Acute undernutrition
Screening and referring children under 5 years old

Trained community health workers are well positioned for early identification of children with severe acute malnutrition. According to WHO guidelines, undernourished children are managed by following an integrated management protocol, involving both community as well as facility based care.

**Screening criteria**

**WEIGHT FOR HEIGHT**
Weight relative to height/length (WFH) compared against WHO growth standards

- **Below –3 sp**
  - Less than 3 standard deviations below median

- **–3 sp to –2 sp**
  - Between 3 and 2 standard deviations below median

- **Above –2 sp**
  - More than 2 standard deviations below median

**MID-UPPER ARM CIRCUMFERENCE**
For children 6 months or older

- **Less than 115 mm**
- **Between 115 – 124 mm**
- **More than 125 mm**

**BILATERAL PITTING EDEMA**
Verified when normal thumb pressure applied on top of feet for 10 seconds leaves an indentation

- **Present**
- **Not present**

**Check for medical complications**
- Oedema
- Persistent vomiting
- Very weak / apathetic
- Fever (axillary temperature > 38.5° C)
- Children with fast breathing / chest indrawing / cyanosis
- Extensive skin lesions / eye lesions / post-measles states
- Diarrhoea / Dehydration
- Hypothermia / Severe anaemia

Or any other sign which the clinician thinks warrants transfer to inpatient facility for assessment or care

**Appetite test**
Conducted by trained health workers or clinicians as part of a programme following WHO guidelines

- Child is given a packet or pot of RUTF (ready-to-use therapeutic food)
- The child should eat a proportion of the RUTF calculated relative to child's weight

**Medical complications or failed appetite test?**

- **Yes**
  - Inpatient therapeutic care
  - On discharge

- **No**
  - Outpatient therapeutic care
  - Nutrition counselling and supplementary feeding