



Takeaway: M2 S6 Patient Flow

Key Messages:

1. A triage area should be systematically organised in the waiting area (at arrival) for any nutrition programme. This may be integrated into an emergency department if the nutrition programme is integrated into a health facility or stand-alone if it is a vertical nutrition project
 - This allows staff to rapidly identify life threatening conditions (emergency signs) in patients that must be treated immediately (priority 1), those with serious conditions that should be treated rapidly (priority 2) and those who should be treated in turn (priority 3).
 - MUAC and oedema will be systematically included in the triage of contexts prone to malnutrition
 - At arrival, if it is already known that the child is malnourished (referral from ATFC because of medical complications or visibly wasted) they should be stabilised by staff trained in treating severely ill malnourished children (in the ED and then the ICU) and referred to the ITFC as soon as they are stable enough to move.
2. Checking for medical complications:
 - It is very important that those considered to be SAM or MAM by MUAC and/or oedema are immediately clinically examined
 - If they have medical complications meeting the ITFC admission criteria and/or oedema +++ they will be referred to the ITFC for stabilisation and treatment
3. Appetite test:
 - If they do not have medical complications needing inpatient admission, the appetite test will be done to decide if they will be referred to the ITFC or ATFC
4. Weight and height measurements
 - For the patients with medical complications needing emergency treatment, the weight and height will be done when possible, knowing that the priority is first to stabilise the patient.
 - For the patients without medical complications, the weight and height measurements will be done before the appetite test (the weight is needed to know how much RUTF to give the child in the appetite test)
5. Registration:
 - The patient will be only registered into the nutrition programme when it is known whether the patient will be admitted into the ATFC or ITFC. This is to avoid registering a patient twice and having a double registration (in the ATFC and in the ITFC). The patient may be registered into the emergency department (ED) register (if they are seen in one) to monitor work load of the ED

6. Waiting area

- Sugar water (10%) should be available for all SAM children in the waiting area to prevent hypoglycaemia.
- Staff must regularly monitor the children that are waiting to quickly identify sick or weak children who need medical assistance.
- While patients and caretakers are waiting for the medical consultation, basic health promotion messages should be communicated

The system must be efficient to avoid children having to wait too long in the waiting area.