

ANTHROPOMETRY CHART

On Admission					Date:	
Weight (kg)	Target weight (kg)	Height(cms)	MUAC (cms)	Oedema	S.D.	

1 st and 2 nd week														
Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Date														
Weight(kg)														
Oedema														
Illness														

Records	3 rd week		4 th Week		5 th Week		6 th Week		7 th Week		8 th Week	
Date												
Weight(kg)												
Records	1 st month					2 nd month						
Date												
Height (cms)												
MUAC (cms)												
Illness												

FOLLOW UP CHAT

Records	3 rd month	4 th month	5 th month	6 th month	7 th month	8 th month
Date						
Weight (kg)						
Height (cms)						
Illness						
MUAC(cms)						

MEDICATIONS

Date							
Vitamin A							
Vitamin K							
Folic acid							
Mag.sulfate							
Zinc							
Pottassium							
Iron Syrup							
Calcium and Vitamin D							
Multivitamin							
ORS							
IV Fluids							
AKT (v/x)							
ART (v/x)							
Antibiotics & Antimalarials							
Any other							

● Medical Officer : - Signature _____

● Dietician : - Signature _____

BIOCHEMICAL INVESTIGATIONS

No	Investigation	On Admission	Week 2	Week 8
1	Hb PCV RBC			
2	PS Smear			
3	TLC DLC- P/L/E/M			
4	Platelets			
5	ESR			
6	Stool R			
7	Urine (RM)			
8	Tuberculin Test			
9	ELISA (HIV)			
10	CXR (Chart)			
11	USG			
12	CT Scan			
13	2D Echo			
Liver profile	Total Protein			
	Albumin			
	Pre Albumin			
	Globulin			
	A:G Ratio			
	Sr. Bilirubin Total / Direct/ Indirect			
	SGOT			
Lipid profile	Sr. Triglycerides			
	Sr. Cholesterol			
	HDL			
Renal profile	BUN			
	Sr. Creatinine			
	Sr. Calcium			
	Sr. Phosphorus			
Electrolytes	ALP			
	Electrolytes Na K			
Antioxidant	Glutathione reductase levels			
	Sr. Vitamin C			
	Sr. Zn			
	SOD (superoxide dismutase)			
	Malondioldehyde / Sr. Vitamin E			
Others	TIBC			
	Sr. Iron			

MNT RECORD CHART

Appetite Test	Passed/Failed													
	1 st week							2 nd week						
Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Day														
Date														
MNT recommended														
Number of cups eaten by the child per day														
Diarrhoea Y/N														
No of episodes/day														
Vomiting Y/N														
No of episodes/day														
Average Energy Intake (kcal)														
Average protein Intake (gms)														

Appetite Test	Passed/Failed																															
	3 rd week				4 th week				5 th week				6 th week				7 th week				8 th week											
Week	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4				
Date																																
MNT Recommended																																
Average Number of cups eaten by the child per day																																
Diarrhoea Y/N																																
No of episodes/day																																
Vomiting Y/N																																
No of episodes/day																																
Average Energy Intake (kcal)																																
Average protein Intake (gms)																																

MNT DELIVERY CHART (SION HOSPITAL)

Week	Date	Number of cups given	Batch no / Box No	Number of unused cups	Sign
1 st week					
2 nd week					
3 rd week					
4 th week					
5 th week					
6 th week					
7 th week					
8 th week					

INFORMED CONSENT

Mother/ Father or Guardian of _____ is willing to participate in “a hospital and community based Prospective Open Randomized Controlled trial to compare the efficacy of Medical Nutrition Therapy (MNT) with Standard Nutritional Therapy (SNT) and its effect on certain biochemical parameters in children.” with my free will.

I have been explained the back ground of this study & necessary investigations for estimating antioxidant levels, regular follow up, the benefits and side effects of MNT or SNT.

I am assured that I can withdraw from study any time at my own will and there will not be any effect on treatment of my patient.

I do not have any objection what so ever for publication of the study.

Date

Place

Sign of Father / Mother.

PATIENT INFORMATION

This is to inform the patient who is being included in the study that this study is undertaken to "Evaluate the impact of indigenously manufactured MNT (Medical Nutrition Therapy) supplementation with Standard Nutritional supplementation on clinical and biochemical parameters assessing nutritional status in children with moderate and severe malnutrition "which is the Research Project of Department of Pediatrics at L.T.M.General Hospital.

Only after taking the informed consent and filling into the inclusion criteria, patient will be enrolled. On admission baseline and relevant investigation will be done. No additional invasive procedure will be done apart from blood collection for routine investigation & 2ml EDTA sample for antioxidant level estimation. Then patient will be started either on MNT (Nutritious food specially designed for malnourished children) or Standard Nutritional therapy depending on the group he belongs to MNT contains peanut butter, skimmed milk powder , sugar, and oil. 92 grams of MNT will be given 500 Kcal & 14gms of proteins. This MNT will be given for a period of 8 wks in to and then they will be shifted on to Standard Nutritional therapy. Those on Standard Nutritional therapy will be given a high protein diet as per the norms. These patients will be monitored totally for period of 6 mths.

During follow up following parameters will be evaluated such as acceptability, palatability, compliance, any new symptom weight, triceps skin fold thickness, mid-arm circumference and CD4count etc.

After 2&8 wks follow up repeat of investigations along with antioxidant assay .This study involves no risk to the patient. Even if the patient refrains or drops out from the study no difference will be made to the medical care rendered to the patient.

Dr Alka Jadhav

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Recommended MNT Chart For SAM Child As Per Present Weight

class of weight (kg)	Total Amount of MNT /day* (grams)	8 Feeds (grams)	6 Feeds (grams)	5 Feeds (grams)
<3.0				
3.0-3.4	125	15	20	25
3.5-3.9	130	15	22	30
4.0-4.9	175	20	28	35
5-5.9	195	25	35	35
6.0-6.9	225	30	40	45
7.0-7.9	275	35	45	55
8.0-8.9	330	40	60	60
9.0-9.9	330	40	55	65
10.0-11.9	385	50	65	75
12.0-14.9	480	60	80	95
15.0-19.9	600	75	100	120
20.0-24.9	710	90	120	140
30-39.9	930	115	160	180
40-60	1090	135	180	220

Source: WHO and UNICEF 2009

Registration No	
Anganwadi /SI No	
Child ID No	
Date of Admission	
Date of Discharge	

1.	SAM with Odema
2.	SAM without Odema
3.	HIV +ve
4.	TB

Consent Form		
Photographs		
Biochemical Samples		
Growth charts		

CASE RECORD AND FOLLOW UP FORM (MNT/SNT)

PATIENT PROFILE

Name of the child: _____ Sex: F /M Age: _____

Is the child Full term / Pre term Birth Weight: _____ kg Birth date: ___/___/___

Referred by with contact no: _____

Address:

Distance from house: _____

Contact No: _____

Guardian's / Mother's Name: _____ Education level: _____

Father's Name: _____ Education level _____

Occupation: _____ Number of family members: _____

Number of live sibling of the child: _____ Out of which girl child _____ boy child _____

Total Income of the family per month: _____



Source of Drinking water: _____

MEDICAL HISTORY

Chief complaints:

Past History

Family history:

IMMUNIZATION HISTORY

Immunization	Month	Taken
BCG	Birth	
Polio /OPV	Birth, 6 th , 10 th and 14 th week	
DTP	6 th , 10 th and 14 th week	
Hepatitis B	Birth, 6 th , 10 th , 14 th week	
Measles	9 months	
MMR	15 months	
Booster 1 (DPT,OPV)	18 month	
Booster 2 (DPT,OPV)	5 years	

DIETARY HISTORY

Child was Breast fed for ____ months, Duration of exclusive breast feeding: _____

Weaning food started from _____ month, First weaning food given _____

Nutritional supplements, if any: _____

Approximate Diet recall during past 24 hours

Food consumed	Energy (kcal)	Protein (gms)
Breakfast + mid morning		
Lunch		
Snacks		
Dinner		
Bed time		

Any other History if significant:

GENERAL EXAMINATION

Does the patient look : not-ill / ill / very ill / comatose	Lymph nodes:
Mood and behaviour: Normal / apathetic / inactive / irritable / repeated movements	Eyes:
Temp:	Ears:
HR:	Mouth, Tongue, Gums & Lips:
RR:	Bleeding manifestations:
BP:	Nails:
Pallor :	Skull & spine:
Icterus:	Signs of Rickets:
Cyanosis, Clubbing:	Hydration: normal / dehydrated / shock / uncertain
Oedema:	Hair changes:
Skin Changes:	Genitals:

Per Abdomen:

G/T/R

Ascites

Liver

Bowel sounds:

Spleen

CNS: Tone

Reflexes:

Signs of meningitis:

Any other:

Final Diagnosis:
