



## Nutrition Assessment and Management Form

Region \_\_\_\_\_ District \_\_\_\_\_ Facility name \_\_\_\_\_ Facility code \_\_\_\_\_

 Entry point into NACS (tick one  RCH  PMTCT  MCH  CTC  TB/DOTS  MVC  Other \_\_\_\_\_

 Client number<sup>1</sup> \_\_\_\_\_ Sex (tick one  M  F

 HIV status (tick one  HIV positive  HIV negative  Unknown HIV status  HIV-exposed child (status unknown)  HIV+ pregnant  HIV+ up to 6 months post-partum

 Age (years) \_\_\_\_\_ Age group (tick one  0–6 months  7–11 months  12–23 months  24–59 months  5–14 years  15–17 years  18+ years

Transferred/referred to \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

If specialised food products are prescribed: Date of entry \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of exit \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of weeks on treatment \_\_\_\_\_

Visit no.	Date dd/mm/yy	Bilateral pitting oedema? (Y/N)	Medical complications? (Y/N)	Appetite? (Y/N)	Length/height (cm)	Weight (kg)	MUAC (cm)	WHZ	BMI or BMI-for-age	Pregnant? (tick <input checked="" type="checkbox"/> if yes)	Counselled on diet? (tick <input checked="" type="checkbox"/> if yes)	Counselled on IYCF (tick <input checked="" type="checkbox"/> if yes)	Nutritional status					Amount of specialised food product given				Follow-up status (tick <input checked="" type="checkbox"/> appropriate)																
													SAM inpatient	SAM outpatient	MAM	Normal	Overweight/obese	F-75 (packets)	F-100 (packets)	RUTF (packets)	FBF (bags)	Linked to community service	Treatment failuer <sup>2</sup>	Graduated <sup>3</sup>	Missed appointment (> 2 weeks)	Lost to follow-up <sup>4</sup>	Died											
1																																						
2																																						
3																																						
4																																						
5																																						
6																																						
7																																						
8																																						
9																																						
10																																						

<sup>1</sup> Use CTC number; if client is referred from another service, use that service's file number. <sup>2</sup> Client's condition deteriorated, requiring medical transfer. <sup>3</sup> Client reached target weight, WHZ, BMI or MUAC. <sup>4</sup> Client did not return for three consecutive visits.