IV C-MAMI PROGRAMME MANAGEMENT CARDS

C-MAMI Enrolment and Management Card

ADMISSION/ENR							_	Herri		TISIC IVIO CITA									
Nan (first, last/fami										Reg. No									
A (completed month						Date of irth (DOB)			Date of Admission										
Administrative U	nit	it					Ti			avel to Site									
Community									Father Alive			No	M	othe	r Aliv	'e	Yes	No	
House Detai Landmar													Mother's Age						
Caregiv (first, last/fami	Caregiver								Total Number in household							-			
Contact phone #1									Contact phone #2										
Admission (Circ	Admission (Circle) Self-Referral Refer				•	Inpatient Care Refusal	Health Facility Referral			mission/ lapse	Yes	No	If Ye	-					
Twin/multiple bir	/multiple birth Yes No Infan Birtl Weight		h			Premature	Yes No Orphan/M		Mother absent		Yes	No	Mot		Yes	No			
Addition														I					
					Enrol	lment	t Anthrop	ome	try (I	nfant)									
Weight	Ler	ngth					ht-for-		,	Weight-f	or-		Λ	ЛUAC	(mm)			
	kg				cm Length: WFL				Age:					da		´			
						Z-SC	core			WFA z-sco	ore								
Bilateral pitting oedema 0 + ++ +++																			
					Admis	ssion	Anthropo	met	ry (N	lother)									
Bilateral pitting oedema	0 + ++ +++ MUAC data				AC data		mm												
History (Infant)																			
Unable to	Yes	NI	2		Ī		mistory (ii	manı											
drink/breastfeed	163	144	No				Pos			ato (#min)		20	30 .	20	40 -	40	5	0.4	
Vomits everything							Res			ate (#min)	<3	30	30 – 3	39	40 -	49	5	0+	
	Yes	Ne	0			su	Res				<3 t In-dr			39 Yes	40 -	49	No	0+	
Any Convulsions	Yes	Ne	0			otoms		spirat	ion R	Ches	t In-dr	awing Cough	,	Yes Yes	40 -	49		0+	
	Yes		0			Symptoms		spirat	ion R		t In-dr	awing Cough	,	Yes	40 -	49	No	0+	
Any Convulsions Lethargic/	Yes	Ne	0			Symptoms		spirat	ion R	Ches	t In-dr	awing Cough	,	Yes Yes Yes	3-5		No No	>5	
Any Convulsions Lethargic/	Yes	Ne	0			Sy	A	spirat Abnor	mally	Ches y loose/ wat nfant > 1 mo Tem	tery stools	awing Cough cols in rhoea)	```	Yes Yes Yes			No No		
Any Convulsions Lethargic/ Unconscious	Yes Yes	No No	0		Ph	Sy		spirat Abnor	mally	Ches y loose/ wat nfant > 1 mo Tem	t In-dr (tery sto). (Diar Stools	awing Cough Dols in rhoea) s / Day re (°C)	```	Yes Yes Yes		5 0	No No No	>5	
Any Convulsions Lethargic/ Unconscious	Yes Yes Normal	No No Sunl	o o ken	Disc	Ph charge	Sy	A	spirat Abnor	mally	Ches y loose/ wat nfant > 1 mo Tem	tery sto b. (Diar Stools peratu	awing Cough cools in rhoea) s / Day re (°C)	<3 No	Yes Yes Yes	3-5	50	No No No	>5	
Any Convulsions Lethargic/ Unconscious Eyes Ears	Yes Yes Normal	No No Sunl Disch	o o ken arge		charge	Sy	al Examina	spirat Abnor	mally ir	Ches y loose/ wat nfant > 1 mc Tem nnt)	tery stee. (Diarri Stools peratu	awing Cough cools in rhoea) s / Day re (°C) nctiva	<3 No Mod	Yes Yes Yes ormal	3-5	5 °(No No No Pale	>5 e	
Any Convulsions Lethargic/ Unconscious Eyes	Yes Yes Normal	No No Sunl	o o ken arge			ි nysica	A Examina	Abnor	mally ir	Ches y loose/ wan nfant > 1 mc Tem nnt)	tery stee. (Diarri Stools peratu	awing Cough cools in rhoea) s / Day re (°C)	<3 No Mod	Yes Yes Yes	3-5	5 °(No No No	>5 e	
Any Convulsions Lethargic/ Unconscious Eyes Ears	Yes Yes Normal	No No Sunl Disch	o o ken arge	A	charge	ි nysica	al Examina	Abnor	mally ir	Ches y loose/ wat nfant > 1 mc Tem nnt)	tery ste o. (Diarr Stools peratu Conju	awing Cough cools in rhoea) s / Day re (°C) nctiva	<3 No Mod	Yes Yes Yes ormal	3-5	5 °(No No No Pale	>5 e	
Any Convulsions Lethargic/ Unconscious Eyes Ears Lymph Nodes	Yes Yes Normal Normal	Sunl Disch	o o ken arge	A	charge xilla	တ် ysica Ulcer	A Examina	Abnor	mally in	Ches y loose/ wat nfant > 1 mc Tem nnt)	tery ste o. (Diarr Stools peratu Conju	awing Cough Dools in Phoea) S / Day Pre (°C) Inctiva Pre mal	<3 No Mod	Yes Yes Yes ormal derat ores	3-5	5 °(No No No Pale ever	>5 e	
Any Convulsions Lethargic/ Unconscious Eyes Ears Lymph Nodes Skin Problems	Yes Yes Normal Normal	Sunl Disch Nec	o o ken arge	A Pe	xilla eling Non- reastfeed	Ulcer Fee	Groin rs/Abscesse	abnor	mally in	Ches y loose/ wan nfant > 1 mo Tem nnt) hydration Mouth	tery sto cery sto c. (Diar Stools peratu No Nor Disal	awing Cough Dools in Phoea) S / Day Pre (°C) Inctiva Pre mal	<33 No Moo	Yes Yes Yes Ormal derat ores Yes	3-5-	5 °(No No No Pale ever	>5 e	
Eyes Ears Lymph Nodes Skin Problems Any plain wa	Yes Yes Normal Normal None None	Sunl Disch Nec Scale	ken arge ck	A Pe	xilla eling	Ulcer Fee	Groin rs/Abscesse	abnor	mally in De	Ches y loose/ wan nfant > 1 mo Tem nnt) hydration Mouth	tery sto cery sto c. (Diar Stools peratu No Nor Disal	awing Cough cools in rhoea) s / Day re (°C) nctiva ne mal bility	<3 Not Moor Solor	Yes Yes Yes Ormal derat ores Yes	3-5-	5 °(No No No Pale ever	>5 e da	
Eyes Ears Lymph Nodes Skin Problems Any plain wa	Yes Yes Normal Normal None None stfeeding ter, others or foods	Sunl Disch Nec Scal	ken arge ck Dies	A Pe	xilla eling Non- reastfeed Yes, desc	Ulcer Fee ding cribe:	Groin rs/Abscesse	abnor s	mally in Ope	Ches y loose/ wan nfant > 1 mo Tem nnt) hydration Mouth	tery sto cery sto c. (Diar Stools peratu No Nor Disal	awing Cough cools in rhoea) s / Day re (°C) nctiva ne mal bility	<3 Not Moor Solor	Yes Yes Yes Yes Ormal derat ores Yes St Mil	3-5-	5 °(No No No Pale ever	>5 e da	
Eyes Eyes Lymph Nodes Skin Problems Any plain wa liquids Breastfeeding F	Yes Yes Normal Normal None None stfeeding ter, others or foods	Sunl Disch Nec Scal	ken arge ck Dies	A Pe	xilla eling Non- reastfeed Yes, desc	Ulcer Feeding cribe: astfeed you	Groin rs/Abscesse eding Asso Yes ding, how le	abnor stion s	mally in Dee	Ches y loose/ wan nfant > 1 mo Tem nnt) hydration Mouth	tery sto cery sto c. (Diar Stools peratu No Nor Disal	awing Cough cools in rhoea) s / Day re (°C) nctiva ne mal bility	<3 Not Moor Solor	Yes Yes Yes Yes Ormal derat ores Yes St Mil	3-5-	5 °(No No No Pale ever	>5 e da	

		Recommendat	ions for Management (Circle)					
Infant/ Mother	Yellow	Breastfeeding counselling	Refer to C-MAMI counselling and support actions: Good attachment; effective suckling; frequency of breastfeeds; receives other liquids/foods; "not enough" breastmilk; mother lacks confidence; breast conditions; thrush: infant, maternal nipple thrush; low weight infant, keeping low weight infant warm & Kangaroo Mother Care (KMC); satisfactory slow weight gain; concerns about being away from infant; breastmilk expression; cup feeding, and storage of breastmilk; re-lactation; other breastfeeding related concerns: maternal diet concerns, twin delivery, adolescent mother, HIV-infected or exposed. Mother, family and community counselling: Informal support; group support; family support; partner support; community supportRefer to C-MAMI counselling and support actions: Good attachment; effective suckling; frequency of breastfeeds; receives other liquids/foods; "not enough" breastmilk; mother lacks confidence; breast conditions; thrush: infant, maternal nipple thrush; low weight infant, keeping low weight infant warm & Kangaroo Mother Care (KMC); satisfactory slow weight gain; concerns about being away from infant; breastmilk expression; cup feeding, and storage of breastmilk; re-lactation; other breastfeeding related concerns: maternal diet concerns, twin delivery, adolescent mother, HIV-infected or exposed. Mother, family and community counselling: Informal support; group support; family support; partner support; community support					
		Non-breastfeeding support	Non-breastfeeding support: Mother absent; use of appropriate BMS (e.g. infant formula); preparing infant formula; cup feeding Mother, Family and Community Counselling: Informal support; group					
			support; family support; partner support; community support					

INFANT in YELLOW: NUTRITIONALLY VULNERABLE WITHOUT MEDICAL COMPLICATIONS

WFA <-2 z score OR WFL < -2 z-score [MUAC: record measure to help build evidence] OR any of the following: Moderate weight loss (within a few days), Recent (days-weeks) failure to gain weight, Moderate drop across growth chart centile lines, Moderate feeding problem with with possible underlying causes (see below) AND: Clinically well and alert OR Referred from inpatient care.

BREASTFED INFANT: Not well attached to the breast OR Not suckling effectively OR Less than 8 breastfeeds in 24 hours OR Receives other foods or drinks

NON-BREASTFED INFANT: Inappropriate BMS being used OR Consuming less than 500 ml of BMS per 24 hrs OR Refusing feedings OR Receives other foods or drinks in addition to BMS OR Mother absent

MOTHER in ORANGE: MODERATE RISK

MUAC 190 to <230 mm (record actual measure to help build evidence) AND Lack of social support

INFANT in RED: NUTRITIONALLY VULNERABLE WITH MEDICAL COMPLICATIONS

MOTHER in RED: HIGH RISK

C-MAMI Follow-Up Card

			F	ollow-u	ıp: C-M	AMI								
Name					Date of Birth			Reg. N°						
Visit (weeks)	Adm (0)	1	2	3	4	5	6	7	8	9	10	11	12	
Date	Adili (0)	'		+-	+-	+	-	- '	+		10	+	12	
Dute			And	thropo	motry	Infant								
Bilataval mitting Oadawa			AII	unopol	illeti y.	IIIIaiit	_		1					
Bilateral pitting Oedema					+	+	-	+-	+	-		-		
MUAC (mm)							<u> </u>		+	<u> </u>				
Weight (kg)					_		-			<u> </u>		-		
Weight gain? (Y/N)					_					<u> </u>		-		
WFA (z-score)										ļ				
Length (cm)														
WFL (z-score)														
*WEIGHT CHANGES: If below admissio	n weight on	week 3,	refer fo	or home v	visit; if no	weight g	ain by	week 6 re	fer to inp	atient ca	re			
Bilateral pitting oedema														
MUAC (mm)														
		F	Physic	cal Exai	minatio	on Infan	t							
Temperature (C°)														
Respiratory rate (#/min)														
Dehydrated (Y/N)														
Anaemia (Y/N)														
Episode of sickness (Y/N)														
			М	onitori	ng Fee	ding								
Breastfeeding (Y/N)													Т	
Well attached? (Y/N)													1	
Suckling effectively (Y/N)													1	
At least 8 breastfeeds in 24 hrs. (Y/N)							1					1	
Consume any of the following: water	r,						t	1					1	
other liquids or foods (Y/N)														
Clinically well and alert (Y/N)														
Mother is confident with infant														
condition & breastfeeding (Y/N)														
If non-breastfed: receives														
appropriate breast milk substitutes (Y/N)														
			Сош	nselling	and S	upport								
Breastfeeding Counselling			Cou) and 3	арроге		1	1					
Non-Breastfeeding Support				_	-	_		-	+	<u> </u>			+	
Mother, Family and Community					-	+	-	+	+	-		-	+	
Counselling														
Name of Examiner								1					1	
Visit Outcome													1	
Before discharged Cured, check to n	nake sure th	e Breast	tfed o	r Non-Br	eastfed	Infant me	ets the	e followir	ng criteri	a:	·	•		
Breastfed Infant:					Nor	n-Breastfe	d Infa	nt:						
Breastfeeding=Yes Breastfeeding=No														
Consumes any water, other lic		Receives appropriate quantity of breast milk substitutes=Yes												
Clinically well and alert =Yes					Consumes any water, other liquids or foods =No									
Mother confident with infant	g=Yes													
Mother confident with infant condition and fe											nd feedi	ng=Yes		
			F	ollow-	up Acti	ons								
Date Actions agreed u	s	Date		А	ctions ag	reed upo	n during	follow	up visit	.s				
]						
			ightharpoonup								\bot			
										1				
		_					\perp			1	\perp			
Name of Outreach Worker										20/2:		••		
								C-N	/IAMI Tool, \	7.2.0 (2018)). www.en	nonline.n	et//c-mami	