

UNIQUE ID

**Determinants of Under-nutrition in Children and  
Assessment of Management at Different level of Health  
Care**

**OBSERVATION FOR SKILL ASSESSMENT  
(ADMITTED CHILD)**

**State:**

**District**

**Partner Medical Institution /Medical College:**

<b>Hospital name &amp; Place</b>			
----------------------------------	--	--	--

<b>Date</b>	D	D	-	M	M	-	Y	Y			-		-		
-------------	---	---	---	---	---	---	---	---	--	--	---	--	---	--	--

<b>Session 1 Commencing Time</b>	Hr	Hr	Min	Min	<b>Session 2 Commencing Time</b>	Hr	Hr	Min	Min
<b>Concluding Time</b>	Hr	Hr	Min	Min	<b>Concluding Time</b>	Hr	Hr	Min	Min

Namaskar. I am .....from.....Medical College. I am here with my colleagues to do a study on under nutrition. Your participation in the study would contribute to improve health services and other facilities in this district. Our team would like to observe the assessment and services available for children for management of under nutrition at your centre. You are an important stake holder in this survey and therefore we would appreciate if you could spare your valuable time to facilitate observation of your health facility. Your responses will be treated as confidential and you may choose to stop your participation at any time. At no time the identity of health facility will be revealed to anyone outside the study teams.

**Selection Criteria for health facility and Case Selection for In-patient Observation**

1. Observation for in-patients to be done at facilities with adequate load of children-
2. Observation will be done at private facility where children under-five years are admitted.
3. In-patient care should include observing the process of assessment and management of three categories of undernourished children in the facility (a) who is being admitted, (b) already admitted and (c) one who is being discharged.

**I. Type of Health Facility***(Please write the corresponding number in the box)*

(Allopathic hospital)

1. District Hospital
2. SDH
3. CHC
4. PHC
5. NRC
6. Dispensary
7. Private clinic
8. Private hospital

**II. Qualification of the Respondent (In Charge of Health Facility)** (Highest degree to be mentioned)

1. MBBS
2. MD
3. Diploma
4. Others

Part A: In-Patient Management		Child 1 (Just admitted)	Child 2 (Already admitted)	
Admission number				
1	Age of the Child (in completed months)			
2	Sex of the Child (Male = 1, Female = 2)			
3	Nutritional Status (write the actual figure; 0- if not done)			
3.1	▪ Child's weight			kg
3.2	▪ Length/height			cm
3.3	▪ Wasting (Visible)			
	▪ Edema of feet			
4	Hypothermia			
4.1	▪ Temperature recorded (at admission and daily at least once)			
4.2	▪ Was temperature < 35.5°C/95.9°F at any point of time during the hospital stay?			
4.3	▪ Covered with blanket			
4.4	▪ Extra warmth by heater/lamp/skin-to-skin contact			

	In-Patient Management	Child 1 (Just admitted)	Child 2 (Already admitted)	
<b>5</b>	<b>Diarrhoea</b>			
5.1	▪ Presence of Diarrhoea mentioned			
5.2	▪ Dehydration assessed and mentioned			

<b>6</b>	<b>Fluid therapy given</b>			
6.1	▪ ORS			
6.2	▪ IV			
<b>7</b>	<b>Anemia</b>			
7.1	▪ Pallor/Anemia			
7.2	▪ Hb estimated			g/dl
7.3	▪ Iron therapy prescribed/given			

<b>8</b>	<b>Hypoglycemia</b>			
8.1	▪ Blood sugar estimated at admission and at least once a day			
8.2	▪ Was B. Sugar <50 mg/dl at any point of time during admission			
8.3	○ IV dextrose bolus given during hospital stay			
8.4	○ NG Feed given			
8.5	○ Type of NG feed mentioned			
<b>9</b>	<b>Co-morbidities (if mentioned)</b>			
9.1	▪ Pneumonia			
9.2	▪ Malaria			
	▪ Measles			
9.3	▪ Others (specify) ..... .....			
<b>10</b>	<b>Antibiotics</b>			
10.1	▪ Prescribed Antibiotics			
10.2	▪ Which antibiotics (specify) ..... .....			

	In-Patient Management	Child 1 (Just admitted)	Child 2 (Already admitted)	
<b>11</b>	<b>Vitamins/ Micronutrients</b>			
11.1	<ul style="list-style-type: none"> <li>• Vitamin A given</li> </ul>			
11.2	<ul style="list-style-type: none"> <li>• Vitamin B complex</li> </ul>			
11.3	<ul style="list-style-type: none"> <li>• Micronutrients/Minerals (Mg,Zinc, etc)</li> <li>• Zinc</li> <li>• Magnesium sulfate</li> <li>• Others (specify)</li> </ul>			

<b>12</b>	<b>Feeding</b>			
12.1	<ul style="list-style-type: none"> <li>▪ Route of feeding (self (oral)/ Naso-gastric)</li> </ul>			
12.2	<ul style="list-style-type: none"> <li>▪ Cereals</li> </ul>			
12.3	<ul style="list-style-type: none"> <li>▪ Proteins</li> </ul>			
12.4	<ul style="list-style-type: none"> <li>▪ Fat/ oil</li> </ul>			
12.5	<ul style="list-style-type: none"> <li>▪ Others (Please specify)</li> <li>.....</li> <li>.....</li> </ul>			
12.6	<ul style="list-style-type: none"> <li>▪ Being breast fed (if child &lt; 2 years)</li> </ul>			
12.7	<ul style="list-style-type: none"> <li>▪ Type of diet</li> <li>▪ .....(75).</li> <li>▪ .....(100)</li> <li>▪ Any other special diet</li> </ul>			
12.8	Preparation of diet <ul style="list-style-type: none"> <li>▪ Prepared by the staff/cook</li> <li>▪ Prepared by mother/family members</li> <li>▪ Any Special diet (Ready to use)</li> </ul>			
<b>13</b>	<b>Perception about progress</b> (if child is admitted for at least .....? 3-4 days)			
13.1	Care provider's perception about progress			
13.2	Mother's/ Family members perception about progress			

Part B: Processes and Advice at discharge		Child 3 (being discharged)		
Admission number				
1	Age of the Child (in completed months)			
2	Sex of the Child (Male = 1, Female = 2)			
3	Discharge card/ paper seen (yes- 1; No-2)			
4	Does the discharge card/paper mention about (0- not mentioned; 1- at admission only; 2- both at admission and at discharge)			
4.1	<b>Nutritional Status</b>			
4.1.1	▪ Child's weight			kg
4.1.2	▪ Length/height			cm
4.1.3	▪ Edema of feet			
4.2	<b>Temperature and Hypothermia</b>			
4.3	<b>Hydration status</b>			
4.4	<b>Anemia or pallor</b>			
4.5	<b>Hypoglycemia</b>			
4.6	<b>Diagnosis</b>			
4.7	<b>Co-morbidities / associated problems</b> at admission and during the hospital stay			
4.8	<b>Treatment given</b>			
4.8.1	Feeds given			
4.8.2	Antibiotics			
4.8.3	Vitamins and minerals			
4.8.4	Any other (specify)			
4.9	<b>Investigation findings</b>			
4.9.1	Blood sugar			
4.9.2	Electrolytes			
4.9.3	Cultures (Blood/ Urine/ any other)			
4.9.4	Any other (specify)			

	<b>Part B: Processes and Advice at discharge</b>	<b>Child 3 (being discharged)</b>		
<b>5</b>	<b>Advice at discharge</b>			
5.1	Feeding advice appropriate for age			
5.2	Vitamins/ minerals			
5.3	Medications (antibiotics/ others)			
5.4	When to return/ follow up			
5.5	Any other (specify)			
<b>6</b>	<b>Counseling at discharge</b>			
6.1	Nutritional status of the child			
6.2	Associated Co-morbidities / associated problems			
6.3	Feeding advice <ul style="list-style-type: none"> <li>○ Type of feed (breastfeeding/semisolid/ solid)</li> <li>○ Frequency</li> <li>○ Quantity</li> </ul>			
6.4	How to prepare feeds (constituents and process)			
6.5	Medicines			
6.6	Danger signs/ when to return			
6.7	Whom to contact in emergency/ follow up			
6.8	Hygiene practices			
6.9	Vaccinations (if less than 2 years)			
6.10	How to monitor growth of the child and where?			

**Observations and comment of the SI about the facility and management being done at the facility:**

**Signature** \_\_\_\_\_

**Name of Senior Investigator:** \_\_\_\_\_