

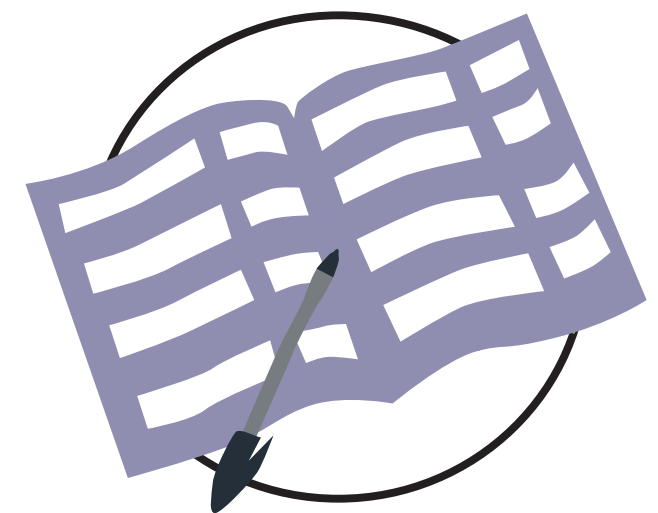
Health Information System

Organisation: _____

8.2 Therapeutic Feeding Program

Location: _____

Severe Malnutrition Register



Health Information System

8.2 Therapeutic Feeding Program

Severe Malnutrition Register

Serial No.	TFP No.	Name	Age	Sex (M / F)	Status (Ref / Nat)	Address	Date of admission	Re-adm. (Y / N)	Day 1					Target Weight (kg)	Weight (kg)										
									Oedema (+/++/+++)	MUAC (mm)	Weight (kg)	Height (cm)	WFH		Day 2	Day 3	Day 4	Day 5	Day 6	Day 7					

Severe Malnutrition Register

