

MOH 732



REPUBLIC OF KENYA

MINISTRY OF HEALTH

FACILITY

**PRESCRIPTION FORM
FOR
NUTRITION COMMODITIES**

**FOR
SATELLITE SITES,
CENTRAL SITE DISPENSING POINTS
&
STANDALONE SITES**

Version October 2015

INSTRUCTIONS FOR USE OF THE PRESCRIPTION FORM FOR NUTRITION COMMODITIES

This data reporting tool is to be used by either Central, Satellite or Standalone sites, at the respective points of service dispensing nutrition commodities. For example, CCC, MCH, Ward, and TB Clinic

WHEN THE PRESCRIPTION FORM SHOULD BE FILLED:

The prescription form should be used to prescribe Nutrition commodities to Clients at designated points of service.

WHO FILLS THE PRESCRIPTION FORM?

The prescription form should be filled in by a Nutrition Officer or designated health worker, who have been trained on NACS/FBP.

HOW TO FILL THE PRESCRIPTION FORM

I. FACILITY INFORMATION

a. Facility Name	Write the full name of your health facility as listed in the MFL
b. Facility MFL code	Write the Master facility list (MFL) code for your health facility.
c. Point of Service delivery	Indicate (tick) the location(s) where Nutrition services are provided in your facility, i.e. CCC, MCH, Ward, TB Clinic
d. Date of Prescription	Write the date of the prescription in day-month-year format
e. New Client	Indicate (tick) whether Client is new, i.e. receiving this service for the first time at the facility
f. Continuing Client	Indicate (tick) whether Client is a revisit , i.e. Client has previously been receiving this service at the facility
g. Funding Source	Indicate (tick) which agency funds the procurement of the nutrition commodities i.e. KEMSA (GoK), USAID, UNICEF, WFP , Other

II. CLIENT INFORMATION

a. Client Unique Number	Write the unique number of the Client.(All Clients receiving treatment and care services should have a unique identification number.)
b. Client National Identification Number	Write the Clients National ID Number for Clients 18 years and above OR Birth Certificate Number OR Passport Number
c. Client Name	Write <u>THREE</u> names of the Client
d. Nutrition Diagnosis	Indicate (tick) nutrition diagnosis based on assessment carried out as either Severe Acute Malnutrition (SAM), or Moderate Acute Malnutrition, and Orphaned Vulnerable Child (OVC)

III. NUTRITION COMMODITY DATA

a. Quantity Prescribed	Write the quantity of commodity that should be dispensed to the Client based on the dose rationale for the nutrition diagnosis.
b. Quantity Dispensed	Write the exact quantity of commodity dispensed to the Client based on the nutrition diagnosis. Refer to the NACS/FBP protocol for standard dosage quantities
c. Prescribing Officer	Write the name of the prescribing officer, signature and designation

For the following sections, when filling in the commodities, please note that all items are in the units of issue indicated, e.g. bags, tins, etc. If the items are in different units, e.g. on the Delivery Notes or Supplier invoices, please convert into the units of issue indicated in the Prescription form.

The unit of issue of the commodity has been calculated as per conversion table below:-

Commodity Name	Unit of Issue	Minimum Quantity Dispensed	Minimum Quantity Issued
Therapeutic diet milk F75 (75 kcal/100ml)	102.5g sachet	1 sachet	Carton (120 sachet x 102.5g)
Therapeutic diet milk F100 (100 kcal/100ml)	114g sachet	1 sachet	Carton (90 sachet x 114g)
Ready to Use Therapeutic Food – paste (500 kcal/92g)	92g sachet	1 Sachet	Carton (30 pouches x 644g)
Ready to Use Supplemental Food – paste (500 kcal/92g)	92g sachet	1 Sachet	Carton (30 pouches x 644g)
Fortified Blended Food (flour) Children (6 mths – 9 yrs) (415 kcal/100g)	200g sachet	1 bag (15 sachets x 200g)	Carton (5 bags x 3kg)
Fortified Blended Food (flour) Adults and Adolescents (10-17yrs) (435 kcal/100g)	300g sachet	2 bags (15 sachets x 300g)	Carton (4 bags x 4.5kg)
Fortified Blended Food (flour) Pregnant & Postpartum mothers (450 kcal/100g)	300g sachet	2 bags (15 sachets x 300g)	Carton (4 bags x 4.5kg)
Multiple Vitamin and Mineral mix (1 x RDA ¹)	1RDA	As prescribed	Specify
Multiple Vitamin and Mineral mix (1 x RDA)	1 RDA	As prescribed	Specify
Micronutrient powder	1g	As prescribed	Specify
Therapeutic vitamin A 100 000 IU (30 mg RE)	100,000 IU	1 Capsule	100,000IU Blue capsule
Therapeutic vitamin A 200 000 IU (60 mg RE)	200,000 IU	1 Capsule	200,000IU Red capsule
Combined Iron (60mg) Folic Acid (400µg)	1 tablet / capsule	1 capsule	Specify
Point of Use Water Treatment Solution 1.2% Sodium hypochlorite(NaOCl) per 150 ml bottle	150ml bottle	1 bottle (150ml)	Carton (48 bottles x 150ml)

¹ RDA = Recommended Daily Allowance