Appendix 1.

10 Steps of Management of Malnutrition (1)

Stabilisation Phase

1. Prevent and treat hypoglycaemia: Regular 3 hourly feeding with F75 and glucose monitoring. Dietician consultation

2. Prevent and treat hypothermia: Monitor temperature 2 hourly and nurse in warm Room or kangaroo mother care technique practised

3. Treatment of diarrhoea & dehydration: Replace ongoing losses with oral rehydration fluid. If intravenous fluids used ½ strength Darrows was used and rehydration was done slowly. Zinc sulphate 10mg (<6/12) or 20mg (>6/12) daily orally

4. Correction of electrolyte imbalances: Potassium chloride solution 25-50mg/kg/dose 3 times daily until oedema subsides; <10kg – 250mg, >10kg - 500mg orally Magnesium sulphate 0.4 – 0.6mmol/kg/day oral

5. Treatment of infection Broad spectrum antibiotics with both Gram-positive and negative cover for 7 days Ampicillin 50mg/kg/dose 8 hourly intravenous Gentamycin 5mg/kg/dose daily intravenous

6. Correction of micronutrient deficiency: Vitamin A orally on day 1 < 6 months – 50 000 IU 6-12 months – 100 000 IU > 12 months – 200 000 IU Folic acid – 1mg/day orally Zinc - 2mg/kg/day orally Copper – 0.3mg/kg/day orally Iron – 3mg/kg/day (only once gaining weight)

7. Start cautious feeding: Feeding started as soon as possible, small volumes with F75 kcal/100ml and 0.9g protein/100ml. Monitor weight daily.

Rehabilitation Phase

8. Feeds changed to F-100 and ideal weight gain should be 10g/kg/day. Iron was started in this period
9. Provide stimulation and play therapy: Provision of structured play for 30 minutes a day
   Involvement of occupational therapist (OT)

10. Prepare for discharge:
    Educate mother about the condition and how to prevent re-occurrence
    Social worker to assist with social grants
    Follow-up with paediatrician, dietician and OT.