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MINISTRY OF HEALTH-ETHIOPIA

Health Centre /Clinic/Hospital Therapeutic Feeding Program Register

Region

Zone/Subcity/Woreda

Health Facility Name

Begin Date

End Date

Instruction for Therapeutic Feeding Registration

Location information to be completed at front of the registry

Region	Write the region where the facility is located
Woreda / Sub-City	Write the woreda/sub-city where the facility is located.
Name of Health Facility	Write the name of the health facility where the PNC was provided.
Register begin date	Enter the date of the first entry in the register, written as (EC) Day / Month / Year (DD/MM/YY)
Register end date	Enter the date of the last entry in the register, written as (EC) Day / Month / Year (DD/MM/YY)

Col N	Data elements	Description
1	Serial number	Write sequential serial number in the registration book
2	Unique SAM NO	Write unique SAM number for each child during registration when she/he is first admitted to outpatient care or inpatient care to overcome the problems of confusing registration use 3- digit numbering system
3	MRN	write the Medical Record Number (MRN)
4	Full name of child	Write full name of children
5	Name of care giver	Write full name of care giver
6	Woreda	Write the woreda
7	Kebele	Write the Kebele
8	Gott	Write the Gott
9	Age(Month)	Write age of child in month
10	Sex (M/F)	Write M for Male or F for Female
11	New admission(Y/ N)	Write Y = New Admission , N or if not
12	Transfer In or re-admission(T/R)	Write T for Transfer In or R for readmission
13	Date (DD/ YY/MM)	Write Date of admission as DD/ MM/YY (EC)
14	Weight(Kg)	write weigh in kg at admission
15	Height (cm)	Write height in cm at admission
16	WFH (Z Score)	Write weight –for-height in Z score depending on anthropometric finding and WFH reference
17	Oedema(0,+,++,+++)	Write 0= Absent bilateral pitting Oedema += grade + (Mild :Both feet/ankles bilateral pitting Oedema) ++= Grade ++ (Moderate :Both feet ,plus legs, hands or lower arms) +++= Grade ++(Severe : generalized bilateral pitting oedema, including both feet, legs, arms and face) after checking bilateral Oedema
18	MUAC(cm)	Write value of Mid-Upper Arm Circumference(MUAC) in cm
19	Diagnosis write code	Write code MA= Marasmus or KA=Kwashiorkor orBO= both(if Diagnosis is marasmus and Kwashiork)
20	Date(DD/MM/YY)	Write discharge date as (DD/ MM/YY)
21	Weight(Kg)	Write discharge weight in kg
22	Height(cm)	Write height measurement in cm
23	WFH (Z Score)	Write weight –for-height in Z score value depending on anthropometric finding and WFH reference
24	Oedema(0,+,++,+++)	Write 0= Absent bilateral pitting Oedema += grade + (Mild :Both feet/ankles bilateral pitting Oedema) ++= Grade ++ (Moderate :Both feet ,plus legs, hands or lower arms) +++= Grade ++(Severe : generalized bilateral pitting oedema, including both feet, legs, arms and face) after checking bilateral pitting Oedema during discharge
25	MUAC(cm)	Write value of Mid-Upper Arm Circumference(MUAC) in cm during discharge
26	Minimum Weight(Kg)	Write Minimum weight in kg during stay of OTP or SC
27	Date of Minimum Weight(DD/MM/YY)	Write (DD/MM/YY) of Minimum weight at OTP or SC
28	Length of stay	Put total number of days between admission and discharge for cured non edematous children at OTP or SC
29	Outcome	Write code for treatment outcomes <ol style="list-style-type: none">Recovered(Cured): child that has reached the dischargeDied = Patient that has died while he was in the programme. For out-patient programme, the death has to be confirmed by a home visitUnknown: Patient that has left the programme but his outcome (actual defaulting or death) is not confirmed/ verified by a home visitDefaulter: Patient that is absent for 2 consecutive weighing (2 days in in-patient and 2 weeks in out-patient), confirmed by a home visitNon-responder: Patient that has not reached the discharge criteria after 40 days in the in-patient programme or 2 months in the out-patient programmeTransfer Out: Patient that has started the nutritional therapeutic treatment in your programme and is referred to another site to continue the treatment
30	Remark	Write any note the provider want to document



Count	
Recovered	
Died	
Unknown	
Defaulted	
Non-respondent	
Medical transfer	
Transfer out	