Length of stay ____ days

Cured ❑ Follow up _____

Dead ❑ Reason _____

Defaulter ❑ Reason _____

Transferred ❑ To _____

Not responding ❑ Reason _____

Target weight	Weight	Date
Target 1:		
Target 2:		
Target 3:		

Given at admission		Dosage	Date
Vitamin A	❑		
Albendazole / mebendazole	❑		
Rapid malaria test	❑		
Measles vaccination	❑		

DISTRIBUTION

Week	*Date*	*Weight*	*Height*	*Oedema*	*W/H*	*Fe + folic ac.*	*Remarks*
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

EXAMINATION AT ADMISSION

Temperature
Respiratory rate
Pulse
Cough
Diarrhoea
Dehydration
Mental status
Anorexia
Oedema
Malaria rapid test
History

Immunization status

Card ❑ Yes ❑ No	Immunization dates				
	Birth	1	2	3	4
BCG					
Hep B monovalent					
Polio					
DTP - Hep B - Hib					
Measles					
Pneumococcal					
Yellow fever					
H Influenza					
Other					

Diagnosis

FOLLOW UP

Date	

SPECIFIC TREATMENT

Date	Medicine	Dosage	Prescription