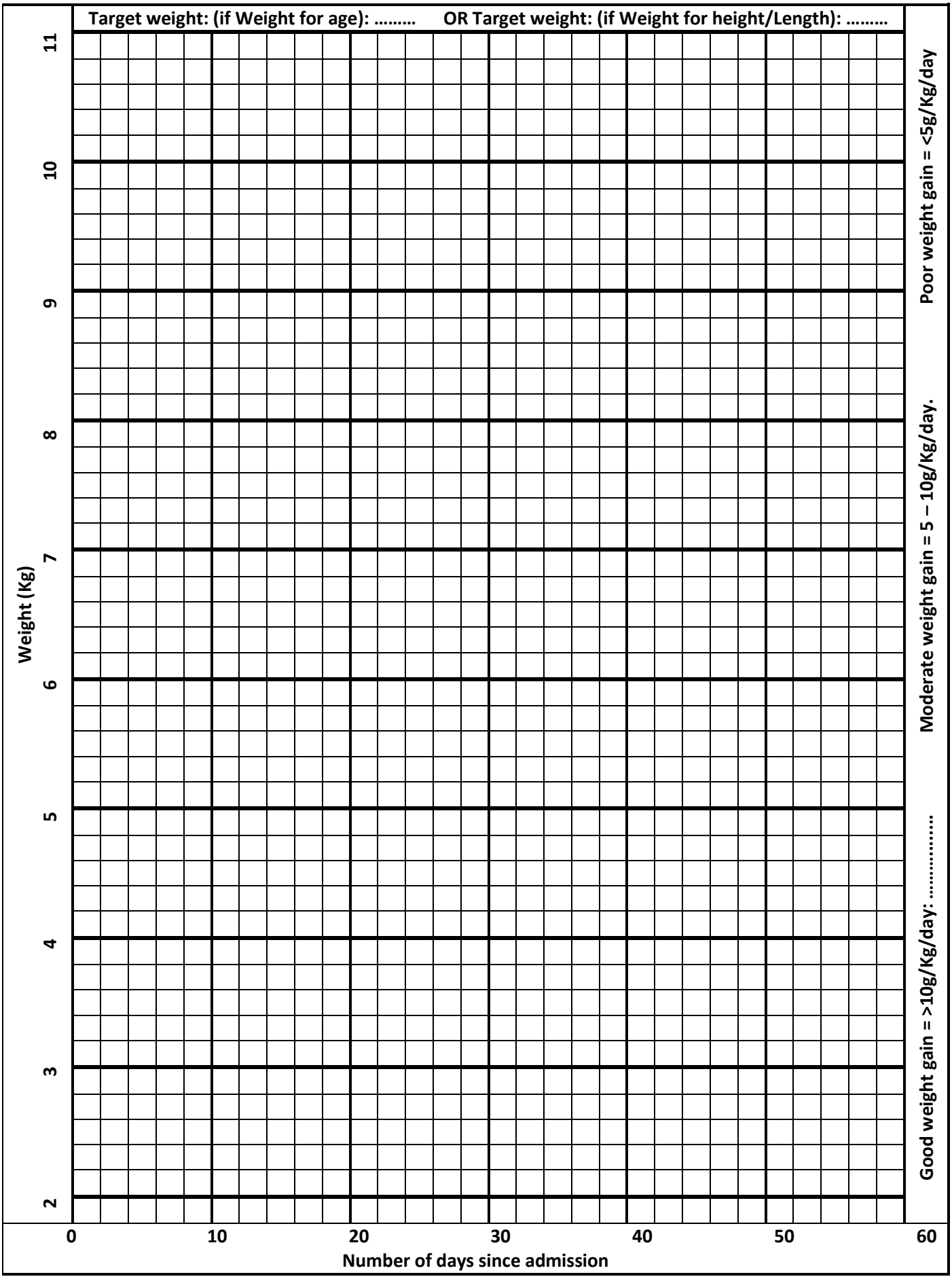
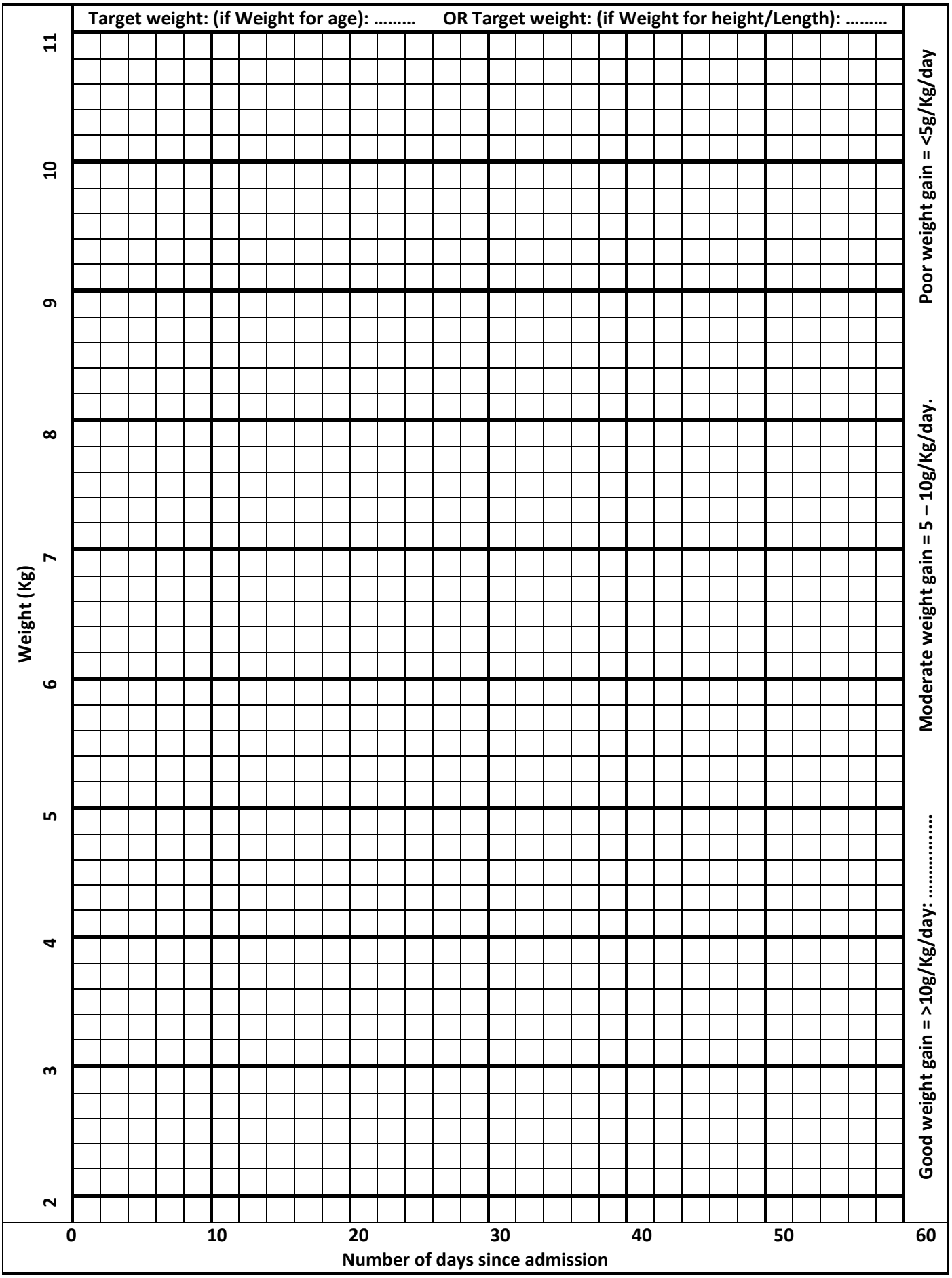
Inpatient alternate day weight chart for malnourished children weighing ≤ 10 Kg

Name: ..... DOB/Age: ..... Sex: ..... Admission weight: ..... Admission height: .....

Target weight: (if Weight for age): ..... OR Target weight: (if Weight for height/Length): .....



Inpatient alternate day weight chart for malnourished children weighing ≥ 10 Kg

Name: …….. DOB/Age: …… Sex: …… Admission weight: …… Admission height: ……..

Target weight: (if Weight for age): …… OR Target weight: (if Weight for height/Length): ……