AMBULATORY THERAPEUTIC FEEDING CENTRE CARD



ATFC Name Centre

	ID N°					Sheet N° of									
Patient details				Admis	sion				Referr	al					
Name			Date / /			Hour			Date	/	/				
			Adm. type			Adm. c	Adm. criteria			From		□ Outreach			
Name caretaker	x □ M		☐ New adm.			☐ Weight/Height			□ SFC		☐ Spontaneous				
Birth date / / Sex Age (y, m)	☐ Read ☐ Rela	lm.	□ BMI □ MUAC			☐ ITFC		☐ Hosp ☐ Othe	ital r						
Address					pse	□ 0ede			Discha	rge	Otille				
							stfeeding	q	Date		/				
Sector / District						☐ Mod	erate + s	ick		d > Follo					
						☐ Othe	r:			l > Cause					
Old ID number										sferred t					
	_	_	_	_	_		_	_	│	resp. > C	ause:	_	_		
HISTORY										□ Y					
Immunization status child			Card	□ Y	□ N		Child eligible for vaccines				□N				
							ccines al				Vaccines given in ATFC				
						date	date	date	date		date	date	date	date	
			BCG												
			Oral Po	lio Vacci	ne										
	Injectable Polio Vaccine														
	DTP / Hep B / Hib														
	Pneum	ococcus													
	Rotavirus														
			Measles							1					
			Yellow Fever												
	Others														
Given at admission			Interna	al Movem	nents			l		<u> </u>			I		
☐ Albendazole/Mebendazo	le				Trans	fer IN					Transf	er OUT			
☐ Antibiotic (see other side			Location Date				eg. No (other facility)			Reason		Location		Reg.No	
☐ Other:	•		2004.1011			11091111		,	reason		Location		Date	- 3	
in other.															
	Home Visits														
			Date Reason for HV				Date HV			Findings					
									<u> </u>						
DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
Height															
Weight															
Weight change (+ / 0 / -)															
WFH															
Target Weight MUAC															
Oedema (0,+,++,+++)															
RUTF (number/day)															
WEIGHT / MUAC GRAF	WEI	CUT this	n lino =	100 g / í	for infa	ate thin	lino = 2	n a. fati	ino = 0	5 kg - M	IIIAC. 1	lino = 1	mm		
WEIGHT / MOAC GRAI	WEI		i tille –	100 9 / 1	loi iiiiai	its tilli	tille – 2	o g; race	iiie – 0,	J Kg - M	OAC: I	une – i			

CLINICAL EXAMINATION																		
	DATE		1	2	3	4	5	6	7	8	9	10	11	12	13	14		
	Temperature																	
	Respiratory rate br/	/min																
Cough																		
	Diarrhoea (NB/day)	()																
	Vomiting																	
	Dehydration (0 to ++	++)																
	Anaemia (0 to +++)																	
	Alert																	
	0edema																	
	Appetite																	
	Other																	
	Malaria rapid test																	
	MEDICAL TREATI	MENT																
	ODCEDVATION	- LEVAN	AINIATI															
	OBSERVATION ar	10 EXAI	MINAIIU	JN (che	st, abdor	men, lym	iph node		, eye, ne	ck, inclu	iding rap	old and la	ib tests e	e.g. Hb, I	B, HIVI			
	DATE							DATE										
				_														
								1										