

Somalia IMAM Referral Slip -From OTP/SFP to SC/OTP/SFP

Reg No. _____ Date of Referral: _____

Organization: (From) _____ (To) _____

Referring from(OTP/SFP) _____ Referring to(SC/OTP/SFP) _____

Name of caregiver: _____

Name of Child: _____ Sex: _____ Age in months: _____

District: _____ Village/IDP: _____

Fill details in the table below:

Status	Date	Weight	Height	Z score	MUAC	Oedema
Admission						
Transfer/Referral						

Drugs given	Dose	Date
Amoxycillin		
Vitamin A		
Measles Vaccination		
Albendazole		
Malaria Treatment		

Reason for Referral	Put Tick Mark(v)
Failed Appetite test	
Increase /Development of Oedema ¹	
Attained SAM Criteria	
No weight gain for 3 consecutive visits ²	
Danger signs ³	
Choice of the caretaker	
Other(specify) ⁴	

Referred by:

Name: _____ Mobile number _____ Signature: _____

¹ All cases of +++ or Marasmus with Oedema(marasmic kwash) go directly to SC.

² Before discharge as NR due to no weight gain for 3 consecutive visits ensure home visits have been conducted, appropriate follow up and 2nd line of treatment administered for the patient if child is not responding to 1st line of treatment.

³ Danger signs include: Uncontrolled vomiting, LRTI / Elevated respiratory rate(specific to age)or any chest in-drawing, Severe anaemia, Extensive skin infection, fitting/convulsions, apathetic or unconscious, recent history of diarrhea or vomiting and recent clinical signs of dehydration, High fever>39°C,Hypothermia <35°C.

⁴ If family moves away from distribution site/area before child is cured, they can be referred to another site(if this is already known)