PB SAM SCREENING FORM (YELLOW FORM)

SITE: KILIFI **SCREENING NUMBER |___|___|___|___|___|**

*Applicable to all children admitted to hospital with severe malnutrition. Each completed form represents one **screening event**.*

HOSPITAL NUMBER ______________________DATE ___/___/____

	VARIABLE	VALUE/RESPONSE	MEETS CRITERIA?
	INCLUSION CRITERIA		
1.	Age	**|___|___| months** ***(Age must be between 2 -59 months***	☐ Yes ☐ No
2.	MUAC	**|___|___|.|___| cm** ***(Age > 6months <115mm; Age 2- <6 months <110mm)***	☐ Yes ☐ No
3.	WHZ score	____________________ ***<-3z scores of the median WHO growth standard***	☐ Yes ☐ No
4.	Oedema	☐ **Yes** ☐ **No** ***(Symmetrical, at least of the feet related to malnutrition)***	☐ *Yes* ☐ *No* *(Not mandatory if MUAC or WHZ qualifies for SAM)*
5.	Presence of 2 or more severity signs	☐ **Yes** ☐ **No** ***Complete severity table below***	☐ Yes ☐ No
6.	Parent or guardian available to give consent	☐ **Yes** ☐ **No**	☐ Yes ☐ No

<u>Severity signs</u> *(Tick as applicable)*

	DESCRIPTION	VALUE/RESPONSE
a)	☐ Respiratory distress	☐ subcostal indrawing or ☐ nasal flaring or ☐ head nodding ☐ **grunting**
b)	☐ Oxygenation	☐ central cyanosis or ☐ SaO_2<90% (adjusted for altitude)
c)	☐ Circulation	☐ Limb temperature gradient or ☐ cap refill >3 seconds
d)	☐ AVPU	< ”A”
e)	☐ Pulse	> 180 per min [________beats per minute]
f)	☐ Hb	< 7g/dl [________. ___g/dl]
g)	☐ WBC	< 4 or > 17.5 x 10^9/l [________. ___10^9/l]
h)	☐ Blood glucose	< 3mmol/L [________. ___mmol/L]
i)	☐ Documented temperature at admission or screening	☐<36 or ☐>38.5°C
j)	☐ Very low MUAC	MUAC <11cm

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	EXCLUSION CRITERIA				
	DESCRIPTION	**VALUE**			**MEETS CRITEA?**	
1.	Known congenital cardiac disease	☐ **Yes**	☐ **No**		☐ Yes	☐ No
2.	Known terminal illness e.g. cancer	☐ **Yes**	☐ **No**		☐ Yes	☐ No
3.	Admission for surgery, or likely to require surgery within 6m	☐ **Yes**	☐ **No**		☐ Yes	☐ No
4.	Admission for trauma?	☐ **Yes**	☐ **No**		☐ Yes	☐ No
5.	Sibling enrolled in study	☐ **Yes**	☐ **No**		☐ Yes	☐ No
6.	Previously enrolled in this trial or currently enrolled in this trial	☐ **Yes**	☐ **No**		☐ Yes	☐ No
7.	Known stomach or duodenal ulcer	☐ **Yes**	☐ **No**		☐ Yes	☐ No
8.	Known liver disorder or exocrine pancreatic disorder – e.g. biliary atresia, history of gallstones, cystic fibrosis or clinical jaundice	☐ **Yes**	☐ **No**		☐ Yes	☐ No
9.	Known intolerance or allergy to any study medication	☐ **Yes**	☐ **No**		☐ Yes	☐ No
10.	Direct Bilirubin levels Above **25**umol/L	☐ **Yes**	☐ **No**	☐ **NA**	☐ Yes	☐ No

Summary:

1. Cumulative screening events: ____________
2. Participant eligible on current screening? ☐ **Yes** ☐ **No**

   (If not, consider re-assessment within 72hrs of admission. Complete a new screening form for reassessment but MAINTAIN same screening number)

3. **If participant eligible, proceed to consent.**