

# NACS STEPS

## ENTRY

- ATTEND to emergency cases first
- Assess ALL clients

## 1 ASSESS

- Measure and record:** weight and height
- If pregnant or postpartum woman use MUAC
  - If child use length board and baby weighing scale

### Review:

- Client records
- Medical history
- Lab test results

**Check** for bilateral pitting edema

### Ask about:

- Food and drink consumed in last 24-hours
- Food allergies
- HIV status

**Do** appetite test, if SAM

**Record** information

## 2 CLASSIFY & INFORM

- **Classify nutritional status** by using the BMI wheel or chart, or MUAC for pregnant and postpartum women
- **Inform** the client of his/her nutrition status

**Severe acute malnutrition (SAM)/ severely underweight**

- BMI <16.0
- Or: bilateral pitting edema
- Or: MUAC < 18.5 cm
- If pregnant/postpartum: MUAC <21.0 cm
- If age 6-59 months, WHZ < -3 or MUAC < 11.5 cm

**Moderate-mild acute malnutrition (MAM)/ moderately underweight**

- BMI 16.00 – 18.4
- Or: MUAC 18.5 – 20.9 cm
- If pregnant/postpartum: MUAC 21.1-23.0 cm
- If age 6-59 months, WHZ ≥ -3 to < -2 or MUAC ≥ 11.5 cm to < 12.5 cm

**Normal**

- BMI 18.5 - 24.9
- Or: MUAC ≥ 21.0 cm
- If pregnant/postpartum: MUAC ≥ 23.0 cm
- If age 6-59 months, WHZ ≥ -2 to < +2 or MUAC ≥ 12.5 cm

**Overweight**

- BMI 25.0 – 29.9

**Obesity**

- BMI ≥ 30

## 3 COUNSEL & EDUCATE

- In an area as private as possible, **explain** nutritional status
- Based on information collected from clients, **provide** specific recommendations and discuss how the client can make changes
- Use printed materials to **engage** clients and **clarify** key messages

If patient has medical complications and/or no appetite, refer to clinician for inpatient treatment.

If patient has appetite and no complications, treat as outpatient with RUTF/Soya Plus as available

**Counseling:**

- Do not share specialized food products with others—they are treatment for malnutrition.
- Eat more from all the food groups, especially body-building and energy foods.

**Address symptoms**

Prescribe supplementary food/ RUSF/Soya Plus as available.

**Counseling:**

- Do not share specialized food products with others—they are treatment for malnutrition.
- Eat more from all the food groups, especially body-building and energy foods.

**Counseling:**

- Praise good behaviors.
- Maintain healthy dietary practices.
- Maintain weight.
- Eat foods from all food groups daily.
- Stay active.

**Address symptoms**

**Counseling:**

- Eat more vegetables.
- Eat less starch and sweets.
- Avoid sweet drinks.
- Avoid fatty foods and packaged snacks.
- Exercise more each day.

## 4 COMPLETE RECORDS

- **Record** all information in the individual client card
- **Document** the next appointment and referrals
- **Put** the client card in folder
- **Complete** the Daily Register
- **Complete** Daily Activity tally card sheet
- **Submit** NACS monthly report

## 5 PLAN NEXT STEPS

- If the client's HIV status is unknown, **refer** for provider-initiated testing and counselling (PITC)

- If outpatient **SAM** or **MAM** schedule follow up appointment in 1 or 2 weeks.
- **Arrange** for community worker to make home visit
- **Refer** to community-based food security programs

- **Schedule** follow up appointment in 2 months.
- **Refer** to community support activities.
- **Arrange** for community worker to make home visit

**FOR ALL CLIENTS:**

**Provide** health and nutrition education in the triage/ waiting area.

**Advise** to:

- Avoid smoking and drinking alcohol.
- Follow optimal food and water safety, hygiene and sanitation practices.
- Agree on a small, doable action step to improve nutrition.

## EXIT

- ASK: Do you have any questions? What are you going to do after today, to improve your nutrition?
- FILE records