

SAM

Govt Int
Logo

Logo
PSH
abhiyan

Child Case Sheet - incorrect font

Malnutrition Treatment Center

SAM Number	[]	Parents Name	[]
Register Number	[]	Address	[]
Child Name	[]	Block	[]
Date of Birth	DD/MM/YYYY	District	[]
Sex	Female	Division	[]
Caste	OBC	BPL	Yes
Age (in Months)	[]	BPL No. (If BPL= Yes)	[]
		Contact Number	[]

Major Problem	[]	Referred By	Poshan Sakhi
Complications	Yes	Breast Feeding	Yes
If yes:	[]	Complementary Food	Yes
Appetite Test	Not Done		

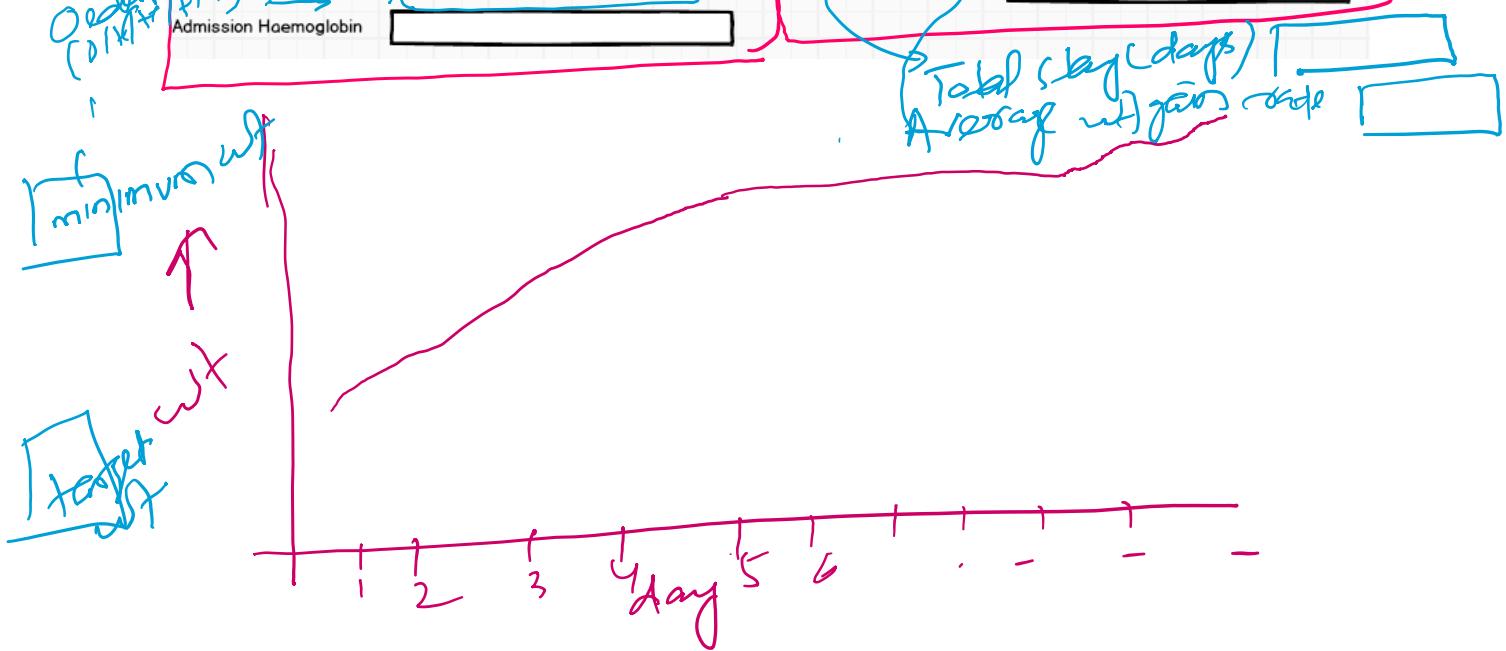
Admission Details: (bold)

Date of Admission	DD/MM/YYYY
Time of Admission	[]
Type of Admission	New
Admission Weight	[]
Admission Height	[]
Admission Z Score	[]
Admission MUAC	[]
Admission Haemoglobin	[]

Discharge Details: (bold)

Date of Discharge	DD/MM/YYYY
Outcome Indicator	Cured
Discharge Weight	[]
Discharge Height	[]
Discharge Z Score	[]
Discharge MUAC	[]
Discharge Haemoglobin	[]

Total stay (days) | Average wt gain (kg)



Routine treatment	DAY	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Vit A.....IU															
Folic Acid mg																
Amoxicillin / Antibiotic																
Anti-malarial																
Deworming (Albendazole)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
Zinc																
Magsulph																
Potchlor																
Iron Syrup												✓	✓	✓		
Multivitamin																

Laboratory Tests	Haemoglobin	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Malaria test															
	TB Test															
	Urine Test															
	TC / DC of WBC															
	Blood Sugar															
	Chest x-ray															
	Other															

Day	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Phase (Initial / Transition / Catch-up)																
F75 / F100 / F100D																
No. of Feeds / day																
ml / Feed																
प्रतिस्तानी आवर (TF)																
No. of feeds / day																
gm/feed																

↓ This section will be activated / autopopulated as the follow up progress

	No. of Follow up			
	1	2	3	4
Date				
Weight (kg.)				
Height (cm.)				
MUAC (cm.)				
W/L Z Score				
Remarks				