Out-patient Therapeutic Program (OTP) Register

> Illustrated Guide to Out-patient Therapeutic Program Register

A

Serial No.	SAM No.	Name	Age	Sex (M / F)	Status (Ref / Nat)	Address	Date of admission to CTC	Readm. (Y / N)	Transfer from SC? (enter date)

B

FIRST ADMISSION*				
Oedema (+/++/+++)	MUAC (mm)	Weight (kg)	Height (cm)	WFH

C

Wk 2			Wk 3			Wk 4			Wk 5			Wk 6			Wk 7			Wk 8			Wk 9			Wk 10			Wk 11			Wk 12		
Weight	WFH	MUAC	Weight	WFH	MUAC	Weight	WFH	MUAC	Weight	WFH	MUAC	Weight	WFH	MUAC	Weight	WFH	MUAC	Weight	WFH	MUAC	Weight	WFH	MUAC	Weight	WFH	MUAC	Weight	WFH	MUAC	Weight	WFH	MUAC

D

Height on discharge	Date of exit	Length of stay (days)	Average weight gain (g / kg / day)	Reason for exit *

A Registration

Serial No.:
> **Enter sequence number in register**

SAM No:
> **Enter unique identifying number**

Name:
> **Print name of child**

Age:
> **Enter age (in years)**

Sex:
> **Enter Male (M) / Female (F)**

Status:
> **Classify as Refugee (Ref) / National (Nat)**

Address:
> **Enter Camp Address (Refugee) / Nearest Village (National)**

Date of admission to CTC:
> **Enter date of the FIRST admission to CTC programme (dd/mm/yy)**

Re-adm:
> **Enter Yes (Y) / No (N) to indicate if re-admission.**

Transfer from SC:
> **For transfers into OTP, enter date of transfer from Stabilisation Centre (SC)**

B Nutritional Status

Using the admission criteria defined in the Country Nutrition Protocol, record relevant anthropometric information from the following:

Oedema
> **Enter + / ++ / +++ to indicate severity of oedema**

MUAC:
> **Enter MUAC measurement (mm)**

Weight:
> **Enter Weight measurement (kg)**

Height:
> **Enter Height measurement (cm)**

Weight-for-Height (WFH):
> **Use NCHS/WHO reference tables to calculate WFH Z-score / %median.**

Enter value that defines upper range (e.g. < -3ZS / <70%)

NOTES

Height is requested once at registration. This height measurement should be used throughout admission.

The term 'length' is generally used for children below 85 cm, and 'height' for children 85 cm and above.

C Admission history

On each week of admission:
> **Enter weight (kg), WFH and MUAC (mm) as applicable**

Clinical progress should also be documented in separate medical records.

NOTES

Weight should be monitored daily.

Detailed clinical and examination notes should be kept in separate continuation sheets.

D Exit details

Date of exit:
> **Enter date of exit (dd/mm/yy)**

Length of stay:
> **Enter number of weeks between FIRST admission to CTC and discharge**

Average weight gain:
> **Enter average weight gain during entire duration of admission (g / kg / day)**

Reason for exit:
> **Enter reason for exit, using options provided in legend:**

Discharge cured to SFP / Death / Default / Referral / Non-cured / Transfer to SC

NOTES

The length of stay is inclusive of both week of admission and week of discharge.

Average weight gain should be calculated using step-by-step guide on reverse of TFP Patient Record form.

Reasons for exit are listed in a key on each register page. Enter reasons listed in the key ONLY.
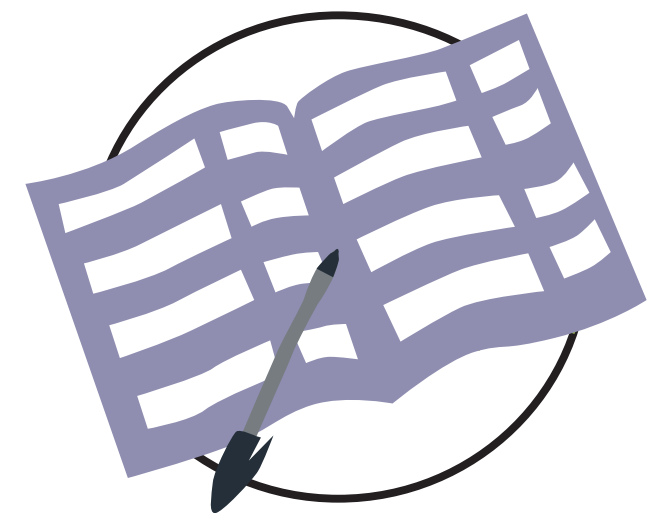
Repatriation is included within referral as reason for exit.

Health Information System

8.3   Community-based Theraputic Care

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Out-patient Therapeutic Program (OTP) Register

Serial No.	SAM No.	Name	Age	Sex (M / F)	Status (Ref / Nat)	Address	Date of admission to CTC	Readm. (Y / N)	Transfer from SC? (enter date)	FIRST ADMISSION*				
										Oedema (+/++/+++)	MUAC (mm)	Weight (kg)	Height (cm)	WFH

* if the child has transfered within the programme, enter the anthropometric measurements recorded on the first day of admission to CTC

Out-patient Therapeutic Program

Wk 2			Wk 3			Wk 4			Wk 5			Wk 6			Wk 7			Wk 8			Wk 9			Wk 10			Wk 11			Wk 12			Height on discharge	Date of exit	Length of stay (days)	Average weight gain (g / kg / day)	Reason for exit *
Weight	WFH	MUAC	Weight	WFH	MUAC	Weight	WFH	MUAC	Weight	WFH	MUAC	Weight	WFH	MUAC	Weight	WFH	MUAC	Weight	WFH	MUAC	Weight	WFH	MUAC	Weight	WFH	MUAC	Weight	WFH	MUAC	Weight	WFH	MUAC					

* Reason for exit: **1.** Discharge cured to SFP   **2.** Death   **3.** Default   **4.** Referral   **5.** Non-cured   **6.** Transfer to SC

8.3 Community-based Therapeutic Care