

Annex J: OTC SAM Treatment Record/ Chart



Republic of the Philippines
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OTC Chart: Admission Details Outpatient Therapeutic Care (OTC) (Front)

Name					Reg. N°					
Municipality					Barangay					
Age (months)		Sex	M	F	Date of Admission					
Admission Status	Screened by BNS/BHW	Walk-in	From IC	From SFP	From other OC	Readmission (Relapse)	ITC Refusal	Family MUAC		
Total Number in Household	# adults: —	# children: —	Twin	Yes	No	Distance to home (hrs)		4Ps Beneficiary?	Yes No	
Admission Anthropometry										
MUAC (cm)			wt (kg)			ht (cm)			WHZ score	
Admission Criteria (encircle all applicable)	Edema	MUAC <11.5cm	WHZ <-3	Other (specify)						
History										
IMCI Danger Signs	Able to drink or breastfeed? Yes No		Does the Child Vomit Everything? Yes No		Has the child had convulsions? Yes No		Is child lethargic/unconscious? Yes No			
Diarrhoea	Yes	No	Stools / Day		1-3		Passing Urine		4-5	>5
Vomiting	Yes	No							Frequency	
Cough	Yes	No	Other Medical Problems		Tuberculosis		Malaria		If edema, how long swollen?	
Appetite at home?	Good	Poor							None	Breastfeeding
Reported Problems									Congenital anomalies	
									Others: _____	
Physical Examination										
Respiration Rate (# min)	<30	30 - 39	40 - 49	50+		Edema		None + ++ +++		
Temperature (°C)					Dehydration		Chest Retractions		Yes	No
Eyes	Normal	Sunken	Discharge		Mouth		None		Moderate	Severe
Conjunctiva	Normal	Pale			Disability		Normal		Sores	Candida
Ears	Normal	Discharge				Extremities		Yes		No
Skin Changes	None	Scabies	Peeling	Ulcers / Abscesses		Normal		Cold		
Appetite Test	Pass	Fail		NOTE: If child failed appetite test, refer IMMEDIATELY to ITC						
Routine Admission Medication										
admission: Drug Date Dosage										
Amoxicillin [] [] []										
2nd visit: Drug Date Dosage										
Mebendazole [] [] [] Measles [] [] []										
Other Medication										
Drug	Date	Dosage		Drug	Date	Dosage		Drug	Date	Dosage



FOLLOW UP: OUTPATIENT THERAPEUTIC CARE (BACK)

Name					Registration Number												
Week	ADM.	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Date																	
Anthropometry																	
Weight (kg)																	
Height (cm)																	
WHZ score																	
Weight loss * (Y/N)		*		*													
MUAC (cm)																	
Edema (+ ++ +++)																	
* WEIGHT CHANGES: MARASMICS: if below admission weight on week 3 refer for home visit. If no weight gain by week 5 refer to SC.																	
History																	
Diarrhea (# days)																	
Vomiting (# days)																	
Fever (# days)																	
Cough (# days)																	
Physical Examination																	
Temperature (°C)																	
Respiratory Rate (# / min)																	
Dehydrated (Y/N)																	
Anemia (Y/N)																	
Skin Infection (Y/N)																	
Appetite Test (Pass/Fail)																	
Action Needed (Y/N) (note below)																	
Other Medication (see front of card)																	
RUTF (# sachets)																	
Name of Examiner																	
OUTCOME ***																	
*** A = absent D = defaulter (3 consecutive absences) T = transfer to Inpatient X = died C = discharged cured RT = refused transfer HV = home visit NC = discharged non-cured/non-responder																	
** Action Taken (include date)																	