MAKING A LASTING CHANGE

Developing holistic in-hospital care for children admitted with severe acute malnutrition

BACKGROUND & AIM

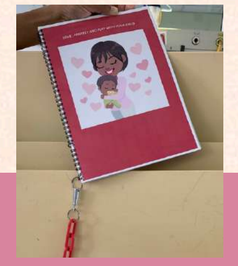
In hospital care for children with severe acute malnutrition focusses on medical treatment according to the WHO 10 steps. The aim of this QIP is to improve quality of care for SAM patients by developing a package of care. By making use of existing services and passionate advocates, the ultimate goal is to make changes in the circumstances of the child at home.

BUNDLE OF CARE TOOLS

	Tick √ / NA
Linked to Clinic OM / CHW Name of clinic:	
Feedback received from CHW home visit (SAM linkages)	
Discharge weight reached	
Check summary sheet: - Long acting reversible contraception mother - MVL + tto's mother	
Disclosure of HIV status of child and mother to second caregiver	
TB notification on the NMC app Notification number:	
Send to TB clinic for registration	
From which clinic are mother and child going to take ARVs? Name of clinic:	
White ARV booklet filled in for mother and child	
Send to HAAST clinic for registration	
Follow up appointments - HAAST/TB clinic - POPD - MDT team	
Form 22 – 3 copies (one in file PUM, two for SW)	
Food parcel initiative – consent form	
Child added to complicated cases database	

1. IN THE WARD

- Separate cubicle in the Paediatric ward called iNkanyezi
- Weekly bedside MDT rounds including physiotherapy, occupational therapy, speech therapy, social worker, dietician, nurses, doctors and caregivers
- Interactive teaching meetings with the caregivers by dietician, SW, OT, ST
- Auditing of SAM files
- Sensory stimulation by weekly toy making project with patients and caregivers
- Book donation and reading project
- Booklet attached to the bed with general health information (e.g. immunisations, ORS preparation, etc)



2. IN THE FACILITY

- Bimonthly IMAM hospital meetings for MDT team and district representatives
- Bimonthly meetings between dieticians and nutritional advisors from the clinics
- Ad hoc social forum meetings including district DSD, child welfare, social workers
- Local NGO providing comprehensive food parcels upon discharge, and on three monthly follow up
- Development of a discharge checklist
- Mother and child couple to stay in the hospital's HAAST clinic for follow-up for at least six months
- All interns to complete provincial IMAM training during Paediatrics rotation

3. FOR THE CAREGIVER

- Psychology assessment for mothers
- Long acting reversible contraceptives
- Family meetings for counselling and disclosure of status of both mother and child
- Visit to Home Affairs for application of birth certificate, ID, etc facilitated by social worker
- Visit to SASSA for application of Child Support Grant facilitated by social worker
- Form 22 filled and send to DSD for readmission SAM patients
- Linkage to local clinic with home visits from community healthcare worker and social worker

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