SAM CHART/ CASE SHEET

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Section 1: General Information of Child	
SAM No.	
Child's Name	
Father's Name	
Mother's Name	
Child's Date of Birth (DD/MM/YYYY)	……../……../……..
Age (in years & months)	……..Years…….Months
Sex (M/F)	Male / Female
Caste (Gen/SC/ST/ Other)	General / SC / ST / Others
Socio-Economic Status (BPL/APL/ others)	BPL/APL/others
Address	
Contact No.	

Section 2: Other Information	
District	
Block	
Name of the Facility	
Type of Facility (MC/ DH/CHC)	
Toilet facility available at Child's home	Yes / No
Source of drinking water (tick appropriate one)	Pipeline / Tube well / Well / Pond / Others
Referred from: (tick appropriate one)	1. AWW 2. ASHA 3. ANM 4. Self 5. OPD/ Pediatric Ward
Reason for referral (tick appropriate one)	1. Nutritional referral 2. Medical Transfer

Section 3: Admission Details	
Date of Admission (DD/MM/YYYY)	……/……../……..
Admission Weight (in Kg)	…...Kg……...gms
Admission Height/ Length (in Cms)	…….Cms
Admission WHZ score	Less than…….Z Score
Admission MUAC (in mm)	……...mm
Oedema (0, +, ++, +++)	…….
Appetite Test	Pass / Fail
Complications (refer section 6 & 8)	Yes/No &…….

Section 4: Discharge Details	
Date of Discharge (DD/MM/YYYY)	……/……../……..
Exit Indicator (tick appropriate one)	1. Discharged with target weight 2. Discharged without reaching target weight 3. Defaulter 4. Non-Respondent 5. Death
Supplementary Sucking Technique SST	Yes/ No / Not Applicable (in less than 6 months)
Outcome of SST	Successful / Not Successful / NA
Duration of Stay (in days)	……..days
Discharge Weight	…...Kg……...gms
Discharge WHZ score	Less than…….Z Score
Discharge MUAC	……..mm
Average weight gain	……...gms/Kg/day

Section 5: Follow up				
Date of Follow up as per plan	Date of Actual Follow-up	Follow up weight	Follow up SD score	Follow up MUAC

Section 6: General History (by Medical Officer)	
Diarrhoea	Remarks:
Vomiting	Remarks:
Fever (>38.5 degree C)	Remarks:
Hypothermia (< 35 degree C)	Remarks:
Cough	Remarks:
Lethargy	Remarks:
Swelling of limbs/ body	Remarks:
Any other	
Immunization History (circle which are received)	BCG / DPT- 1 2 3 / OPV 1 2 3 / Hep-B 1 2 3 / Measles

Section 7: Diet History (by Feeding Demonstrator)		
Breast feeding at present :	Yes / No	
Any other milk :	Yes / No	**if yes then which milk**
Complementary feeds:	Yes / No	**if Yes then age of Introduction**
Frequency of Complementary Feeding:		
Dietary Diversity:		

Section 8: Examination details (at time)	
Cyanosis	
Severe Visible wasting	
Altered Sensorium	**Consciousness:** Alert / Irritable / Lethargic ……
Hair Changes	Yes / No **If yes than describe**
Skin Changes	Yes / No **If yes than describe**
Eye—Signs of Vitamin-A Def	Yes / No **If yes than describe**
Palmer Pallor	Yes / No **If yes Some / Severe**
Dehydration	No Dehydration / Some Dehydration / Severe Dehydration
Others observations	

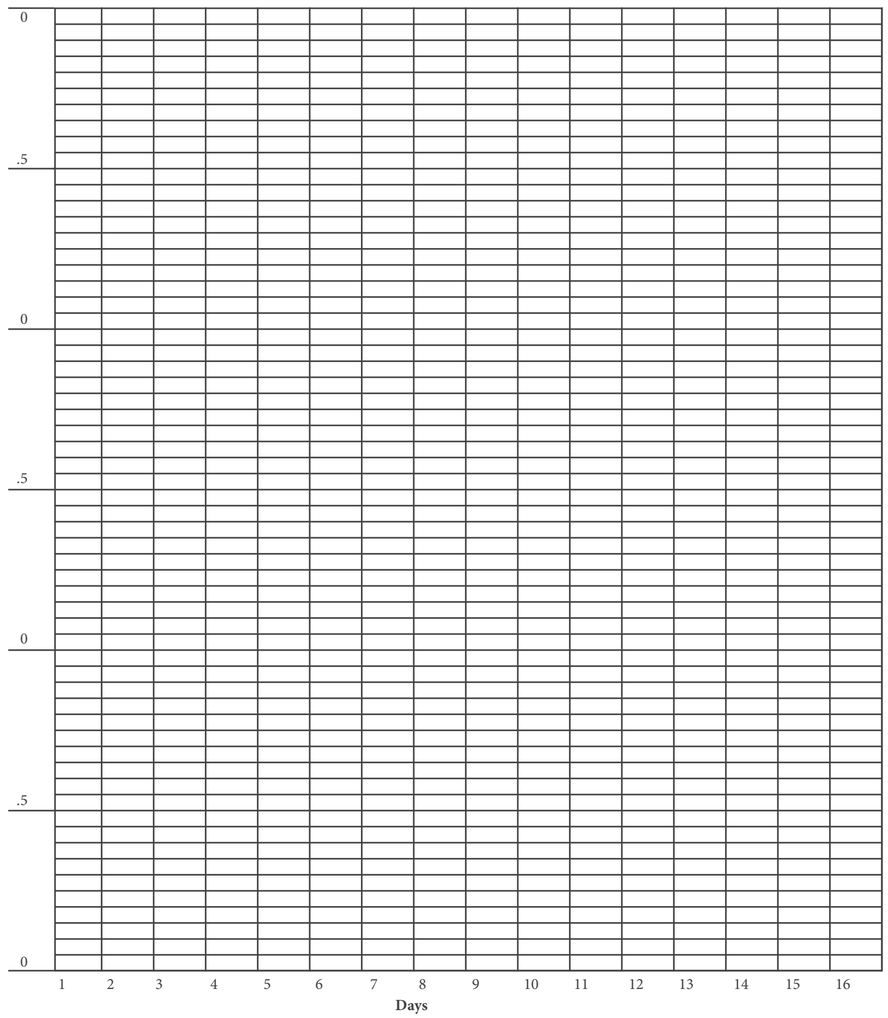
Section 9: Laboratory Investigation	
Hemoglobin (gm%)	
Blood Glucose (gm/dl)	
Total Leucocyte count	
Differential Leucocyte count	
Urine test (Routine / microscopic)	
Test for TB (Chest X ray & Montoux)	
Serum Electrolytes	
Other Tests	

Section 10 : Daily Instructions

Date	Daily Feeding Instruction (by Feeding Demonstrator)	Counseling Session	Session taken by

Section 11 : Daily weight gain chart

Weight on admission_____ Weight on discharge_____



Section 12: Daily Management

		Week 1							Week 2							Week 3						
	Day	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
	Date																					
Daily Observation	Daily Weight (Kg)																					
	Daily Weight Gain (Gm/kg)																					
	Oedema (0, +, ++, +++)																					
	Diarrhea / Vomiting (0, D, V, DV)																					
	Respiratory Rate (/ min) AM / PM																					
	Pulse (/ min) AM / PM																					
	Temperature (°C) AM / PM																					
Diet & Feeding Plan	Phase (Stabilization/Transition/Rehabilitation)																					
	Type of Diet (F-75, F-100, F-100 diluted)																					
	No. of Feeds																					
	Daily Feed total / Range of F-100																					
	Feeding Hours (enter the time)	**Daily Feeding Chart**																				
	2 Hrly feed / 3 Hrly feed / 4 Hrly feed	Offered / Consumed																				
	Total Volume (in ml)																					
Medicine	**Antibiotics (name & dose)**																					
	1.																					
	2.																					
	3.																					
	4.																					
	5.																					
Multivitamin & Electrolytes	**Mention the amount administered daily**																					
	Folic Acid (mg)																					
	Vitamin-A (ml)																					
	Iron Syrup (during Phase-2) (mg)																					
	Zinc (mg)																					
	Multivitamin Syrup (ml)																					
	Potassium Chloride (meq)																					
	Magnesium Sulphate (ml)																					

Section 13: Diet history during Follow Up period

Dietary History (Follow up-1)					Dietary History (Follow up-2)					Dietary History (Follow up-3)					Dietary History (Follow up-3)				
Episode of illness during follow up					Episode of illness during follow up					Episode of illness during follow up					Episode of illness during follow up				
Breastfeeding:					Breastfeeding:					Breastfeeding:					Breastfeeding:				
Details of Complementary feeding (last 24 hour recall)					**Details of Complementary feeding (last 24 hour recall)**					**Details of Complementary feeding (last 24 hour recall)**					**Details of Complementary feeding (last 24 hour recall)**				
Food items given in last 24 hours			Food groups covered (tick the boxes)		**Food items given in last 24 hours**			Food groups covered (tick the boxes)		**Food items given in last 24 hours**			Food groups covered (tick the boxes)		**Food items given in last 24 hours**			Food groups covered (tick the boxes)	
Time	**Food items**	**Quantity**	Cereals & Tubers	Lentils & Nuts	**Time**	**Food items**	**Quantity**	Cereals & Tubers	Lentils & Nuts	**Time**	**Food items**	**Quantity**	Cereals & Tubers	Lentils & Nuts	**Time**	**Food items**	**Quantity**	Cereals & Tubers	Lentils & Nuts
			Vit-A rich fruits & Vegetables	Other fruits and vegetable				Vit-A rich fruits & Vegetables	Other fruits and vegetable				Vit-A rich fruits & Vegetables	Other fruits and vegetable				Vit-A rich fruits & Vegetables	Other fruits and vegetable
			Eggs / Meat / Milk & Milk Products					Eggs / Meat / Milk & Milk Products					Eggs / Meat / Milk & Milk Products					Eggs / Meat / Milk & Milk Products	
Dietary Advice					**Dietary Advice**					**Dietary Advice**					**Dietary Advice**				