**Prescription Card for infant milk formula[[1]](#footnote-1)**

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

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| POC INFORMATION | | | |
| Child Name: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  First Name Last Name  Sex: ☐ Male ☐ Female | Mother Name: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Name Last Name  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Tel. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DD MM YYYY  Programme #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| REFERRAL CRITERIA | | | |
| ☐ Social – No need for breast examination: For permanent infant condition no breast examination is needed (Only prescription). | | ☐ Medical – Breast examination (For temporary infant conditions and mother conditions). | |
| PRESCRIPTION CRITERIA | | | |
| NON-MEDICAL – NO breast EXAMINATION | | MEDICAL – *(To Be Filled by Health Provider, Midwife or Pediatrician )* | |
| ☐ Child is orphaned - wet-nursing is not possible.  ☐ Child is temporarily or permanently separated from mother.  ☐ Mother has stopped breastfeeding and re-lactation is:  ☐ ongoing or ☐ failed.  ☐ Infant rejected by mother  ☐ Infant refuse breast milk | | **Infant conditions (permanent – special formula needed):**  ☐ Galactosemia ☐ Maple syrup urine disease  ☐ Phenylketonuria  ☐a syndrome or an inborn error in metabolism  **Infant conditions (Temporary):**  ☐ low birth weight (1.5 < gm)  ☐ pre-term infant (< 32 weeks of gestational age)  ☐ Newborn at risk of hypoglycemia  **Mother conditions - with Breast Feeding (Temporary):**  ☐ Breast abscess ☐ Hepatitis B ☐ Hepatitis C  ☐ Mastitis ☐ TB ☐ Substance use ☐Engorged breast, flat/inverted nipples  **Mother conditions- No Breast Feeding (Temporary):**  ☐ Severe illness  ☐ Medication contra indication[[2]](#footnote-2)  ☐ Herpes simplex virus type 1 (HSV-1) | |
| Prescription (to Pharmacy) | | | | |
| Date of Prescription: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_  DD MM YYYY  Child Name : \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Sex: ☐ Male UNHCR #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Name Last Name DD MM YYYY  ☐ Female  Qty in Ml/ Day: \_\_\_\_\_ Number of Days: \_\_\_\_\_ Total Qty (tin): \_\_\_\_\_\_\_    Date of follow up: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_  DD MM YYYY  IYCF counselor name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(pediatrician/midwife)  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **SC Manager or LGA Nutrition Manager Approval** | | | | |
| Official Stamp  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Organisation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

1. Adapted from IMC Jordan [↑](#footnote-ref-1)
2. Sedating psychotherapeutic drugs, anti-epileptic drugs and opioids; Radioactive iodine-131 is better avoided given that safer alternatives are available; excessive use of topical iodine or iodophors [↑](#footnote-ref-2)