



## INTERNSHIP REPORT

On

**Focusing on Management of Children with Pneumonia**

**At Dhaka Shishu Hospital (DSH)**



**Submitted to**

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**Date of Submission: 20.04.2021**

## LETTER OF TRANSMITTAL

**Date: 19 July 2021**

**Dr. Sheikh Mahatabuddin**

**Associate Professor & Head,**

Department of Nutrition & Food Engineering

Faculty of Allied Health Sciences

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**Subject: Submission of Internship Report.**

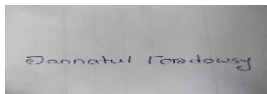
Dear Sir,

I am here by submitting my internship report on **“Focusing on Management of Children with Pneumonia at Dhaka Shishu Hospital (DSH)”** which is a compulsory requirement of the NFE Program curriculum. I have got the opportunity to work in Dhaka Shishu Hospital in Paediatric Gastroenterology, Hepatology & Nutrition department for 60 days, under the supervision of Sabrina Makbul, Senior Nutritionist, of Paediatric Gastroenterology, Hepatology & Nutrition department of DSH.

This internship gave me both academic and practical exposures. First of all I learned about clinical nutritional assessment of Pneumonia, facility-based management of children with severe acute malnutrition guidelines and counselling of children diet. Secondly, the internship gave me the opportunity to develop and enrich my theoretical knowledge I have acquired during the study period.

I am submitting this report for your kind consideration and also shall be highly obliged if you are kind enough to receive this report and provide your valuable judgment.

Sincerely yours,



**Jannatul Ferdowsy Onti**

**ID: 171-34-604**

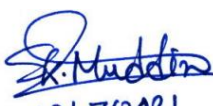
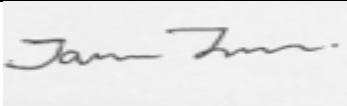
Department: Nutrition & Food Engineering

Daffodil International University

## CERTIFICATE OF APPROVAL

I am pleased to certify that the internship report on “Focusing on Management of Children with Pneumonia at Dhaka Shishu Hospital (DSH)” conducted by **Jannatul Ferdowsy Onti** bearing student ID No: **171-34-604** of the department of Nutrition and Food Engineering has been approved for presentation and defense/viva-voice. Under my supervision **Jannatul Ferdowsy Onti** worked in Dhaka shishu Hospital as an intern.

We are pleased to hereby certify that the data and finding presented in the report are the authentic work of Jannatul Ferdowsy Onti. We strongly recommended the report presented by Jannatul Ferdowsy Onti for further academic recommendations and defence/viva-voice. Jannatul Ferdowsy Onti bears a strong moral character and a very pleasant personality. It has indeed a great pleasure working with her. We wish her all success in life.

 18/07/2021	
<b>Dr. Sheikh Mahatabuddin</b> Associate Professor & Head Department of Nutrition & Food Engineering Faculty of Allied Health Sciences Daffodil International University	<b>Supervisor</b> <b>Tasmia Tasnim</b> Lecturer (Senior Scale) Department of Nutrition & Food Engineering Faculty of Allied Health Sciences Daffodil International University

## ACKNOWLEDGEMENT

Firstly of all my gratitude and thanks to Almighty Allah's, the most merciful, kind and gracious guidance has made this work successful.

My Deep gratitude and sincere thanks to the honourable Associate Dean of the department of Nutrition & Food Engineering, Faculty of Allied Health Science, **Prof. Dr. Bellal Hossain** who has given me the opportunity to attend this training program. I also very grateful to my respected teacher **Dr. Sheikh Mahatabuddin**, Associate Professor & Head Of the department of Nutrition & Food Engineering.

My deep and sincere thanks to my academic supervisor **Tasmia Tasnim, Lecturer (Senior Scale), Department of Nutrition & Food Engineering, Faculty of Allied Health Sciences, DIU** for guiding me and for giving me the opportunity to initiate this report. More specifically, I would like to thank him for imparting his time and wisdom

I am very grateful to my internship supervisor, **Sabrina Makbul, Senior Nutritionist** of Paediatric Gastroenterology, Hepatology & Nutrition department of DSH for helping me with her valuable suggestions regarding internship. I am also grateful to **Shanta Roy, Dietician** of DSH. It would have been very difficult to prepare this report up to this mark without their guidance.

I would like to express my warmest thanks to **Ms. Fouzia Akter, Assistant professor**, and my batch advisor for her whole-hearted supervision during my organizational attachment period.

My gratitude goes to entire NFE department, under Faculty of Allied Health Sciences, Daffodil International University.

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## **Chapter One**

### **1.1 Introduction**

#### **About the Internship Program**

The essential goal of setting up this report is to satisfy the prerequisite of B.Sc in Nutrition and Food Engineering Program. This contains three credits for entry-level positions and to find the connection between the hypothetical and common sense sorts of information. Brief information on the cutting-edge wellbeing field must be achieved through the practical execution of theoretical thoughts, which we gained from our scholarly exercises.

With these goals, I have put forth all potential attempts and fundamental investigation to present this paper in an edified structure in a brief timeframe. I have attempted my level best to kill mistakes from the paper. As I needed to finish my temporary position inside a brief timeframe so the investigation concedes constraints. So, I got chance at Dhaka Shishu Hospital to complete my internship on **“Focusing on Management of Children with Pneumonia”**.

#### **1.2 Origin of the Report:**

Entry-level position is the last advance of an understudy's scholastic vocation. As I am an understudy of the Department of Nutrition and Food Engineering, for me medical clinic or industry-based preparing is fundamental for the comprehension of the ideas gained from formal training. There stays a tremendous hole between the scholastic learning and the execution of theoretical information in the functional universe of current wellbeing of Nutrition. Temporary position can repay this wide hole as it carries openings for an understudy to grasp the primary patterns of wellbeing exercises.

The report is begun from the educational plan prerequisite of B.Sc in Nutrition and Food Engineering Program.

The topic of my report is **“Internship at Dhaka Shishu Hospital Focusing on Management of Children with Pneumonia”**.

For this reason, I have noticed their rules, directing techniques, and operational exercises intently. I oblige my Internship Program with DSH and according to meeting with my scholarly chief senior scale speaker Tasmia Tasnim. I have picked the point "Clinic Management of Children Pneumonia" for my examination and investigation.

### **1.3 Objective of the Study**

The primary objective of preparing this report is to fulfil the requirement of B.Sc in Nutrition and Food Engineering Program. This contains three credits for internship and to discover the relationship between theoretical and practical type of knowledge. A concise knowledge of the modern health arena can only be attained through the pragmatic implementation of hypothetical ideas, which we learnt from our academic activities.

With this objectives, I have made all possible efforts and necessary analysis to submit this paper in an enlightened from in a very short time. I have tried my level best eliminate errors from the paper. As I had to complete my internship within a short period of time so the study admits limitations.

## Chapter Two

### 2.1 Overview of DSH



### 2.2 Introduction of Dhaka Shishu Hospital

Dhaka Shishu Hospital is the biggest kids' Hospital in Bangladesh. It is an administration upheld tertiary level public medical clinic for youngsters 650 beds.

A couple of months after the freedom of Bangladesh, 19 March Dhaka Shishu (Children) Hospital, the lone youngsters' emergency clinic in the nation was set up. The assistance began with 50 indoor beds in a 50 – section of a land private house in Dhanmondi with the assistance of a few deliberate associations and the Bangladesh government. The Outpatient Department (OPD) of the emergency clinic began a tent in the close by space of Sukrabad, Dhaka



simultaneously. Continuous monetary help was at first gotten from "Save the Children Fund, UK." And later on from the "World Vision Bangladesh".

December 19, 1974, the National Economic Council (NEC) of Bangladesh drove by the Father of the Nation Bangabandhu Sheik Mujibur Rahman, the then Government of the People's Republic of Bangladesh, endorsed a plan to develop a 250-bed Children's medical clinic expandable to 500 beds. The task site was moved to Sher-e-Bangla Nagar, Shyamoli, Dhaka. <sup>[1]</sup>

### 2.3 Mission and Vision of DSH

- To meet the expanded burden in the OPD more space is required and thusly, further extension is significant.
- The dorm for the fundamental staff needs an expansion.
- However, separate scholarly structures ought to be built for giving better schooling and preparing offices. <sup>[2]</sup>

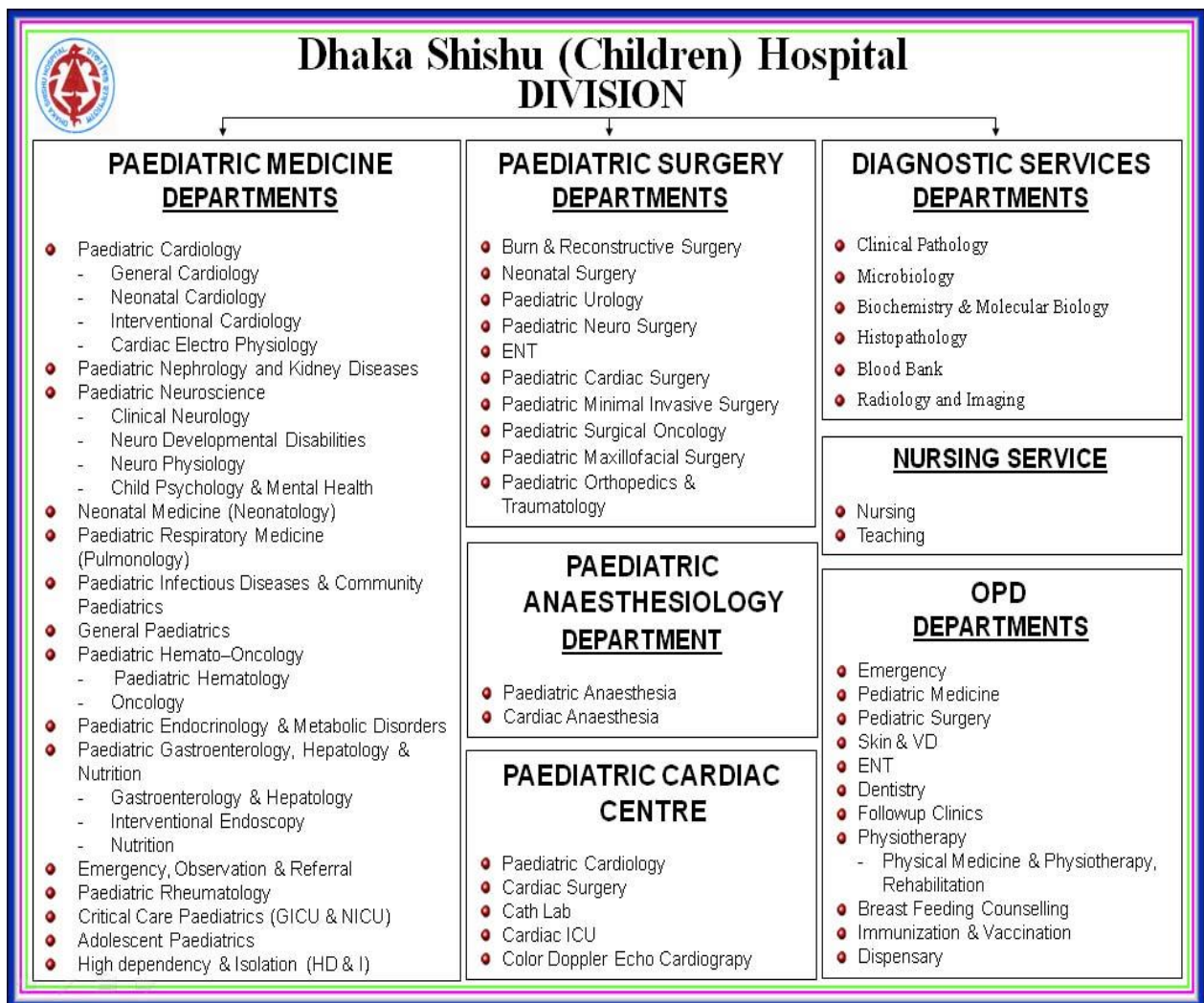
### 2.4 Overview

Dhaka Shishu Hospital has consistently offered Clinical assistance to youngsters in Bangladesh. This medical clinic has been the pioneer in giving kids medical services in Bangladesh and it is the biggest emergency clinic in Bangladesh. In 1977, the development expenses of the emergency clinic were supported by the government allows a DSH trust reserve, two public lotteries, and shows. An advisory group comprised of the Ministry of Health and Family Welfare, Bangladesh has managed the venture. Among others, the council was established by the late educator Tofail Ahmed, the establishing part secretary of the administration leading body of DSH.

On the seventeenth of January 2012, our Honourable Prime Minister Sheik Hasina established the framework stone of the new 9-story working of the

medical clinic. Simultaneously, she initiated the Paediatric Cardiac Centre with Cardiac Surgery, Cath-Lab, and Cardiac ICU offices which is the principal office type for youngsters in the country. [3]

## 2.5 Departments of DSH



[4]

I have finished my Internship Program In the branch of Paediatric Gastroenterology, Hepatology, and Nutrition (Medical Unit 5). The division has three types of offices. They are Gastroenterology and Hepatology,

Interventional Endoscopy, and Nutrition. The Nutrition office has its own target. The Department of Nutrition is a setup office with very much prepared Clinical Nutritionists and experienced dieticians. They are functioning collectively to give the youngsters coordinated and legitimate dietary assistance. The essential objective is to give and keep astounding and quality dietary help in gathering patients one of a kind necessities and needs.

## 2.6 Objectives of the Department of Nutrition (Medical Unit 5)

- To give the best sustenance care and dietetic administrations to the kids.
- To create successful treatments and new treatments, utilizing compelling-based practice.
- Prevent or save nourishing insufficiencies.
- Help patients better endure treatment.
- Minimize nourishment-related results and inconveniences.
- Maintain strength and energy.
- Protect invulnerable capacity and decline the danger of contamination.
- Aid in recuperation and mending.
- Maximize personal satisfaction.

## *Chapter Three*

### 3.1 Observation at the Nutrition Department

**In-Patient Dietetic Service for children:**

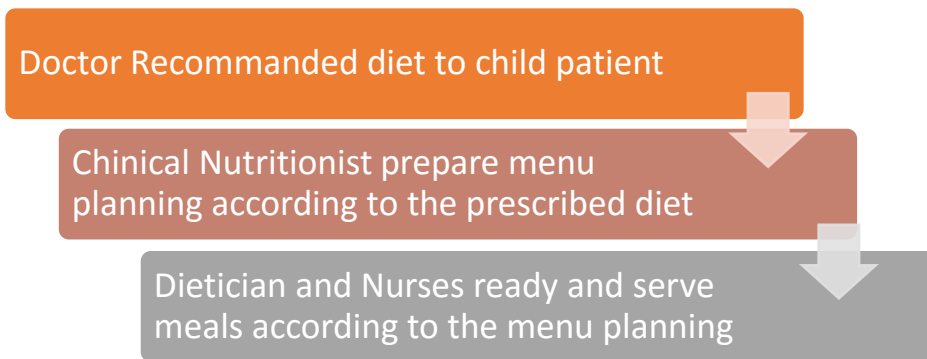
The sustenance division designs and directs the arrangement of diets for the kids. The office designs a healthfully sufficient eating routine for offspring of in-patient, as suggested by the advisor. They guarantee that proper eating routine arranging is done predictable with the patient's clinical necessity and furthermore the weight control plans are accessible consistently. They give rules to have the option to serve in-patients diet from the creation line to the patient's bed. They serve the kids instant and precise suppers to patients upon confirmation and render diet directing/sustenance advancement preceding release. They likewise set up an exhaustive eating regimen outline which will assist with keeping up the dietary prerequisites for the youngsters as per the determination.

The dietary mediation is finished by mulling over the infection condition and nourishing status of the youngsters. For the basically sick youngsters, the dietary status is surveyed exceptional feeds are natively ready for every understanding and firmly checked on a consistent schedule in a joint effort with the clinical group by the Department of Nutrition, Dhaka Shishu Hospital. The uniquely made feeds help the kids in recuperation from the basic ailment keeping up the youngsters' healthful status which assumes an essential part in the therapeutic and recuperation period of the kid patient.

### **3.2 Nutrition Team responsibilities**

The entire Nutrition group is effectively engaged with conveying exact consideration to the kid patients:

- They give diet as per kid's ailment.
- Provide great quality food and water.
- Maintaining newness and cleanliness.
- Serve proper nourishment for a suitable eating routine.



### 3.3 Daily Ward Round

In the DSH nourishment division, an everyday ward round is required. The specialists alongside the Nutritionist audit every kid in the ward and deal with them. Inquire as to whether the youngster is dealing with any issue. A nutritionist gets together with different specialists so she can be refreshed in her clinical arrangement. The ward round begins promptly toward the beginning of the day. Furthermore, like clockwork, again the ward round occurs. The nutritionist deals with the supper if the patient completes all his/her food varieties that are given by the administration of the clinic. Each ward has a day-by-day ward round where medical care experts from various offices talk about the administration of patients in the ward. In those rounds, the dietician gets the chance to convey the nourishment plan with the remainder of the clinical group and they get contributions from various individuals from the group of specialists. In the round, the patient who needs healthful schooling, are encouraged to make dietary and way of life changes.

### 3.4 Follow-Up and Observation

The children are followed up daily in the morning and adjusted to their nutrition plans to ensure their nutritional goals are met. In the follow-up session, the nutritionist and dietician observe how the child is recovering. Depending on the recovering, the senior nutritionist changes to their nutritional plan for the child. For the new patients, firstly the nutritionist of DSH check if the doctor recommend any diet or meal for the each child. And then the Nutritionist and Dietician make a plan among them and also discuss about the measurement of the meal and Serve by the management of the department.

The children are followed up every day toward the beginning of the day and acclimated to their nourishment intends to guarantee their dietary objectives are met. In the subsequent meeting, the nutritionist and dietician see how the kid is recuperating. Contingent upon the recuperation, the senior nutritionist changes to their healthful arrangement for the youngster. For the new patients, right off the side, the nutritionist of DSH check if the specialist suggests any eating regimen or supper for every kid. And afterward, the Nutritionist and Dietician make an arrangement among them and furthermore talk about the estimation of the feast and Serve by the administration of the office.

## **Chapter Four**

### **4.1 Pneumonia**

Pneumonia is a disease of one or two lungs. It is brought about by microscopic organisms, infections, and growths. The disease causes aggravation noticeable all around sacs in the lungs, called alveoli. The alveoli load up with liquid or discharge, making it hard to relax. Pneumonia can be a dangerous infection. It is generally risky for the more established and children. <sup>[5]</sup>

### **4.2 Pneumonia in Children**

Boosting endeavors to battle pneumonia could deflect almost 140,000 kid passings from pneumonia and other significant illnesses in Bangladesh, the new examination has found. Figures show that more than 100,000 youngsters younger than five could pass on from pneumonia throughout the following decade in Bangladesh, on the latest things.

Nonetheless, an expected 48,000 of these passings would be deflected by fundamentally increasing administrations to forestall and treat pneumonia. Analysts likewise found boosting pneumonia administrations would make an

extra 'gradually expanding influence', keeping right around 92,000 additional youngster passings from other significant youth illnesses simultaneously. [6]

### 4.3 Symptoms of Pneumonia

- Cough, they might be swollen (bodily fluid).
- Fever.
- Sweating or cold.
- Breathing inconvenience that occurs while doing ordinary exercises or during taking rest moreover.
- Patient has chest torment when he inhales or hacks.
- Nausea or spewing.
- Tiredness feeling and weakness.
- Patient has migraines.
- Loss of craving.

Different manifestations of Pneumonia may shift as per age and general wellbeing:

- Children under 5 years of age may have windedness.
- Babies might not have any side effects yet here and there they may have sickness, absence of energy, or trouble drinking or eating.
- Older individuals may have gentle manifestations. These may display disarray or lower internal heat level than ordinary.

### 4.4 Causes of Pneumonia

Pneumonia is brought about by a few kinds of irresistible specialists:

### *Bacterial Pneumonia*

Streptococcus pneumonia is the most widely recognized reason for bacterial pneumonia. Different causes include:

- Mycoplasma pneumonia.
- Haemophilic flu.
- Legionella pneumophila.

### *Viral Pneumonia*

Pneumonia is brought about by numerous kinds of respiratory infections. There are a few models are incorporated:

- Influenza (influenza).
- Respiratory syncytial infection (RSV).
- Rhinoviruses (basic virus).

This kind of pneumonia is generally milder and inside one to three weeks it tends to be improved without treatment.

### *Contagious Pneumonia*

Contagious pneumonia is brought about by parasites from soil or bird droppings. Individuals with a debilitated insusceptible framework can cause pneumonia by this kind of pneumonia. Instances of pneumonia brought about by growths include:

- Pneumocystis jirovecii.
- Cryptococcus species.
- Histoplasmosis species.



## 4.5 Types of Pneumonia

Here and there alluded to as bacterial pneumonia, viral pneumonia, or contagious pneumonia are brought about by germs of the pneumonia type. Explicit living being's names can be utilized to portray pneumonia types like Pneumococcal (Streptococcus pneumonia) pneumonia or Legionella pneumonia.

Different sorts of Pneumonia that are usually referenced incorporate the accompanying:

- Inhaling food or drink creates Aspiring Pneumonia. Spit in the mouth or regurgitating in the lungs. It happens when the gulped reflex is handicapped. Various kinds of individuals with cerebrum injury or inebriated.
- Atypical Pneumonia is brought about by including Legionella pneumophila, Mycoplasma pneumonia, and Chlamydophila pneumonia. The reason for Atypical Pneumonia is some of the time alluded to as 'strolling pneumonia' and is alluded to as apical in light of the fact that its side effects contrast from the definition and manifestations of different sorts of bacterial pneumonia.
- Pneumonia emerging from being on a ventilator for taking in a concentrated consideration – the setting is known as ventilator-related Pneumonia.

## 4.6 Stages of Pneumonia

Pneumonia can be ordered or portrayed in an unexpected way. Medical care experts regularly allude to pneumonia dependent on the manner in which the

disease has been gained. For example, the local areas gained pneumonia or emergency clinic obtained.

- Community-procured pneumonia (CAP), as the name suggests. It is a respiratory disease of the lungs that creates outside the clinic or in medical services climate. CAP is the most widely recognized in winter and influences very nearly 4 million individuals in a year.
- Hospital Acquired Pneumonia (HAP) happens when an individual has hospitalized or another condition. HAP is generally more serious on the grounds that it creates in effectively wiped outpatients hospitalized or in clinical consideration for different conditions. Being on a ventilator to assist with respiratory guides builds the danger of getting HAP wellbeing-related pneumonia from other medical services settings. For instance Kidney or Dialysis focuses on outpatient centers or nursing homes.

Other grouping frameworks of Pneumonia depict the manner by which provocative cells infiltrate into the lung tissue or the presence of contaminated tissue.

- Bronchopneumonia spreads and causes the invasion of irritation into the air sacs all through the lungs. It is more common than lobar pneumonia.
- Lobar pneumonia causes a kind of irritation of the lungs and for the most part, includes every one of the aviation routes of a solitary opening.
- Lipoid pneumonia is portrayed by the aggregation of fat collection in the airspaces, which might be because of oil longings or might be related to aviation route deterrent.

#### **4.7 How long is Pneumonia Infected?**

It is difficult to say without a doubt how long a grown-up or kid with pneumonia is contaminated. Since it changes as per the sort of germ or creatures brought about by pneumonia. The term of this disease can go from one to two days to

weeks. For the most part, when a tainted individual hacks or wheezes, debased stems are probably going to be delivered into the air. Numerous bacterial reasons for pneumonia are significantly less infectious or contaminated subsequent to taking anti-toxins for around 24-48 hours. Nonetheless, this period might be distinctive for certain living beings. For instance: tuberculosis people with viral pneumonia may take anti-microbials for about fourteen days or more before they become tainted. After the manifestations improve, the patient turns out to be less infectious, particularly those with viral pneumonia.

#### **4.8 Risk factors for Pneumonia**

There are numerous elements that increment the danger of Pneumonia. These include:

- Weakened invulnerability to sicknesses, for example, HIV/AIDS or malignancy or insusceptibility smothers the resistant framework.
- Children or youngsters 2 years old or more youthful.
- Age 65 and more seasoned.
- Having persistent sicknesses like pneumonic infection, sickle cell pallor, asthma, coronary illness, or diabetes.
- Swallowing or hacking issues can happen because of a stroke or other cerebrum injury.
- Being a patient in an emergency unit a clinic. Particularly if with the assistance of a ventilator.
- Malnutrition.
- Cigarette smoking.

#### **4.9 Diagnosis of Pneumonia**

Analysis of pneumonia consistently starts with taking a clinical history and an actual assessment to search for attributes, indications. Specifically, tuning in to

the lungs can uncover where the clamour is diminishing or rashes in the influenced region.

Some generally performed symptomatic tests are as per the following:

- A chest x-beam can tell if pneumonia is available. In any case, it doesn't give data about the organic entities answerable for the contamination.
- In a few cases, a CT sweep of the chest might be performed. CT examine uncovers more than the chest x-beam.
- Pulse oximetry of the chest will uncover a larger number of subtleties than estimating the measure of oxygen in the circulation system.
- Examines microbiology to recognize utilitarian living beings that can be tried on blood or jaw.
- Quick pee test should be possible to distinguish Streptococcus pneumonia and Legionella pneumophila. Blood or jaw societies distinguish the living being mindful as well as he tried to figure out which anti-toxins are influenced against explicit bacterial strains.
- Bronchoscopy is a method that is meagre, the enlightened cylinder is embedded into the windpipe and the principle aviation route. This assists the doctor with envisioning the inside of the aviation routes and take tissue tests if important. Bronchoscopy can be acted in patients with extreme pneumonia or if pneumonia deteriorates notwithstanding anti-infection agent's treatment.

#### **4.10 Treatment for Pneumonia**

Anti-infection agents are the favoured treatment for pneumonia brought about by bacterial and contagious contaminations. The right decision of medicine relies upon various elements, including the accompanying:

- The living beings answerable for the contamination.
- The living beings are impervious to specific anti-microbial.

- Patient's fundamental ailment.

About 80% of the patient's basic ailments can be overseen at home with oral anti-toxin consumption. Various treatment choices are accessible. Early treatment (prior to distinguishing the dynamic creatures) is called empiric treatment and dependent on the organic entity might be answerable for the illness once the right living being has been recognized in the lab and a touchy test is performed to figure out which anti-infection is successful. The technique for treatment can be additionally confined. Notwithstanding anti-infection agents or antiviral medications, over-the-counter torment and fever-diminishing meds might be suggested. The pneumonia-influenced individual ought not take hack or cold prescriptions for pneumonia without the specialist's endorsement.

In about 20% of cases, CAP should be regulated in the emergency clinic. HAP care is normally controlled in medical clinics with intravenous anti-infection agents, essentially with the assistance of intravenous anti-toxins.

1. Anti-microbial are not viable against viral pneumonia. Pneumonia relies upon the kind of infection. Antiviral medications can give benefits when the infection begins early. For example, the medications Tamiflu or Relenza are utilized to treat flu infection contaminations. Antifungal specialists are for the most part used to treat contagious pneumonia. [7]

#### **4.11 Suitable food varieties for Pneumonia patients**

At the point when an individual is experiencing Pneumonia, as of now the body needs certain supplements which ought to be followed to proceed with the circumstance. There is a genuine danger of parchedness and consequently the eating regimen ought to incorporate a lot of liquids. When all is said in done, it is generally seen that, for a brief timeframe, the patient builds up a condition known as anorexia so the patient will in general lose the sensation of eating. In this way the patient should be on a fluid eating routine:

- Freshly arranged smoothies, milkshakes, and quick bites with greasy meats, fish, and cooked vegetables ought to be attempted.
- Some specialists prescribe fluid food enhancements to decrease hunger.
- The suggested fluid food enhancements will make certain to request the blend of some other high-energy fluid food.
- It is fitting to serve this fluid enhancement cold as it is worthy for craving suppressant patients.
- The patient's eating regimen outline with nutrient and mineral enhancements during recuperation is additionally useful and valuable for the patients.

#### **4.12 Restricted food items for Pneumonia patients**

- Ignore eating or admission your unfavorably susceptible touchy food.
- All sugar items with unreasonable sweet organic products sugar items.
- Soft drinks and industrially prepared food sources.
- All food varieties with fake fixings, like added substances, shading, flavours, and additives.
- Milk and dairy items, for example, espresso and any remaining caffeine items add to the arrangement of bodily fluid in the body.

#### **4.13 Food things that can without much of a stretch take**

- Drink a lot of unadulterated sifted water.
- Lots of new vegetables: carrots, onions, beets, cauliflower, broccoli, cucumber, radish, and so forth
- Vegetable soup, doused nuts, meat, poultry, and fish.
- Small new foods grown from the groundless sweet intriguing organic products.

- Non-sweet organic products, for example, avocados, tomatoes, and cucumbers.
- Garlic, ginger that useful for the lungs and in general because of the solid medical advantages of tamarind, peppers, and onion ought to eat routinely.

Sorts of Diet given explicit illness adapted children by Clinical Nutritionist at DSH.

1. The administration of Dhaka Shishu Hospital gives practically a similar eating routine to Pneumonia influenced kids. <sup>[8]</sup>

**Dietary Management offices incorporate arrangement and supply of:**

- F-75 eating routine.
- F-100 eating routine.
- Rice Suji.
- Green Banana Suji.
- Halwa
- Khichuri.
- Chicken based eating routine.
- Rice ORS (Oral Rehydration Salts).
- ReSoMal and basic Diet.

#### **4.14 DSH Diet Pattern**

▪ **F-75 Diet**

This is the Starter Diet for the all children who are admitted in the hospital.

Type of Milk	Ingredients	Amount for F-75
Dried Whole Milk	Dried whole milk	35g
	Sugar	70g
	Cereal flour	35g
	Vegetable oil	20g or 20 ml
	Electrolyte Mineral mix	20 ml
	Water	1000 ml

▪ **F-100 Diet**

It is the Catch-up Diet for the children who are ready to discharge.

Type of Milk	Ingredients	Amount for F-100
Dried Whole Milk	Dried Whole Milk	110g
	Sugar	50g
	Vegetable Oil	30g or 35 ml
	Electrolyte Mineral Mix	20 ml
	Water	1000 ml

• **Rice Suji**

This suji is made by the nutritionist and it is likewise utilized for malnourished youngsters or Diarrheal patients. This is a without lactose diet for industrious the runs because of lactose narrow mindedness. The Suji is made of Rice powder, egg whites, Glucose, Soya oil, and a lot more Electrolytic Mix.



- **Green Banana Suji**

This specific food is made for looseness of the bowels influenced kids. This eating routine is high plentiful in Iron, Magnesium Al the Vitamins, and supplements are available in the eating regimen. The Nutritionist and Dietician made the food, particularly for the evil youngsters. The Dietary administration of DSH serves the supper among the patient.

- **Halwa**

Halwa is one sort of Local Diet for the kids for the restoration Phase. It has proper micronutrients and energy. It is made with wheat flour, soya oil, lentils, gur or earthy colored sugar, water to make it a thick glue. The feast is served among the youngsters by the Dietary administration of the DSH.

- **Khichuri**

This blended feast is proper for wiped-out kids. It is nutritious and locally accessible fixings. This is made in the emergency clinic for a twofold reason. These are: Rehabilitate the youngster and showing the mother how to get ready and feed them when the kid will get back. The Khichuri is produced using Rice, Lentils, Oil, Vegetable, Spices (ginger, garlic, turmeric), and Water. The Dietary administration serves the supper to the Children's Patient.

- **Chicken based diet**

Ingredients	Full strength chicken (Amount)	3/4 strength chicken (Amount)
Chicken minced	180g	100g
Glucose	35g	30g
Soya oil	30ml	20ml
Onion	20g	10ml
Salt	1g	1g
After cooked volume	1000ml	1000ml

Energy	60Kcal	46Kcal
Protein	4.5g	3.8g

- **Rice ORS**

For the most part for the looseness of the bowels influenced kids, the Rice ORS is served. The Diet contains Processed Rice Flour, Water, Electrolyte Mineral Mix, Sodium Chloride, Potassium Chloride, and a ton of Micronutrients. This ORS is given to the youngster until the kid is rehydrated. During looseness of the bowels, a youngster may lose a great deal of Sodium with the stool. This Rice ORS can assist them with getting back the micronutrients.

- **ReSoMal**

In the Dhaka Shishu Hospital, the Dietary administration gives ReSoMal (Rehydration Solution for Malnutrition) to the Acute Malnutrition Children.

Ingredient	Amount
Water (boiled and cooled)	850 ml
WHO-ORS (new formulation)	One 500 ml-packet
Sugar	20 g
Electrolyte	16.6 ml

[9]



Figure: Pneumonia Affected child @DSH

## *Chapter Five*

### **5.1 Conclusion**

This temporary position delays my hypothetical information when I saw to rehearse the administration of pneumonia in DSH. I adapted loads of obscure things about this emergency clinic. This entry-level position gives me the new intensity and moves to investigate the vocation in youth pneumonia, dietary arrangement, and furthermore therapy into proficient works of practices and additional exercises of all part.

## Chapter Six

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