

## MODULE FOUR

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### Outpatient Care for the Management of SAM Without Medical Complications

#### **MODULE OVERVIEW**

This module introduces participants to the concepts and protocols used in outpatient care for children with severe acute malnutrition (SAM) without medical complications. It provides an overview of admission and discharge processes and criteria, medical treatment and nutrition rehabilitation in outpatient care. Emphasis is placed on the use of an action protocol, which helps health care providers determine which children require referral to inpatient care and which children require follow-up at home.

The module complements the World Health Organization (WHO) protocols for the management of SAM and the WHO training modules for the inpatient management of SAM with medical complications. It is intended to be used alongside national guidelines and national treatment protocols for the management of SAM and *Community-based Therapeutic Care (CTC): a Field Manual*.

The module also includes a field visit where participants will practice assessing and admitting a child with SAM without medical complications to outpatient care and assessing and treating a child in an outpatient care follow-on session. Participants will also have the opportunity during this field visit to practice the skills covered in **Module 2. Defining and Measuring Acute Malnutrition**.

# OUTPATIENT CARE FOR THE MANAGEMENT OF SAM WITHOUT MEDICAL COMPLICATIONS: CLASSROOM

**LEARNING OBJECTIVES**

**HANDOUTS AND EXERCISES**

1. Describe Outpatient Care for the Management of SAM Without Medical Complications	PowerPoint: Overview of CMAM from Module 1 (optional)
2. Describe Admission Criteria in Outpatient Care	Handout 4.1 Admission Criteria and Entry Categories for CMAM Handout 4.2 Outpatient Care: Admission Criteria Exercise 4.1 Outpatient Care Admission
3. Describe Process for Admissions and Outpatient Care Follow-On Sessions	Handout 4.3 Outpatient Care: Admission Process Handout 4.4 Outpatient Care Treatment Card Handout 4.5 RUTF Ration Card Handout 4.6 Using Outpatient Care Treatment Card and RUTF Ration Card Exercise 4.2 Outpatient Care Treatment Card and RUTF Ration Card
4. Explain Medical Treatment for the Management of Children with SAM Without Medical Complications in Outpatient Care	Handout 4.7 Medical Treatment for the Management of SAM in Outpatient Care Handout 4.8 Routine Medicines for SAM in Outpatient Care Handout 4.9 Supplemental Medicines for SAM in Outpatient Care Handout 4.10 Medicine Protocol Rationale for Outpatient Care (Reference)
5. Explain Nutrition Rehabilitation for the Management of SAM Without Medical Complications in Outpatient Care	Handout 4.11 Nutrition Rehabilitation and RUTF
6. Describe the Key Messages for Mothers/Caregivers Used in Outpatient Care	Handout 4.12 Key Messages for Individual Counselling at Outpatient Care
7. Recognizing When Further Action is Needed: Referral to Inpatient Care and Follow-Up Home Visits	Handout 4.13 Outpatient Care Action Protocol Handout 4.14 Referral to Inpatient Care or Follow-Up Home Visits Handout 4.15 Referral Slip Exercise 4.3 Identifying Children Who May Need Follow-Up Home Visits or Referral to Inpatient Care
8. Explain Discharge Criteria and Procedures	Handout 4.16 Outpatient Care: Discharge Criteria Handout 4.17 Discharge Criteria and Exit Categories for CMAM Exercise 4.4 Partially Completed Outpatient Care Treatment Cards
9. Describe Linkages Between Outpatient Care and Other Services, Programs and Initiatives	Handout 1.12 Integrating CMAM into Routine Health Services at the District Level
Wrap-up and Module Evaluation	Handout 4.18 Essentials of Outpatient Care for SAM Without Medical Complications Optional Exercise 4.5 Outpatient Care Admissions Role Play



## MATERIALS

- Mid-upper arm circumference (MUAC) tapes (numbered) and weighing scale
- Packets or pots of ready-to-use therapeutic food (RUTF)
- Napkins (for sampling RUTF)
- Scissors
- Flip charts
- Markers
- Masking tape
- *Community-based Therapeutic Care (CTC): a Field Manual*
- Outpatient care treatment cards
- RUTF ration cards
- Referral slips from outreach workers
- Projector (optional)
- PowerPoint from Module One (optional)

## ADVANCE PREPARATION

- Review national guidelines and protocols for the treatment of SAM in the country where the training is being conducted. Determine what age and MUAC criteria are used for admission and decide to either adopt or change them for the training. Determine whether weight-for-height (WFH) is required for admission. If WFH is not required, use only the bilateral pitting edema and MUAC criteria during the training. If WFH is required, include it in the training and use the tables for the WFH z-scores of the WHO standards (gender specific) or for WFH as a percentage of the median of the National Centre for Health Statistics (NCHS) references (sexes combined), as appropriate.
- Prepare sets of laminated cards with community-based management of acute malnutrition (CMAM) admission and discharge criteria, action protocol, medical treatment and nutrition rehabilitation protocols.
- Prepare a chart of national protocols for the prevention and treatment of Vitamin A deficiency, SAM first-line antibiotic treatment, antihelminth and malaria treatments.
- Obtain local versions of outpatient care treatment cards and RUTF ration cards if possible or use the standard cards.
- If optional **Exercise 4.5 Outpatient Care Admissions Role Play** is done, make cards with the roles' descriptions as well as copies of blank outpatient care treatment cards, blank RUTF ration cards, referral slips from outreach workers indicating red MUAC, and **Handout 4.11 Nutrition Rehabilitation and RUTF** (specifically the section on **RUTF Ration**). Also, make sure to have MUAC tapes and a doll available.



## MODULE DURATION: SIX HOURS IN CLASSROOM; THREE-DAY FIELD PRACTICE

Note: Depending on the needs of their audience(s), trainers may choose to skip or spend more or less time on certain learning objectives and activities. The module duration is an estimate of the time it takes to complete all the learning objectives and activities.

# LEARNING OBJECTIVE I: DESCRIBE OUTPATIENT CARE FOR THE MANAGEMENT OF SAM WITHOUT MEDICAL COMPLICATIONS



If necessary, review **Module One PowerPoint** presentation slides 48 through 53 on outpatient care for the management of SAM without medical complications.

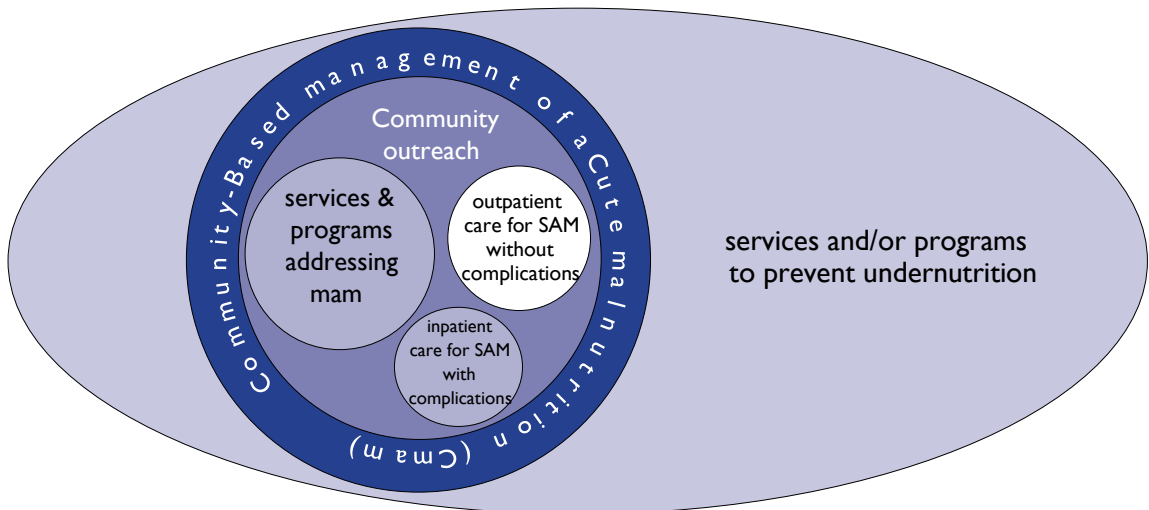


**GROUP DISCUSSION: COMMUNITY-BASED MANAGEMENT OF ACUTE MALNUTRITION.** Draw **Figure 1** on the flip chart. Ask participants:

1. What is outpatient care for SAM? What does it entail?
2. Who receives outpatient care for SAM?
3. How does outpatient care for SAM without medical complications differ from inpatient care for SAM with medical complications?

Discuss and fill in gaps.

FIGURE I. CORE COMPONENTS OF CMAM



## LEARNING OBJECTIVE 2: DESCRIBE ADMISSION CRITERIA IN OUTPATIENT CARE



Become familiar with **Handout 4.1 Admission Criteria and Entry Categories for CMAM**, **Handout 4.2 Outpatient Care: Admission Criteria**, and Exercise 4.1 Outpatient Care Admission.



**BRAINSTORM: ADMISSION CRITERIA FOR OUTPATIENT CARE.** Ask participants to name the characteristics of children who should be admitted to outpatient care (i.e. children 6-59 months, have SAM, have no medical complications, have an appetite). Write responses on the flip chart. If not named by the participants, coach that there are a few additional categories of children who should be admitted:

- Children above 6 months of age with SAM and medical complications whose mother/caregiver refuses inpatient care despite advice. The child will require follow-up home visits and close monitoring while in outpatient care.
- Children who do not meet admission criteria but whom a health care provider has determined should be admitted, such as children over 5 years old with bilateral pitting edema or who are visibly severely wasted.
- Children whose medical complications have resolved in inpatient care and have been referred to outpatient care to complete their nutrition rehabilitation.
- Children who are recuperating from SAM and who return after defaulting (discharged after being absent for three consecutive sessions) and need to continue their treatment.

Refer participants to **Handout 4.1 Admission Criteria and Entry Categories for CMAM Admission**. Note that the focus of this module will be on the center column of the reference table. Walk participants through the information and answer any questions. Refer participants to **Handout 4.2 Outpatient Care: Admission Criteria** for future reference.



**PRACTICE: ADMISSION CRITERIA FOR OUTPATIENT CARE.** Form working groups of three to four people. Distribute **Exercise 4.1 Outpatient Care Admission**. Ask each working group to use the information provided in the exercise to decide whether the Sample children should be admitted to outpatient care and to explain why or why not. Have groups share their answers in plenary. Discuss and fill in gaps, referring to **Exercise 4.1 Outpatient Care Admission answer sheet** (on the next page).



EXERCISE 4.1 OUTPATIENT CARE ADMISSION (WITH ANSWERS)

Note: In countries where presence of bilateral pitting edema and MUAC are used for admission, adjust chart to remove information on WFH z-score (WHO) or as a percentage of the median (NCHS).

	Age (months)	Appetite	Bilateral Pitting Edema	MUAC in mm	WFH z-score (WHO)	WFH as a percentage of the median (NCHS)	Admission to outpatient care?
Child 1	7	Yes	No	102	$-3 \leq x < -2$	$70\% \leq X < 80\%$	yes, based on MUAC and child has appetite
Child 2	24	Yes	No	112	$x < -3$	$X < 70\%$	yes, based on WFH and child has appetite  (Note: If only MUAC is used, WFH would not be known and child would not be admitted to outpatient care because MUAC > 110)
Child 3	20	Yes	No	98	$x < -3$	$X < 70\%$	yes, based on MUAC yes based on WFH and child has appetite
Child 4	16	Yes	++	117	$-3 \leq x < -2$	$70\% \leq X < 80\%$	yes, because child has bilateral pitting edema grade ++ and child has appetite
Child 5	36	Yes	+	115	$-3 \leq x < -2$	$70\% \leq X < 80\%$	yes, because child has bilateral pitting edema grade + and child has appetite
Child 6	12	No	No	95	$x < -3$	$X < 70\%$	NO because child has SAM and has no appetite; refer to inpatient care
Child 7	50	Yes	No	102	$x < -3$	$X < 70\%$	yes, based on MUAC yes based on WFH and child has appetite
Child 8	45	Yes	No	111	$x < -3$	$X < 70\%$	NO if MUAC only yes based on WFH and child has appetite
Child 9	7	Yes	No	107	$-3 \leq x < -2$	$70\% \leq X < 80\%$	yes, based on MUAC and child has appetite
Child 10	5	No	No	104	$x < -3$	$X < 70\%$	NO, infant with SAM (very low WFH), refer to inpatient care

## LEARNING OBJECTIVE 3:

### DESCRIBE PROCESS FOR ADMISSIONS AND OUTPATIENT CARE FOLLOWON SESSIONS



Become familiar with **Handout 4.3 Outpatient Care: Admission Process**, **Handout 4.4 Outpatient Care Treatment Card**, **Handout 4.5 RUTF Ration Card**, **Handout 4.6 Using Outpatient Care Treatment Card and RUTF Ration Card**, and **Exercise 4.2 Outpatient Care Treatment Card and RUTF Ration Card**.



#### **PARTICIPATORY LECTURE: ADMISSION PROCESS FOR OUTPATIENT CARE.**



Refer participants to the overview of the outpatient care admission process in **Handout 4.3 Admission Process for Outpatient Care** Walk participants through the steps, emphasizing the important considerations they need to take into account. Respond to questions.



#### **PRACTICE: FILLING OUT an OUTPATIENT CARE TREATMENT CARD AND RUTF RATION CARD.**



Distribute a local outpatient care treatment card if one is available. Otherwise, use **Handout 4.4 Outpatient Care Treatment Card**. Note that ALL children admitted to CMAM at the outpatient care site receive an outpatient care treatment card, including those being referred to inpatient care. Explain the general column and row details on the outpatient care treatment card and the information needed to fill one out. Review the content below and on **Handout 4.6 Using Outpatient Care Treatment Card and RUTF Ration Card**.

- Admission information provided on the outpatient care treatment card includes:
  - Name, age and sex of child, name of parents, place of origin
  - Date of admission, admission characteristics
  - Name of health facility with outpatient care site
  - Registration number
  - General food distribution access
  - Anthropometry upon admission, admission criteria examined
  - Medical history
  - Physical examination
  - Routine admission medication
  - Other medication
- Follow-up information provided on treatment card includes:
  - Anthropometry
  - Medical history
  - Physical examination
  - RUTF appetite test
  - Number of RUTF packets provided
  - Treatment outcome
  - Action taken

Refer participants to **Handout 4.5 RUTF Ration Card** and review the information found on there. Ask participants to form pairs and pass out copies of the Outpatient Care Treatment Cards and RUTF Ration Cards. Have participants complete **Exercise 4.2: Outpatient Care Treatment Card and RUTF Ration Card**.

**Module 4: Outpatient Care for the Management of SAM  
Without Medical Complications**


**BRAINSTORM: WEEKLY SESSIONS AT OUTPATIENT CARE.** Referring back to the flow chart in **Handout 4.3**, ask participants to suggest which activities and procedures occur in outpatient care follow-on sessions. (Answer: All activities and procedures should be included except for assigning a registration number, which occurs only at admission, and measuring height, which occurs only once per month if WFH is used).

Emphasize that during each session, it is essential to determine whether referral or follow-up home visits are necessary and explain the following points:

- The mother/caregiver and child should return to a health facility that provides outpatient care for SAM without medical complications on a weekly basis. If there is a problem with attendance due to distance or other reasons, it might be necessary to ask the mother/caregiver to come to outpatient care every two weeks; if this is the case the mother/caregiver should receive a two-week supply of RUTF.
- Bilateral pitting edema is assessed and MUAC and weight are taken at each weekly outpatient care follow-on session. Height is taken once per month if it is necessary to calculate WFH z-score (WHO standards) or WFH as a percentage of the median (NCHS references) in order to reassess admission.
- The appetite test is done at every session.
- A nutrition and medical assessment (i.e. anthropometry, medical history, physical examination) is done at every outpatient care follow-on session.
- Complete doses of routine medicines are given according to routine medical protocols (this is covered in **learning Objective 4**).
- An outpatient care action protocol is followed to determine whether referral or a follow-up home visit is needed (this is covered in **learning Objective 7**).
- Additional medications given during outpatient care follow-on sessions should be noted on the outpatient care treatment card.
- RUTF is provided according to the child's weight, and the mother/caregiver is counselled on its use.
- The mother/caregiver is asked whether the child has eaten all the RUTF. If there are some packets left over from the previous week, the health care provider reduces the amount of RUTF given by that number of packets. For example, if the mother/ caregiver has three packets left from a 14-packet ration, 11 packets are provided for the next week. The health care provider also should collect empty RUTF packets.
- The health care provider completes the outpatient care treatment card and RUTF ration card.



## LEARNING OBJECTIVE 4: EXPLAIN MEDICAL TREATMENT FOR THE MANAGEMENT OF CHILDREN WITH SAM WITHOUT MEDICAL COMPLICATIONS IN OUTPATIENT CARE



Become familiar with **Handout 4.7 Medical Treatment for the Management of SAM in Outpatient Care**, Handout 4.8 Routine Medicines for SAM in Outpatient Care, **Handout 4.9 supplemental Medicines for SAM in Outpatient Care**, and Handout 4.10 Medicine Protocol Rationale for Outpatient Care (Reference).



**PARTICIPATORY LECTURE: ROUTINE MEDICAL TREATMENT IN OUTPATIENT CARE.** Refer participants to **Handout 4.7 Medical Treatment for the Management of SAM in Outpatient Care** and discuss, emphasizing:

- When children should NOT receive Vitamin A or malaria treatment
- Why iron and folic acid are NOT given routinely
- Which treatments are given during the child's first session at outpatient care (i.e., amoxicillin, Vitamin A, malaria testing or treatment if appropriate) and which are given later (e.g., deworming, measles vaccination if necessary, treatment for anemia if necessary)

Answer any questions and refer participants to **Handout 4.8 Routine Medicines for SAM in Outpatient Care**. In plenary, explain the details of the medical treatment protocols as they appear in each column and row. Relay to participants any adaptations/ differences that should be made in accordance with country-specific national drug protocols.



**PRACTICE: ROUTINE MEDICAL TREATMENT OF SAM.** Ask participants to form groups of three. On a flip chart, write the basic information of a number of children in outpatient care (below). Ask participants to determine which medications and dosages each child needs based on whether the child is a new case, what medication s/he has already received, his/her medical condition, and his/her age.

- **Patient 1: Girl, age 2 years**
  - New admission
  - Bilateral pitting edema: grade +
  - PARACHECK: Negative
  - Vaccination record: All up to date
  - Vitamin A last given: 4 months ago,

**Answer:** Give amoxicillin 3 times per day for 7 days; do not give Vitamin A (because of bilateral pitting edema; it should be given upon discharge); do not give artemisinin-based combination therapy (ACT); do not give measles vaccination (given after 4 weeks)

- **Patient 2: Boy, age 18 months**
  - New admission
  - Bilateral pitting edema: No
  - PARACHECK: Positive
  - Vaccination record: Incomplete
  - Vitamin A last given: 6 months ago,

**Answer:** Give amoxicillin 3 times per day for 7 days; give 200,000 international units (IUs) of vitamin A; give ACT or other antimalarial according to protocol; give measles vaccination on week four or as soon as possible, plus other vaccines as per expanded programme of immunization (EPI)

▪ **Patient 3: Girl, 15 months**

- Second visit to outpatient care
- Bilateral pitting edema: grade +
- PARACHECK: Negative
- Vaccination record: Incomplete
- Vitamin A last given: 4 months ago,
- Amoxicillin last given: Week one on admission

**Answer:** Give mebendazole or other deworming; give measles vaccination on week four as well as other vaccines as per EPI; do not give Vitamin A until discharge



**REVIEW AND REFERENCE:** Direct participants to **Handout 4.9 supplemental Medicines for SAM in Outpatient Care**. Review briefly the supplemental medicines on Handout 4.9 and in what circumstances they would be given. Answer any questions. Direct participants to Handout 4.10 Medicine Protocol Rationale for Outpatient Care (Reference) to be used for their reference in the future.

## LEARNING OBJECTIVE 5: EXPLAIN NUTRITION REHABILITATION FOR THE MANAGEMENT OF SAM WITHOUT MEDICAL COMPLICATIONS IN OUTPATIENT CARE



Become familiar with **Handout 4.11 Nutrition Rehabilitation and RUTF.**

**DEMONSTRATION: TASTING RUTF.** Form small groups and distribute one packet of RUTF and napkins to each group. Explain how to open the package and ask participants to taste the RUTF. Ask for any feedback from the groups.

Ask groups to describe what they think the RUTF's ingredients are and then write RUTF's typical composition on a flip chart.

### Composition of lipid-based RUTF

- 25% peanut butter
- 26% milk powder
- 27% sugar
- 20% oil
- 2% combined mineral and vitamin mix (CMV)



**GROUP DISCUSSION: USING RUTF.** With participants still in small groups, ask them to discuss:

- How RUTF's composition compares with F100 (similar in composition but RUTF has iron and is about five times more energy nutrient dense)
- Why RUTF can be used for outpatient care (it can be eaten at home and because it doesn't require cooking or mixing with water prevents growth of bacteria)

Discuss further in plenary, fill in any gaps, and answer any questions.



### **PARTICIPATORY LECTURE: NUTRITION REHABILITATION AND RUTF.**

Direct participants to **Handout 4.11 Nutrition Rehabilitation and RUTF.** Point out to participants the tables entitled "RUTF Rations in Outpatient Care" dealing with Plumpy'nut and locally produced RUTF in packets and in pots and explain how to use them. Write different weights on the flip chart then ask participants how many packets or pots to give to a child of each weight.



**PRACTICE: DETERMINING RUTF RATION SIZE.** Ask participants to regroup into small groups. Ask them to use **Handout 4.11** to determine how much RUTF to give each child in the examples below. Ask for volunteers to write answers on the flip chart. Discuss and fill in gaps.

### **RUTF Ration Practice**

- **Example 1:** 92 g packets of Plumpy'nut are distributed through outpatient care. Child 1 weighs 6.8 kg and comes to outpatient care every two weeks. How much RUTF do you give the child? (Answer: 36 packets)
- **Example 2:** Locally produced pots of RUTF are distributed through outpatient care. Child 2 weighs 9.7 kg and comes to outpatient care weekly. How many pots of RUTF do you give the child? (Answer: 11 pots)
- **Example 3:** Child 3 weighs 7.2 kg and will return to outpatient care next week. How many packets of your locally produced RUTF will you give the child? (Answer: 18 packets)

## LEARNING OBJECTIVE 6:

### DESCRIBE THE KEY MESSAGES FOR MOTHERS/CAREGIVERS USED IN OUTPATIENT CARE



Become familiar with **Handout 4.12 key Messages for individual Counselling.**



**GROUP DISCUSSION: KEY MESSAGES FOR MOTHERS/CAREGIVERS.** Explain to participants that outpatient care includes individual counselling, health and nutrition education, and behavior change communication (BCC) at each session. The initial counselling session should focus only on a few key messages so that the mother/ caregiver clearly understands the practices that are essential to managing SAM in a child. As the child's condition improves, other messages should be given.

In the initial counselling session, health care providers counsel the mother/caregiver with key messages on the following topics:

- 1) How to feed RUTF to the child
- 2) When and how to give the medicines to the child
- 3) When to return to outpatient care
- 4) Making sure the child is brought to the health facility immediately if his or her condition deteriorates



**WORKING GROUPS: DEVELOPING KEY MESSAGES FOR MOTHERS/**

**CAREGIVERS.** Ask working groups to write six key messages to give to the mother/ caregiver during his/her initial session in outpatient care. Have one group present and the other groups add additional messages. Discuss, clarify and fill in gaps. Also discuss what additional messages would be important in subsequent outpatient care follow-on sessions.



**ROLE-PLAY: individual counselling.** In working groups, have one participant act as a mother/caregiver who has come to outpatient care for the first time and another act as the CMAM counsellor; the rest of the working group's participants should observe. Have the actors practice counselling with the most important key messages. Ask the observers for feedback. Have the mother/caregiver and counsellor switch roles and continue practicing if time allows.



**BRAINSTORM: health AND nutrition education.** Ask participants to think of key health and nutrition topics that should be made a part of individual counselling in outpatient care follow-on sessions. Write answers on the flip chart and fill in any gaps. Possible answers include:

- Hygiene
- Continuation of optimal breastfeeding behaviors (especially with infants and young children ages 6-23 months)
- The importance of frequent and active feeding
- What local foods to give young children (while reinforcing the message that the child in outpatient care MUST finish eating all RUTF before other foods are given)
- Identifying undernutrition (when to bring children to outpatient care)
- Managing diarrhea and fever
- Recognizing danger signs



**ROLE PLAY: HEALTH AND NUTRITION MESSAGES.** With participants in the same Working groups, ask the observers in the role-play above to now break into pairs to play the roles of mother/caregiver and CMAM counsellor. Ask them to practice counselling with health and nutrition messages. Ask observers to provide feedback. Switch roles and continue practicing if time allows.

## LEARNING OBJECTIVE 7: RECOGNISING WHEN FURTHER ACTION IS NEEDED: REFERRAL TO INPATIENT CARE AND FOLLOW-UP HOME VISITS



Review **Handout 4.13 Outpatient Care Action Protocol, Handout 4.14 Referral to inpatient Care or Follow-Up Home visits, Handout 4.15 Referral slip** and Exercise 4.3 Identifying Children Who May Need Referral to Inpatient Care or Follow-Up Home Visits.



**BRAINSTORM: ACTION PROTOCOL FOR REFERRAL AND FOLLOW-UP.** Note to participants that an action protocol (in line with integrated management of childhood illness [IMCI] guidelines) has been developed to help health care providers determine:

- Whether children should be referred to inpatient care (e.g., medical complications, no appetite, deteriorating condition)
- Whether children require follow-up visits at home between outpatient care follow-on sessions (e.g., weight loss, deteriorating condition, not eating enough RUTF, absent from outpatient care follow-on session), which may be done by an outreach worker (e.g., community health worker [CHW], volunteer)

In plenary, ask participants to name medical complications that would require referral to inpatient care. Write them on the flip chart. Then ask what medical complications or symptoms might require a follow-up home visit. Refer participants to **Handout 4.13 Outpatient Care Action Protocol** and compare responses on the flip chart to those in the second column of the action protocol. Describe symptoms that would require either referral or follow-up visits (e.g., bilateral pitting edema +++, weight loss for two consecutive weeks) and ask what action is dictated by the protocol: referral to inpatient care or follow-up home visits. Continue asking questions until participants seem comfortable using the action protocol.



**PARTICIPATORY LECTURE: PROCEDURES FOR REFERRING PATIENTS.**

Explain to participants the inpatient care referral system, use of referral slips, referral to tertiary care and key points related to referring for follow-up home visits. Refer participants to **Handout 4.14 Referral to inpatient Care or Follow-Up Home visits.**



**PRACTICE: IDENTIFYING AND REFERRING CHILDREN.** Direct participants to **Exercise 4.3 identifying Children Who May Need Referral to inpatient Care or Follow-Up Home visits.** Have participants form groups of three or four and ask them to read the descriptions of the children and determine what action to take: referral, follow-up home visit or continuation in outpatient care (see **Exercise 4.3** answers on the next page). Ask participants to refer to **Handout 4.13 Outpatient Care Action Protocol.** Have groups present and explain their answers.

Distribute **Handout 4.15 Referral slip** and demonstrate how to fill it out using a sample child from **Exercise 4.3** who required inpatient care.

**Module 4: Outpatient Care for the Management of SAM  
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INPATIENT CARE OR FOLLOW-UP HOME VISITS (WITH ANSWERS)****CHILD A**

**Question:** Child A is 2 years old, has a MUAC of 109 mm and has been referred by the CHW to CMAM services. On admission, the child refuses to eat the RUTF during the appetite test. You ask his mother/caregiver to move to a quiet area and try again. After a half-hour, the child still refuses to eat the RUTF. During the medical examination, you discover that the child has been vomiting for two days. What action is needed?

**Answer:** Refer to inpatient care for medical care and support because the child has a serious danger sign of no appetite.

**CHILD B**

**Question:** Child B is presented at the outpatient care site with bilateral pitting edema + and a MUAC of 112 mm. The child has good appetite and no other signs of medical complications. What action is needed?

**Answer:** Admit to outpatient care as a bilateral pitting edema admission.

**CHILD C**

**Question:** Child C was admitted to outpatient care with a MUAC of 109 mm and weight of 10 kg. The child did not gain any weight in the first three weeks, and by the fourth week has actually lost weight; the child now weighs 9.5 kg. What action is needed?

**Answer:** This child is not gaining weight after four weeks in the CMAM service; you must refer him/her to inpatient care for further medical assessment and treatment. Ideally this child should have had a follow-up home visit after their outpatient care follow-on session the previous week (after the third week), according to outpatient care action protocols. Refer to the child's outpatient care treatment card (or to the CHW or volunteer who visited the home if nothing was written on the card) to see how the child was doing at home and what the possible reasons for not gaining weight are, based on the follow-up home visit. Discuss this with the mother/caregiver and then refer the child to inpatient care.

**CHILD D**

**Question:** Child D is presented at the outpatient care site with bilateral pitting edema ++ and a MUAC of 108 mm. What action is needed?

**Answer:** Refer to inpatient care for medical care and support because the child has Marasmic kwashiorkor. All Marasmic kwashiorkor cases should be referred to inpatient care.

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**Question:** Child E is four months old. The grandmother brings the visibly very wasted and dehydrated child to the health facility. On investigation, you find that the mother died shortly after the child was born and that the child has been given cow's milk and tea. What action is needed?

**Answer:** The child should be referred to inpatient care because s/he is under 6 months old and visibly wasted. The inpatient care facility can stabilize the child with therapeutic milks (F100 diluted) and appropriate medical attention and counselling. Management of acute malnutrition in children under 6 months normally requires a combination of improved or re-established breastfeeding; temporary or longer-term therapeutic feeding; and nutrition, psychological and medical care for mothers. However, since this child's mother has died, the inpatient care staff must discuss feeding options with the grandmother. Options include re-lactation of the grandmother if she is willing (which could be encouraged through supplemental suckling at the inpatient care facility) or asking another woman in the family or community who is lactating to nurse the child. In the absence of other options, the child should be kept on diluted F-100 until s/he reaches 6 months of age.

(Reference:

Emergency Nutrition Network [ENN] Modules on Infant Feeding in Emergencies [IFE]; the national infant and young child feeding [IYCF] strategy also can be consulted.)

**CHILD F**

**Question:** Child F is presented at the outpatient care site with bilateral pitting edema ++++. You want to refer the child to the hospital. Despite your best efforts to persuade the mother, her family refuses to let her take the child to the hospital. What action is needed?

**Answer:** All cases of bilateral pitting edema +++ should be referred to inpatient care for medical care and support. However, if a mother/caregiver refuses to take the child to inpatient care, the child should be admitted to outpatient care and receive the systematic treatment. The child should receive regular follow-up home visits during the first weeks to monitor his/her condition, and the mother/caregiver should be encouraged to bring the child back to the health facility if his/her condition worsens at any time. The child should again be referred to inpatient care if his/her condition worsens.

**CHILD G**

**Question:** Child G is over 6 months of age and was admitted with MUAC of 109 mm and a weight of 5 kg. The child gained a little weight the first week but has not gained weight for the past two weeks. His medical examination does not show any signs of illness or medical complications.

**Answer:** The health care provider should talk with the mother/caregiver about how the child is eating the RUTF and observe the appetite test. The health care provider should ask whether the child has had diarrhea, vomiting or fever and should give counselling. The child also requires a follow-up home visit.

## LEARNING OBJECTIVE 8: EXPLAIN DISCHARGE CRITERIA AND PROCEDURES



Review **Handout 4.13 Outpatient Care Action Protocol** and become familiar with **Handout 4.16 Outpatient Care: Discharge Criteria**, **Handout 4.17 Discharge Criteria and Exit Categories for CMAM** and **Exercise 4.4 Partially Completed Outpatient Care Treatment Cards**.



**PARTICIPATORY LECTURE: DISCHARGE FROM OUTPATIENT CARE.** Using the text in **Handout 4.16 Outpatient Care: Discharge Criteria** as a reference, review the criteria for discharge from outpatient care, noting that:

- A child is discharged from outpatient care when s/he has recovered from bilateral pitting edema or low weight and, therefore, no longer has SAM.
- The decision to discharge the child is based on his/her recovery from the initial SAM condition, consistently gaining weight and being clinically well and alert.
- Discharge rules differ based on the criteria used to admit the child.

Refer participants to **Handout 4.17 Discharge Criteria and Exit Categories for CMAM**, directing them to the center column of the chart, which deals with outpatient care discharge criteria and exit categories.



**PRACTICE: USING OUTPATIENT CARE TREATMENT CARDS TO DETERMINE**

**ACTION NEEDED.** Direct participants to **Exercise 4.4 Partially Completed Outpatient Care Treatment Cards** and to refer back to **Handout 4.13 Outpatient Care Action Protocol**. Ask them to use the outpatient care action protocol to determine what action is needed (discharge, follow-up home, referral) and to fill out the treatment card accordingly. In plenary, discuss what they decided to do and any issues with completing the outpatient care treatment cards. Discuss and fill in gaps.



**EXERCISE 4.4 PARTIALLY COMPLETED OUTPATIENT CARE TREATMENT CARDS (WITH ANSWERS)**

**EXAMPLE 1: CHILD REQUIRES FOLLOW-UP**

The pre-filled outpatient care treatment card (to the fifth week) shows that the child has not gained weight for the past two weeks and weighs 5 kg. At the next outpatient care follow-on session, the child still weighs 5 kg.  
*(Participants should determine that the child requires a follow-up home visit and fill out the outpatient care treatment card accordingly, noting what action would be taken [inform the outreach worker]).*

**EXAMPLE 2: CHILD IS READY FOR DISCHARGE**

The pre-filled outpatient care treatment card (to the eighth week) shows that the child was admitted with a MUAC of 109 mm. The child has had sustained weight gain for the past two weeks and is clinically well.  
*(Participants should determine that the child is ready for discharge and fill out the outpatient care treatment card accordingly).*



**GROUP DISCUSSION: DISCHARGE PROCESS.**

Ask participants to think through specific actions to take in the process of discharge from outpatient care. Write answers on the flip chart. If participants have trouble naming actions, provide coaching to elicit the responses, below:

- The child is given a ration of RUTF to support transition to family food. (This usually consists of seven packets of Plumpy'nut® or an equivalent amount of locally produced RUTF.)
- The immunization status is checked and updated.
- Make sure the child has received all required medicines (e.g., Vitamin A upon admission if the child had bilateral pitting edema. Give the child any vaccinations (e.g., measles, other EPI) that were not provided earlier.
- The mother/caregiver is given guidance on care practices and asked to return if the child's condition deteriorates.

## LEARNING OBJECTIVE 9: DESCRIBE LINKAGES BETWEEN OUTPATIENT CARE AND OTHER SERVICES, PROGRAMS AND INITIATIVES



Review **Handout 1.12 integrating CMAM into Routine Health services at the District level**. If this content was covered in-depth in **Module One**, it can be briefly reviewed here.



### **WORKING GROUPS: LINKING OUTPATIENT CARE TO OTHER SERVICES.**

Note to participants that outpatient care provides a good opportunity to link the management of SAM to other services, including prevention programs such as growth monitoring and promotion (GMP). Linkages can and should be made with IMCI, national level or nongovernmental organization (NGO) food distribution programs, programs to manage MAM, immunizations and Vitamin A supplementation, family planning, water and sanitation, health and nutrition education, malaria and HIV treatment, food security and livelihoods programs, and other support services.

Ask participants to form working groups of three or four, by district or region if possible, and distribute cards. Ask each group to write on a card all the health services, programs and initiatives in their district and explain how these can link to outpatient care (mapping). Ask groups to post their cards and explain their prescribed links to outpatient care. Discuss. Leave the cards posted for the remainder of the training.

## WRAP-UP AND MODULE EVALUATION



Become familiar with **Handout 4.18 Essentials of Outpatient Care for SAM Without Medical Complications**.



### **OPTIONAL ROLE-PLAY: practicing admission TO outpatient CARE.**



To prepare for this role-play, make copies of blank outpatient care treatment cards, blank RUTF ration cards, referral slips from outreach workers indicating red MUAC, and **Handout 4.11 Nutrition Rehabilitation and RUTF** (specifically the section on **RUTF Ration**). MUAC tapes and a doll are also needed.

Ask for two volunteers: one to play a mother with a small child, and the other to play a nurse in charge of outpatient care. Give each volunteer a card with the description of his/her role, as explained in **Exercise 4.5 Outpatient Care Admissions Role-Play**, below, and after the volunteers have had a few minutes to review their roles, begin the role-play.

Once finished, discuss the role-play in plenary, asking participants to fill in any gaps and to make suggestions on how to keep assessments running smoothly. If time permits, repeat the role-play with other volunteers.

**Module 4: Outpatient Care for the Management of SAM  
Without Medical Complications**

**EXERCISE 4.5 OUTPATIENT CARE ADMISSIONS ROLE-PLAY**

**Mother with a small Child:**

- Use a doll to simulate your child. Give the child a name (if culturally accepted).
- Your child is about 10 months old (you do not know exactly) and is your youngest. You have five other children. Your husband died about a year ago after a long illness.
- You breastfeed her, but you do not feel very well yourself and the baby does not seem to get any milk. You give her maize porridge and sometimes cow's milk, but she does not have much appetite and is now thin.
- She has had runny diarrhea for the past week, and this is not the first time. Every time she has diarrhea, you stop breastfeeding.
- The CHW in your village measured your child with a tape and pressed her feet. He told you that your child was thin. He said you must go to the clinic on Thursday, and they would give you some special food and medicine for your child. He gave you a piece of paper with something written on it and told you to give it to the nurse, but you do not know what it says exactly, because you cannot read.
- You are willing to go to the clinic even though it is a three-hour walk because you heard from other mothers in your village that the clinic is giving a special peanut paste food for thin and swollen children. You hope your visit to the clinic will be worth it this time. You have been there before and never had a good experience. You hope that the nurse will make your child well and that you will get some food.
- You should wait for the nurse to ask you questions about your child and her condition. If the nurse does not ask, you can tell him/her a few things and hope this will lead to more questions.

**Outpatient Care Nurse:**

- You are a nurse and run the CMAM outpatient care services at your clinic every Thursday.
- A mother presents with a thin baby.
- You ask for the referral slip from the CHW, which shows a red MUAC. The child has already been weighed and is 4.5 kg.
- You take the MUAC again and find it to be 109 mm. Then take a medical history and ask the mother questions about her child's condition.
- Follow the outpatient care treatment card and make sure you conduct a thorough assessment, including a medical examination and RUTF appetite test, so that you can completely fill in the outpatient care treatment card with the necessary information. Fill in the outpatient care treatment card and, if necessary, ask the mother questions to help fill in any gaps.
- Determine what action is needed: admission to outpatient care, referral to inpatient care, or referral to supplementary feeding.
- If you decide to admit the child to outpatient care, make sure to discuss key messages with the mother. Take note of what the mother tells you when you discuss her child's condition; this will help you to know which messages to emphasize.
- If you give RUTF, determine how much is needed according to the child's weight.

Fill in the RUTF ration card with all applicable information.

- Tell the mother about the importance to continue breastfeeding, and before every RUTF feeding. Direct her to increase the number of breast feeds when the baby has diarrhea. Provide guidance on strengthening lactation.

**Module 4: Outpatient Care for the Management of SAM Without Medical Complications****SUGGESTED METHOD: review OF learning objectives AND completion OF evaluation FORM**

- Review the learning objectives of the module. In this module we have:
  1. Described outpatient care for the management of SAM without medical complications
  2. Described outpatient care admission criteria
  3. Described the process for admissions and weekly outpatient care follow-on sessions
  4. Explained medical treatment in outpatient care
  5. Explained nutrition rehabilitation in outpatient care
  6. Described the key messages given to mothers/caregivers during outpatient care
  7. Used an action protocol to determine when additional action is needed
  8. Explained discharge criteria and procedures
  9. Described linkages between outpatient care and other services, programs and initiatives
- Ask for any questions and feedback on the module.
- Distribute **Handout 4.18 Essentials of Outpatient Care for SAM Without Medical Complications** as summary of **Module 4**.
- Let participants know that they will have an opportunity to practice during the outpatient care field visit.
- Ask participants to fill out the module evaluation form.

## COMMUNITY-BASED MANAGEMENT OF ACUTE MALNUTRITION

## OUTPATIENT CARE FIELD PRACTICE

### MODULE OVERVIEW

A maximum of five participants should be at each outpatient care site on a given day. Coordinate with as many outpatient care sites as necessary to keep the number of participants at five or fewer.

An experienced health care provider, ideally someone affiliated with the outpatient care site, should mentor the participants, first by demonstrating the activities, then by inviting participants to take on more responsibility. Participants must complete all activities under the supervision of an experienced health care provider.

Be certain that participants bring their copies of all handouts dealing with admission and discharge criteria, and action, medical treatment and nutrition rehabilitation protocols (listed below), as well as any other tools trainers deem necessary. The field practice for **Module 2: Defining and Measuring Acute Malnutrition** will be done during this visit, so participants also should bring **Handout 2.4 Assessing Age, Bilateral Pitting Edema, MUAC, Weight and Height**.

Pair participants with someone who speaks the local language.



### PREPARATION OF OUTPATIENT CARE FIELD PRACTICE



Refer participants to **Handout 4.19 Outpatient Care Field Practice Checklist** and discuss and review the procedures and steps that participants will undertake at the community-based sites:

- Anthropometry measurements (four children, if possible)
- Admission (four children, if possible)
- Outpatient care follow-on session (four children, if possible)
- Discharge (three children, if possible)
- Accepting referrals from inpatient care
- Talking with staff and mothers/caregivers who come to outpatient care

Participants might need to see as many cases as possible to understand the different scenarios of decision-making during admission, outpatient care follow-on sessions and discharge.

**FIELD PRACTICE**

**LEARNING OBJECTIVES**

**HANDOUTS TO TAKE TO OUTPATIENT CARE FIELD PRACTICE**

<p>1. Assess and Admit a Child to Outpatient Care</p>	<p>Handout 2.4 Assessing Age, Bilateral Pitting Edema, MUAC, Weight and Height (from Module 2)</p> <p>Handout 4.1 Admission Criteria and Entry Categories for CMAM</p> <p>Handout 4.2 Outpatient Care: Admission Criteria</p> <p>Handout 4.3 Outpatient Care: Admission Process</p> <p>Handout 4.7 Medical Treatment for the Management of SAM in Outpatient Care</p>
<p>2. Assess and Treat a Child During an Outpatient Care Follow-On Session</p>	<p>Handout 4.8 Routine Medicines for SAM in Outpatient Care</p> <p>Handout 4.9 Supplemental Medicines for SAM in Outpatient Care</p> <p>Handout 4.10 Medicine Protocol Rationale for Outpatient Care (Reference)</p> <p>Handout 4.11 Nutrition Rehabilitation and RUTF</p> <p>Handout 4.12 Key Messages for Individual Counselling at Outpatient Care</p> <p>Handout 4.13 Outpatient Care Action Protocol</p> <p>Handout 4.16 Outpatient Care: Discharge Criteria</p> <p>Handout 4.17 Discharge Criteria and Exit Categories for CMAM</p> <p>Handout 4.19 Outpatient Care Field Practice Checklist</p>



**FIELD PRACTICE LEARNING OBJECTIVE 1: ASSESS AND ADMIT A CHILD TO OUTPATIENT CARE**



**HANDS-ON PRACTICE AT SITE: Practice Admission of Children to Outpatient Care (admit four children during hands-on practice)**

**(Note: this includes children referred from inpatient care)**

**Anthropometry**

- Assess children for bilateral pitting edema
- Measure MUAC, weight, height
- Classify nutritional status
- Record nutrition indicators on outpatient care treatment cards and RUTF ration cards

**New Admissions**

- Obtain registration details from mother/caregiver and child's record
- Take medical history
- Conduct physical examination
- Test appetite (wash hands before handling the RUTF)
- Decide: referral to inpatient care if a medical complication exists, admission to outpatient care
- Calculate doses and give routine medicines to child
- Explain medical treatment to mother/caregiver
- 
- Calculate amount of RUTF for child, record it and give ration (based on child's weight and frequency of visit)
- Discuss key messages with mothers/caregivers
- Fill out RUTF ration cards for children in the service
- Ask mother/caregiver to repeat instructions on giving medicine and RUTF
- Link with outreach worker

**Accepting Referrals from Inpatient Care**

- Review referral slip from inpatient care and record relevant information on outpatient care treatment card (including medicines)
- Review information and medications provided in inpatient care, confirm medicines received to date with mother/caregiver, and adjust outpatient care medicines for admission
- Follow admission protocols (i.e., test appetite, calculate RUTF ration, discuss key messages, fill out RUTF ration card, link with outreach worker)

**FIELD PRACTICE LEARNING OBJECTIVE 2: ASSESS AND TREAT A CHILD DURING AN OUTPATIENT CARE FOLLOW-ON SESSION**



**HANDS-ON PRACTICE AT SITE: Practice Conducting an Outpatient Care Follow-on session (Conduct visit with four children during hands-on practice)**

**Anthropometry**

- Assess children for bilateral pitting edema
- Measure MUAC, weight, height
- Classify nutritional status
- Record nutrition indicators on outpatient care treatment cards and RUTF ration cards

**Review Progress and Determine Next steps**

- Practice reviewing information on treatment card to date and interpreting progress  
(Are the children improving? Are they not improving? Why?)
- Use action protocol to assess need for follow-up home visit, referral to inpatient care or discharge, and make any arrangements, if necessary
- Discuss child's progress with mother/caregiver

**Discharge**

- Complete the outpatient care treatment card upon discharge
- Provide appropriate information to mother/caregiver about child's discharge (e.g., when to come back with the child, danger signs)
- Give discharge ration of RUTF
- Inform mother/caregiver about linking with other services and/or programs as appropriate (e.g., a supplementary feeding programme [SFP])



**FEEDBACK/DISCUSSION: Feedback on Field Practice sessions**

After each field practice, conduct a feedback session in which participants will:

- Provide feedback on strengths observed at each health facility
- Raise issues for clarification by trainers
- Identify key gaps that need more practice or observation time



