



Takeaway M8 S27 Key Discharge Activities

Key Discharge Activities ITFC-ATFC

ITFC	ATFC	BOTH ITFC-ATFC
<p>Explanation regarding the nutrition status of the patient, explaining that the patient is not yet recovered from malnutrition and that they must continue the treatment at the ATFC until they are fully recovered.</p>	<p>Exit ration: In some settings, an exit ration for the patient (RUTF) is given at discharge to prevent relapse. Caretakers often find it difficult to be discharged with nothing, especially if they have come all the way to the ATFC, so this exit ration is also good for the perception of the ATFC and the trust that caretakers have in the service.</p>	<p>Vaccination: Make sure the patient's vaccination status is up-to date. Check patient has a vaccination card and if not then give them an MSF vaccination card. .</p> <ul style="list-style-type: none">▪ If not up-to-date on exit from the ITFC, it will need to be updated in the ATFC.▪ If not up-to-date on discharge from the ATFC (or minimum interval with next dose not completed) caretakers should be notified of all incomplete vaccine series and of the need for follow-up appointments – they should be directed WHERE to go for these.▪ Never forget to take the opportunity to offer vaccination to the mothers or female caretakers of childbearing age▪ Include HP information about vaccination in the discharge information.
<p>Explanation of the functioning of the ATFC (frequency of the scheduled visits, activities done at the ATFC, weight, height, MUAC and oedema follow up, medical consultation, RUTF given, drugs and vaccination given...)</p>	<p>Discharge ration: In some settings, a discharge ration (e.g. Fortified Blended Flour (FBF) and oil) is given for all the family members at discharge from the nutrition programme prevent relapse. Caretakers often find it difficult to be discharged with nothing, especially if they have come all the way to the ATFC, so this discharge ration is also good for the perception of the ATFC and the trust that caretakers have in the service.</p>	<p>Patient files: For all type of discharges (cured, defaulter, referral, death etc), patient files must be kept at the centre discharging the child.</p> <p>Exit/Discharge summary: ALL patients must have a comprehensive exit/discharge summary filled in by the clinical staff who treated the patient including all treatment received and follow-up actions required. A copy of this should also be kept in the patient's file in the service they are leaving.</p>



Takeaway M8 S27 Key Discharge Activities

Information about the follow up visits at the ATFC and the date of their next appointment at the ATFC	For infants 1-6 months: Explain that the infant will be discharged from the programme and followed up until the age of 6 months for growth monitoring, support for the mother/caretaker and the provision of a breast milk substitute (BMS) if needed (this will be a project specific decision for the BMS).	For infants 1-6 months explanation that the infant will not receive RUTF as this is not appropriate treatment for children less than 6 months
Explanation about how to give the RUTF to their child at home (including hygiene considerations)		Breastfed infants: comprehensive information about the importance of exclusive breastfeeding and that the goal of nutritional treatment for these infants is to get them back on effective exclusive breastfeeding as this is the best way to keep the child healthy from a nutritional perspective
Ensure enough RUTF is given until the next ATFC appointment		Non-breast-fed infants: ensure a caretaker is identified and trained regarding the safe preparation of breast-milk substitutes (BMS)

Notes:

- Special attention must be paid to patients exiting the ITFC who are being referred to an outpatient centre that is not supported by MSF, ensure they understand the importance of follow up and try to brief them on what to expect in the centre they will go to (contact the centre to get this information).
- For **measles, a second dose** is given at discharge, with a minimum interval of 4 weeks since the admission dose.

Instructions on how to take the RUTF or how to prepare BMS' are included in the key exit/discharge activities takeaway. The facilitator can explain it showing them. This information will be more elaborated in the **Health promotion module and in the 1-6 months case management module.**