

Specifications for the Adult and Child Nutrition Service Register

A) Adult Nutrition Service Register – MOH 407A

1. Front Cover
 - a. Color: Black
 - b. Hard-Board printed on top cover and mounted on Grey-board, 1000gms
2. Back cover:
 - a. Color: Grey
 - b. Straw board, 850gms
3. Pages:
 - a. Single leaf per page, printed on one side.
 - b. Duplicate Pages perforated.
4. Size: A3
5. Orientation: Landscape
6. Page quantity per book – 200 pages booklet, **100 sets** of NCR / self-carbonating paper in duplicate [colors white, yellow] with 2 additional protocol reference pages printed on both sides.
7. Pages serialized and printed in one color (black)
8. Index row numbering increment from 1 to max-row (1,500)
9. Yellow page to be properly serrated/perforated on the left side for easy tearing
10. Instructions for completing the tool should be clearly printed on the inside cover of each book.
Bond paper 80gsm
11. Binding: Cloth Binding, must be strong.
12. Cover titles and content: *See respective attachment.*
13. Cover board insert 250gm
14. Quantity to print: 2000 books.

Service Point: CCC: MCH: Inpatient: Other: _____

ADULT (15+ years)

Index	Background Information										Assessments and Nutritional Diagnosis										Nutritional Interventions				Outcomes	Follow up										
	Date dd/mm/yyyy	Patient Unique Number	Patient names	Patient visit type: 1=New, 2=Revisit	Age (in Years)	Gender: M=Male, F=Female	Patient Category: 1=Adult/15years - 17 years, 2=Pregnant, 3 = postnatal	Residence & Landmark	Telephone No	Weight (kg)	Edema: Y = Yes, N = No	Height (m)	BMI for Age (15-17 years)	BMI (Adult over 18 years)	MUAC (Pregnant and postnatal women) (cm)	Nutritional Status: 1= SAM, 2= MAM, 3= Overweight, 4= Obese, 5= Normal	For SAM/MAM patients: 1= 1st time diagnosis, 2= Relapse, 3= Readmission	Serostatus: P = Positive, N = Negative	On ARVs: Y = Yes, N = No	Co-existing conditions: 1 = TB, 2 = Diarrhoea, 3 = Oral thrush, 4=Other OI's, 5 = Nausea/Vomiting/Anorexia 6=None	Anaemia: 1= Severe, 2= Moderate, 3= Mild, 4= Normal, 5=Not done	Metabolic disorders: 1= Lypodystrophy, 2= Dyslipidemia, 3= Type II Diabetes, Waist Circumference: 4 = Male < 102cm, 5 Male > 102cm 6=Female < 88cm, 7=Female > 88cm, 8=Others, 9=None	Allergies and intolerance: 1 = Food allergies(name food), 2 = Food intolerance(name food), 3 = None	CD4 count: 1 = <350, 2 = 350 - 500, 3 = > 500 (cells/mm3), 4=Not done	Food Secure: 1=Yes, 2= No	Maternal Nutrition: 1 = Pre-natal, 2= Postnatal	Critical Nutrition Practices: 1= Nutrition status assessment 2= Dietary/Energy needs, 3= Sanitation, 4= Positive living behaviour 5= Exercise, 6= Safe drinking water, 7= prompt treatment for OI's, 8= Drug interaction side effects, 9 = None	Therapeutic foods: 1= RUTF, 2= F75, 3= F100, 4=Resomol, 5=Others, 6=None	Supplemental foods: 1= FBF, 2= CSB, 3= RUSF 4= Liquid nutrition Supplements, 5=Others, 6=None	Micronutrients: 1= Vitamin A, 2= B6, 3= Folic, 4= Multi Vitamins 5= Iron, 6= Iron-Folate, 7=Zinc, 8= Multiple micronutrients, 9 = Others (specify), 10=None	Refer to patient card status of continuing SAM/MAM Patients 1= Gaining weight, 2= Losing weight, 3= Static Weight, 4= Cured, 5= Discharged, 6=Refused Nutrition Support	Referrals and Transfers: 1= Referral for inpatient care, 2= Referral to other clinics, 3= Referral for livelihood support (food insecure), 4= Transferred, 5= Referred from other facilities	TCA (dd/mm/yyyy)	Clinician's Designation/ Initial: 1= Nutritionist, 2= Nurse, 3= Doctor, 4 = Clinical Officer, 5= Others		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)	(Z)	(AA)	(AB)	(AC)	(AD)	(AE)	(AF)	(AG)	(AH)			
1																																				
2																																				
3																																				
4																																				
5																																				
6																																				
7																																				
8																																				
9																																				
10																																				
11																																				
12																																				
13																																				
14																																				
15																																				

Page Summary Sheet and Reference Column:

No. of patients seen:				Nutritional Diagnosis:				ART and OI's				Nutritional Intervention:				Outcomes and Referrals					
New (D)	HIV Positive (R)	HIV Negative (R)		HIV Positive (R)	SAM (P)	MAM (P)		New (D)	Adult/ >15-17 Years (G)	Pregnant (G)	Postnatal (G)	Nutrition Counselling (Z, AA)	HIV Positive (R) Adult >15-17Yrs (G)	HIV Positive (R) Pregnant (G)	HIV Positive (R) Postnatal (G)	HIV Negative (R) All (G)	Status of continuing SAM/MAM clients (AE)	HIV Positive (R) Adult >15-17Yrs (G)	HIV Positive (R) Pregnant (G)	HIV Positive (R) Postnatal (G)	HIV Negative (R) All (G)
Adult (G)				Adult/>15 - 17 Years (G)	<input type="checkbox"/>	<input type="checkbox"/>		On ARVs (S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maternal Nutrition (Z)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gaining Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male (F)	<input type="checkbox"/>	<input type="checkbox"/>		Pregnant (G)	<input type="checkbox"/>	<input type="checkbox"/>		TB (T)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prenatal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Losing Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female (F)	<input type="checkbox"/>	<input type="checkbox"/>		Postnatal (G)	<input type="checkbox"/>	<input type="checkbox"/>		Diarrhoea (T)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Postnatal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Static Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnant (G)	<input type="checkbox"/>	<input type="checkbox"/>		Anaemia (U)	Severe <input type="checkbox"/>	Moderate <input type="checkbox"/>	Mild <input type="checkbox"/>	Normal <input type="checkbox"/>	Other OI's (T)	<input type="checkbox"/>	<input type="checkbox"/>	Critical Nutrition Practices (AA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postnatal (G)	<input type="checkbox"/>	<input type="checkbox"/>															Discharged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
> 15 - 17 years (E)	<input type="checkbox"/>	<input type="checkbox"/>		HIV Negative (R)	SAM (P)	MAM (P)		On ARVs (S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prescribed Nutrition Support (AB, AC, AD)					Refused Nutrition Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuing (D)				Adult (G)	<input type="checkbox"/>	<input type="checkbox"/>		TB (T)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Therapeutic diet milk (F75)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Adult (G)	<input type="checkbox"/>	<input type="checkbox"/>		Adult/>15 - 17 Years (G)	<input type="checkbox"/>	<input type="checkbox"/>		Diarrhoea (T)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Therapeutic diet milk (F100)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Referrals and Transfers (AF)				
Pregnant (G)	<input type="checkbox"/>	<input type="checkbox"/>		Pregnant (G)	<input type="checkbox"/>	<input type="checkbox"/>		Other OI's (T)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ready to Use Therapeutic Foods (RUTF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Referral to in-patient/other clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postnatal (G)	<input type="checkbox"/>	<input type="checkbox"/>		Postnatal (G)	<input type="checkbox"/>	<input type="checkbox"/>						Ready to Use Supplemental Foods (RUSF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Referral for livelihood support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
> 15 - 17 years (E)	<input type="checkbox"/>	<input type="checkbox"/>		Anaemia (U)	Severe <input type="checkbox"/>	Moderate <input type="checkbox"/>	Mild <input type="checkbox"/>					FBF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transferred	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others												CSB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Re-admissions (Q)	<input type="checkbox"/>	<input type="checkbox"/>										Iron & Folic Acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Relapse (Q)	<input type="checkbox"/>	<input type="checkbox"/>										Vitamin A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
												Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Summary prepared by: _____ Name _____ Designation: _____ Date: _____