DEDER GENERAL HOSPITAL

Title :-CLINICAL AUDIT FINDING ON MANAGEMENT OF SAM

Department :-Pediatric ward Clinical Audit Team

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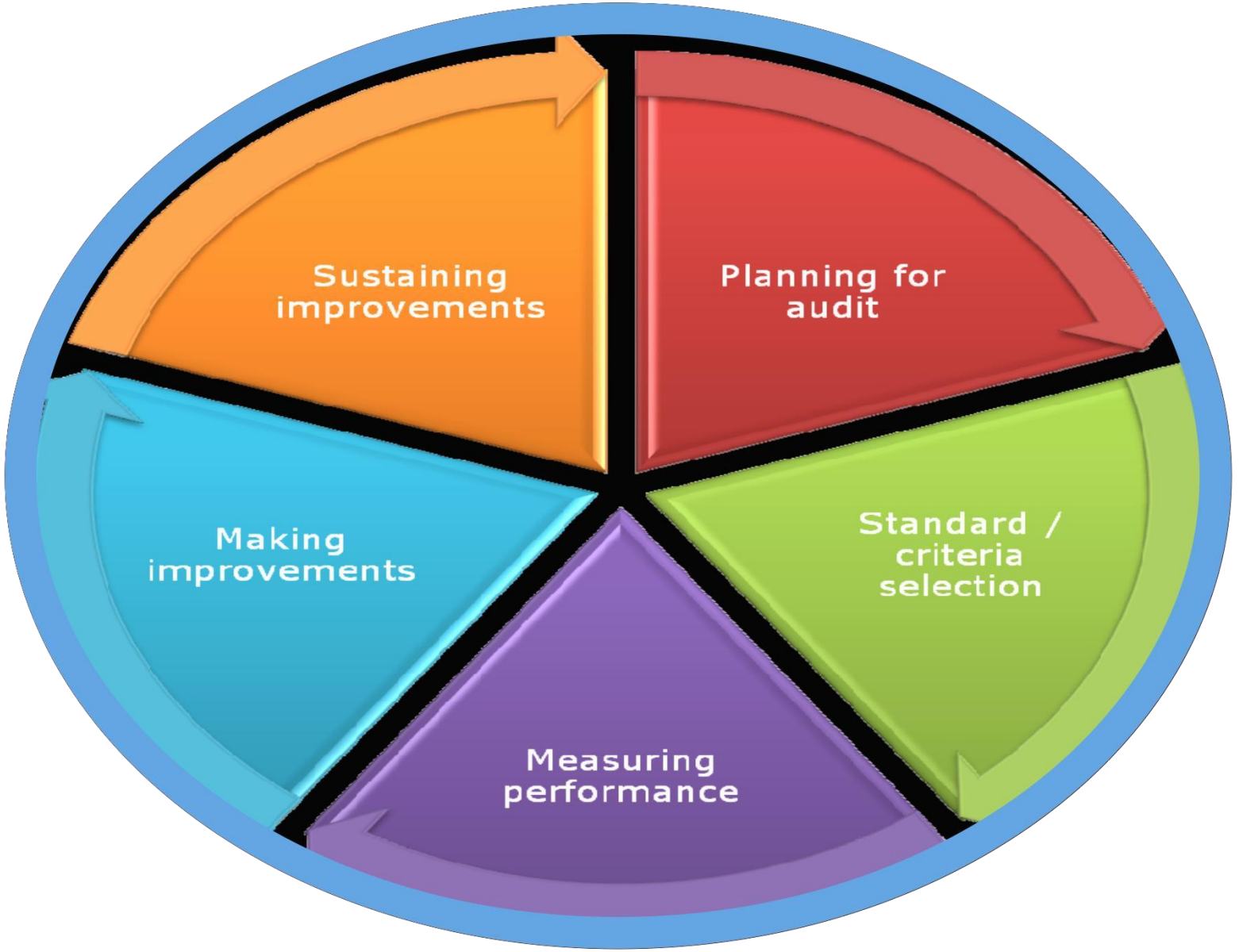
December 2017

Introduction



Introduction

- SAM is defined by the presence of bilateral pitting oedema or severe wasting (MUAC < 11.5 cm or a WFH < -3 z-scores [WHO standards]) in children 6-59 months old.
- A patient with SAM is highly vulnerable and has a high mortality risk.
- used as a population-based indicator.

Int.....

qMalnutrition addresses 3 broad groups of conditions:

1. under nutrition, which includes wasting (low weight-for-length/height or low mid upper arm circumference),
2. stunting (low height-for-age) and underweight (low weight-for-age);
3. micronutrient-related malnutrition, which includes micronutrient deficiencies (a lack of important vitamins and minerals) or micronutrient excess; and overweight or obesity

Epidemiology

- Globally, over 49 million children under 5 were wasted and nearly 17 million were severely wasted(WHO,2018).
- Approximately 149 million children under 5 suffer from stunting
- More than half of all stunted children under 5 lived in Asia and more than one third lived in Africa [WHO, 2018].
- In Ethiopia, based on the 2021 EMDHS the prevalence of stunting has decreased considerably, from 51% in 2005 to 37% in 2021.
- The prevalence of wasting decreased over the same time period, from 12% to 7%.
- The percentage of underweight children has consistently decreased from 33% to 21% over this 16-year period.

Cont`d

- Under nutrition is a major global health problem contributing to childhood morbidity, mortality and impaired intellectual development.
- Of the 7.6 million deaths annually among children under 5 years of age approximately 35% are due to nutrition-related factors

§ 4.4% of deaths have been shown to be specifically attributable to severe wasting [WHO, 2018].

Rationale of clinical audit

- Clinical audit Undertaken as a routine part of everyday practice
- Enable measurement of practice and standards,
- Assess and improve patient care
- Identifying and measuring areas of risk,
- provide up to date information with evidence based good practice
- offers an opportunity for increased job satisfaction and improve the quality.

OBJECTIVES

- General Objectives

ü To assess treatment of children aged 5-59 months diagnosed with severe acute malnutrition were appropriately managed according to National SAM management (Ethiopia) guidelines.

Specific objectives

- To identify modifiable gaps on management of children 6-59 months admitted with SAM at DGH in 2nd Qrtr of 2017E.C
- To assess proper usage of multichart follow sheet for children 6-59 months admitted with SAM to DGH in 2nd Qrtr of 2017E.C
- To Identify utilization of SAM management guide line/protocol

METHODS AND MATERIALS

- **Study area**
- Deder General Hospital (pediatric ward)

- **Study period**

- 21/1/2017EC to 20/04/2017EC

- Study design

- Retrospective cross-sectional study

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- **Source population**
  - All 6-59 months children treated at DGH in 2017 E.C
- **study population**
  - All 6-59 months children who were admitted in 2nd Qrtr of 2017E.C
- **Study Variables**

- All 6-59 months children who were admitted with severe acute malnutrition in in 2nd Qrtr of 2017E.C

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❑ Sampling technique

- All cards, fulfilling the audit parameters of client with diagnosis of severe Acute Malnutrition were enrolled in the study which is recommended for clinical audit.
- We used descriptive statistics
- **Dependent variables:**
- Quality of Severe Acute Malnutrition care

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- **Independent Variables**

- Age ,sex, Anthropometric measurements , Medical Assessment, laboratory investigation , vital sign, physical examination, Admission criteria, Hypothermia, Hypoglycemia, DHN ,Stabilization, transition and Rehabilitation management/care.

- **Data collection method**

- Data extraction sheet were initially adapted and developed based on national guide-line

❑ Data Collectors

- Three health workers was assigned and
- Data was collected through extraction sheet

❑ Data Processing & analysis

- All collected data was checked manually before entry to software.
- The data was entered in to a computer using SPSS version 25 software.
- Descriptive analysis was carried out for each of the variables to check frequency
- Result was presented as tables and figures.

6. Result

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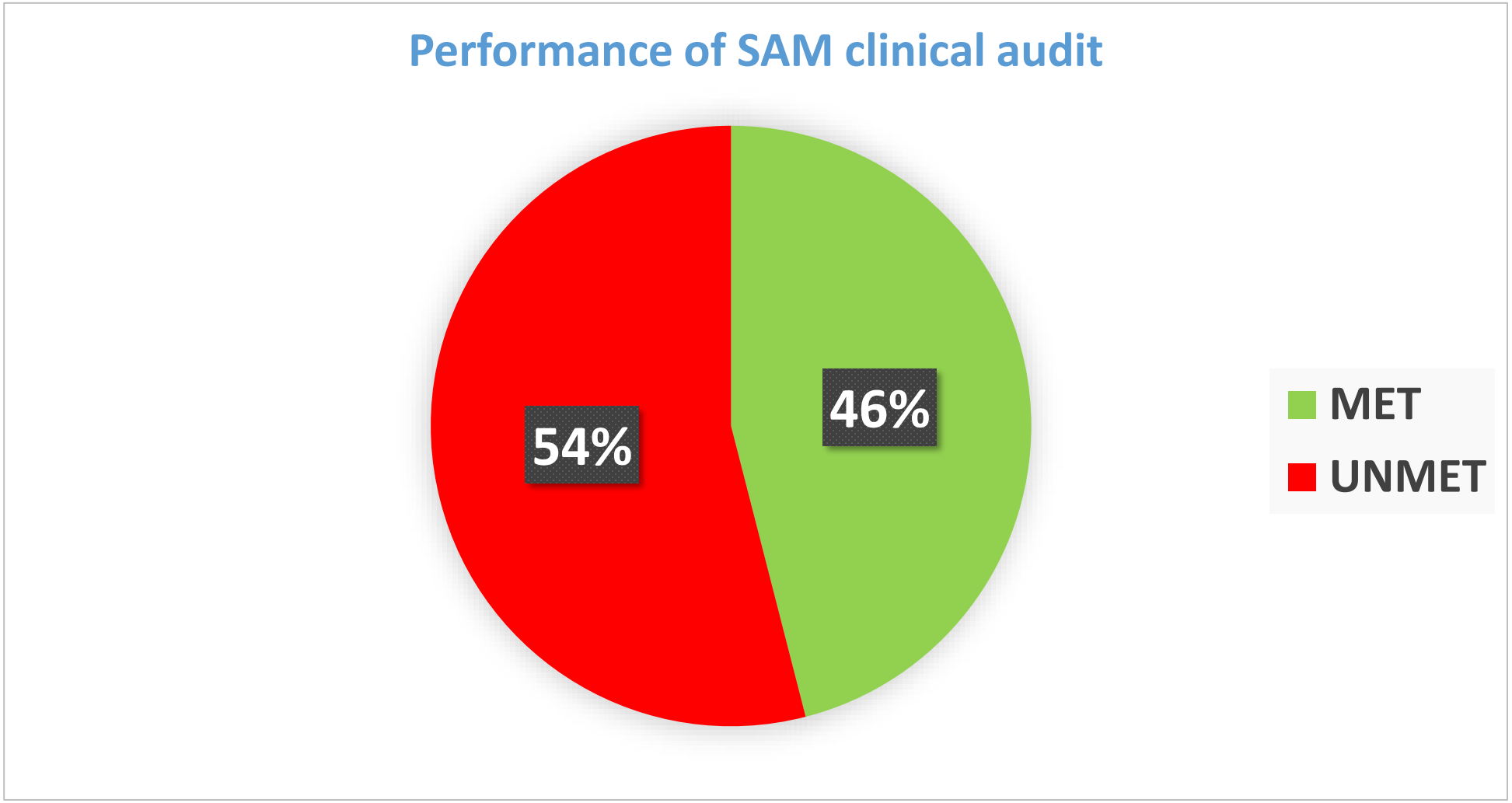
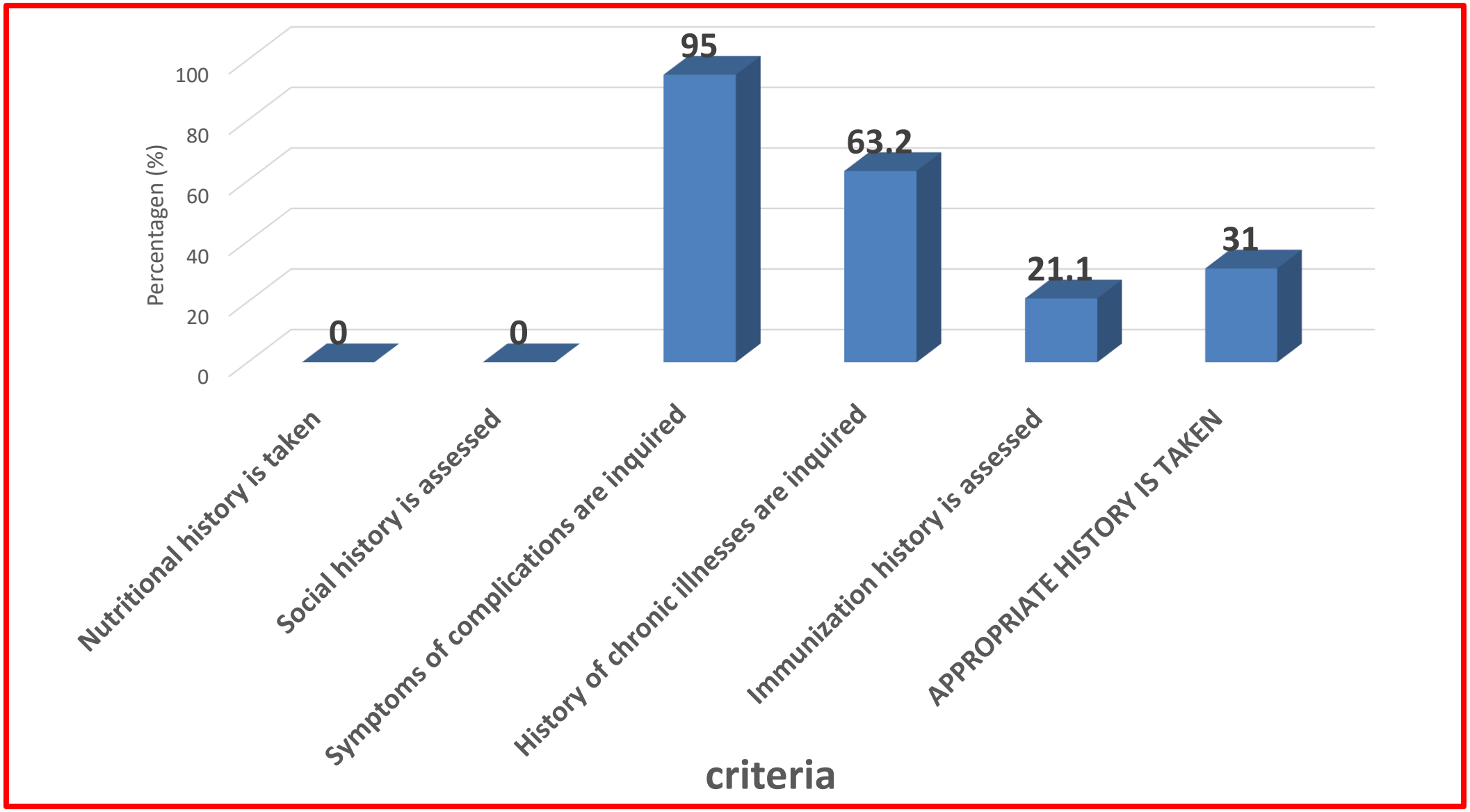
The overall performance of SAM clinical audit



APPROPRIATE HISTORY IS TAKEN FOR A PEDIATIRC PATIENT WITH SAM

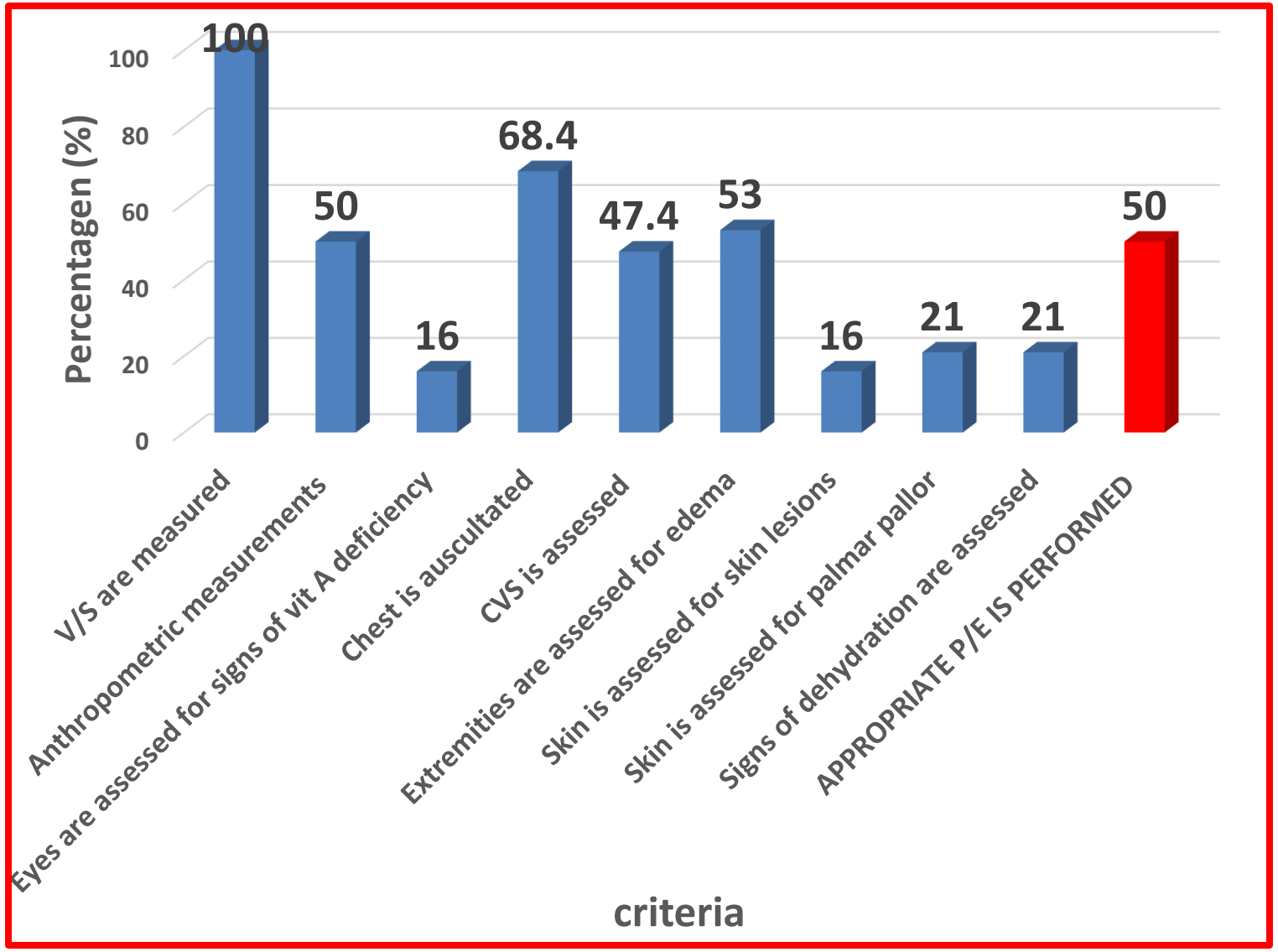
- ***Appropriate history was taken for only 7(39%) of SAM pediatric children admitted to pedi ward.***
- Symptoms of complications were assessed (cough, fast breathing, skin lesions, eye lesions, body swelling, diarrhea, vomiting, altered mentation) for 18(95%) of SAM pediatric children admitted to pedi ward.
- Nutritional and social history were not taken for any SAM children
- Immunization history was assessed for only 4(21%) of SAM pediatric children admitted to pedi ward.
- History of chronic illnesses were assessed for 12(63.2%) of SAM pediatric children admitted to pedi ward **as shown below.**

APPROPRIATE HISTORY IS TAKEN FOR A PEDIATIRC PATIENT WITH SAM



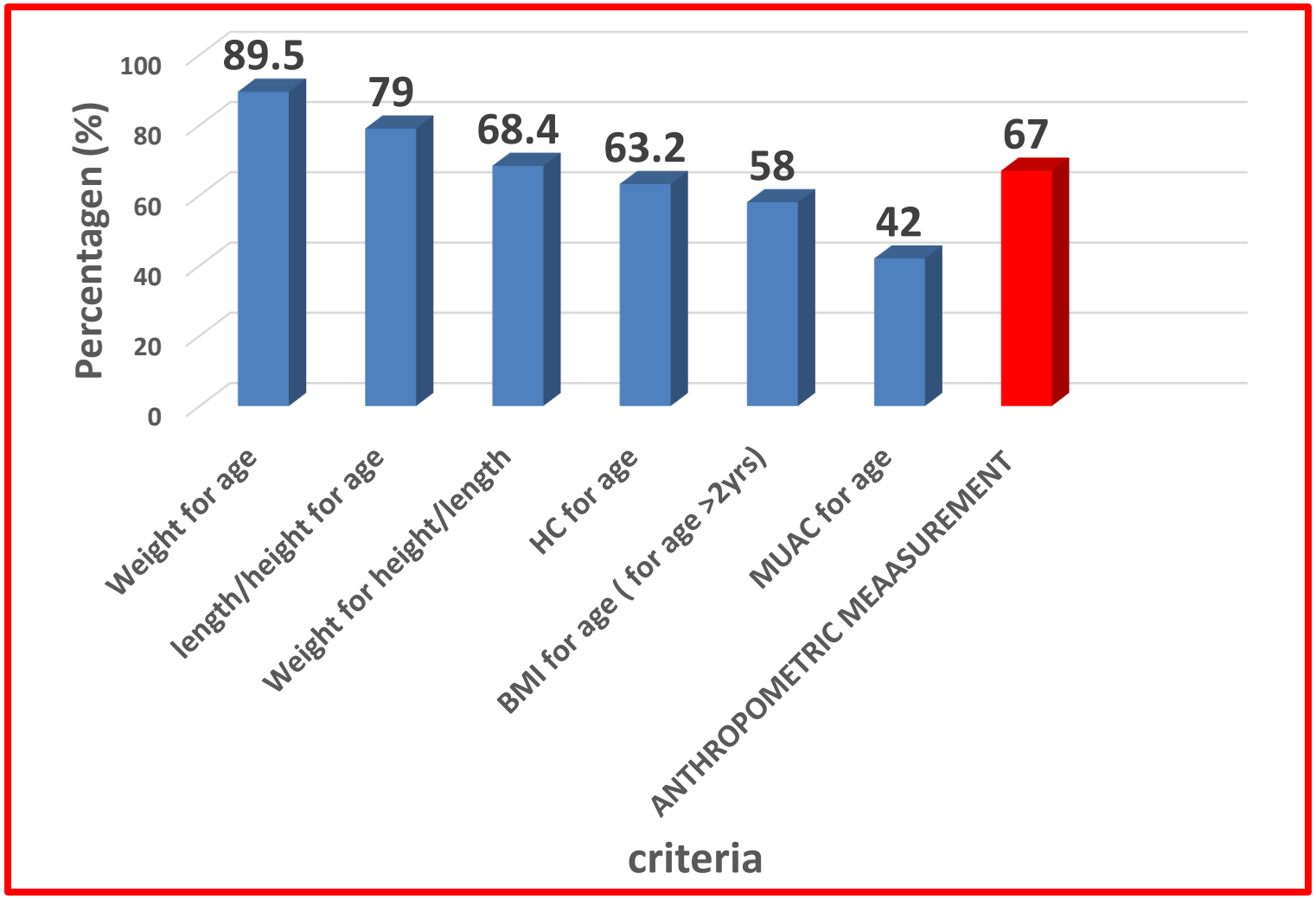
APPROPRIATE PHYSICAL EXAMINATION IS PERFORMED FOR A PEDIATIRC PATIENT WITH SAM

- Appropriate P/E was performed for 9(50%) of SAM pediatric children admitted to pedi ward.
- Anthropometric measurements are taken for only 9(50%) of of SAM pediatric children



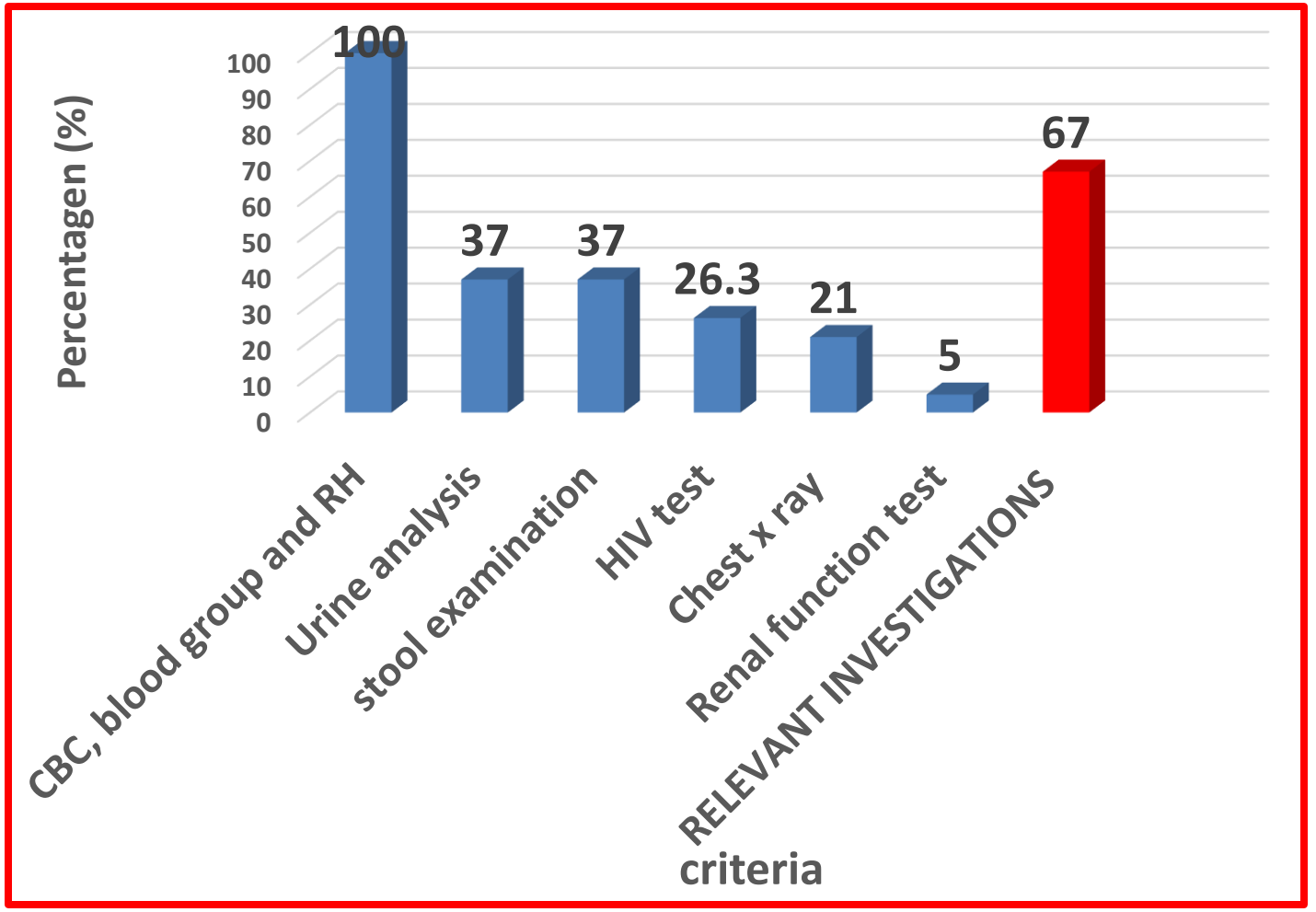
Anthropometric measurements

- Anthropometric measurements are taken for only 13(67%) of SAM pediatric children



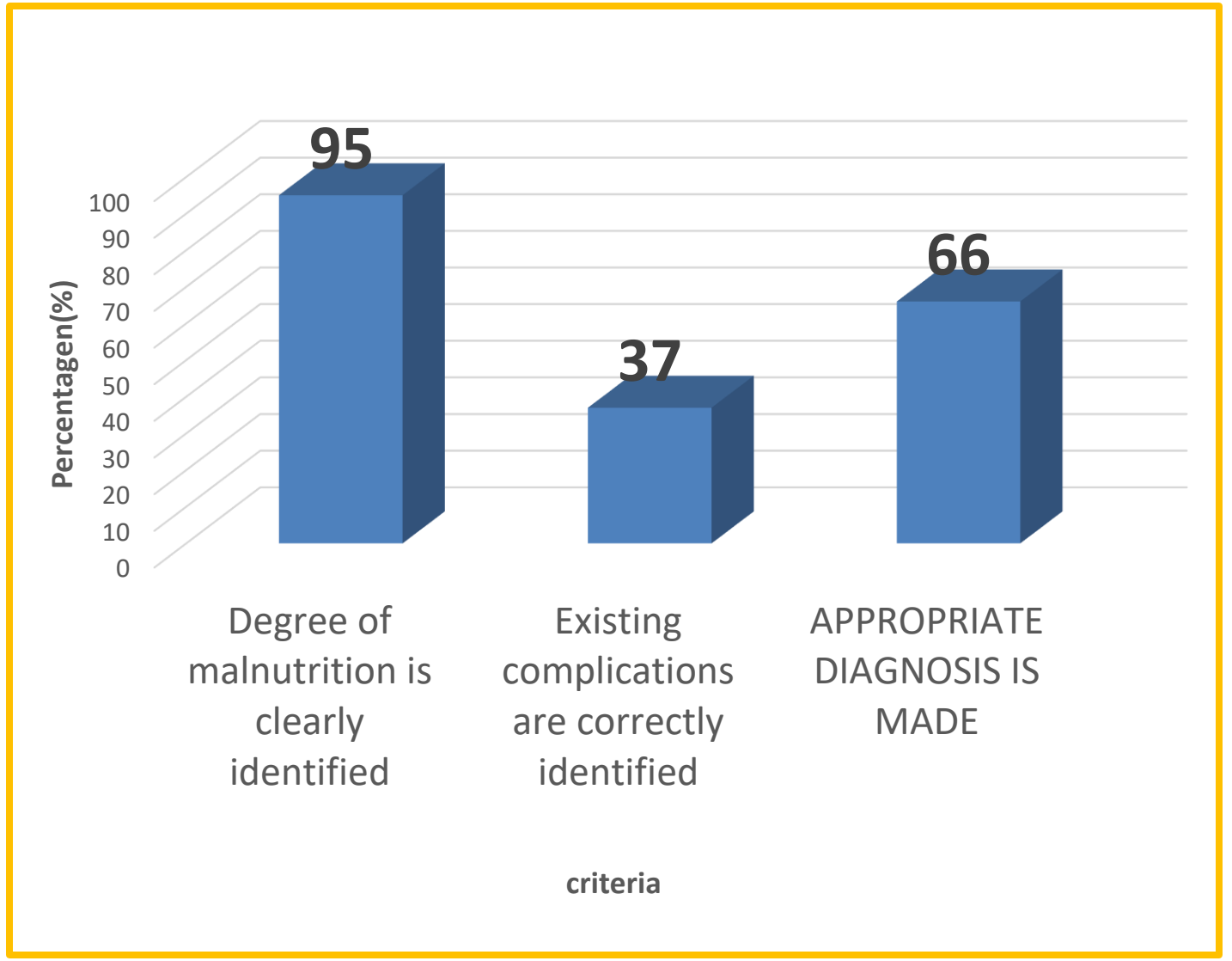
RELEVANT INVESTIGATIONS ARE DONE FOR A PEDIATIRC PATIENT WITH SAM

- Relevant investigations are done for only 13(67%) of SAM pediatric children



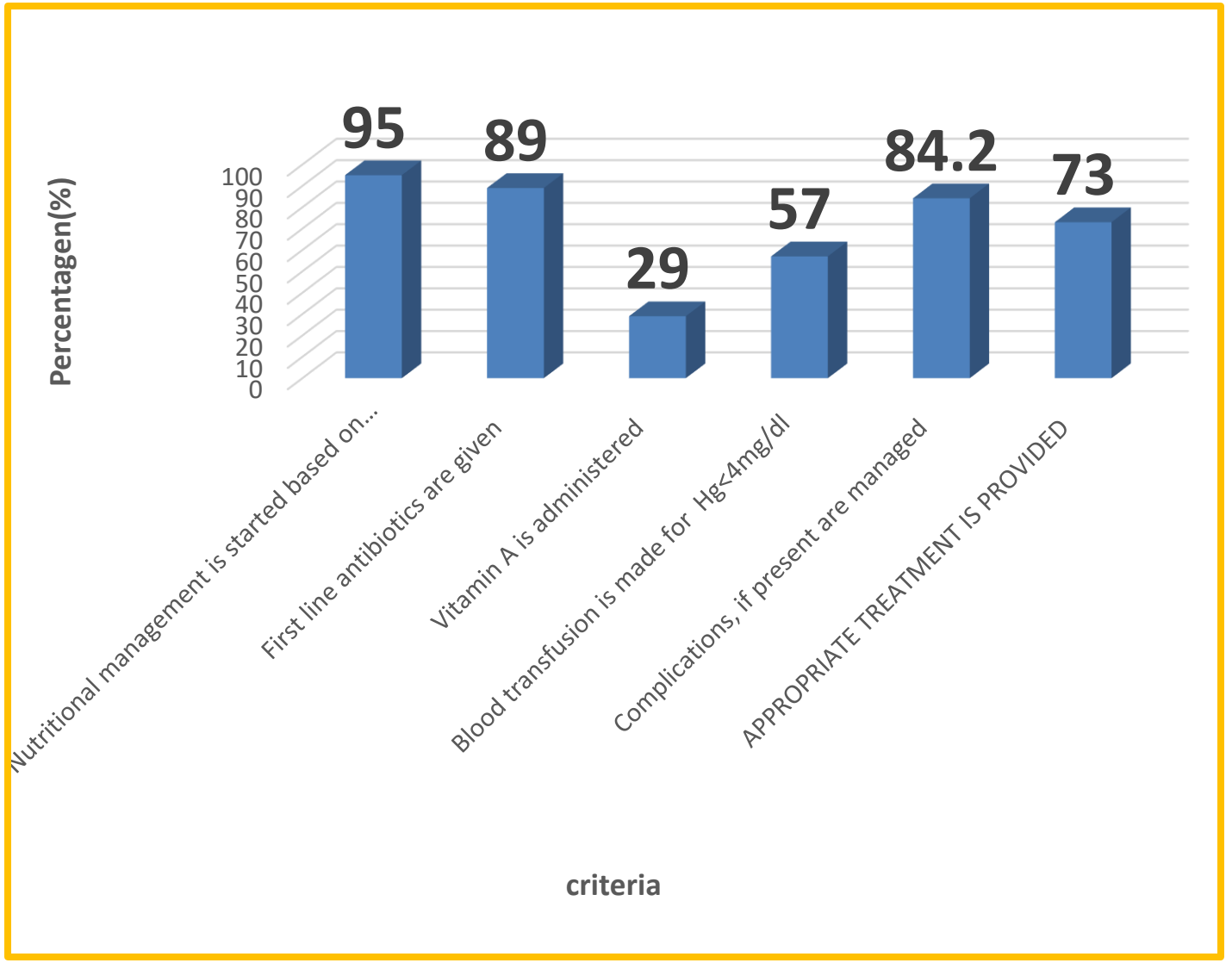
APPROPRIATE DIAGNOSIS IS MADE FOR A PEDIATIRC PATIENT WITH SAM

- Appropriate are done for only 13(67%) of SAM pediatric children



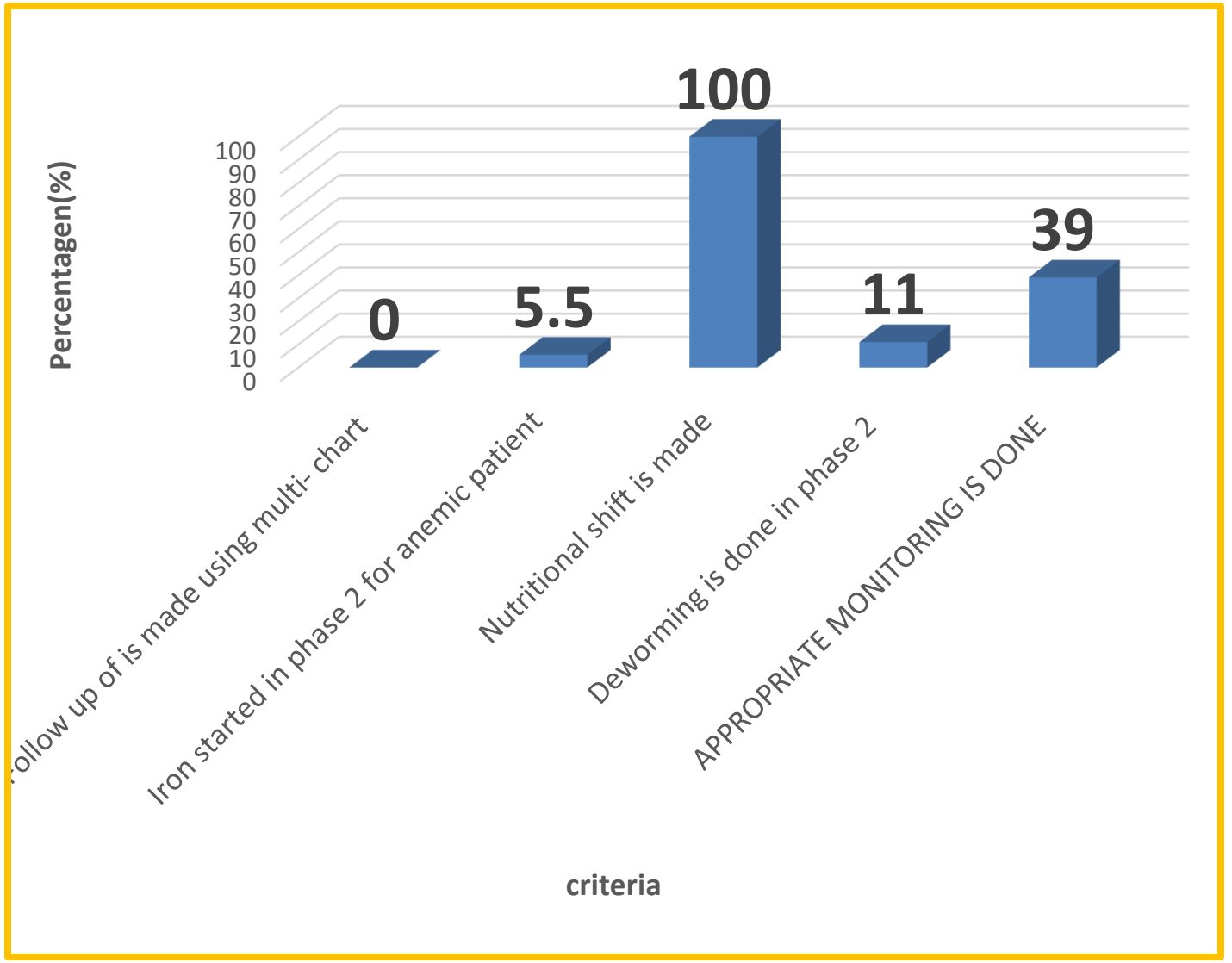
APPROPRIATE TREATMENT IS PROVIDED FOR A PEDIATIRC PATIENT WITH SAM

- Appropriate treatment is provided for 14(73%) a pediatrics patient with SAM



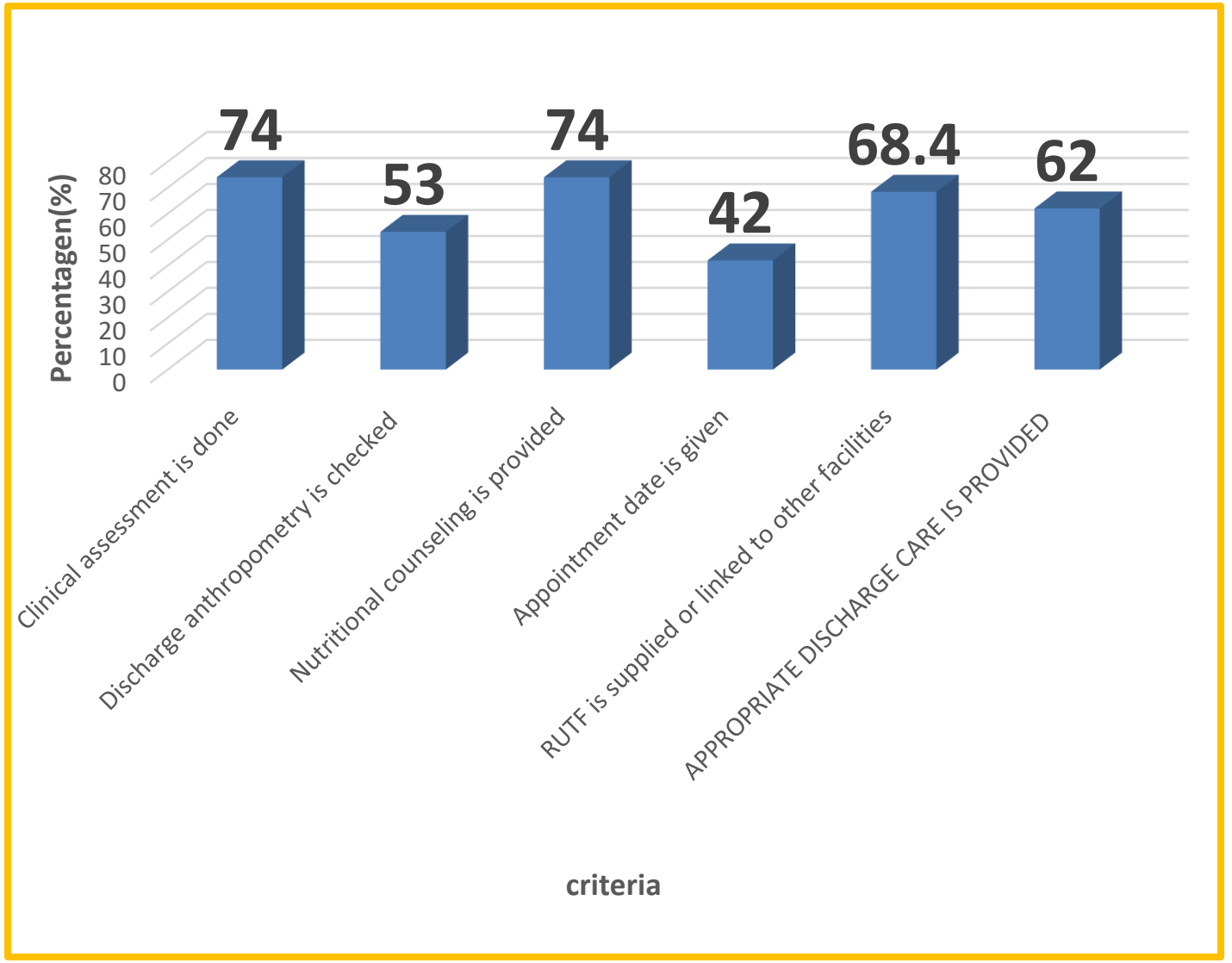
APPROPRIATE MONITORING IS DONE FOR A PEDIATIRC PATIENT WITH SAM DURING HOSPITAL STAY

- Appropriate monitoring is done for 7(39%) pediatirc patient with sam during hospital stay



APPROPRIATE DISCHARGE CARE IS PROVIDED FOR A PE- DIATIRC PATIENT WITH SAM

- Appropriate discharge care is provided for 12(62%) a pediatirc patient with SAM



Discussion

- This study compared current practices of care of children with SAM at NCSH with the 2019 national guideline for the management of acute malnutrition in Ethiopia
- This audit has highlighted several potential areas for improving the quality of SAM management:-
  - ✓ Anthropometric measurement
  - ✓ Medical assessment and
  - ✓ Follow up monitoring
  - ✓ Medical complication diagnosis and its mgt,
  - ✓ Admission criteria,
  - ✓ Treatment and prevention of hypoglycaemia, hypothermia and dehydration, feeding at each phase and
  - ✓ Adherence of the staff on SAM management protocol.

CONCULUSSION

- Management of SAM at Deder General hospital were far below any recommended standards
- Not adhering to SAM management protocol.
- Trends of documentation at the clinic/department were major constraints identified affecting over all care .

Recommendation

- Urgent action should be taken to improve the management of SAM at under five OPD and pediatric ward .
- Emphasis should be given to use SAM management protocol.
- Improve the finding through design QI project

Thank you!!
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