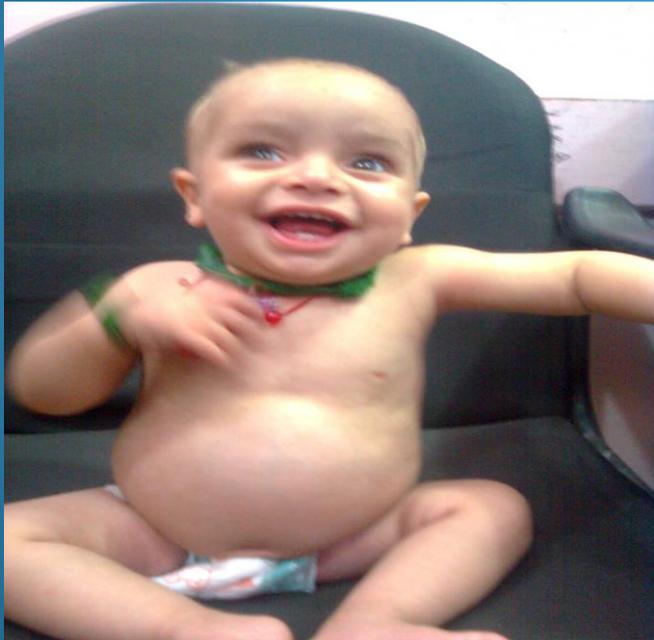


# Quiz examination



wt 4.600kg length 61cm -4SD  
13\12 \2010



Wt 6.600kg  
29\12\2010





1. When a child is severely malnourished, why is it important to begin feeding slowly and cautiously?



2. Why should all severely malnourished children be given antibiotics?



3. Why is it dangerous to give iron early in treatment?



4. Why is ReSoMal preferable to regular ORS for severely malnourished children who have diarrhoea?



1. What are two important differences between F-75 and F-100?



2. Why is it important to have two different formulas (F-75 and F-100) for treating severe malnutrition?

1. Two conditions that are related and must be treated immediately in a severely malnourished child are \_  
and \_\_\_\_\_.

2-Cautious feeding with ----- is necessary at first to stabilize the child.

Later-----is given to rebuild wasted tissues and gain weight.



3.To correct electrolyte imbalance, it is important to give feeds prepared with \_\_\_\_\_mix or a product called *Combined Mineral Vitamin Mix (CMV)*.

4.If a severely malnourished child has diarrhoea, a special rehydration solution called \_\_\_\_\_ should be given. This solution has less \_\_ and more \_\_\_\_\_ than regular ORS.

Indicate in the blank whether the statement is true or false:

5. Giving iron too early in treatment can have toxic effects.

6. All severely malnourished children should be given antibiotics.

7. Giving IV fluids too quickly can cause heart failure in a severely malnourished child.

8. Diuretics should be given to reduce oedema.

9. Unless CMV is used to prepare feeds, the child needs multivitamin drops.



A 3-year-old girl. She is very pale when she is brought to the hospital, but she is alert and can drink. She has no signs of shock, no diarrhoea, no vomiting, and no eye problems. Additional findings are described in the CCP sections below

SIGNS OF SEVERE MALNUTRITION				Severe wasting?	Yes	No
Oedema?	0	+	++	+++		
Dermatosis?	0	+	++	+++ (raw skin, fissures)		
Weight(kg):	8 kg		Height/length (cm):	83 cm		
SD score:	< -3		or % of median:			

TEMPERATURE	36 °C	rectal	axillary
<i>If rectal &lt; 35.5°C (95.9°F), or axillary &lt; 35°C (95°F), actively warm child. Check temperature every 30 minutes.</i>			

BLOOD GLUCOSE (mmol/l):	< 3 mmol/l		
<i>If &lt; 3mmol/l and alert, give 50 ml bolus of 10% glucose or sucrose (oral or NG).</i>			
<i>If &lt; 3mmol/l and lethargic, unconscious, or convulsing, give sterile 10% glucose IV: 5 ml x _____ kg (child's wt) = _____ ml Then give 50 ml bolus NG.</i>			
Time glucose given:	Oral	NG	IV
HAEMOGLOBIN (Hb) (g/l):	39	or Packed cell vol (PCV):	Blood type: B <sup>+</sup>
<i>If Hb &lt; 40 g/l or PCV &lt; 12%, transfuse 10 ml/kg whole fresh blood (or 5-7 ml/kg packed cells) slowly over 3 hours. Amount: _____ Time started: _____ Ended: _____</i>			



2a. What should she be given immediately to treat her hypoglycaemia?

How should it be given?

2b. When should she begin taking F-75?

How often and how much should she be fed?

2c. Does she have very severe anaemia?

If yes, what should be done? she has no signs of congestive heart failure.

A- 15-month-old boy who has been unwell since the 5 weeks ago. For the last 3 days he has had no food but has been given home fluids for diarrhoea. He is lethargic and limp on arrival at the hospital, and the doctor assumes his blood glucose is low without taking time for a blood sample and Dextrostix test. his temperature does not record on a standard thermometer. His gums, lips, and inner eyelids appear normal in color (not pale). Additional information is given below:

<b>SIGNS OF SEVERE MALNUTRITION</b>	Severe wasting?	<b>Yes</b>	No
Oedema?	<b>0</b> + ++ +++		
Dermatosis?	0 <b>+</b> ++ +++(raw skin, fissures)		
Weight(kg):	<b>5.8 kg</b>	Height/length (cm):	<b>69 cm</b>
SD score:	<b>&lt; -3</b>	or % of median:	

<b>TEMPERATURE</b> _____°C	rectal	axillary	<i>assumed</i> <i>&lt; 35.5° C</i>
<i>If rectal &lt; 35.5°C (95.9°F), or axillary &lt; 35°C (95°F), actively warm child. Check temperature every 30 minutes.</i>			

<b>BLOOD GLUCOSE</b> (mmol/l):	<i>assumed &lt; 3</i>		
<i>If &lt; 3mmol/l and alert, give 50 ml bolus of 10% glucose or sucrose (oral or NG). If &lt; 3mmol/l and lethargic, unconscious, or convulsing, give sterile 10% glucose IV: 5 ml x _____ kg (child's wt) = _____ ml Then give 50 ml bolus NG.</i>			
Time glucose given:	Oral	NG	IV
<b>HAEMOGLOBIN (Hb)</b> (g/l):	or Packed cell vol (PCV):	Blood type:	
<i>If Hb &lt; 40 g/l or PCV &lt; 12%, transfuse 10 ml/kg whole fresh blood (or 5-7 ml/kg packed cells) slowly over 3 hours. Amount: _____ Time started: _____ Ended: _____</i>			

**SIGNS OF SHOCK**

None

Lethargic/unconscious

Cold hand

Slow capillary refill( > 3 seconds)

Weak/fast pulse

*If lethargic or unconscious, plus cold hand, plus either slow capillary refill or weak/fast pulse, give oxygen. Give IV glucose as described under Blood Glucose (left). Then give IV fluids:*

Amount IV fluids per hour: 15 ml x \_\_\_\_ kg (child's wt) = \_\_\_\_\_ ml

	Start:	Monitor every 10 minutes					*2 <sup>nd</sup> hr:	Monitor every 10 minutes				
Time							*					
Resp. rate							*					
Pulse rate							*					

*\*If respiratory & pulse rates are slower after 1 hour, repeat same amount IV fluids for 2<sup>nd</sup> hour; then alternate ReSoMal and F-75 for up to 10 hours as in right part of chart below. If no improvement on IV fluids, transfuse whole fresh blood. (See left, Haemoglobin.)*



What are four treatments that he needs immediately?

- 

- 

- 

-



What amount of sterile 10% glucose should be given by IV?



What amount of IV fluids should be given over the first hour?



Tina is an 18-month-old girl who was referred from a health centre. Her arms and shoulders appear very thin. She has moderate oedema (both feet and lower legs). She does not have diarrhoea or vomiting, and her eyes are clear. Additional information is provided in the CCP sections below.

SIGNS OF SEVERE MALNUTRITION		Severe wasting?		Yes	<u>No</u>
Oedema?	0 + <u>++</u> +++				
Dermatosis?	<u>0</u> + ++ +++ (raw skin, fissures)				
Weight(kg):	<u>6.3 kg</u>	Height/length (cm):	<u>70 cm</u>		
SD score:		or % of median:			

TEMPERATURE	<u>35.5</u> °C	<u>rectal</u>	axillary
<i>If rectal &lt; 35.5°C (95.9°F), or axillary &lt; 35°C (95°F), actively warm child. Check temperature every 30 minutes.</i>			

BLOOD GLUCOSE (mmol/l):	<u>3.5 mmol/l</u>
<i>If &lt; 3mmol/l and alert, give 50 ml bolus of 10% glucose or sucrose (oral or NG). If &lt; 3mmol/l and lethargic, unconscious, or convulsing, give sterile 10% glucose IV: 5 ml x ___ kg (child's wt) = ___ ml Then give 50 ml bolus NG.</i>	
Time glucose given:	Oral NG IV
HAEMOGLOBIN (Hb) (g/l):	<u>90</u> or Packed cell vol (PCV):
<i>If Hb &lt; 40 g/l or PCV &lt; 12%, transfuse 10 ml/kg whole fresh blood (or 5-7 ml/kg packed cells) slowly over 3 hours. Amount: Time started: Ended:</i>	

1. Should Tina be admitted to the severe malnutrition ward? Why or why not?

2. Is Tina hypothermic?

3. Is Tina hypoglycaemic?

4. Tina is alert and does not have cold hands. Her capillary refill is 2 seconds. Her pulse seems weak. According to the definition given, is Tina in shock?

5. Does Tina have very severe anaemia?

6. What two things should be done for Tina immediately based on the above findings?



Reference:

WHO guidelines on  
management of severe acute  
malnutrition