

Facility Name:		Year:				
1 This is a combined aud	it to be completed by multidisciplinary	team.				
2 All SAM deaths must b	e audited. In addition one currently ad	mitted and one discharged case m	ust be audited per quarter.			
3 Record the final score on the monthly clinical and record audit summary tool.						
Not applicable (NA):	Does not apply to the unit, or ind	lividual assessment.				
Non-Compliant (NC):	<50% compliance. The required st	tandard is not present or is presen	t less than 50% of the time.			
Partially Compliant (PC):	50-79% Compliance. The required	d standard is present but incomple	te or present less than 80%.			
Compliant (C):	80-100% Compliance. The require	ed standard is completed fully or is	present more than 80%.			

EME	RGENCY TREATMENT	NA	NC	PC	С	COMMENT
1	Nutritional assessment performed in OPD/Casualty					
2	Blood sugar tested in OPD/Casualty					
3	Temperature taken in OPD/Casualty					
4	Action taken for any hypo/hyperthermia					
5	If child had signs of shock was he/she stabilized?					
	On oxygen, 0.9 Normal Saline (NaCl) or Modified Ringers Lactate					
	(MRL) at 10 ml/kg over 10 minutes. Repeat bolus until stabilised					
6	Pulse and respiration of a child in shock monitored every					
	10minutes					
7	If the child was in septic shock were inotropes started?					
8	If the child had severe anaemia? (Hb 4 – 6 g/dL) and respiratory					
	distress was the child transfused					
	10ml/kg packed cells (or 5 – 7 ml/kg if signs of heart failure)					
	EMERGENCY TREATMENT TOTALS (8):					

MAN	MANAGEMENT IN THE UNIT							
HYP	HYPOGLYCAEMIA							
9 Was time that the child admitted in the ward <2 hours of								
	admission from presentation at OPD.							
10	Fed within an hour of admission into the ward							
11	Blood sugar tested on admission							
12	If blood sugar was below 3 mmol/l glucose solution or feeds given							
	immediately.							
13	Was blood sugar rechecked after 30 minutes if initially low							
14	Blood sugar tested every 3 hourly if below 3 mmol/l							
15	Child fed 3 hourly							
	HYPOGLYCAEMIA TOTALS (7):							

HYPC	HYPOTHERMIA								
16	Temperature recorded 3 hourly								
17	Temperature maintained 36.5 -37.5°C								
18	If temperature below 36.5 °C child warmed and method recorded-								
	Blanket/skin to skin/heater								
19	Temperature rechecked within 1 hour								
20	Malnourished children nursed in a separate ward or corner								
	HYPOTHERMIA TOTALS (5):								

DEH	DEHYDRATION								
21	21 ORS given for: dehydration/after diarrhoea/vomiting								
22	Feeding continued								
23	If child vomited - feed re-offered								
24	If IV fluids were given, the protocol for treatment of shock was								
	used correctly								
	DEHYDRATION TOTALS (4):								

ELEC	ELECTROLYTE IMBALANCE		NC	PC	С	COMMENT
25	Child offered Ready to use (RTU) F75					
26	Combined mineral & vitamin complex (CMV) given if not using F75					
27	Potassium given 3 times a day if not on F75					
28	Magnesium given daily if not using F75					
	ELECTROLYTE IMBALANCE TOTALS (4):					

INFEC	TION			
	Child treated with correct antibiotics			
	If the child is severely ill (lethargic, apathetic)			
	Ceftriaxone 100 mg/kg/day			
	If child the has medical complications			
29	Ampicillin IV/IM 50 mg/day 6-hourly for 7- days			
25	Gentamicin IV/IM 7.5 mg/kg for 7- days			
	OR according to local protocol			
	If the child has no medical complications			
	Amoxicillin 15 mg/kg 8 - hourly for 5 days			
	OR equivalent according to local protocol	<u> </u>		
	Mebendazole given			
30	1-2 years or <10 kg 100 mg PO for 3 days			
	>2 years or >10kg 500 mg PO single dose	<u> </u>		
31	Antibiotics commenced after admission			
51	Within 1 hour of prescription (C) or >1hour (PC)			
32	Immunisation schedule updated			
33	TB investigated			
34	HIV counselling & testing done			
	INFECTION TOTALS (6):			

MICR	MICRONUTRIENT DEFICIENCIES							
35	Vitamin A given - Only if the child has: measles/eye signs of							
55	Vitamin A deficiency or if not given in the last months							
36	Folic Acid Stat dose 5 mg on day 1							
37	Iron 3 mg/kg/day (to be given during the rehabilitation phase)							
38	Iron given during the rehabilitation phase or when the child starts							
38	gaining weight							
	MICRONUTRIENT DEFICIENCES TOTALS (4):							

FEED	FEEDING							
39	Child fed with stabilizing feed for the initial phase							
40	Child fed 3 hourly							
41	Amount to be taken documented							
42	Amount taken documented							
43	Amount left over documented							
44	If child not taking 80% of the amount prescribed- is fed by							
44	nasogastric tube							
45	Intake and output totalled daily							
46	Child changed to RTU F100 as soon as appetite regained							
47	Weight plotted on daily weight gain chart							
48	Breastfeeding re-established if possible							
	STABILIZING FEEDING TOTALS (10):							

MUL	MULTIDISCIPLINARY WARD ROUNDS							
49	49 Medical officer sees patient daily							
50	Dietician sees patients daily							
51	Physiotherapist/Occupational therapist sees							
51	child at least weekly							
52	Social worker has seen patient and intervention documented							
	MULTIDISCIPLINARY WARD ROUNDS TOTALS (4):							

PREP	ARATION FOR DISCHARGE	NA	NC	PC	С	COMMENT
53	Findings of HIV test recorded or current known status recorded					
54	Information on the family background and socio- economic status					
54	obtained and recorded					
55	Mother received help with necessary documents to start the					
22	process of child support grant if necessary					
56	Mother has received health education including on infant and					
50	young child feeding					
57	Therapeutic nutrition supplements provided for ongoing					
57	rehabilitation					
58	Child met discharge criteria					
59	Child referred to local clinic and PhilaMntwana Centre					
60	Linked to CCG					
61	Referral letter written and given to mother.					
62	Proof of follow up available at hospital					
	PREPARATION FOR DISCHARGE TOTALS (10):					

NB. Bring forward ALL subtotals including sections marked not applicable (NA).

Subtract these (NAx2) sections from the Total score.										
Subtotals brought	NA	NAx2	PC	с	Cx2	Column A	Column B	A /D	X100	
forward	NA	NAXZ	PC	Ľ	CX2	PC+ (C x 2)	Total Score	A/B	X100	
Emergency treatment							16 - (NA x 2)		%	
Hypoglycaemia							14 - (NA x 2)		%	
Hypothermia							10 - (NA x 2)		%	
Dehydration							8 - (NA x 2)		%	
Electrolyte imbalance							8 - (NA x 2)		%	
Infection							12 - (NA x 2)		%	
Micronutrient deficiencies							8 - (NA x 2)		%	
Stabilizing feeding							20 - (NA x 2)		%	
MDT ward rounds							8 - (NA x 2)		%	
Preparation for discharge							20 - (NA x 2)		%	
Final Score:							124 - (NA x 2)		%	

Assessed by:			
Sign:		Print:	
Registration N°		Date:	
Sign:		Print:	
Registration N ^o		Date:	
Sign:		Print:	
Registration N°		Date:	