**FORMATO NIÑAS Y NIÑOS**

Fecha de Ingreso: Día \_\_\_ Mes \_\_\_ Año \_\_\_

Unidad de Servicio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Departamento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Municipio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. INFORMACION GENERAL**

Nombres y Apellidos: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Teléfono Contacto: \_\_\_\_\_\_\_\_

Tipo ID \_\_\_\_\_\_ No. ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fecha Nacimiento: D \_\_\_ M \_\_\_ A \_\_\_\_\_ Edad: \_\_\_\_ meses Sexo: F \_\_\_ M \_\_\_

Nombre Acudiente: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parentesco: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

EAPB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IPS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dirección del domicilio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Barrio, vereda, localidad, ranchería: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. VALORACIÓN INICIAL DE LA ALIMENTACION CONSUMIDA POR EL NIÑO O NIÑA**

**2.1. Información inicial de Lactancia Materna-LM Alimentos Sucedáneos de la leche materna**

Recibe LM Exclusiva: Si \_\_\_Duración: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frecuencia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No \_\_\_ ¿Por qué? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Recibe LM Total: Si \_\_\_ Duración: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frecuencia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No \_\_\_ ¿Por qué?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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Solicite a la madre que amamante. Observe y describa:

Condición de los pechos: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Posición del bebe durante la lactancia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agarre del pecho: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Succión-Deglución: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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La niña o niño recibió LM durante \_\_\_\_\_\_\_ minutos durante la entrevista para el diligenciamiento del formato.

Plan para programar acciones con el fin de iniciar lactancia o relactancia materna: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recibe Fórmula Infantil: Si \_\_\_ No \_\_\_

Tipo de fórmula: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_volumen por toma\_\_\_\_\_\_ cc. No tomas/día: \_\_\_\_\_\_\_

Suministro: biberón \_\_\_ cuchara \_\_\_ pocillo \_\_\_ vaso pitillo \_\_\_ otros \_\_\_

Forma de preparación, identifique si es adecuada: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2.2. Información Inicial de Alimentación**

**Apetito:** bueno \_\_\_ regular \_\_\_ malo \_\_\_

**Ingesta:** rápida \_\_\_ despacio \_\_\_ normal \_\_\_

**Deglución:** normal \_\_\_ deficiente \_\_\_

**Mastica:** si \_\_\_ no \_\_\_ Explicar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hábito intestinal**: normal \_\_\_ estreñimiento \_\_\_ diarrea \_\_\_

**Síntomas gastrointestinales: v**omito \_\_\_ reflujo \_\_\_ otro \_\_\_ Cuál\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alimentos preferidos:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alimentos rechazados:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alimentos no tolerados:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.3. Información Inicial de Anamnesis alimentaria (día anterior)**

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| --- | --- | --- |
| **HORA** | **ALIMENTO Y PREPARACIÓN** | **CANTIDAD** |
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**2.4. Información inicial de frecuencia de consumo de alimentos por grupo**

| **ALIMENTO** | **DIARIO / No. VECES** | | | **SEMANAL / No. VECES** | | | **QUINCENAL** | **NUNCA** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2-3** | **4-6** | **1** | **2-3** | **4-6** |
| Arroz, pasta |  |  |  |  |  |  |  |  |
| Papa, plátano, arracacha, ñame |  |  |  |  |  |  |  |  |
| Pan, arepa |  |  |  |  |  |  |  |  |
| Tomate, zanahoria, ahuyama |  |  |  |  |  |  |  |  |
| Habichuela, alverja verde, acelga, espinaca, brócoli, cebolla, |  |  |  |  |  |  |  |  |
| Mango, maracuyá, papaya, guayaba |  |  |  |  |  |  |  |  |
| Banano, lulo, piña, naranja, |  |  |  |  |  |  |  |  |
| Leche entera |  |  |  |  |  |  |  |  |
| Fórmula láctea |  |  |  |  |  |  |  |  |
| Yogurt, kumis |  |  |  |  |  |  |  |  |
| Queso |  |  |  |  |  |  |  |  |
| Preparaciones con leche |  |  |  |  |  |  |  |  |
| Carne, pollo, pescado |  |  |  |  |  |  |  |  |
| Huevo |  |  |  |  |  |  |  |  |
| Leguminosa |  |  |  |  |  |  |  |  |
| Bienestarina |  |  |  |  |  |  |  |  |
| Embutidos |  |  |  |  |  |  |  |  |
| Aceites, mantequilla y grasas |  |  |  |  |  |  |  |  |
| Aguacate, coco |  |  |  |  |  |  |  |  |
| Azúcar, panela |  |  |  |  |  |  |  |  |
| Dulces |  |  |  |  |  |  |  |  |
| Paquetes, comidas rápidas |  |  |  |  |  |  |  |  |
| Gaseosas |  |  |  |  |  |  |  |  |
| Otros |  |  |  |  |  |  |  |  |
| **FUENTE:** Construcción propia con aportes del Instrumento para evaluar los hábitos de consumo de alimentos en mujeres gestantes y lactantes, y niños menores de 5 años participantes del proyecto de complementación alimentaria del municipio de Itagüí.  **2.5.** **Cálculo de consumo aproximado calorías y nutrientes de la niña o niño al ingreso del programa y recomendado.**   |  |  |  |  | | --- | --- | --- | --- | | **NUTRIENTES** | **CONSUMO** | **RECOMENDADO** | **% CUBRIMIENTO** | | Líquidos |  |  |  | | Calorías |  |  |  | | Proteínas |  |  |  | | Grasas |  |  |  | | Carbohidratos |  |  |  | | Calcio |  |  |  | | Hierro |  |  |  | | Vitamina A |  |  |  | | | | | | | | | |

**3. ANTROPOMETRÍA AL INGRESO**

|  |  |  |  |  |  |  |  |  |  |  |  |
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| **REPORTE** | **Fecha** | | | **Para niñas y niños; Perímetro de Brazo  PB (cm)** | **Para niñas y niños Interpretación  Tamizaje Nutricional (PB)** | **Edad** | | **Peso Kg** | **Talla  cm** | **Clasificación nutricional** | **¿Se observa alguna patología agregada al momento de la atención? (SI, cuál/ NO)** |
| **Día** | **Mes** | **Año** | **Años** | **Meses** | **Peso/ Talla** |
| **INGRESO** |  |  |  |  |  |  |  |  |  |  |  |

**4. CONCEPTO VALORACIÓN NUTRICIONAL INTEGRAL**

Haga una interpretación sobre la alimentación y el estado nutricional encontrado, para definir las recomendaciones de alimentación y nutrición necesarias.

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**5. INTERVENCIÓN NUTRICIONAL**

**5.1. Cálculo de necesidades de calorías y nutrientes para la niña o niño:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NUTRIENTES** | **Por kg** | **Total/día** | **Aporte por Alimento Listo para el Consumo (cantidad)** | **Aporte por Alimento Listo para el Consumo (porcentaje)** |
| Calorías |  |  |  |  |
| Proteínas |  |  |  |  |
| Grasas |  |  |  |  |
| Carbohidratos |  |  |  |  |
| Calcio |  |  |  |  |
| Hierro |  |  |  |  |
| Vitamina A |  |  |  |  |
| Líquidos |  |  |  |  |

**5.2. Recomendaciones alimentarias:**

(Mínimo debe contener: No. de tiempos de comida, alimentos a suministrar en cada tiempo de comida con la alimentación del hogar, alimentos priorizados para la niña o niño)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**5.3. Cálculo de Alimento Listo para el Consumo a suministrar**

A continuación, se encuentra el requerimiento energético necesario para lograr el mejoramiento del estado nutricional por grupo de edad, el cual debe ser suministrado a los usuarios considerando la alimentación recibida en casa.

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| **Grupo edad**  **(meses)** | **Promedio peso RIEN** | **Requerimiento Diario de Energía Kcal/Kg/día - RIEN** | **Requerimiento diario de energía Kcal/día - RIEN** | **50% del requerimiento de energía total diario** | **Número de porciones de 50 gr para aportar el 50% del requerimiento de Energía total diario** | **25% del requerimiento de energía total diaria** | **Número de porciones de 50 gr. para aportar el 25% del requerimiento de Energía total diario** |
| 6-8 | 8,3 | 79 | 656 | 328 | 1,2 | 164 | 0,6 |
| 9-11 | 8,9 | 80 | 712 | 356 | 1,3 | 178 | 0,7 |
| 12-23 | 11,1 | 81 | 899 | 450 | 1,7 | 225 | 0,8 |
| 24-35 | 13,2 | 83 | 1.096 | 548 | 2,0 | 274 | 1,0 |
| 36-47 | 15,3 | 79 | 1.209 | 605 | 2,2 | 302 | 1,1 |
| 48-59 | 17,2 | 76 | 1.307 | 654 | 2,4 | 327 | 1,2 |

**Fuente:** tomado y adaptado Resolución 3803 de 2016, Ministerio de Salud y Protección Social

| **Alimento Listo para el Consumo a suministrar** | | |
| --- | --- | --- |
| **No. Sobres/día** | **Presentación comercial (20 ó 50g)** | **No. Sobres al mes** |
|  |  |  |

**6. SEGUIMIENTO A LA ATENCIÓN**

**6.1. Seguimiento antropométrico**

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| **REPORTE** | **Fecha** | | | **Para niñas y niños; Perímetro de Brazo  PB (cm)** | **Para niñas y niños Interpretación  Tamizaje Nutricional (PB)** | **Edad** | | **Peso Kg** | **Talla  cm** | **Clasificación nutricional** | **¿Se observa alguna patología agregada al momento de la atención? (SI, cuál/ NO)** |
| **Día** | **Mes** | **Año** | **Años** | **Meses** | **Peso/ Talla** |
| **INGRESO** |  |  |  |  |  |  |  |  |  |  |  |
| **SEGUIMIENTO MENSUAL** |  |  |  |  |  |  |  |  |  |  |  |
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| **EGRESO** |  |  |  |  |  |  |  |  |  |  |  |

**6.2. Seguimiento al consumo del Alimento Listo para el Consumo y Ración Familiar Para Preparar**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REPORTE** | **Fecha del seguimiento** | | | **Atención Nutricional** | | | **Tolerancia del Alimento Listo para el Consumo  (Si o No)** | | | | | | **Observaciones  (registre la mejoría o no del usuario y si es necesario adelantar acciones adicionales)** |
| **Día** | **Mes** | **Año** | **Recibe Alimento Listo para el Consumo (SI / NO)** | **N.º de sobres entregadas/30 días** | **Recibe Ración familiar  (Si o No)** | **Diarrea** | **Vomito** | **Distensión Abdominal** | **Rechazo** | **Alergia** | **Otra reacción. (SI, CUAL/NO)** |
| **INGRESO** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SEGUIMIENTO MENSUAL** |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Nombre del Nutricionista Dietista Firma, sello y tarjeta profesional

**FORMATO MUJERES GESTANTES**

Fecha de Ingreso: Día \_\_\_ Mes \_\_\_ Año \_\_\_

Unidad de Servicio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Departamento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Municipio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. INFORMACION GENERAL**

Nombres y apellidos: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Teléfono contacto: \_\_\_\_\_\_\_\_\_\_\_\_

Tipo ID \_\_\_\_\_\_ No. ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fecha Nacimiento: D \_\_\_ M \_\_\_ A \_\_\_ Edad: \_\_\_\_ Semanas de Gestación: \_\_\_\_\_\_\_\_\_\_

Embarazo de alto riesgo: si \_\_\_ no \_\_\_ ¿Por qué? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EAPB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_IPS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dirección domicilio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Barrio, vereda, localidad, ranchería: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. VALORACIÓN INICIAL DE LA ALIMENTACION CONSUMIDA POR LA MADRE GESTANTE**

**2.1. Información Inicial de la alimentación**

**Apetito:** normal \_\_\_ aumentado \_\_\_ disminuido \_\_\_

**Hábito intestinal**: normal \_\_\_ estreñimiento \_\_\_ diarrea \_\_\_

**Alimentos preferidos:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alimentos rechazados:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alimentos no tolerados:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sintomatología gastro-intestinal: vomito \_\_\_ nauseas \_\_\_ llenura \_\_\_ inapetencia \_\_\_

Otros: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.2. Información Inicial de Anamnesis alimentaria (día anterior)**

| **HORA** | **ALIMENTO Y PREPARACIÓN** | **CANTIDAD** |
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**2.3. Información Inicial de Frecuencia de consumo de alimentos por grupo**

| **ALIMENTO** | **DIARIO / No. VECES** | | | **SEMANAL / No. VECES** | | | **QUINCENAL** | **NUNCA** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2-3** | **4-6** | **1** | **2-3** | **4-6** |
| Arroz, pasta |  |  |  |  |  |  |  |  |
| Papa, plátano, arracacha, ñame |  |  |  |  |  |  |  |  |
| Pan, arepa |  |  |  |  |  |  |  |  |
| Tomate, zanahoria, ahuyama |  |  |  |  |  |  |  |  |
| Habichuela, alverja verde, acelga, espinaca, brócoli, cebolla, |  |  |  |  |  |  |  |  |
| Mango, maracuyá, papaya, guayaba |  |  |  |  |  |  |  |  |
| Banano, lulo, piña, naranja, |  |  |  |  |  |  |  |  |
| Leche sola |  |  |  |  |  |  |  |  |
| Yogurt, kumis |  |  |  |  |  |  |  |  |
| Queso |  |  |  |  |  |  |  |  |
| Carne, pollo, pescado |  |  |  |  |  |  |  |  |
| Huevo |  |  |  |  |  |  |  |  |
| Leguminosa |  |  |  |  |  |  |  |  |
| Embutidos |  |  |  |  |  |  |  |  |
| Aceites, mantequilla y grasas |  |  |  |  |  |  |  |  |
| Aguacate, coco |  |  |  |  |  |  |  |  |
| Azúcar, panela |  |  |  |  |  |  |  |  |
| Dulces |  |  |  |  |  |  |  |  |
| Paquetes, comidas rápidas |  |  |  |  |  |  |  |  |
| Gaseosas |  |  |  |  |  |  |  |  |
| Otros |  |  |  |  |  |  |  |  |

**FUENTE:** Construcción propia con aportes del Instrumento para evaluar los hábitos de consumo de alimentos en mujeres gestantes y lactantes, y niños menores de 5 años participantes del proyecto de complementación alimentaria del municipio de Itagüí.

**2.4.** **Cálculo de consumo aproximado calorías y nutrientes de la mujer gestante al ingreso del programa y recomendado.**

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| --- | --- | --- | --- |
| **NUTRIENTES** | **CONSUMO** | **RECOMENDADO** | **% CUBRIMIENTO** |
| Líquidos |  |  |  |
| Calorías |  |  |  |
| Proteínas |  |  |  |
| Grasas |  |  |  |
| Carbohidratos |  |  |  |
| Calcio |  |  |  |
| Hierro |  |  |  |
| Vitamina A |  |  |  |

**3. ANTROPOMETRÍA**

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| **REPORTE** | **Fecha toma medidas antropométricas** | | | **Edad** | | **Control Prenatal (SI/NO)** | **Peso Kg** | **Talla  cm** | **Semanas de gestación** | **IMC** | **Clasificación nutricional** | **Edema en manos o pies** | **Signos de alarma (vómito abundante, dolor de cabeza, sangrado, dolor abdominal, contracciones, otros)** |
| **Día** | **Mes** | **Año** | **Años** | **Meses** |
| **INGRESO** |  |  |  |  |  |  |  |  |  |  |  |  |  |

**4. CONCEPTO VALORACIÓN NUTRICIONAL INTEGRAL**

Haga una interpretación sobre la alimentación y el estado nutricional encontrado, para definir las recomendaciones de alimentación y nutrición necesarias.

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**5. RECOMENDACIONES ALIMENTARIAS Y NUTRICIONALES**

(Mínimo debe contener: No. De tiempos de comida, alimentos a suministrar en cada tiempo de comida con la alimentación del hogar, alimentos priorizados para la mujer gestante, priorización de alimentos de la Ración Familiar para Preparar, Orientaciones sobre el consumo del Alimento para la Mujer Gestante y Madre en Periodo de Lactancia, definición alimentos, nutrientes y tiempos de comida según estado fisiológico “gestante/lactante”*).*

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6. SEGUIMIENTO A LA ATENCIÓN

6.1. Seguimiento antropométrico

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| **REPORTE** | **Fecha toma medidas antropométricas** | | | **Edad** | | **Control Prenatal (SI/NO)** | **Peso Kg** | **Talla  cm** | **Semanas de gestación** | **IMC** | **Clasificación nutricional** | **Edema en manos o pies** | **Signos de alarma (vómito abundante, dolor de cabeza, sangrado, dolor abdominal, contracciones, otros)** |
| **Día** | **Mes** | **Año** | **Años** | **Meses** |
| **INGRESO** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SEGUIMIENTO MENSUAL** |  |  |  |  |  |  |  |  |  |  |  |  |  |
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6.2. Seguimiento al consumo del Alimento de Alto Valor Nutricional para la mujer gestante y Ración Familiar Para Preparar

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| **REPORTE** | **Fecha** | | | **Atención Nutricional** | | | **Observaciones  (Registre la mejoría o no de la beneficiaria y si es necesario adelantar acciones adicionales)** |
| **Día** | **Mes** | **Año** | **Recibe alimento para la MG y madre en PL (SI / NO)** | **Nº de bolsas entregadas/mes** | **Recibe Ración familiar  (Si o No)** |
| **INGRESO** |  |  |  |  |  |  |  |
| **SEGUIMIENTO MENSUAL** |  |  |  |  |  |  |  |
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Nombre del Nutricionista Dietista Firma, sello y tarjeta profesional